

BEST

COPY

AVAILABLE

MEDICAL SCHOOL LIBRARY

OCT 25 1967

University of Wisconsin

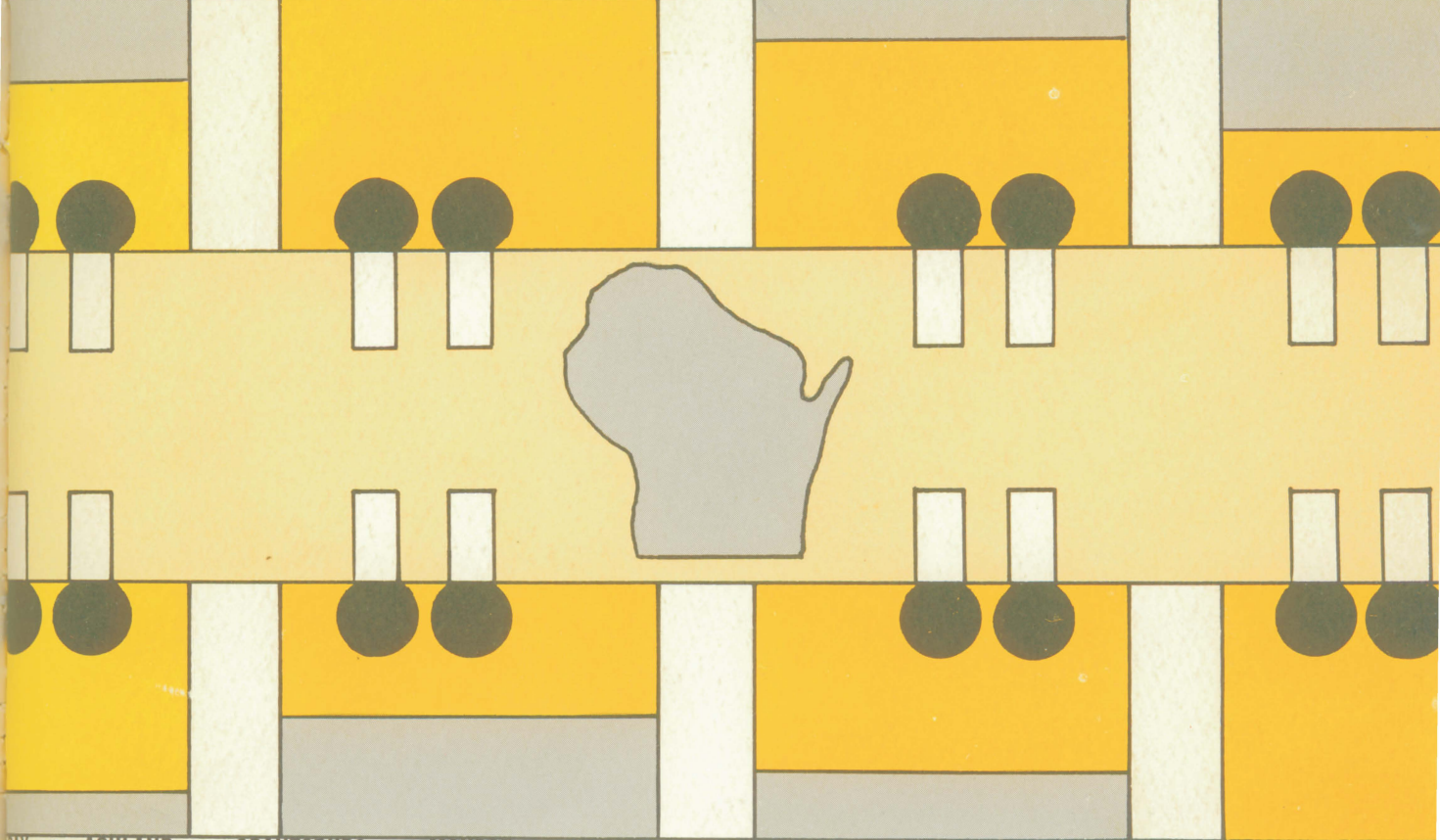
1305 Linden Dr., Madison, Wis. 53706

WISCONSIN MEDICAL ALUMNI

Quarterly

Volume seven, number four · fall 1967

LA CROSSE • MILWAUKEE • BRUCE-LADYSMITH • MARSHFIELD • SHEBOYGAN • EAU CLAIRE • RHINELAND



ASHLAND • GRANTSBURG • MONROE • WESTBY • MILWAUKEE • WAUSAU • JANESVILLE • MINOCQUA • LA CROSSE

WISCONSIN MEDICAL ALUMNI

Quarterly

Vol. VII — Oct. 15, 1967 — No. 4

Published quarterly on January 15, April 15, July 15 and October 15 by the Wisconsin Medical Alumni Association, Inc., 333 N. Randall Ave., Madison, Wis., 53706.

EDITORIAL BOARD

Mischa J. Lustok, '35
Garrett Cooper, '35
Einar Daniels, '34
Robert Schilling, '43
Timm Zimmermann, '63

Mischa J. Lustok, Editor
William H. Oatway Jr., '28
Contributing Editor
Paul Van Nevel, Associate Editor

CORRESPONDENTS

James H. Dahlen, '61, Northwest
Herbert C. Lee, '35, Southeast
Edward Lefeber, '36, South
W. H. Oatway Jr., '28, California
Robert C. Parkin, '43, At Large
Jackman Pyre, '37, Southwest
Judah Zizmor, '34, New York
Rodney Gwinn, '49, Midwest

ALUMNI OFFICERS

Bernard I. Lifson, '49, President
R. H. Wasserburger, '46,
President-elect
Charles Benkendorf, Director
Herbert Giller, '47, Director
Leslie Kindschi, '35, Director
John Petersen, '54, Director
Florian Santini, '39, Director
Robert Schilling, '43, Director
Herbert Pohle, '38, Past President
D. J. Freeman, '52, Past President
Peter L. Eichman, Dean, Ex Officio
Ralph A. Hawley, Executive Director

In this issue

- 1 From the Mailbox
- 2 The Preceptorship Program
A Faculty View, *Meyer*
A Preceptor's View, *Bump*
A Student's View, *Renne*
- 8 Medical School News
A Look at Anatomy
Dr. Mortensen's Thoughts
New Freshmen
Clue To Cystic Fibrosis
Thermoluminescent Dosimetry
Miss Crahen Honored
- 14 Alumni Capsules
- 16 Alumni News
Several Meetings Ahead
Annual Giving Program
Bleckwenn Portraits Given
Dr. Van Liere Honored
Retreat to San Juan
- 19 Columns and Editorials
The Editor Comments, *Lustok*
Southeastern Notes, *Lee*
A Cal-Wis Sketch, *Oatway*
Guess Again, Dad, *Lifson*
Texas News, *Lefeber*
Southwest News, *Pyre*
Dean's Corner, *Eichman*

About the cover

The cover, by Anne Benkendorf, represents the Wisconsin preceptorship program, oldest in the nation. The bars of type above and below the art list the locations of the 18 programs. The inside illustrations, with a few exceptions, are also Miss Benkendorf's work. Alumni comment on the articles, or the program, is welcome.

FROM THE MAILBOX

To the Editor:

What a real pleasure it was to read your July issue of the Wisconsin Medical Alumni QUARTERLY. The QUARTERLY was filled with a wealth of beautifully presented manuscripts and pleasant-to-digest alumni capsules.

At the time, I truly regretted having to miss Alumni Day 1967, and now that I have read about the series of historic events that occurred on May 26th, I realize all the more what those of us who could not attend missed. The dedication of the William S. Middleton Library must have been a *great* occasion, and I know that it would never have come about had it not been for you and a few other loyal graduates who persisted and prevailed in producing this great addition to the University Medical Center.

I also want to congratulate you and compliment you on the QUARTERLY. You have brought this publication from a mimeographed sheet of a few years ago to its present superb format.

John Parks, M.D., '34
Dean, School of Medicine
The George Washington University
Washington, D.C.

Clark's History Reviewed

The following, by D. N. Goldstein, M.D., '38, editorial director of the Wisconsin Medical Journal, is an editorial taken from the June, 1967, issue of the Journal.

"Paul F. Clark, Ph.D., has written a fascinating history of the University of Wisconsin Medical School which should be in the library of every doctor in the state. As a narrative of development of the school and as a portrayal of the men who made significant contributions to its growth, the book con-

tains valuable insights that could have come only from Dr. Clark.

"Dr. Clark arrived in Madison as an associate professor of medical bacteriology in 1914, seven years after the Medical School was established as a two-year pre-clinical course. When he retired in 1952, the Medical School had become one of the major teaching and research institutions in the world. Dr. Clark was intimate with many of the giants of medicine in Wisconsin whose names are identified with its greatness.

"The book is by no means stuffy. Neither a dry chronology nor a potpourri of trivia and gossip, it deals with important historical material. Although he eschews internal politics and the clashes of personalities and ambitions that might illuminate some of the developments, Dr. Clark's description of the characters in the drama of the school's history glows with the warmth of personal affection and respect.

"Alumni of Wisconsin's Medical School will find much that is nostalgic in the book. It contains material that has not been published before about many of the figures that inhabited the formative years of our careers. Alumni of other schools who now practice in Wisconsin will receive great insight into the background of the present academic condition at Wisconsin.

"The University of Wisconsin Medical School, A Chronicle, 1848-1948, was originally suggested to Dr. Clark by Dr. Mischa Lustok, with the enthusiastic endorsement of a committee of the Wisconsin Medical Alumni Assn. The choice was an excellent one, for Dr. Clark is fluent, disciplined and magnificently competent. It is available from the Wisconsin Medical Alumni Assn., 333 N. Randall Ave., Madison, at \$8.50 per copy. All royalties derived from the sale of the book have been donated by Dr. Clark to the alumni association . . ."

Please sendcopy/copies of **THE UNIVERSITY OF WISCONSIN MEDICAL SCHOOL: A CHRONICLE, 1848-1948** @ \$8.50 per copy postpaid.

Name _____

Address _____

City _____ State _____ Zip Code _____

Payment is enclosed _____

The Wisconsin Medical Alumni Association, 333 N. Randall Ave., Madison, Wis. 53706

Preceptorship -- "I will impart . . . the art to my sons."

Stupid accuracy vs. disorganized genius--computer vs. human brain

"I will impart a knowledge of the art to my sons and those of my teachers and to disciples bound by a stipulation and oath according to the law of medicine."— Hippocrates

BY THOMAS C. MEYER, M.D.
ASSOCIATE DEAN

Scientific progression and the breathless introduction of new terminology reflect the progress of our understanding of that which is truly new as well as that which is old but newly understood. This surely calls for re-examination of that which is established and accepted. Can the physician delivering health care to his patients and a service to society survive as an entity or will he be absorbed into a "multi-modular health complex," exquisitely efficient, computer assisted and scientifically standardized? The trend is clear — can there be a successful union of the stupid accuracy of the computer and the disorganized genius of the cerebral cortex?

Medical education has its own dynamic processes and so those who seriously seek to educate future physicians must ask: Has science replaced the art? If not, will it do so? Will prevention, diag-

nosis and treatment become modules in a superbly organized, confident and chromium-plated sausage machine? Is general practice dead — or is it living under an assumed name? Are people relating to a structure rather than a physician? Are the consumers of health service content to have the solutions to their health problems provided by an individual or individuals unknown to them at the time they enter the clinic?

This writer surely does not know the answers and is suspicious of the data upon which those who claim to know some or all of the answers base their claims. Emotion charges every discussion on the subject.

What then of the preceptorship? Is it the relic of another age? If not, has it moved into the age of modules and automation? Does it provide the experience which a student cannot obtain in a referral and teaching hospital? Does it provide him with a base upon which to judge and evaluate patients? Does the preceptorship provide him with a base upon which to judge the broader questions, which he must help resolve?

Perhaps abstracts from the objectives of the preceptor program give some insight into the program as it is regarded at the University of Wisconsin.

"The preceptor program is an integral and vital part of the senior medical student's curriculum. It is intended to complement the intramural program of the student by affording him the opportunity:

- "To develop a close and working relationship with one of relatively few physicians who are devoted to the highest quality of medical service.
- "To observe and evaluate the social, economic and environmental factors bearing upon disease, its presentation, its management and its outcome.
- "To study and take part in the management of (a) acute medical, surgical and psychiatric problems on an ambulatory basis as well as in hospital

b) chronic problems in which the physician's goals therapy are limited.

• "To clarify in the student's mind the place of the physician in society, his social and civic obligations and his responsibilities towards his patients against the background of the demands, stresses and location of private practice.

To observe the economics of patient care — its techniques and methods."

The observations and additions which currently are specified or inferred by the program may be summarized as follows:

The students are assigned to a preceptorship which appears to fill most closely their needs as determined by their teachers. The students are asked to express their preference of quarter and type of preceptorship with no assurance that this preference will be honored.

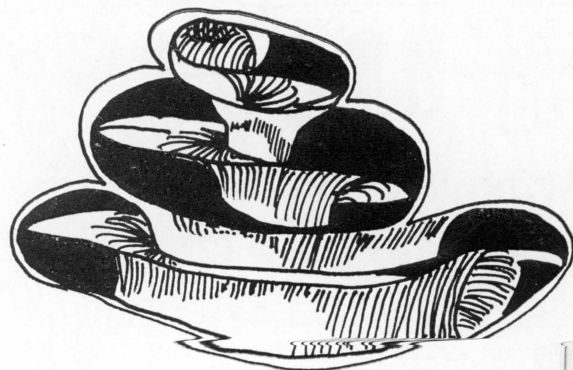
Research and foreign preceptorships are allowed but not encouraged; such experiences may complement the student's intramural training to the extent that the structured preceptorship does.

A fleeting "look" at family practice is demanded by the eight preceptorships centered around special interest groups. If it is not available close to the student, a week of experience with a family practitioner is provided by one of four family physicians in close proximity to Madison. The location is in deference to the moving problems of the students as well as to the excellence of medical care available to the Madison community.

The recent introduction to the preceptorship program has been coincidental with a resurgence of interest in comprehensive care among the students. The effects of the Millis report, the Coggeshall report and the Willard report are presumably being felt throughout the medical faculty and may be the root of this student desire. The fact is that the demand for the general practice preceptorships has had a marked increase for the current academic year when judged against the previous year. Whether this demand will be sustained or not remains to be seen.

The rising numbers of students prompted the addition of four preceptorships in the past 18 months so that now there are 18 preceptorships, and an average of 23 students in the program each quarter.

Objective evaluation of the preceptorship program in general and of each preceptorship is being attempted. No longer does the scientific mind accept as a fact that an educational venture is worthwhile unless it has some carefully structured measurement of



its efficacy. Educationally acceptable evaluation is difficult enough within a classroom experience. The complexity of evaluating widely diverse experiences poses enormous problems and with those problems there is the temptation to adopt the attitude of "why worry? We know the preceptorship is effective, you don't have to prove it." This is true, but subjective evaluation is all we have at the present time.

6. There is no indication that the preceptorship is losing the dynamic thrust it had when it was instituted. In most cases the students assert that it was the high point of their medical school years and appear to remain fiercely loyal to it for many years after they leave medical school. The author would be grateful for comments, negative as well as positive, from readers for the School is entering a new phase with the introduction of the new curriculum.

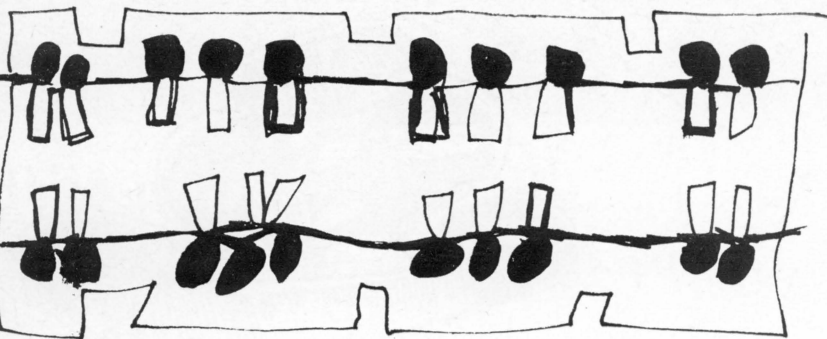
7. Under the new curriculum a two-month preceptorship is the only obligatory term in the senior year. Questions have and will continue to arise as to the wisdom of its retention, duration and structure.

In summary, the preceptorship remains strong but its strength will diminish if it does not take a continuing critical look at itself and its role in the midst of changing mores of education, service and qualities. What is acceptable now may be obsolete in years to come. The foundation of the preceptorship has great strength and the superstructure may be molded repeatedly with little concern for the stability of the philosophical base.

"An art requires heart as well as head. The art of medicine requires some knowledge of the personal surroundings of the patient as well as the physical condition of his interior."— Bardeen

REFERENCES

- Coggeshall, L. T.—"Planning for Medical Progress Through Education", April, 1965.
Willard, W. R.—"Meeting the Challenge of Family Practice", September, 1966.
Millis, J. S.—"The Graduate Education of Physicians", August, 1966.



Useful as long as art and human understanding are desirable . . .

BY WARNER S. BUMP, M.D., '24
PRECEPTOR, RHINELANDER

When I accepted the obligation of writing something about preceptorship from the standpoint of the preceptor, I confessed that I could not speak for preceptors in general, but of necessity should limit my remarks to my own views.

Before beginning my special training in surgery, it was my good fortune to have, in addition to the usual undergraduate curriculum, the opportunity for three close preceptorial relationships which were most influential in shaping my thinking about the various aspects of the profession of medicine.

The first of these was a year with Dr. Walter Meek in teaching physiology in the laboratory and quiz sections and in participation in research. But more important than the learning from these activities was the more intangible reward which came from daily contact with Dr. Meek, with the resulting opportunity to come to know the man, to absorb something of his scientific approach to problems, his interest in teaching and advising students, and his deep feeling for the importance of the practicing physician.

The second preceptorial experience was with the pathologist, Dr. Edwin Raymond LeCount. His demands for arduous service, accurate observation, the concise recording of observations and for originality of thought left a mark on me never to be erased. While the opportunity under him to observe

pathological material was almost unlimited, yet again what was unforgettable was coming to know the man, his strict self-discipline and absolute integrity.

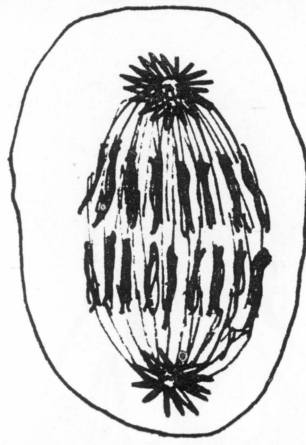
My third preceptor was the internist, Dr. Joseph A. Capps. He had a deep interest in clinical research and medical education, but above all he was a great clinician, a man who with his compassion and respect for the individual personified the art of medicine. I always shall remember how much better the ill patient felt when Dr. Capps came into the room. Often it was said that a breath of fresh air came in with him.

My courses of study in medical school were very satisfactory and my instructors and professors were stimulating teachers. Nevertheless, the relatively short contact with them, always in a group of other students, gave little opportunity to know them well enough to discuss special problems or to confide in them. The longer close personal association with my three preceptors gave me the opportunity of freely conversing with them even in regard to personal problems. I know that they came to know me well and I to know them.

I have found it necessary to write of these memorable experiences because these men, their work and personalities and their kind understanding and willing help left an indelible imprint on me. My ideas of preceptorship have sprung directly from them. Of course, it is too much to expect that we in our preceptorial activities can be a Meek or a LeCount or a Capps; but it should be possible to do in small measure what these men did in large measure for their students.

The principal reason now days for the existence of a preceptorial program is the need of the student for experience which the medical curriculum in our university centers presumably does not easily supply. It is possible for a preceptor with the longer period of close personal contact to establish a rapport with the student which is often impossible for faculty members with their obligations to many students for relatively short periods. Such a rapport can result in valuable interchange of ideas by questions and frank discussions while the student is exposed to the responsibilities of actual medical practice away from the medical school. Preceptorship acquaints the student with the stress under which a physician often works and it gives the preceptor the opportunity of observing and evaluating the student's reaction to such stress.

The student while in school is steeped in the sci-



take them to our homes for dinner, an evening of music or just conversation concerning non medical matters such as civic and political activities, reading, music, the theater and our pet pleasures and hobbies. In short, we attempt to create a feeling in them of participation in all our activities, a feeling of belonging. Not infrequently we are successful in these efforts. However, time is necessary for the preceptee to get adjusted to the change from the academic atmosphere to the actualities of practice. Sometimes it is only in the latter portion of the preceptorship period that complete rapport is obtained and that the feeling of participation with the group in the responsibilities of practice is developed. Therefore, for a preceptorship to be of greatest value sufficient time should be allowed. The three month preceptorship period met these requirements satisfactorily.

The rewards to the preceptor are considerable. It is a pleasure and a privilege to come to know these young men and women and to play a part in their education; to help them to organize their thoughts concerning their chosen profession by letting them experience the practice of medicine in its various phases away from the University Hospital atmosphere. However, it is important to the preceptor to have close ties with the University Medical School and the whole Medical School-student-preceptor arrangement is conducive to a high level of medical practice.

It is true that the rendering of medical service has become more impersonal. Specialization and increased demands upon the time of the limited number of available physicians, perhaps, make this inevitable. Nevertheless, there still remains the desire upon the part of a considerable number of people for a personal patient-physician relationship. Patients from the large cities who have had experience in the large medical centers and hospitals seem especially appreciative of the personal service accorded them by the physicians and hospital staff in our community. Perhaps preceptorship can serve a useful purpose as long as art and human understanding are desirable in medical practice.



Disruption for Indian clubs and “what can we do about Clara?”

BY JAMES RENNE
SENIOR CLASS PRESIDENT

*f*rom the student's viewpoint, his preceptorship is a disruption of his family life, a forced dislocation to a community not of his choosing, long hours, no wages, and isolation from his friends of the past three years. It is also generally conceded to be the most enjoyable and valuable experience in four years of Medical School. In this paper I hope to suggest some reasons why students so strongly support a program that so totally alters their social and residential arrangements.

The student arrives at his preceptorship (if my experience this past summer in Sheboygan is typical) with very little idea of exactly what will be expected of him. His experience seems to be completely within the control of one man—his preceptor. This is a fallacy. Perhaps the most signifi-

cant value of the preceptorship is that the control of the experience lies with two men—the preceptor *and* the student. But this is not at all obvious in the beginning, and my own initial efforts were in large part directed toward merely keeping up with my preceptor in a physical sense (at the end of those first days my tired legs were ready to swear that the corridors had hills in them).

The first weeks with the preceptor provided some valuable insight into community practice. Three years in University Hospitals had led me to conclude that all people over 60 either had a neoplasm or were suspected of it. In Sheboygan I met a man of 75 who had recently sent for a set of Indian clubs because he felt he was getting “a little round shouldered.” I had thought that harness making was a lost art until I met a very much alive gent who had a thriving monopoly on the market for harness racing gear. He was near 80. Over and over I would underestimate an age by a decade or more. In short, my concept of the aging process happily became more realistic.

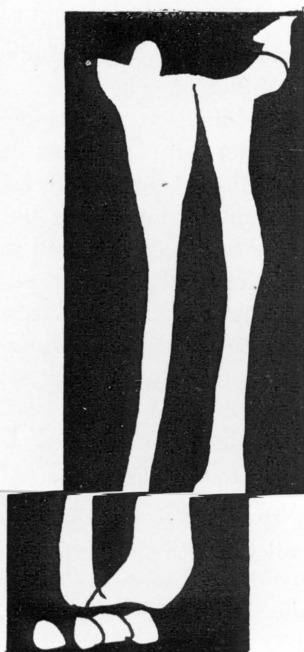
The outpatient contact provided opportunities for close follow-up after hospital discharge, an opportunity rare in Madison. It was nice to see people get better. It was also good to get to know a few “regular” patients and to look forward to their visits.

*i*n the privacy of the preceptor's office a student may well first realize the vast expectations a patient has of his physician. The doctor's opinion is sought (and respected) on matters social, financial, marital, philosophical. Even the most discouraged patients still return to him. I remember a letter that

came seeking the preceptor's advice on the case of a friend of an aunt of a patient who lived in Germany and had severe multiple sclerosis. Although German physicians had studied the case, the opinion of America was asked. A kind reply was promptly sent.

Another solid value of the preceptorship is the contact with acute medicine. There is no totem pole of rank, and there is only one student around — you. Being where the action is is nearly a guarantee of being in on the action.

To me, however, the real uniqueness of the preceptorship was in the wide latitude of action determined mainly by the individual interests of the student. In the clinic preceptorship in Sheboygan, I had a wide range of specialty opportunities available, and by following up on an interest I emerged from the summer with a fairly definite career specialty. Even in the general practice preceptorships, duties can be tailored to interests, as with a student in Ashby who spent much time taking and developing X-rays.



It was during my preceptorship that for the first time in my Medical School career I felt that I had upon occasion contributed to a patient's care rather than being a nuisance. This brings about a change of attitude toward academics in turn. Reading becomes directed toward "What can we do about Clara?" rather than "Wonder what he'll ask us."

Beyond these academic considerations, the preceptorship is also a rather unique social experience. It is one of the best opportunities available to learn interphysician etiquette, office procedures and prevailing attitude. I was particularly impressed with the willingness of all of the physicians in town to take time out to teach. Every day physicians not at all involved with the University of Wisconsin would call me aside to see an especially interesting case. This hospitality was not strictly professional either, and Sheboygan's fine home cooking was amply sampled thanks to their kind invitations to dinner.

But sacrifices are called for. One weekend the unfortunate situation developed of a sailboat being in need of a crew member for a race across Lake Michigan. Since the boat belonged to a physician and the other crew member was my preceptor, I allowed myself to be conscripted. Besides being an exhilarating adventure, it had solid academic application — my first personal study of seasickness.

I also enjoyed the personal study I was enabled to make of the town of Sheboygan. Students have all been in university towns for the seven years previous, and it was fun to get acquainted with a different sort of town. (I must admit that it may be more difficult in the winter).

So you are away from your friends — new ones are quickly made. The hours are long, but fascinating. It is a different sort of town, but that can be

interesting in itself. So you are away from your wife (what can I say to that one?).

All in all, I must join the long series of medical students who find their preceptorship a highly educational and memorable experience.

New chief views anatomy programs

The close personal relationships among faculty and students which in the past have characterized the anatomy department help make the chairman's job a little easier, anatomy chief Dr. David B. Slauterback feels. He credits his predecessor, Dr. Otto A. Mortensen, with gathering a well coordinated and congenial group of exceptional researchers and teachers, and providing a good climate for both students and departmental faculty.

Dr. Mortensen stepped down as chairman of anatomy July 1. He is continuing as a member of the faculty.

Under Dr. Mortensen, the department grew to have three full professors, four assistant professors, 17 graduate and two postdoctoral students. Research has expanded into the complex morphology of reproduction, protein transplant, cellular differentiation, the microtubule, synaptic junctions, developmental neuroanatomy and many others.

The new chairman intends to keep and expand the department's teaching activities; he especially wants to enlarge the undergraduate program to include not only students in paramedical fields but also those in liberal arts and sciences. He hopes to increase the faculty and their research programs as well as to extend graduate training to decrease the shortage of anatomists. Graduate training increased rapidly under Dr. Mortensen's direction, and with

Anatomy's Responsibilities: Reviewed and Discussed

BY OTTO A. MORTENSEN, M.D., '29
PROFESSOR OF ANATOMY

Dr. Otto A. Mortensen, below and right.



The responsibilities of the department of anatomy are the same in 1967 as they were when it was established 60 years ago, i.e., to teach the structure of the human body to students of medicine, to advance knowledge in the morphological sciences, and to train young men and women for careers as teachers and research scientists in anatomy.

Over the years the department has tried to discharge these obligations despite the normal variations in faculty interest, talent, and energy and the striking variation in the financial support for research and training.

The primary obligation to provide a good learning environment for students has always been accepted by the teaching staff, and a friendly, informal working relationship between students and faculty has been fostered in the anatomy laboratories. The unique talent of Dr. Walter Sullivan as a teacher and friend of freshman medical students and the undivided devotion of Dr. Frederick Geist to teaching is long remembered by the alumni.

Dr. Charles Bardeen's outstanding abilities included a capacity for research in a wide variety of fields: gross anatomy, anthropology, experimental and descriptive embryology, and radiology. Dr. William Snow Miller's classical studies of the lung are traditional; and Dr. T. H. Bast's

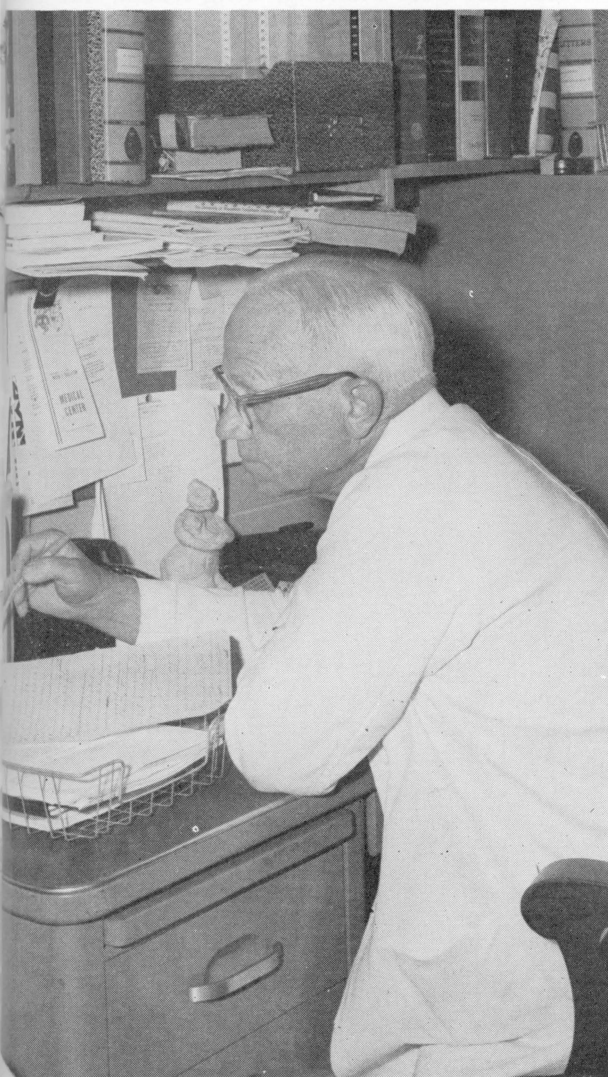
the support of a large NIH grant. This program will continue to grow.

One of Dr. Slautterback's challenges will be the diffusion of public knowledge about anatomy — most small colleges and potential students have no awareness that anatomy is more than just dissection of human cadavers, that it also deals with the structure of living systems at all levels of organization.

Dr. Slautterback received his bachelor's and master's degrees in zoology from the University of Michigan. After a year studying cell physiology at the Wenner-Grens Institute in Sweden, he happened into an experimental program in cancer research at the then new Sloan-Kettering Institute and got his Ph.D. there through the anatomy department of Cornell. Three years at New York University Medical



Dr. David Slautterback

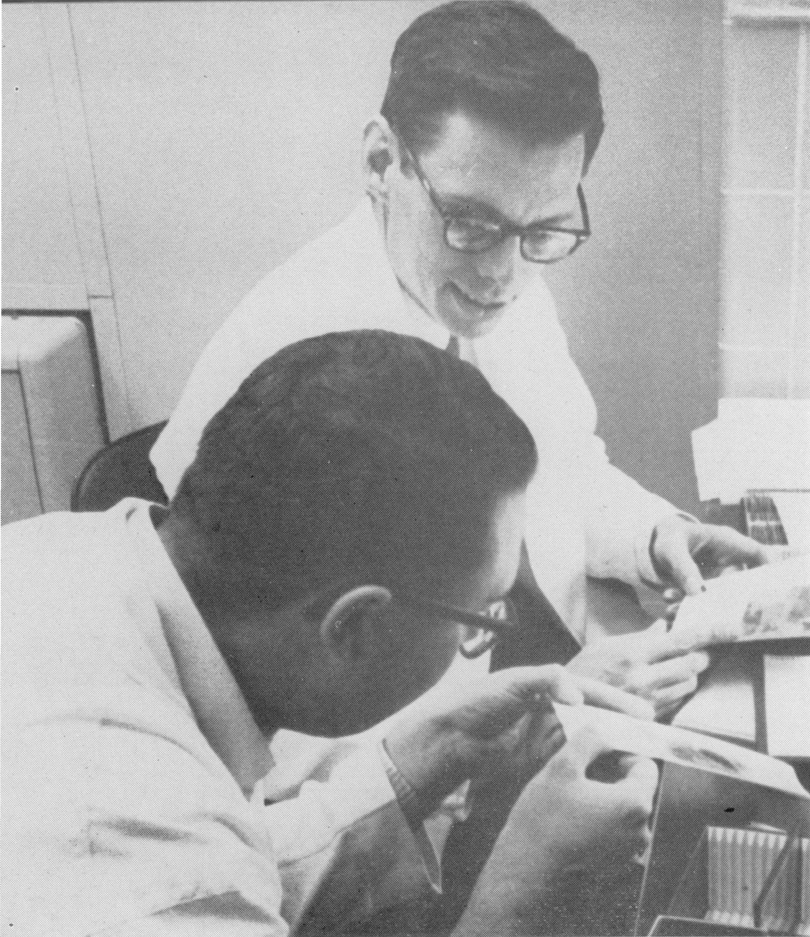


research papers on the adult anatomy and the development of the ear are still one of the foundations upon which current otological surgical procedures rest. Dr. Harland Mossman's earlier and current studies of placentation and the mammalian ovary bridge the period of limited annual research support, measured in hundreds of dollars, and the present departmental resources of something over \$200,000.

The advent of electron microscopy and other highly sophisticated research techniques is the most dramatic change that occurred during my tenure as chairman. I believe that through recruitment of competent faculty and research grants support from both federal and community sources we are continuing to advance the knowledge of biological structure.

A number of young men and women received training for careers as teachers and investigators in the department prior to the NIH award of a research training grant in 1960. This grant provides trainees with stipends, funds for equipment, supplies, and limited travel. The total number of trainees and fellows varies between 15-20.

If I were pressed for a single "pearl" gleaned from my experiences as teacher, dean, and departmental chairman, it would be that persons and interpersonal relations are most important and most satisfying. I hope that with the inevitable growth in numbers, knowledge, and buildings, the "inner core" at Wisconsin will be people dedicated to the school, the profession, and each other.



Dr. Slautterback, rear, and a colleague

School made him into an anatomist, working on the enzyme complements of microsomes. His last four years before coming to Wisconsin were spent in the Cornell Medical College anatomy department teaching gross anatomy and doing research in the fine structure of cells.

In addition to the attractive opportunities in the anatomy department, the strong cytochemical research brought Dr. Slautterback to the University of Wisconsin in 1959. His primary responsibilities have been in histology and cytology.

Even with the new duties, research is still a strong interest. While at Wisconsin, Dr. Slautterback has studied cellular differentiation in heart and skeletal muscle and a variety of secretory cells, with emphasis on the role of intracellular membranous systems in this process.

He is proudest of his research on microtubules — having been among the first to realize their existence. Although their function is still not fully understood, he believes they regulate the ionic strength of the cytoplasm and in this way influence many cell activities, as, for example, the polymerization of some proteins such as muscle myosin. He

finds it “fun and exciting to be involved in the discovery of a new cell organelle.”

Dr. Slautterback feels future anatomical research should draw upon a wide range of fields and techniques: cell biology, physical chemistry, biophysics, mathematics and instrumentation for measurement of various physical parameters. As he tells his classes, “The shape of electron orbitals is important to the gross anatomist.”

A native of Fremont, Mich., the new chairman is pleased about working in the midwest, a fondness to which he has converted his Bostonian wife. The Slautterbacks were married when he was at Sloan-Kettering — she worked there as a tissue culturist. They have two sons and two daughters.

Dr. Slautterback appreciates a stern Wisconsin winter; a short spell of 30 degrees below zero is invigorating weather in which to work. He disliked commuting from Flushing, Long Island, into New York City and finds that the time saved here is a valuable asset.

Freshmen begin search for places In medicine and demanding society

What happens to a new doctor faced with a public increasingly influenced by all the problems of complex modern living — massive urbanization, affluence, growing federal participation in daily life? What happens to a medical student faced with a bulk of knowledge which grows increasingly complex and requires more intensive and prolonged training? And what is the medical faculty doing to help the student solve these problems?

Dean Peter Eichman and the faculty posed these questions to new Medical School freshmen during orientation Sept. 14 to awaken them to the intricate relationship between society and medicine, and to help them understand their place in both.

“This generation of medical students will feel the changes,” Dr. Eichman told them. “Your careers are as yet unformed, and the problems will challenge and influence you most.”

He described trends in medicine: the development of group practices, increasing involvement of the federal government in planning and locating medical services, and growing government support for both students and research.

“With increasing public knowledge, society expects more of its doctors,” the dean said. A crucial problem, therefore, he explained, is how a doctor understands his place in society and how he retains

his independence as society and the government involve themselves more with the practice of medicine.

The faculty introduced the new curriculum, an attempt to help the student handle the bulk of knowledge. Not only does the new plan combine subjects and reduce the time devoted to required subjects, but it also gives the individual some choice in his last year.

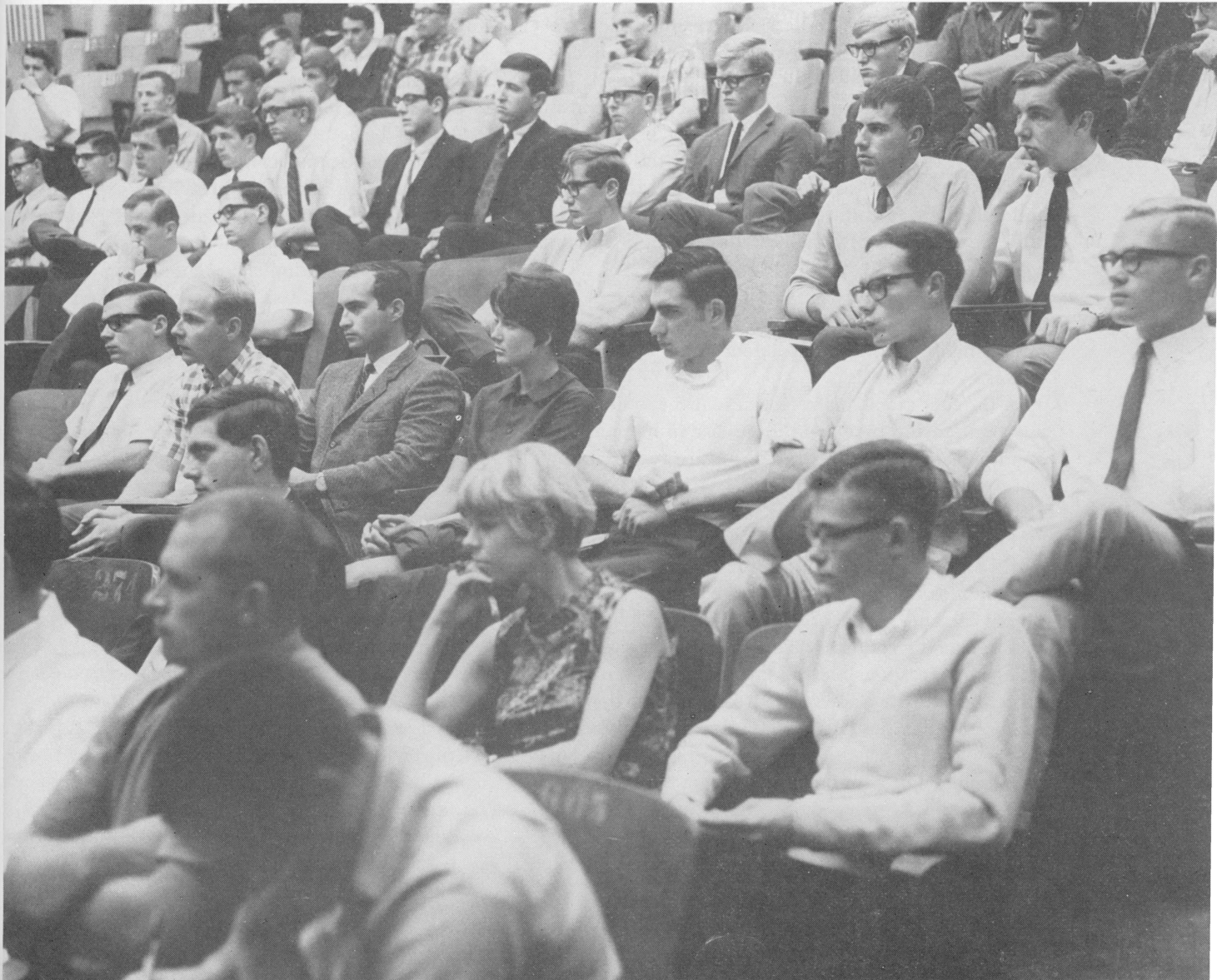
Dr. Marc Hansen told students that "the faculty recognizes the tremendous differences among students in background and goals, and the curriculum shows the faculty's real desire to provide more free time and electives." Dr. David Graham seconded

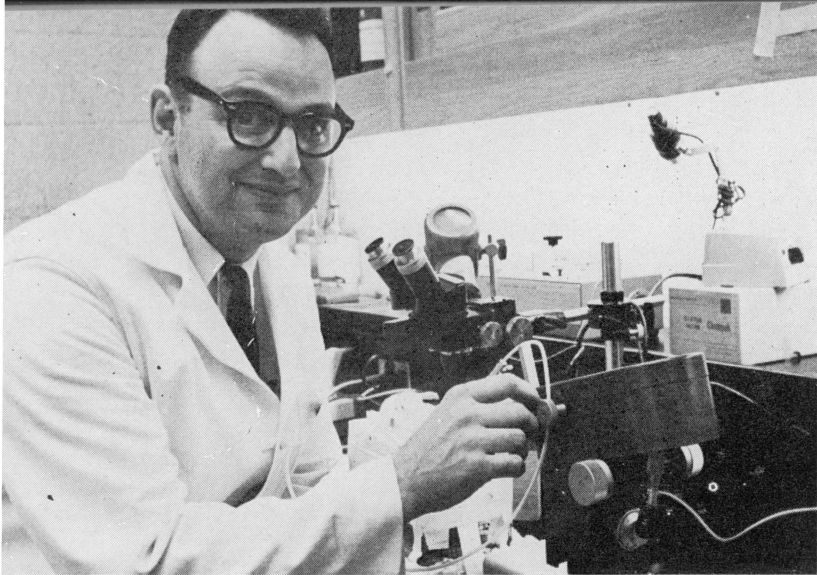
with an admonition that he and his colleagues would like to insist that the curriculum be enjoyed.

Also new this year, and also to provide greater acknowledgement of the individual, each student will be assigned a faculty advisor. The professor will follow his advisee through four years and make definite attempts to know the person, not just the student.

The new class contains 104 freshmen, culled from 717 applications. Eighty-five are Wisconsin residents. There are eight women. The overall grade point average for the class is 3.27; the science G.P.A. is 3.30. Forty-six are graduates of the University of Wisconsin; 18 of other Wisconsin schools.

One hundred and four new freshmen hear Dean Eichman.





Dr. John Mangos

Clue to cystic fibrosis cause found

A Medical School pediatrician, using a new research technique, has uncovered a significant clue in the search for the cause of cystic fibrosis. Dr. John A. Mangos, who was a resident at Wisconsin from 1960 to 1964 and now is assistant professor of pediatrics and a staff member of the Medical School's cystic fibrosis center, discovered that sweat and saliva from children with cystic fibrosis cause rats to excrete saliva which has a high sodium chloride content.

Dr. Mangos' evidently simple discovery has several important implications for investigators searching for the basic molecular defect in the body which causes cystic fibrosis.

In the first place, his research marks the first time any relationship between the disease in humans and in animals has been illustrated. Future research now can make extensive use of rats.

The most significant implication is based on the fact that infants with cystic fibrosis excrete abnormally high amounts of salt in their sweat and saliva. Dr. Mangos reasoned that if there is some factor in the sweat and saliva of CF children which causes rats to excrete very salty saliva, then that same factor may be responsible for the high salt content of the children's own sweat and saliva. And that factor, once isolated, may help pin down the molecular defect which causes the disease.

Although Dr. Mangos pointed out that his study has "no direct therapeutic significance," it could have a crucial secondary effect on therapy. "Once the biochemical defect is known, the approach to

therapy will be constructed on the basis of that knowledge," he said.

When Dr. Mangos began his search for the factor causing the defect in salt metabolism, he studied both the red blood cells and the kidneys. Both were normal. So, to open a new research effort, he went to the Free University of West Berlin to learn a technique of inserting tiny glass tubing into capillaries and small ducts to sample their contents.

While in Berlin he began applying the technique in the study of the rat salivary gland, which is much like the human's. He suspected that the high salt content at the outlet of the glands might be caused by failure somewhat along the length of the tubule of these glands to reabsorb the salt.

The results of his experiments showed that when the portion of the rat salivary gland that ordinarily reabsorbs salt is bathed in sweat from a cystic fibrosis patient, the gland reabsorbs one-fifth to one-tenth the normal amount of salt.

Dr. Mangos also found that the sweat of normal individuals, adjusted to the same salt concentration as sweat of cystic fibrosis patients, produced no effect. There also was no effect if the cystic fibrosis sweat first was heated to boiling.

On the basis of his study, Dr. Mangos believes that the genetic defect in cystic fibrosis results in formation of an abnormal protein in exocrine gland secretions and that the protein blocks reabsorption of sodium in sweat and salivary glands.

The disease is an inherited metabolic disorder. In the United States there annually are from 1 to 500 to 1 to 2,500 infants born with it, and most are Caucasians. It is unusual in Negroes and rare in Orientals.

TLD—useful in orbit, hospital, lab

A workshop in thermoluminescent dosimetry (TLD) held in Madison in August points up the development of the University of Wisconsin Medical School as the leading center in the world for research and teaching of the technique.

It was the second workshop given at Wisconsin this year on TLD and both were unable to accommodate all applicants.

Dr. Farrington Daniels, now emeritus professor of chemistry, in 1950 was the first to propose that TLD could be used to measure x-rays and other forms of radiation. In 1960, Dr. John R. Cameron, professor of radiology and physics, and his graduate students revived interest in the technique.

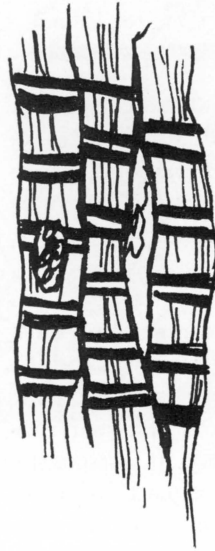
Now TLD is one of the most common methods used to measure the radiation in many situations. For example, it is used to measure the radiation to patients being treated for cancer. It is also used routinely to measure the radiation to astronauts while they are in orbit.

“One of the major advantages of TLD,” said Dr. Cameron, “is that in certain applications it is more accurate than other means of radiation measurement.”

For example, he said, TLD is being used, because of its greater reliability, as a replacement for the conventional film badge in measuring exposure for radiation workers.

In addition to conducting the workshops, Dr. Cameron, in cooperation with Gordon N. Kinney and N. Suntharalingam, has written the only book on the subject. It will be published by the University of Wisconsin Press.

Miss Crahen and Dr. Hickey display the scroll awarded her by present and former surgery department associates.



After 42 years, Miss Crahen retires

Miss Helen Crahen, retired departmental secretary of surgery, was honored at a Medical School ceremony August 21 by members of the surgery department faculty and house staff.

Dr. Robert C. Hickey, professor and chairman of surgery, presented Miss Crahen with a framed sheepskin scroll signed by about 75 faculty members and residents. She also received a check in appreciation of her “dedicated service.”

Miss Crahen joined the department staff 42 years ago, shortly after the opening of the Wisconsin General Hospital, and had served as the secretary of Dr. Erwin Schmidt, long-time surgery chairman, until his retirement in 1961. Most recently she had been Dr. Hickey’s secretary.

Contributions for Miss Crahen came not only from present faculty members and residents, but from former faculty and house officers now living all over the United States.

Along with the check went a bundle of travel folders. The department is hopeful that Miss Crahen might take a well-deserved vacation.

Alumni directory in the works

A new edition of the Medical Alumni Directory will be prepared this winter for distribution to all alumni who pay dues. The edition will be prepared by a computer, and will be based on information provided by individuals who respond to a questionnaire sent out by the Association in September.

Early return of the questionnaires is desirable to insure completion of the directory on time.

ALUMNI CAPSULES

Dr. Jon A. Anderson, '60, 1231 N. 29th St., Billings, Mont., recently finished a radiology residency and now has entered practice at St. Vincent's Hospital, Billings.

A member of the class of 1964, Dr. Fred Fosdal, who was inducted into the Army in early 1966 while serving as a first-year resident in psychiatry at Wisconsin, recently was assigned as chief (and he adds, the only psychiatrist) of psychiatry at the U.S. Army Hospital, Hunter Army Airfield, Savannah, Ga.

Before arriving in Savannah, he served short duty tours at Fort Sam Houston, Tex., Fort Rucker, Ala., and Fort Lewis, Wash. Most recently he served a year at Letterman Army Hospital, San Francisco.

Following his Army duty he plans to re-enter his psychiatry residency at Wisconsin. In the meantime, he writes that he welcomes correspondence from classmates and other former associates.

Dr. John H. Skavlem, '19, has changed addresses within the city of Cincinnati. He now lives at 5750 Drewry Farm Lane, Cincinnati, 45243.

Among alumni recently elected to active membership in the American Academy of General Practice are Dr. S. L. Kaner, Two Rivers, '56, Dr. John T. Siebert, '55, of Baraboo, and Dr. James J. Tydrich, '62, of Richland Center.

Dr. William E. Hein, '54, recently joined The Monroe Clinic, Monroe, Wis. He has practiced in Brodhead since 1955.

Dr. Herman S. Hendrickson, '31, retired recently and as of August 1 began a new career in real es-

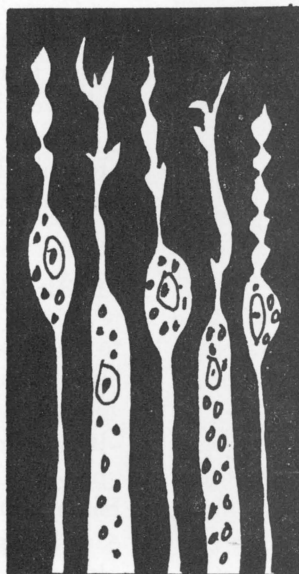
tate, which he calls his "retirement vocation." He has joined the Central Coast Realty, Inc., at 1546 Mission Drive, Solvang, Calif., 93463.

Dr. Robert C. Hickey, professor and chairman of surgery at Wisconsin, has been elected to the American Surgical Association. He was the eighth UW surgeon ever to be elected to the group.

A 1961 graduate, Dr. David Altman, is serving a year in Viet Nam. His address is 7th Surgical Hospital, APO 96257, San Francisco.

Dr. James E. Murphy, '63, has left the Air Force and is entering a radiology residency at the University of California Medical Center, San Francisco. His new address: 211 Forest Park Drive, Pacifica, Calif.

Dr. E. George Kassner, '60, recently completed his residency in radiology at Columbia-Presbyterian Medical Center, New York, and this fall became an attending radiologist at Brooklyn Jewish Hospital.



He was married in 1966 to a psychiatrist, Barbara Lituchy, who has continued her practice.

Dr. Samuel Harper, '37, who has been a Madison physician for 20 years, was appointed this summer as vice-president and medical director of CUNA Mutual Insurance Society, Madison.

Before joining CUNA, Dr. Harper did a tour of volunteer duty in a South Vietnamese hospital. Following his graduation, he spent from 1938 to 1943 at the Mayo Clinic and received his master's degree in surgery from the University of Minnesota.

A member of the class of 1966, Dr. David L. Weinberg, who has been serving at Letterman Army Hospital, San Francisco, will be in Viet Nam until December, 1968. His permanent address during the period will be 4525 N. Ardmore Ave., Milwaukee, 53211.

Dr. John Schowalter, '60, has ended his tour of duty at the Fort Ord, Calif., Army Hospital and has been named assistant professor of psychiatry and pediatrics at Yale School of Medicine. His new address: 75 Wellington Drive, Orange, Conn.

After 20 years of active duty with the Navy medical corps, Dr. Martin H. Klein, '48, retired September 1 and will begin practice of plastic and reconstructive surgery at The Humke Clinic, 26 School St., Chilton, Wis.

During the past eight years Dr. Klein served as chief of plastic and reconstructive surgery at Bethesda, San Diego, and Philadelphia Naval Hospitals.

Other members of The Humke Clinic are Everett, '42, and Kenneth Humke, '46.

Dr. James R. Kinney Jr., '61, has been named a regional health director in the Public Health Service. At 32, he is the nation's youngest regional health director. He will oversee public health in New York, New Jersey, Pennsylvania and Delaware.

□

Dr. Paul A. McLeod, '60, has joined the gyn-ob department at the Jackson Clinic, Madison. His residencies were served at Columbia-Presbyterian Medical Center, New York, and Wisconsin.

□

Regretfully, we have the following deaths to report:

Dr. Adolph B. C. Bock, '29, a Sheboygan physician since 1933; first amateur to win (1926) the Wisconsin State Open Golf Championship; in Sheboygan, March 23, 1967.

Dr. Arthur S. Chole, '45, Encino, Calif., August 23, 1966.

Dr. Leonard J. McKenzie, '48, Champaign, Ill., July 22, 1967.

Dr. Frank N. Mason, '27, a month after he attended the 40th anniversary reunion of his graduating class; in Chicago, June 29, 1967.

Dr. Arthur H. Knudson, '24, Milwaukee.

Dr. Norman L. Linquist, '33, Escanaba, Mich., June 19, 1967. He was a Bronze Plaque contributor to the Middleton Medical Library.

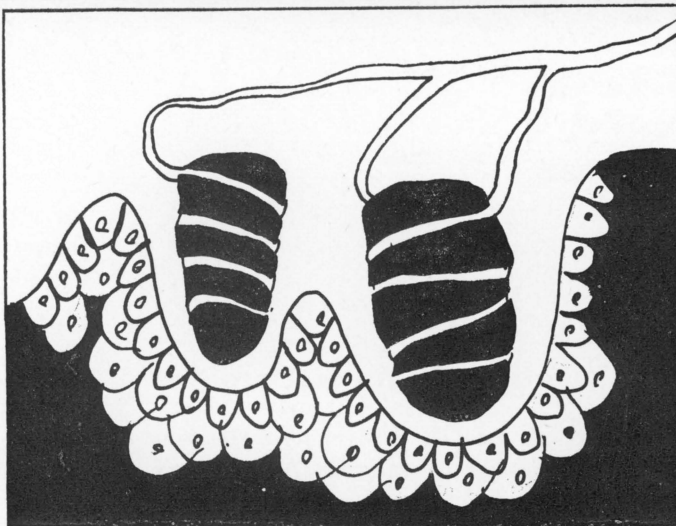
Dr. Victor E. Engelmann, '28, a Bronze Plaque Library contributor, Chicago, June 22, 1967.

Dr. John W. Connell, '22, Wauwatosa, Wis., June 27, 1967.

Dr. Milton E. Rose, '16, Barrington, Ill., April 9, 1967.

Dr. Milton D. Davis, '31, June 19, 1967.

It was erroneously reported in the summer, 1967, issue of the QUARTERLY that Dr. Louis A. Ei-



senberg of Milwaukee had died. The QUARTERLY staff regrets the error.

□

A member of the class of 1944, Dr. Robert Wochos, Green Bay, recently spent two months of volunteer service on the S.S. Hope. Dr. Wochos spent a month of his tour on shore in Cartagena, Columbia, at the university hospital.

The ship's staff trains medical personnel in foreign ports, treats patients, and provides immunizations.

□

Dr. Owen L. Felton, '60, has completed a residency in pathology at Madison General Hospital and will spend three years in Germany with the Air Force. His address: USAF Hospital Wiesbaden, USAFE Box 577, APO New York, 09220.

□

Dr. Sheldon Lipshutz, '53, who is in the private practice of general surgery in Encino, Calif., has been inducted as a fellow of the International College of Surgeons. He is a diplomate of the American Board of Surgery.

□

Dean Emeritus William S. Middleton has been named to the board of directors of the new Royal Society of Medicine Foundation, which has been formed to establish closer relations between members of the medical profession in Great Britain and the United States. It was organized under

the auspices of the Royal Society of Medicine.

□

Dr. Charles V. Ihle, '65, is a resident in orthopedics at Wisconsin. He did his internship at St. Mary's Hospital, San Francisco.

□

A member of the 1964 class, Dr. Gordon A. Tuffli is a clinical instructor at Wisconsin in pediatrics. He also practices pediatrics with the Jackson Clinic, Madison.

□

Dr. Donald R. Korst, '48, has presented to the William S. Middleton Medical Library a film copy of the collection of Beaumont manuscripts which was presented to the Washington University Medical School library in 1914 by Beaumont's granddaughter, Miss Lily Beaumont Irwin.

A list of the manuscripts and a bibliography accompany the film. Dr. Korst is a member of the William Snow Miller Medical History seminar.

□

Dr. John M. Skavlem, '19, of Cincinnati, has sent the library 10 volumes, a signed drawing by Dr. William Snow Miller and a portrait of Dr. Miller. Included among the books is a copy of Daniel Drake's important "Systematic treatise . . . on the principal diseases of the interior valley of North America," 1850, in an excellent state of preservation.

Season's meetings begin in October

The new chancellor of the University's Madison campus will be on the program of the Association's fall Homecoming meeting October 28 in Madison to address the group briefly and be available to meet individual alumni.

As in the past, the meeting will combine an afternoon of football — Wisconsin vs. Northwestern this year — and a morning of scientific presentations.

Dr. Frank L. Weston, '21, who is handling arrangements for the meeting, reports that there will be three 15-minute presentations at the Medical School in the morning, and then a catered lunch before game time.

"Automation and Computerization of the University Hospital Clinical Laboratories" is the topic to be discussed by Dr. Frank C. Larson, professor of medicine and director of the clinical labs.

Dr. Robert O. Johnson, '48, associate professor of

surgery and clinical oncology, will discuss "Hyperthermia in the Treatment of Cancer," and Dr. Edgar Gordon, '32, will talk on "Metabolic Consequences of Obesity." Dr. Weston has arranged the program to allow time for discussion.

Registration will begin at 9 a.m., when coffee and pastries will be available. Attendance at the scientific session is necessary to obtain football tickets.

Following Homecoming, the next alumni meeting will be in Marshfield December 7 — the annual Upstate Alumni Dinner. Dr. George Magnin, '46, of Marshfield is planning local arrangements.

He reports that the program will begin at 6:30 p.m. in the Hotel Charles. Menu is varied for a buffet dinner and includes prime ribs. The program features Medical School faculty members.

A third alumni fall meeting was held in Chicago early this month (but after the QUARTERLY's press time) in conjunction with the annual meeting of the American College of Surgeons. Details will be carried in the next issue of the QUARTERLY.

At least three other meetings are scheduled next winter and spring. Dr. John Petersen, '54, will handle arrangements for the Milwaukee Winter Meeting in February. Dr. Robert Salter, '46, will be program chairman for the meeting in conjunction with the annual A.M.A. meeting in San Francisco in June. Alumni Day will be in May.

In addition, the Association is exploring the possibilities of having meetings in conjunction with the annual meetings of the American College of Physicians and the American Psychiatric Association.

Excellent seats await homecoming alumni.



Alumnus to lead annual giving

The Alumni-sponsored 1967-68 annual giving program will be initiated in November under a somewhat revamped organizational structure. The program this year will be the responsibility of an alumnus chosen by a three-member faculty-alumni committee to be director of annual giving and bequests. He is Dr. Herb Pohle, '38, Milwaukee.

In 1966-67 the annual giving program realized about \$7,000 or just less than half the total of alumni contributions in that fiscal year. Other contributions were made through the AMA-ERF and as class gifts.

Dr. Pohle is also expected to implement a \$100 Club, proposed by President Bernard I. Lifson, '49,



Mrs. William J. Bleckwenn and Dean Emeritus William S. Middleton hold a portrait of her late husband. At left, her son Ted holds a portrait of his brother, the late William J. Bleckwenn Jr. Both portraits will hang in the Middleton Library Bleckwenn Memorial Room.

last May. Members of the Club will receive unique recognition.

According to figures released recently by the American Alumni Council and the Council for Financial Aid to Education, the University of Wisconsin in 1965-66 ranked third among the nation's public universities in *voluntary* support. It also rose to 14th place among all American colleges and universities, public and private.

Wisconsin received in 1965-66 nearly \$14,000,000 in voluntary contributions. The only two public universities to lead Wisconsin were the combined University of California campuses, and the University of Michigan.

Of Wisconsin's support, 16 per cent came from alumni; 32 per cent from foundations; 30 per cent from corporations; 4 per cent from non-alumni individuals and 0.1 per cent from religious organizations. Another 17.6 per cent of the total came from miscellaneous groups.

Portraits given for Bleckwenn room

Mrs. William J. Bleckwenn, whose late husband played a leading role in the development of Medical School's neuropsychiatry department and who was a longtime faculty member at the School, presented to the Medical School in August two paintings which will hang in the Bleckwenn Memorial Room of the Middleton Medical Library.

The portraits are of Dr. Bleckwenn and his late son, William J. Bleckwenn Jr., who died during his junior year in Medical School.

On hand to accept the portraits were Dean Emeritus William S. Middleton, Medical Librarian Helen Crawford, Faculty Library Committee Chairman Van Potter, Mrs. Bleckwenn's son Ted, a Madison attorney, and his two children, Susan and William J. Bleckwenn III.

Mrs. Bleckwenn resides at 1990 Eighth Terrace, S.E., Winter Haven, Florida.

Dr. Van Liere honored by friends

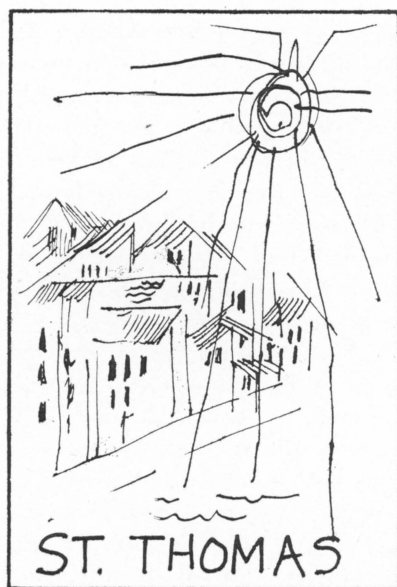
Dr. Edward J. Van Liere, '20, was honored recently by the West Virginia State Medical Association, which arranged a "Van Liere-University Day" program. Dr. Van Liere is dean emeritus of the West Virginia University School of Medicine.

Seven other medical school deans with whom Dr. Van Liere has been associated for many years participated in the program. Among them was Dr. John Parks, '34, dean of the George Washington University School of Medicine in Washington, D.C.

Dr. Van Liere, who was born in Kenosha in 1896, earned the degrees of bachelor of arts and master of science at Wisconsin, and later received an M.D. from Harvard and a Ph.D. from Chicago.

He joined the West Virginia School of Medicine faculty in 1921, and served as dean from 1935 to 1961. He was instrumental in developing the school from a two-year to a four-year curriculum and establishing the modern multi-dollar medical center facility. He retired last year at age 70.

During his distinguished career at West Virginia, he participated in and supervised the training of more than 2,000 medical students, wrote hundreds of lay and scientific articles and a half-dozen books. He was associate editor for years of the West Virginia Medical Journal.



Dr. Van Liere has endowed the Cora M. and Edward J. Van Liere award for the University of Wisconsin Medical School. The award is made to the senior student with the highest scholastic average during medical school.

Learn while cruising to San Juan

A cruise ship in the Caribbean will be the classroom for the second annual Alumni-Faculty Retreat Seminar, scheduled for February 16-23, according to Medical School Associate Dean Thomas C. Meyer.

Participants will receive four hours of instruction each day in surgery, medicine and cardiology. Faculty instructors will be Dr. Richard Wasserburger, '46, professor of medicine; Dr. Anthony R. Curreri, '33, professor of surgery and chairman of the division of clinical oncology; Dr. Robert O. Burns, associate professor of medicine; and Dr. John Juhl, professor and chairman of radiology.

The itinerary is planned from Madison, though alumni may join the group in either Chicago or Fort Lauderdale, Fla. Alumni leaving from Madison depart at 6:30 a.m. February 16, leave Chicago at 9:45 a.m. and leave Fort Lauderdale at 5 p.m. on the S.S. Atlantic for the cruise to St. Thomas in San Juan.

Cost of the trip for physicians who will have instruction is \$597, and for spouses it is \$402. The cost includes air travel to Florida, the boat trip and meals on the boat. Alumni who plan to make the trip must make a 25 per cent deposit by November 1.

The Atlantic, American owned and of American registry, is 564 feet long and has a passenger capacity of 850. The 18,100-ton ship has a breadth of 76 feet.

The trip was planned by the Medical School postgraduate medical education committee. Dr. Wasserburger, president-elect of the Association, served as liaison between the committee and the alumni Board of Directors.

More information may be obtained from Anne Johnston, 333 N. Randall Ave., Madison, Wis., 53706. Her phone is area code 608, 262-8299.

Last year about 12 alumni and their wives traveled to Colorado for a skiing retreat seminar with Medical School faculty members. The success of that trip is responsible for the program's continuation.

Advice and helping hands

BY MISCHA J. LUSTOK, M.D., '35
EDITOR

MILWAUKEE — Have you read the last two pages of the summer issue of the *QUARTERLY*? They are worthy of your attention. Over 90 young men and women, trained in *our* tradition of Wisconsin, have left our alma mater to travel far and wide in search of new experience.

Do you remember that day? Suddenly your name is called and in a moment the years of anticipation, the hours of grinding work, the struggles, the stresses, the judgments, the frustrations and the victories seem like an instant of the past. Finally, that doubt which was your constant companion is gone. At last that uncertainty was resolved in the brief span of time it took to cross the graduation platform. With a feeling of profound accomplishment and awe you become excitingly aware that you are a doctor, and equally aware of the fact that whatever you do and wherever you go things will never again be the same. You have, in achieving the professional status of a physician, committed yourself irrevocably to a new and compelling way of life. You feel both confident and uncertain in the next turn on the road, the internship, and a bit frightened by the abrupt separation from the academic soil which gave you root and sustenance. You are now to be tested on your own.

These are confusing and often bewildering times for the neophyte physician. A kindly act, a friendly word, a bit of advice and a helping hand would be most welcome, and particularly from an older graduate of the same school already in common bond by common heritage.

The list of recent graduates from the University of Wisconsin Medical School and their destination for internship was published in the last *QUARTERLY* you read. If there is a recent Wisconsin Medical Alumnus beginning his professional career in your hospital or your community you would do well to look him up and make yourself known. Offer him the true and warm Wisconsin hand, and you shall both be richer for the experience.

Southeastern correspondence

BY HERBERT C. LEE, M.D. '35
SOUTHEASTERN CORRESPONDENT

RICHMOND — Now that we have broken the ice and plunged into the frigid waters of the un-

known world of literary critics, it is pleasant to report that for the first effort I received the grand total of one letter praising the result. No one, kindly, wrote threatening my life or canceling their subscriptions. It now seems logical to follow through with news of some of our local brethren.

We made two appeals for help, in so far as news of each alumnus is concerned, but since everyone seems to be too busy, too bashful, or too bothered, it seems that we will have to fill these spaces with personal observations. Unfortunately, I am not acquainted with many of the recent alumni in this area, and hence news of this group will be lacking until such news is available.

Here in Richmond we are fortunate in having a large nucleus of Wisconsin graduates or ex-interns about whom we can write for some time. When Dr. Elmer Severinghaus was here to give a lecture a few years back, more than 40 of this group gathered for dinner with him. I have always been especially fond of Dr. Severinghaus. When I was a youngster in Madison during World War I he was my Sunday School teacher at the University Methodist Church, the sanctuary of which is dedicated to my mother. Some years later he came to Milwaukee to see my mother, then an invalid, and then, when I got to medical school, I was always proud of the fact that he taught me again. He always called me by my first name, and that meant a lot to any of us at that stage of our education.

The only member of my class who is in this area is Walter Rein, who practices ophthalmology. Walter lost his lovely wife, Harriett, a few years ago, and just recently was remarried to Mrs. Thomas Jefferson Walton in Peoria, Illinois. His mere presence here in town has been a source of comfort to me. He has taken care of the eyes of my whole family, and in turn I have operated upon him a few times.

Bill Pembleton was also in our class, but after two years he took off for Pennsylvania. He came to Richmond after graduation, and I will always remember the surprise I had in finding him here as an intern back in the thirties. Bill has been head of our anesthesia department for the past 20 years. He recently relinquished the chairmanship of the department, but continues as professor of anesthesia. He is the "doctor's anesthesiologist" and that is the highest honor one can get from his colleagues.

There is a group of alumni here who have not only practiced in the city, but have become medical

directors of large corporations. Chuck McKeown (1937) came here to intern back in the "exchange" days. He married a local beauty, and has been here ever since after serving two years in the Aleutian Islands in 1943-44. Chuck is medical director of the Richmond division of the American Tobacco Company in addition to having a fine practice in internal medicine. Jim Burke interned at the University of Wisconsin in 1937 and, after practicing for 20 years, is now full-time medical director of the A. H. Robins Co., a local and well-known pharmaceutical concern.

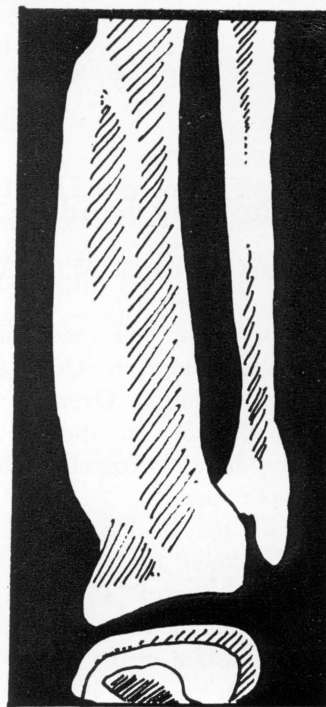
Many of you will remember Carolyn and Howard McCue who spent a year in Madison about 1938. Carolyn is now chief of the pediatric cardiology division here at the Medical College of Virginia, and her husband, Howard, is medical director and vice-president of the Life Insurance Company of Virginia. Other graduates of our school here who interned in Madison are Arthur Gathright, a clinical associate professor of medicine here, and Gil Tyler and Ed Haddock.

Reno Porter spent a year or more in Madison. He is professor of medicine here and chief of cardiology. He is one of the most highly respected members of the faculty. I will have more to say of the many others in this area in future columns, but space limitations prevent my doing more at this time.

I must, however, mention John Parks and Dave Welton. John, as most of you know, is one of Wisconsin's most illustrious alumni. He is not only the dean of George Washington School of Medicine, but has recently been elected president of the American Association of Medical Colleges. I wrote to John congratulating him and got a nice letter in reply. I do not know how he does all he is called upon to do.

The only person who wrote to me after my first column was my classmate, Dave Welton, a dermatologist in Charlotte, N.C. Dave was recently elected president of the North Carolina Medical Society. He informed me that another classmate, Bill James, is the president-elect of the Wisconsin Medical Society. Thus two members of the class of 1935 have achieved these high positions.

Dave has recently had dinner with Jim Musser, about whom I will write later, and reports on what a fine job he is doing in Carolina. Dave is recovering from some recent surgery, still plays the piano regularly, and enjoys 3½ grandchildren. Dave has been guest soloist with the North Carolina Symphony. Whatever he plays, I am sure it can not sur-



pass our memories of his playing in Madison. Who can ever forget his rendition of "Rhapsody in Blue" in the Haresfoot show about 1932?

So much for now. There seems to be much news for the future, and we will have a hard time staying within our word limits, but we will try. In the meantime send me any news you have here at MCV Station, Box 876, Richmond, Va. 23219. I can and will use most anything. Au revoir.

A Cal-Wis sketch

BY WILLIAM H. OATWAY JR., M.D., '28
CONTRIBUTING EDITOR

ALTADENA — Quite a few Wisconsin people are eligible for a profile-in-depth; many more of us think we are; but only two can be done each year. We might select graduates, ex-faculty members, interns, residents, etc. But:

Chauncey Depew Leake, "This is Your Life."

Chauncey Leake was born in Elizabeth, N.J., in 1896. He probably had even then charm, a sense of humor, and a great potential (tho no dark-rimmed glasses). Right from the start we could search out his accomplishments in several kinds of "Who's Who," but it is pleasanter to choose and quote from his dozens of chores and publications.

He was able early to enter a local college (Princeton), from which he emerged with a Litt.B. in 1917. This just preceded his first contact with Wisconsin which is best described in Dr. Paul Clark's history:

He was "a striking, outgoing young man. . . . A sergeant in a World War I machine gun company, was ordered in August, 1917, to report to Major English Eyster in Madison, head of a unit of the Chemical Warfare Service. . . . the young sergeant knew some chemistry and was charged with investigating several of the toxic gases with which the Germans had dumbfounded the allies". . . . He later worked closely with Ralph Waters in anesthesia.

The nickname "Sarge" arose from his service days, and hundreds of dear friends have never called him anything else. He worked for and earned an M.S. degree from the U. of W. in 1917, and the height of all titles, a Ph.D. in 1923. Wisconsin was a way-station in his tour of great institutions, but he gave a great deal, and received a great deal, and he has never forgotten those years. . . . In later years he was honored by Kenyon (L.H.D.); Women's Medical College of Pennsylvania (D.Sc.); and University of California (LL.D., as recently as 1965).

As time went by the charm remained, his energy was constant, and it resulted in scholarship, a tremendous versatility, an intellectual approach which analyzed and simplified, and a gradual change from curly dark hair to white. This latter change has apparently occurred without aging, so how can he qualify as an editor of *Geriatrics* (which he is), the editor of several other journals, author of eight books, and composer of some 600 publications on science and philosophy?

It becomes outstanding to us as we read his let-



ters, editorials, etc., that he loves to praise others and probably has never said an unkindness. He appreciates people, accomplishments, and good deeds.

Sarge must have found it easy to appreciate his colleagues, since at Wisconsin, in old Science Hall, before and after 1920, he was a junior member of a pleasant and brilliant group. He has listed a dozen of them in a long and laudatory article which he wrote this year about Dr. Harold Bradley, another Cal.-Wis. man, and I have added a few accomplishments to some of the names — Dr. Bradley (pupils, friends, buildings); Loevenhart (therapy of syphilis); Bardeen & Evans (a medical school); K. K. Chen (Ma Huang, ephedrine); Severinghaus (isoniazid, iproniazid); Elvehjem (vitamins & U. of W. pres.); Armand Quick (clotting mechanism); Wm. Snow Miller (anatomy of the lung); Wm. Middleton (a V.A. medical program); Ralph Waters (a premier school for anesthetists); Gasser (a Nobel prize); Meek, Telinde, Tatum, Seevers, et alia.

Dr. Leake's teaching progress was sedately peripatetic. I suspect that his moves were made to

Your area correspondents need news. Help them by jotting down your information on the form below. For your convenience we will forward the items to the correspondent you indicate. Mail the form to the QUARTERLY, 333 N. Randall Avenue, Madison, Wisconsin, 53706.

Name _____ ADDRESS _____ Class _____

City _____ State _____ Zip Code _____

Please forward to Correspondent _____

My Information _____

places (like mountains to the mountain climber), "because they were there." At Wisconsin: ass't. professor, pharmacology (1923-28); U. of Cal., professor of pharm. (and organizer of department, 1928-42); U. of Texas Medical Branch, exec. vice-president (1942-55); Ohio State U., prof. of pharm. and lecturer in history and philosophy of med. (1955-62); Univ. of Cal., 1962 to the present, with positions as research coordinator, senior lecturer in pharmacology, the history of philosophy of medicine and also, since 1963, prof. of med. jurisprudence, Hastings College of Law.

The list of honors and officerships is even more lengthy. One could mention consultant, National Research Council, and USPHS; Amer. Ass'n. for Advancement of Science, pres. 1960; Society of Exper. Biol. and Med., pres. 1961-63; History of Science Society, pres. 1936-39; Amer. Soc. Pharm., pres. 1958-60; and exactly ten other awards and honors.

I can only add a few comments from the viewpoint of his students, who still had one foot on the campus and were hesitantly putting the other into basic science territory in the years 1923 to 25. Sarge, as we secretly called him, was kindly, handsome, impressive, a fine speaker, smoked a pipe, had a fascinating library in his office, and a most attractive wife. With that background he intrigued us into learning a bit, and into wanting to learn a lot more Since it is not possible to describe his publications we can at least mention a few of his diverse recent topics: The value of 'Cat-napping'; 'Angina relieved by the Valsalva maneuver; a book on 'Refreshing with Wine'; chairmanship of a conference on the controversial 'Effects of DMSO'; etc.

Finally, this summary has to be submitted with-

out his approval, since Dr. Leake and wife Elizabeth have (typically) finished the school year, had a fine conference at Aspen, and are on a tour of Europe and the mid-east.

Guess again, daddy

BY BERNARD I. LIFSON, M.D., '49
PRESIDENT

SKOKIE — I recently encountered a colleague whom I hadn't seen in years. While indulging in social therapy he suddenly asked if I were still practicing psychiatry. This jolted me because of its abruptness and I wondered if he thought I might be manufacturing Mrs. Freud's chicken soup? I questioned his remark, and he responded that he felt he had been so poorly prepared in an understanding of the emotional problems and illnesses of his patients that he truly doubted if there were such a field of medicine as psychiatry.

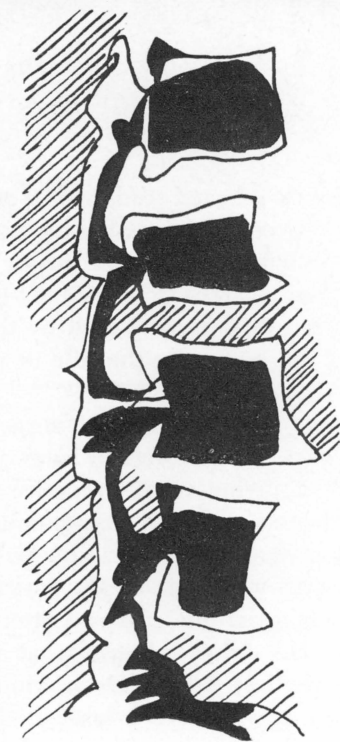
"You fellows talk of immaturity, insecurity, instability and bad mothers all of the time," he said with anger. To him this just wasn't medicine. He could see nothing predictable or scientific in this approach and questioned whether the specialty would survive. Since our social therapy had become rather intensive by this time (we had both had three or four beers) I did not encourage the discussion.

I had to agree that in the past too small a part of medicine education included a dynamic understanding of human behavior. Many medical educators did not understand or accept the psychological knowledge that existed or else were too threatened by it to give it sufficient importance in a medical curriculum. But then, he had raised a valid issue; at times psychiatry was not a science, at times it was not predictable. That night I dreamed of chicken soup.

Next day my wife asked that I look at our youngest son, Bobby. I should mention that we play a medical game at home called, "Guess Again, Daddy." If one of our children is ill, Clarice has me look at him (or her) and try to guess what it is. Then she makes an appointment with the pediatrician and when they return they greet me at the door with "Guess Again, Daddy."

This particular morning my examination revealed an inflamed lesion the size of a shirt button just below the right clavice with an enlarged painful lymph node in the right axilla. Next to this lesion were two small vesicular lesions filled with fluid. If only there were more of the latter I thought or some





"Your friends have had the mumps," I said. "No!", was the singular reply. "It hurts when you eat," I countered. "No!" was the flippant retort. I then offered him a sour pickle which he consumed with great gusto and asked for another. I palpated for swollen nodes and glands, with no luck. Then I remembered Max Fox. "If you can fit your finger in the depression between the remus of the mandible and the mastoid bone, it is not the mumps."

This was attempted and the space was felt. Refusing to be victimized again, I announced as professionally as possible that there were no specific findings at this time, and that we would observe the progress of the symptoms for the next 24 hours.

That evening I cautiously opened the front door and the silence that greeted me was deafening. No one was at home. I gathered my wife had taken the children shopping or out for dinner, so I sat down to read the newspaper without interruption. As long as he was out with the rest of them, my son must be feeling OK I thought. Soon I heard the car pull up and as I opened the door there was Stevie. "Guess Again, Daddy." My goodness his face was swollen. It looked like the mumps! In the background my wife was muttering to herself something about, "I guess your husband missed this one too."

Well the rest of this story is predictable. In the weeks to follow our daughter, Suzie-Jo, had the chicken pox, then Bobby came down with the mumps and then finally Suzie-Jo had the mumps. All of which I personally and correctly diagnosed. I'm seriously considering a diagnostic course in appendicitis, fractures, poison ivy and rashes since Larry and Eddie are of that age.

If only these conditions were predictable or more scientific, at least when initially seen!

lesions of the scalp and face. Then it would be chicken pox. But then Max Fox always said chicken pox starts in the scalp and then progresses to the face, trunk and lower extremities. However the severe pain and the spread to the axilla were sufficient to warrant our playing "Guess Again, Daddy." That evening upon arriving home from the office, I was greeted in chorus. When I saw my son I realized it isn't that my pediatrician knows so much, it's that he sees my child later.

Several days later Clarice again suggested we play the game, as our son Stevie was complaining of pain when he opened his mouth. This time I was prepared. "Mumps — no doubt about it," I shouted.



Texas correspondence

BY EDWARD J. LEFEBER, M.D., '36
TEXAS CORRESPONDENT

GALVESTON — The University of Texas Medical Branch announced in September that Dr. William P. Deiss Jr. (I.R: 1945-46; 1948-54), professor of medicine and biochemistry at the Indiana University School of Medicine, has been named professor of medicine and chairman of the department of internal medicine. He will assume the new position December 1.

Bill Deiss is a native of Shelbyville, Ky. He was educated at the University of Notre Dame (pre-medical) and the University of Illinois College of Medicine (medical). After an internship at the University Hospitals in Madison, he spent two years in the Armed Services (Army) before resuming postgraduate training at Wisconsin, 1948-54.

Bill next moved to Durham, N.C. and joined the faculty of Duke University School of Medicine and the medical staff of the V.A. Hospital at Durham. He served as assistant professor of biochemistry and assistant and associate professor of medicine at Duke until 1958 when he was named an associate professor of medicine at the Indiana University School of Medicine.

Dr. Deiss is a diplomate of the American Board of Internal Medicine and a fellow of the American College of Physicians. He is a member of several other national medical societies in the fields of research and endocrinology. He has authored or co-authored 40 articles and 29 abstracts, mainly in his specialty of endocrinology. From 1960-64 he was a member of the advisory committee to the NIH on training grants in diabetes and endocrinology.

Dr. Deiss is married and has three children.

The Wisconsin Medical Alumni of Texas welcome this distinguished internist and endocrinologist.

(Editor's Note: Dr. Lefebér's address is 200 University Blvd., Galveston, Tex., 77550.)

Southwestern correspondence

BY JACKMAN PYRE, M.D., '37
SOUTHWESTERN CORRESPONDENT

TUCSON — Medical circles in Arizona — especially Tucson — are currently buzzing with the news that last week the brand new University of Arizona Medical School began teaching its first

class of 32 highly selected students. Of special interest to those Wisconsin oriented is the fact that Dermott "Bill" Melick is to be coordinator of the Regional Program of Heart Disease, Cancer and Stroke. This is a dual appointment by the Board of Regents and Bill will carry the title of professor of surgery.

Bill says "the professor and the surgery business is fluff" since he will neither do surgery nor teach students. He is giving up his practice of thoracic surgery in Phoenix and plans to commute home on weekends this year and to move his wife and family, or at least his wife and one 18-year-old daughter to Tucson next year. She plans to attend the University here. He didn't tell me what the job involves, but Medical School Dean Monte DuVal's secretary said it was a very large and important post. He already had an office in the college of medicine building and a secretary.

It must have taken some soul searching for him to make this decision to stop his active practice of surgery and to take up straight administrative work in a new town. We all hope that he will never regret his decision, and we in Tucson hope that he will not regret leaving the metropolis of Phoenix for this overgrown but delightful cow town of Tucson.

(Editor's Note: Alumni who have news for Dr. Pyre may reach him at 601 N. Wilmot, Tucson, Ariz., 85711.)

Dean's corner

BY PETER L. EICHMAN, M.D.
DEAN

MADISON — This issue of the QUARTERLY focuses on the preceptor program. From my viewpoint, this educational program is one of the more dynamic components of our "mix" and may become the most highly adaptable area as the revised curriculum is implemented. It should be emphasized that the preceptors play a vital role in our School.

I note with some regret the retirement of several preceptors who have served for many years. Their service is deeply appreciated by the School. The new preceptors have been greeted with enthusiasm by the students.

I am looking forward with pleasant anticipation to the inevitable innovations in this program. I expect Wisconsin to maintain the leadership in preceptorial teaching that it has developed over the years.

Wisconsin Medical Alumni Assn.
University of Wisconsin Medical School
333 North Randall Avenue
Madison, Wisconsin 53706

VIRGINIA HOLTZ
MEDICAL LIBRARY
101 SMI

FC

Non-Profit Org.
U. S. POSTAGE
PAID
Madison, Wis.
Permit No. 1046
