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COVER — One of the towers of the new Clinical Science Center, new home for the School of Nursing, the Wisconsin Clinical Cancer Center, University Hospital and Clinics and the clinical years of the medical school. (See story on page 1)

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Movin' On to the New Clinical Science Center

The move is on!

Each month the new Clinical Science Center (CSC) becomes "home" to more University of Wisconsin health science departments.

Early March marked Wisconsin Clinical Cancer Center's (WCCC) move from labs scattered all around campus to a four-floor section of the CSC. According to WCCC director Dr. Harold Rusch, the new labs are a model of practicality and a researcher's delight. Equipped with the lastest in safety equipment, the labs have plenty of spare floor space to accommodate changes in lab equipment and design through the years.

The best thing about the new WCCC? Dr. Rusch has no doubts — it's the centralization. "Finally our staff is together in an environment appropriate for sharing ideas and results, which is so necessary in research work," he explained.

Also in March the first part of the Research Animal Resources Center was moved. The second part of the animal center will move in August.

Late last year the nursing school moved from cramped, 50-year-old quarters on University Ave. into the new facility. For the first time in UW history nursing classes are being held in one centralized location, the bright new CSC lecture halls and classrooms.

Hospital to Move in 1979

The last to move in will be the medical school clinical departments and University Hospitals, both now scheduled for March, 1979. The hospital will remain its present size at the new site, 556 beds.

The basic science departments, such as anatomy and physiology, will remain in the same area of campus they now occupy. However, they will have increased space when the old hospital is vacated and remodeled into offices, teaching and research labs.

The increased space will permit the medical school class size to increase to 200 by 1980. This was a condition to which the state agreed in order to receive over $10 million in physician training funds from the federal government to pay for part of the new building.

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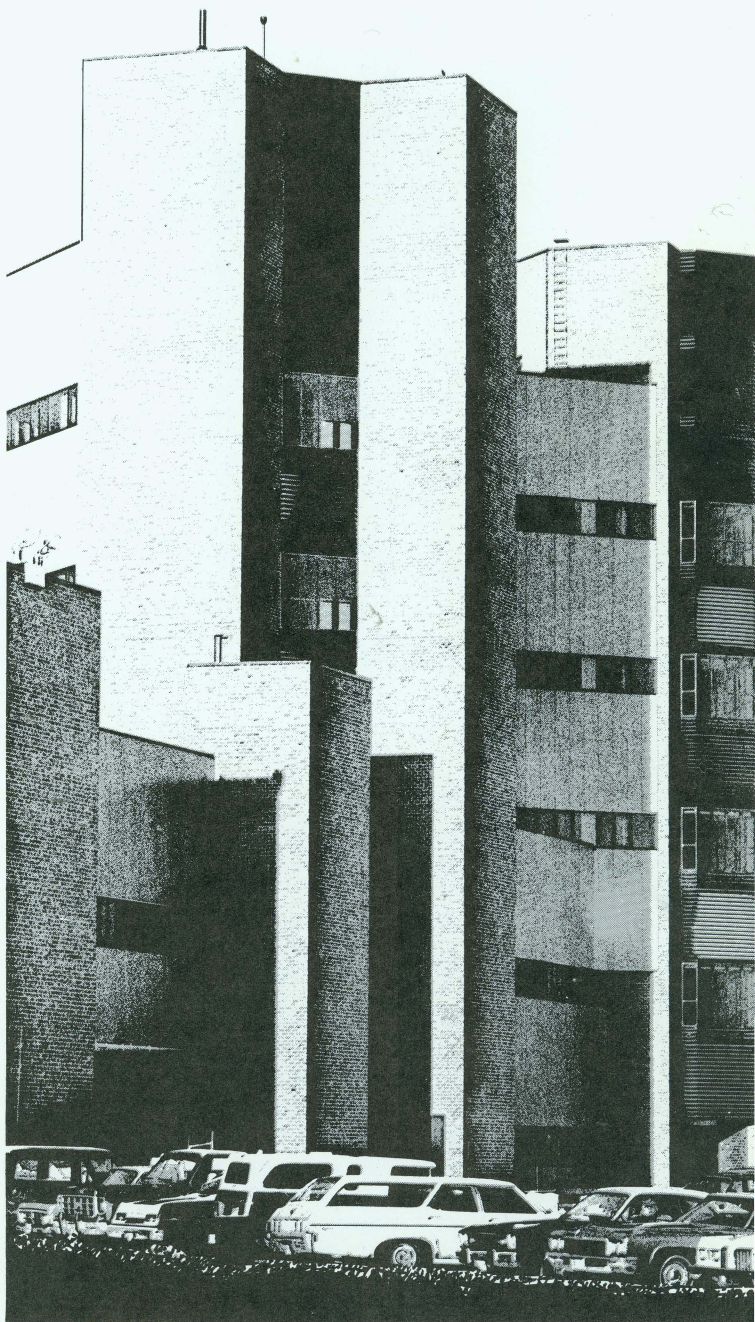
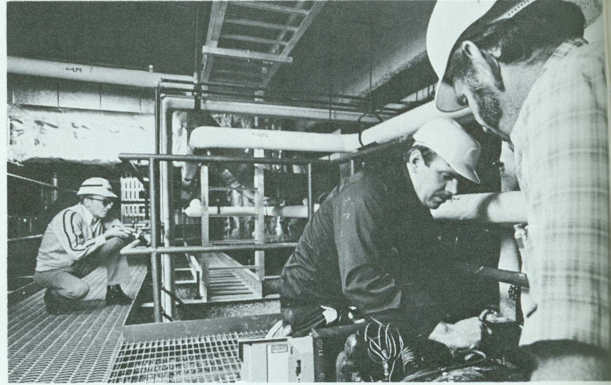
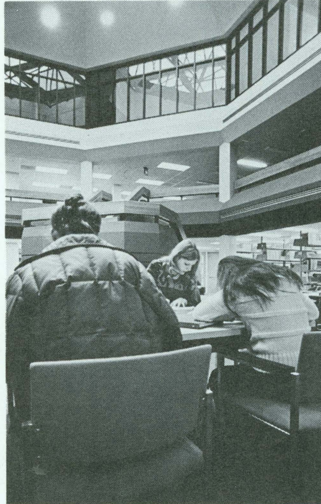


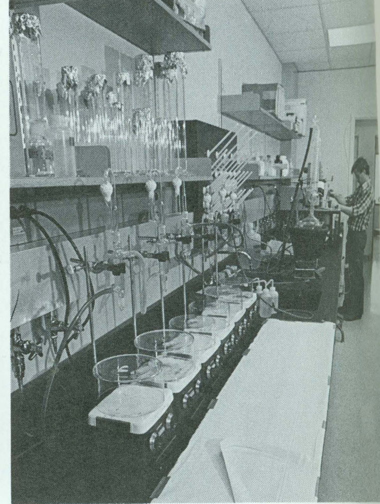


Top row, Left: A nursing school class in pediatric behavioral science uses a small playroom with one-way glass through which other members of the class can observe. One observation area is behind the mirror over the woman's head. Right: This nursing school class in physical assessment meets in a room equipped with many examination tables separated by curtains.

Second row, Left: In this behavioral science lab the arrangement of the tables promotes group interaction. One side of the room has one-way glass for observation. Right: Workmen labor in the Clinical Science Center's interstitial space.

Bottom row, Left: Clinical Science Center Library. Right: Dr. Gottfried Kellermann in his new cancer research laboratory. The lab is in the Wisconsin Clinical Cancer Center section of the new Clinical Science Center.





The new center is the most ambitious building project in Wisconsin history. At 1,600,000 square feet, it is the equivalent of 37 football fields. It pioneers a combination of architectural techniques and automated systems seen in barely a handful of other medical buildings anywhere.

Overhead Monorail Cart Network

The most exotic component, an overhead monorail cart network called ACTS (Automated Cart Transport System), will carry bulky materials to any hospital floor at the mere twist of two dials.

Architectural coordinator Merlin L. Redfern says ACTS will carry food, blankets, towels, operating room materials and other supplies to and from loading docks, the kitchen, storage areas and hospital floors. The destination can be dialed on each of the 2x4x5-foot carts (a letter and number for each location) and the cart will get there by itself on a web of rails and special elevators. When the cart arrives, it can be detached from the monorail and wheeled away.

While carrying fresh supplies to hospital floors, it will travel on a separate "clean" track, on the way back, perhaps carrying soiled dishes or linen, it will take the "dirty" track. Then it will be washed and sterilized before being permitted on the "clean" side again.

The building's overall design uses a new modular architectural technique offering flexibility for changes in space and program over the years. The modules are like building blocks, and the CSC is a series of 120-foot square building blocks, stacked in various heights up to six stories tall. Because no walls are needed to hold up the ceiling inside each building block, partitions can be placed in any arrangement that's best for the occupants. If changes are needed, the walls can be moved without major structural problems and without affecting other modules.

Interstitial Space

All maintenance and mechanical services are contained in "interstitial space," which simply means there's a utility floor sandwiched between each floor used by the public.

According to Redfern, this design "means that you can go from anywhere in the building to anyplace else in the building with any kind of utility." He says it also pays off in convenience for occupants and in time which would otherwise be lost for maintenance. He says someone doing maintenance doesn't have to "come into my office, climb up on a ladder, and take out the ceiling to get to a valve to shut it off."

Davis admits that designers are hardly unanimous about interstitial space. "There's a hue and cry among architects and engineers about whether interstitial space is a valuable design for an institution that has to change over time," he notes. "You can get a hundred of them in a room and 50 say that it is and 50 say that it isn't."

It does represent an additional investment, Davis said. "But then you get the other side of the coin: if you look at the life costs of the building, it is in fact calculated to be a good investment over time."

"The old hospital was a 1924 facility built for 1924 medicine," Davis explained. "In that era, when you were sick you were hospitalized. Now outpatient care is the big thing. The new building is built in such a way that it's possible to expand and meet changing needs."

In addition to its innovative design, the CSC is a forerunner in hospital sharing programs. CSC and the Middleton Veteran's Administration Hospital will share many high cost facilities, including nuclear medicine scanning, microbiology lab services, neurovascular radiology and radiation therapy. According to Davis, this is the largest volume of sharing between university and V.A. Hospitals in the U.S. and will make a combination to reducing health care costs.

Such sharing programs and building flexibility don't just happen — they're the results of nearly 20 years of planning. But it looks like all that planning is rapidly becoming a reality. ◘

Facts to Know About the New Clinical Science Center

Why a New Building?

- Replace a 50-year-old hospital, expand ambulatory care and patient support services.
- Replace a 50-year-old dormitory used by the School of Nursing and expand the school's graduate programs.
- Increase the entering class of the medical school to 200 students by 1980 to supply the additional physicians needed in Wisconsin.
- Provide new facilities for the nationally recognized Wisconsin Clinical Cancer Center, which conducts research and translates it into improved care for cancer patients.

Where is the New Building?

The Clinical Science Center is located on a 45-acre site at the west end of the University of Wisconsin-Madison campus. It adjoins the Middleton Veterans Administration Hospital.

What is the Parking Situation?

There will be parking lots for patients, visitors and staff as well as specific parking for the emergency services department.

When Will the Building Be Completely Occupied?

The nursing school, parts of the Wisconsin Clinical Cancer Center, and some medical school research labs began using the building early in 1978. Occupancy will be completed by April 1979 with hospital in-patients expected to move late in March 1979.

What Will Happen to the Old Hospital?

After the move to the new center, portions of the present building will be remodeled to provide much needed space for basic science teaching and research.

Forward with Wisconsin

*A*dvance in the Health Sciences

> ## Forward with Wisconsin
>
> The University of Wisconsin Foundation's $11.8 million campaign for continuing excellence of the University of Wisconsin-Madison.
>
> ### *A*dvance in the Health Sciences
> $3.5 million for the Clinical Science Center and $1.6 million for Family Practice Clinics: $5.1 million.
>
> ### New Tools of Knowledge
> Books and art works, computer and specialized laboratories, new resources to strengthen the University: $1.8 million.
>
> ### New Scholarly Achievement
> Professorships, fellowships, scholarships to hold Wisconsin's quality at the highest level: $1.9 million.
>
> ### Student Recreation and Education Facilities
> A new gym in the southeast corner of the campus to meet the surge of interest in health: $3 million.

NEEDED: More Bradleys, McArdles, Manchesters...

Bradley...

McArdle...

Familiar names to most UW medical alumni – familiar to much of the medical world.

Just as familiar to recent health sciences graduates are such names as Daniels, Kennedy, Helfaer, Swarthout, and Manchester — particularly Manchester, for some of the most recent. Manageable loans from the $1.5 million Manchester fund helped put them in practice today.

All those names — and they are a few of the many — mark major private gifts that helped make University of Wisconsin medical education, research and health services what they are.

If all the names of private donors to UW medicine over the years were listed, they would fill this **QUARTERLY**. Just for the Middleton Medical Library, thousands of Wisconsin men and women in medicine gave thousands of dollars.

Now, thanks to the University of Wisconsin Foundation, the way is open to add more names to the list, perhaps even another Bradley, McArdle, or Manchester.

New Opportunity

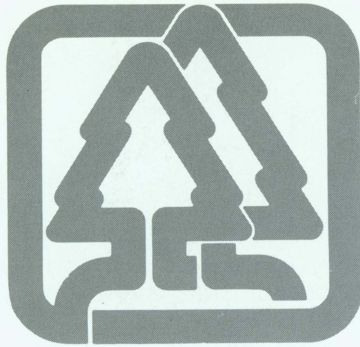
This new opportunity began more than a year ago when President Edwin Young was chancellor of the Madison campus. Repeated state austerity programs, cutbacks in federal funding, and inflation's erosion of university resources combined to impose a pressing dilemma: how to meet critical financial needs or face cutbacks that could seriously affect the quality of the university.

The chancellor convened a group of veteran campus faculty and administrators and asked advice. They came up with a solution that included new efficiencies, reallocation of resources, and renewed state and federal requests.

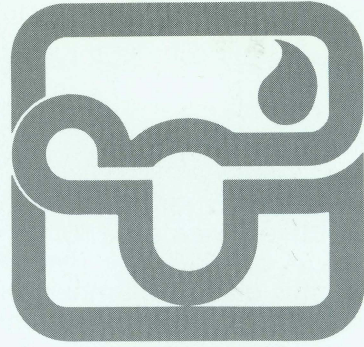
But some of the most pressing needs still persisted.

The only solution to meet these needs becam

Student Recreation and Educational Facilities



New Tools of Knowledge



New Scholarly Achievement

clear: to call upon alumni and friends of the university for help.

The group then identified those projects for selected private funding where the need was most crucial — where maintaining university quality could only be accomplished by gifts.

Four Areas of Need

After much sifting and winnowing, adjusting and cutting, they arrived at the four areas of greatest need, and an $11.8 million total.

The principal need: $5.1 million for advance in the health sciences. This includes $3.5 million for equipment and facilities for the new Clinical Science Center, and $1.6 million to extend its benefits throughout the state in family medicine practice centers — the university's unique program aimed at training physicians for general practice in smaller communities.

By stages, the clinical science departments of the medical school, University Hospital and Clinics, the Wisconsin Clinical Cancer Center, and the School of Nursing are moving out of their cramped, crowded, 50-year-old buildings into the most modern medical facilities in the nation. (See page 1 for the latest on that.)

State appropriations and federal funding for the center, generous as they have been, fell short of providing some of the highly technical equipment, complex facilities, and basic resources for excellent patient care, sophisticated diagnostic services, and modern research laboratories.

Several Opportunities

There are, in fact, several opportunities for major gifts where significant contribution to Wisconsin medicine would equal the contributions of the Bradleys, McArdles, and Manchesters. Further, there are opportunities for lesser gifts to meet other extraordinary needs in a variety of rapidly progressing medical fields.

And, to widen the benefits of university medicine in the state, gift funds are required for the development of a sound system of family practice clinics.

All but three Wisconsin counties are now below recommended levels for primary care physicians. Expansion of model clinics to train residents who can remedy these deficiencies is a primary health goal for the state.

Thus far, there are five such clinics in Wisconsin. A new site is being arranged in Wausau, and preliminary planning is under way for a possible Appleton location.

The program now is operated in rented space — some of it less than adequate. The goal is to establish permanent locations for these key health centers — locations that will increase the quality of their training programs and patient services.

The Challenge

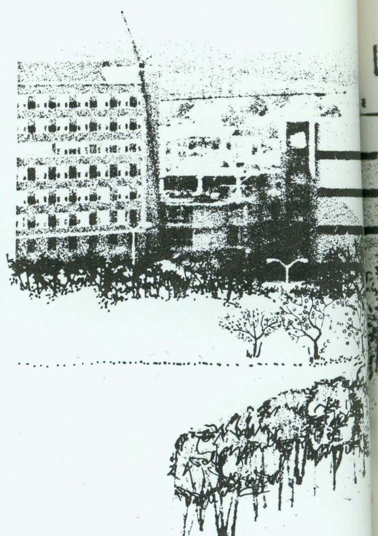
In answer to the University's request, the University of Wisconsin Foundation has accepted the challenge to seek $11.8 million from alumni and friends of the university — $5.1 million of it for advance in the health sciences.

The Foundation has met its goals in the past. The Middleton Library, Wisconsin Center, Alumni House, Elvehjem Art Center, Lewis G. Weeks Hall, are all brick-and-mortar testimony to the persistence of the dedicated alumni and friends of the university who have guided its efforts for 33 years and brought more than $49 million in gifts to the university.

The leadership of the foundation and the university's administration, faculty, students, alumni and friends are working together to plan and lay the groundwork for this first all-out campus-wide effort.

In the months ahead, you will be hearing more about the challenges of the "Forward with Wisconsin" campaign. For further advance information, contact the University of Wisconsin Foundation, 702 Langdon Street, Madison, Wi. 53706.

Call To Order
Medical Alumni Day



1978 marks a very special event in the history of your medical school. It represents the 50th anniversary of our second graduating class of 1928. Our medical alumni association wants to make this annual alumni day one of special meaning to the class of '28 and to every member of our association.

Those classes observing an anniversary date have been contacted by their class representatives outlining what's in store for them when they arrive back in the Capital City.

May 25—Pre-Alumni Day Activities for Council of Representatives

3:00 p.m. **Edgewater Hotel**
Editorial Board Meeting

4:00 p.m. **Edgewater Hotel**
Class Representative Meeting

6:00 p.m. **Edgewater Hotel**
Cocktail Party for Class Representatives and Disciplinary Representatives, Past President, Board Members and Spouses

7:00 p.m. **Edgewater Hotel**
Dinner

May 26—Alumni Day Program

8:00 a.m. **Outpatient Lobby-New Clinical Science Center**
Registration — Continental Breakfast

9:30 a.m. **Alumni Association Business Meeting**

9:45 a.m. **President's Report**

10:00 a.m. **Dean's Report**

NOTE: **Spouse's Reception —**
9:00 to 11:00 a.m.
Inn On The Park (Park Motor Inn)

10:20 a.m. **"Who and What's New in the School"** Matthew Davis, M.D., Chairman, Department of Ophthalmology

John Rankin, M.D., Chairman
Department of Preventive Medicine

Paul Carbone, M.D., Chairman
Department of Human Oncology

12:00 NOON **Luncheon with spouses and senior medical students**
The Chinese Health Care System, Dr. Ben Lawton '46
Recognition of the 1928 Class

2:00 p.m. **Afternoon Options**
Tours of the new Clinical Science Center

Nostalgia Theater — Motion pictures from the medical school archives.
Drs. Stovall, Middleton, Reese, et al.

6:00 p.m. **Social Hour**
Concourse Hotel

7:00 p.m. **Alumni Banquet**
Concourse Hotel

8:30 p.m. **Presentation of Awards**
Emeritus Faculty Award — Dr. Herman Shapiro '32
Medical Alumni Citation — Dr. Ben Lawton '46
Teaching Awards — Recognition of graduates

Entertainment — Original Hyperion Oriental Fox Trot Orchestra

Pre-Alumni Day Activities for Reunioning Classes

Class	Reunion Committee	Activity
1928	Harold O'Brien	**May 25** Reunion Dinner Madison Club Cocktails 6:30 pm — Dinner 7:30 pm
1933	Melvin Huth A.R. Curreri	**May 25** Reunion Dinner Madison Club Reception and dinner beginning at 6:00 pm
1938	John V. Berger, Jr.	**May 25** Reunion Dinner Edgewater Hotel Cocktails 6:30 pm — Dinner 7:30 pm
1943-M	William Gilmore Roger Bender Robert Schilling	**May 25** Reunion Dinner Edgewater Hotel Cocktails 7:00 pm Dinner 8:00 pm
1943-N	William Merkow	**May 25** Reunion Dinner Edgewater Hotel Cocktails 7:00 pm Dinner 8:00 p.m.
1948	Donald Korst Robert O. Johnson Al Schultz Ray Watson Fred Koenecke	**May 25** Reunion Dinner Concourse Hotel Cocktails 6:30 pm — Dinner 7:30 pm
1953	Sylvia F. Griem William Brodhead	**May 25** Reunion Dinner Madison Club Cocktails 6:30 pm Dinner 8:00 pm

Class	Reunion Committee	Activity
1958	Thomas Leicht Henry Rahr Don Sherwood Jim McIntyre Bry Wyman Pierre Slightam Jack Heiden	**May 25** Reunion Dinner Concourse Hotel Cocktails 6:30 pm Dinner 7:30 pm
1963	Donald H. Reigel Louis Bernhardt	**May 25** Reunion Dinner Edgewater Hotel Cocktails 7:00 pm Dinner 8:30 pm **May 26** Hospitality Suite Concourse Hotel — After the Alumni Banquet
1968	James W. Renne Thomas Lange	**May 26** Reception — Midwest Medical Center 5:00 — 7:00 pm **May 27** Reunion Picnic — Vilas Park Shelter 11:00 am — 3:00 pm
1973	David R. Nichols	**May 26** Hospitality Suite Concourse Hotel — Prior to the Alumni Banquet

election 1978

Dr. Hanno Mayer, former president and chairman of the Nominating Committee has announced the candidates for president-elect and directors of the alumni association.

To further acquaint you with the candidates we are presenting a brief professional profile and photo.

A ballot will be sent to each dues-paying member prior to our annual meeting on May 26. Provisions will be made to allow for "write-in" candidates. Your completed ballot must be returned to the alumni office by the date indicated on the form so that tabulation and final outcome may be announced at the annual meeting.

new president

William E. Hein., M.D., '54, Green Bay, will be installed as medical alumni president at the annual meeting.

Top row, left to right: Dr. William Hein, Dr. Dorothy Betlach, Dr. Wilbert Wiviott, Dr. John Irvin. Bottom row, left to right: Dr. Paul Frechette, Dr. Thomas Leicht, Dr. Donald Spring, Dr. Robert Wochos.

nominees

president-elect

Dorothy Wittmann Betlach, M.D., '46, is a retired anesthesiologist in Janesville, Wi. A native Madisonian, she received all her education at UW. She interned in Oakland, Ca., and was the first woman fellow in anesthesiology at the Ochsner Foundation Hospital, New Orleans, 1947-48, and at UW Hospital, 1948-49. She was certified by the American Board of Anesthesiology in 1952. She was on the staffs of St. Marys and Madison General Hospitals with Madison Physician Anesthetists, 1949-53. As a member of the Wisconsin Society of Anesthesiologists she served as editor of the Wisconsin Study Committee, 1950-58, and on the board, 1953-58. She appeared in the first edition of **Who's Who of American Women**, 1959. She was chairman of the Campion Jesuit High School board of regents, 1973-74. She has served as her medical class representative since 1973.

'46

alumni directors (elect three)

Wilbert W. Wiviott, M.D., D.D.S., '57... is past president of Wisconsin Society of Plastic Surgeons and is an associate clinical professor, department of surgery, Medical College of Wisconsin, Milwaukee.

He interned at Mt. Sinai Hospital, Milwaukee, and completed his surgical residencies at Veteran's Hospital, Wood, Wi., and University Hospitals, Madison. He is a Fellow of the American College of Surgeons since 1967 and was board certified by the American Board of Plastic Surgery in 1966.

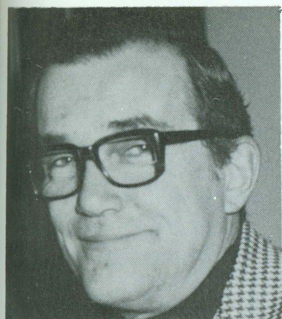
Prior to earning his M.D. degree at UW, Dr. Wiviott had earned his dental degree from Marquette University in 1953.

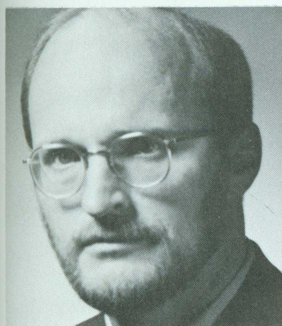
Dr. Wiviott is chief, department of plastic surgery, Milwaukee Children's Hospital and Deaconess Hospital, Milwaukee. He also serves on the Editor's Committee for the American Society of Maxillo-Facial Surgeons.

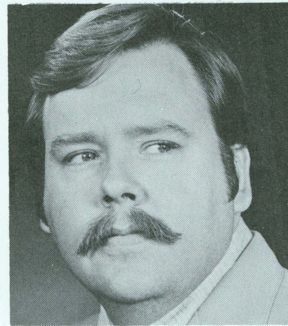
'57

John M. Irvin, M.D., '45, has been in the practice of general internal medicine at the Medical Center of Monroe, Wi., since 1951. He served an internship at Evanston, Il, Hospital, 1945-46, and was in the U.S. Air Force, 1946-48. His residency in internal medicine was at the V.A. Hospital, Hines, Il., 1948-51. He was certified by the American Board of Internal Medicine in 1953. He retired as a member of the State of Wisconsin Medical Examining Board in 1974 and is a past chairman. He retired from membership of the FLEX Examining Board in 1975. He is past president of the Wisconsin Society of Internal Medicine and is a fellow and life member of the American College of Physicians.

'45







Paul F. Frechette, M.D., '62, a Janesville, Wi., native, has been in the fulltime practice practice of psychiatry in Janesville since 1974. He served his internship at Riverside County General Hospital, Riverside, Ca., 1962-63. He completed his psychiatric residency at University Hospitals in 1966. From 1966 to 1974 he was chief psychiatrist for the state of Wisconsin adult prisons and consultant for the Tri-County Mental Health Center. He is a clinical instructor of psychiatry at the UW Medical School. He is currently president of Rock County Medical Society, having served as its secretary-treasurer in 1976 and 1977.

'62

Thomas R. Leicht, M.D., '55, has been medical director of Bellin Hospice, Green Bay, Wi., since 1977. Prior to that he was in the private practice of internal medicine, 1962-76. He served an internship at Presbyterian Hospital, Denver, Co., 1958-59. His internship was at University Hospitals, 1959-62.

'55

Donald A. Spring, M.D., '63, is director of the Cardiac Diagnostic Laboratory, Lutheran Hospital of Milwaukee. He interned at Virginia Mason Hospital, Seattle, took his residency at Mayo Graduate School of Medicine, and was a post-doctoral fellow at the University of Wisconsin Cardiovascular Research Laboratory.

His military service with the U.S. Navy was in Norfolk, Va., '64-'65, and Washington, D.C., '65-'66. He was certified by the American Board of Internal Medicine and in the subspecialty of cardiovascular disease in 1974. He has been on the faculties of the UW Medical School and the Medical College of Wisconsin. At Trinity Memorial Hospital he was director of the division of cardiac ultrasound and of cardiac catheterization services. He is a Fellow of the American College of Cardiology and of the Council of Clinical Cardiology of the American Heart Association.

'63

Robert G. Wochos, M.D., '44, has practiced general surgery in Green Bay, Wi., since 1953. He interned at the University of Texas Medical Branch, Galveston, 1944-45. He was in the medical corps attached to the U.S. Air Force, 1945-47. His residency in general surgery was at University Hospitals, 1947-51. He was board certified in general surgery in 1952 and became a fellow of the American College of Surgeons in 1953. He is associated with the Beaumont Clinic in Green Bay. He is a member of the Wisconsin Surgical Society and in 1976 was president of the Wisconsin Chapter of the American College of Surgeons.

'44

Thorny Questions: *That's the Specialty of the Medical Ethics Program*

eth-ics (eth'iks) *pl.n.* **1.a.** The study of the general nature of morals and of the specific moral choices to be made by the individual in his relationship with others; the philosophy of morals. Also called "moral philosophy." **b.** The moral sciences as a whole, including moral philosophy and customary, civil, and religious law. **2.** The rules or standards governing the conduct of the members of a profession. **3.** Any set of moral principles or values. **4.** The moral quality of a course of action; fitness; propriety.

The Ethics Program

Now in its fourth year, the University of Wisconsin's Program in Medical Ethics includes a full-time staff of three: Director Dr. Norman Fost, a pediatrician; John Robertson, a lawyer, and Daniel Wikler, a philosopher.

Each year, the program has increased its activity. Program members are now involved in teaching several courses in law, philosophy and medicine. At the hospital, they lead discussions about live medical dilemmas at grand rounds, case conferences and "bedside" meetings.

It's not unusual for program faculty to testify before the state legislature on bills affecting euthanasia, genetic screening, malpractice and informed consent. The ethicists have all served as members of state and national ethics advisory committees as well as consultants for local clinicians faced with ethical dilemmas.

Because of their close contact with clinicians, the medical ethics faculty have directed their research toward practical problems. They are currently studying a number of these issues including alternatives for obtaining informed consent; the impact of heterozygote detection in cystic fibrosis; court cases involving kidney transplants from incompetent donors; and the adequacy of current brain death definitions.

A Case Study: Background

An 18-year-old University Hospitals patient existing on life support systems attracted national attention last October when debate over terminating his life ended in court.

The young man, a Mendota Mental Hospital resident and legal ward of the state, was taken to University Hospitals after suffering cardiac arrest. Despite attempts to revive him, he became "brain dead" as indicated by a lack of vital signs, a flat EEG, and absence of response to stimuli. Doctors said he had no reasonable chance of recovery.

When the parents asked that their son's life be terminated, his lawyer brought the case to court. Dane County Judge Robert Pekowsky issued a temporary injunction forbidding UW physicians from turning off life support devices. The ensuing court case was complicated by the lack of Wisconsin law defining brain death. According to Judge Pekowsky, the principle issue in the case was whether the man was legally dead.

Judge Pekowsky's final ruling broadened the legal definition of death and allowed physicians to end the patient's life supports. The man was declared dead "by virtue of total brain death."

Legal Death: A Discussion

Medical science has reached a point of agonizing decision-making. Every day physicians must decide whether to prolong a patient's life indefinitely with respirators, drugs and heart machines or allow the patient to die. Our old definition of death — cessation of breathing and heartbeat — sometimes seems appropriate in an age of modern life support technology.

The question of what legally constitutes death is especially important because at the present time Wisconsin law has not defined it. We asked members of the University of Wisconsin Program in Medical Ethics to shed some light on this "life and death" issue, especially as it applies to the recent "brain death" case at University Hospitals.

> *"The real issue is whether care should be withdrawn from a permanently comatose patient..."*
>
> —Wikler
>
> *"The question of when a patient is dead is a question of social policy, not medicine..."*
>
> — Robertson
>
> *"It's not necessary to say a patient is dead to justify discontinuing medical care."*
>
> — Fost

Many people have compared the Wisconsin "brain death" case to the Karen Quinlan case. The comparison is, however, inaccurate because Karen Quinlan was "brain alive."

A Philosopher's View

Philosopher Daniel Wikler points out that people may have confused brain death with mental death. Karen Quinlan, for example, was mentally dead, but because her lower brain was functioning, was "brain alive." The young man at University Hospitals had no brain function whatsoever and was "brain dead."

All parties agreed that the Quinlan girl was alive. The legal question was whether or not life support should be removed from a living person. In the Wisconsin case, it's unclear whether a "brain dead" person is legally alive or dead or whether that's really an issue.

"The real issue is whether care should be withdrawn from a permanently comatose patient," says Prof. Wikler. "Somehow the question of whether the patient is dead gets thrown in as if it were the same, and it's not."

Wikler feels doctors shouldn't need to call a patient dead if they want to justify removing life supports. "Of course it's uncomfortable to admit that the patient was allowed to die, but it doesn't help matters to insist that he was already dead in the biological sense."

A Physician's View

Dr. Norman Fost agrees that a person with irreversible brain injury needn't be called dead before removing life support. Because "death" really isn't an issue, he feels that a law defining "brain death" as death isn't necessary. In fact, no U.S. doctor has ever been prosecuted for withdrawing medical care from such a patient, even without a legal definition of death. "Patients aren't found dead in bed. They reach an end state of disease where doctors have no more to offer. After discussions with family and other personnel, the doctor discontinues care," he explained. Dr. Fost says that it's almost always possible to maintain life for another few minutes, days or weeks. "It's not necessary to say a patient is dead to justify discontinuing medical care."

In addition to being unnecessary, a legal "brain death" definition would be erroneous and illogical. "Brain death" is a misnomer — it's not consistent with common sense notions of life and death. According to Dr. Fost, someone who is in an irreversible coma — brain dead — is still alive biologically — his cells and organs carry on complex functions, he excretes waste products, bleeds when stuck, and so on. To say that he's dead is obviously wrong.

Although Prof. Wikler says a "brain death" definition is theoretically unnecessary, he notes that it might have some practical value. "There are two ways to go on this issue. The state could authorize doctors to withdraw care from irreversibly comatose patients, leaving the standard definition of death intact. Or it could change the definition, so that these patients would be called dead. Though the former is, strictly speaking, more accurate theoretically, there is a chance that the door will be opened to authorizing withdrawal of care from other kinds of patients, too. The retarded and the senile are examples. The precedent would have been set. Redefinition of death — the second of the alternatives — is safer

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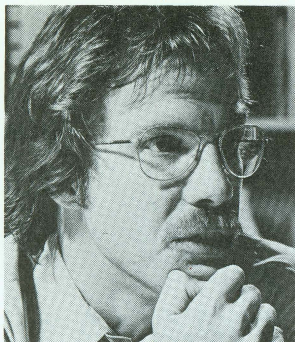
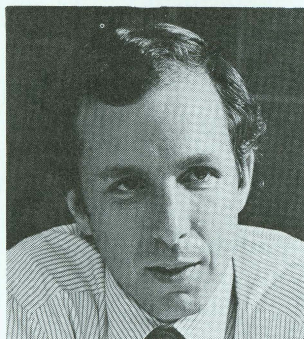




Above: Lawyer John Robertson and Professor Daniel Wikler; Right: Dr. Norman Fost

in this respect. No one is going to suggest that we extend the definition of death to cover a senile patient," he explained.

A Lawyer's View

Lawyer John Robertson felt that the problem with allowing doctors to decide when to terminate life is the lack of societal input on such decisions.

"The question of when a person is dead is a question of social policy, not medicine," he says. "It's appropriate for society as a whole to decide on death, and for physicians to do the appropriate tests to determine if a person fits the category." According to Prof. Robertson, society should take this decision-making power back, or train physicians to make them better.

For this reason, Prof. Robertson felt that a legal definition of death might be useful.

Dr. Fost's answer to Prof. Robertson is that if a legal remedy is needed, it would be preferable to legalize withdrawal of care from patients who are irreversibly brain dead, without addressing the question of whether the person is dead. He also feels more attention should be devoted to these issues in medical education, including postgraduate education. Review committees, functioning as consulting groups, might reduce the risk of abuse and allow from some public involvement.

Members of the medical ethics program disagree on the need for brain death legislation — Dr. Fost says no; Profs. Robertson and Wikler say it might be useful. But they all agree that such complex problems will increase as medical science becomes more adept at maintaining the "machinery" but not the "man." ■

The Morality of Benevolent Intervention

Van Rensselaer Potter, Ph.D., UW '38

***Ed. note** — Dr. Potter is professor of oncology at the UW McArdle Laboratory for Cancer Research. He is the author of **Bioethics: Bridge to the Future** and is president of the American Association for Cancer Research.*

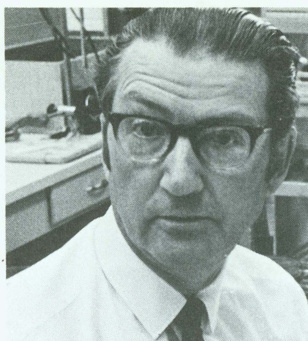
*The following is excerpted from his paper "Humility with Responsibility: The First Rule of Professional Ethics," one of seven contained in the book **The Role of Ethics in American Life: Critical Essays on the Place of Ethical Studies in Higher Education** recently published by the Thomas Merton Studies Center and edited by Robert A. Preston. (Reprinted with permission of the Bellarmine College Press, Louisville, Ky.)*

Ethical decisions have become a problem in professional life for the very reason that science and technology have vastly enlarged the scope of professional intervention in human affairs. Problems in ethics can arise when there is a real choice between possible courses of action. How does the professional make his decisions when asked to intervene in the life of an individual client, or in the life of a community? Does he recommend that everything that can be done should be done?

In the area of human intervention in human affairs we all understand that malevolent intervention is evil. Moreover, we understand that intervention that places the personal gain of the **intervenor** above that of the **intervenee** is also evil. The real problem lies in the area of benevolent intervention, in which the professional can intervene to almost any extent within the financial capability and willingness of the client and still take the position that the client's welfare is being served. Even where the financial aspect is not an issue, the question of whether to prolong a life by extraordinary measures is frequently an ethical problem in benevolent intervention.[1]

The problem of benevolent intervention arises in the lives of all of us, either as intervenor or intervenee, as in the case of parents and offspring, teachers and students, husbands and wives, or priests and parishoners. In many instances the roles can be played in either direction.

The issue of benevolent intervention goes far beyond the matter of avoiding harm to the client or to the intervenee, in general terms. It involves the propriety of one individual or of society "managing" or intervening in the life of one in-



Van Rensselaer Potter, Ph.D.

> ***"Society is going to have to develop guidelines for the ethics of intervention not only in the case of the dying patient but also in a number of other life situations."*** **— Potter**

dividual or group of individuals, even with the best of intentions, and even when requested to do so by the individuals or society. The problem is to find the line that divides professional service, or friendship, or love in any of its forms from the many custodial relationships that destroy human dignity.

Society is going to have to develop guidelines for the ethics of intervention not only in the case of the dying patient but also in a number of other life situations. We desperately need to be shaped and socialized by parents, schools, and society to avoid becoming mental basket cases or what is equally depressing, wild animals. Granting the need for a substantial amount of intervention in the lives of minors and incapacitated adults, the generalized rule of humility in maximizing human dignity and self-development seems reasonable (Green, 1973).

There remains the fact that under some circumstances, the professional use of technology that seems totally dehumanizing presents a very real ethical problem. The professional who is confronted with this problem needs help, and he can get help only if he has been trained in the use of humility, in contradistinction to the assumption that he must make all the decisions.

For a beginning, I suggest that the professional use of technology that is totally dehumanizing (as with an unconscious patient in an intensive care unit) is appropriate when two conditions are met: 1) the situation is assumed to have a good chance of being only temporary, and 2) the individual has a good chance of living out a substantial fraction of his life span as a person after recovery. No doubt much more could be said in the way of guidelines. The point is that the professional needs humility to receive the guidelines and to share with others, professional and non-professional, the burden of decision. How can professional education be modified to promote this ethical development? (cf. Potter, 1973).

Recently a group headed by Dr. Robert C. Cooke, former vice-chancellor for health sciences at the University of Wisconsin, issued a call to action in the field of professional ethics. They called for informal inquiry "to explore the options which growing knowledge of man's biology and of human society have made possible, and to consider the standards and the legal and social frameworks by which the choice among these options should be guided."

I have had occasion to discuss the problem of professional ethics in medical education with Dr. Cooke. In his opinion, and in mine, casual and informal ethical training will no longer suffice for the medical student. Instead formal presentation of the principles involved must be a part of the medical curriculum to supplement the sincere efforts of many concerned individuals in the various disciplines. The instruction manual prepared by Howard Brody (1974) is an excellent beginning in this direction.

A further suggestion has been made by Dr. Cooke. He proposes the organization of a Clinical Ethical Conference that would operate along the lines of the presently existing Clinical Pathological Conference or CPC that is a traditional part of every medical center. The CPC is retrospective, that is, it is a review of action already taken. It certainly is an exercise in humility, especially when it is found that a patient has died become of some misjudgment. The proposal for a CEC or Clinical Ethical Conference would also be a powerful educational device and would tend to pay off rapidly in the development of new ethical appreciation for both students and mature professionals.

The development of such a conference as a weekly or monthly affair would tend to hasten the presentation of cases in which "informed consent" became a reality, in which sharing of professional and non-professional viewpoints was described, and in which the concept of humility and of Rawls' ideal-contractualist ethical theory (Green, 1973) could be developed. The vast effort entering into the organization of the present conference on The Role of Ethics in American Life and the existence of the Thomas Merton Studies Center gives us all hope. We can look forward to an increase in organized effort to diminish the dehumanizing aspects of technology and professional detachment. We can look forward to a new era of professional service on behalf of survival and of human dignity. ◼

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[1] Potter, V.R. (1973). "The Ethics of Nature and Nurture." **Zygon** 8:36-47.

DATE: February 3, 1978
PLACE: Milwaukee, Wi.

Resolution of Commendation for Dr. Crowley

The following resolution was approved by unanimous vote of the board:

Whereas Lawrence G. Crowley, M.D., provided superior leadership to the University of Wisconsin Medical School and reinstilled a spirit of unity and common purpose during his tenure as Dean;

Whereas he established trust and credibility with all levels of university administration, the state legislature, the state government and with all of the medical school publics;

Whereas he was responsive to the needs and interests of students, faculty and alumni;

Whereas he demonstrated an exemplary commitment to furthering the goals of the medical alumni association;

Whereas Larry remains a warm friend of us all;

Be it therefore resolved that the Board of Directors of the University of Wisconsin Medical Alumni Association hereby unanimously adopt this testimonial on this third day of February 1978.

A copy of the medical school medallion is being sent to Dr. Crowley along with this resolution.

Medical Alumni Student House

It was agreed that it would be desirable to begin looking at sites for a new student house since university expansion is likely to necessitate the sale of the Medical Alumni Student House building within five to six years. Former Dean Peter L. Eichman has indicated a willingness to chair such a committee.

Alumni-Student Meeting

Dr. Kampschroer reported on the informal meeting between members of the medical alumni association and the medical student leadership which was held in Madison on Jan. 19.

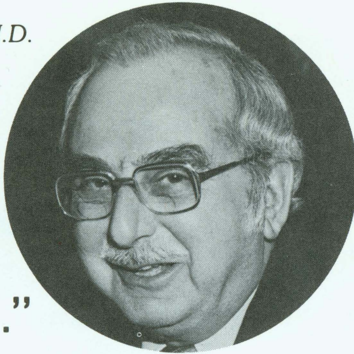
The discussion dealt mainly with the problems identified by the accreditation site visitors relating to student stress, lack of student-faculty communication, shortcoming in student counseling, perceived deficiencies in management of minority student affairs, etc.

At the meeting Dr. Kampschroer made it clear to the students that the association dmd not wish to interfere in internal medical school affairs but wished to find ways that it might be helpful to the students and to the school in bringing about desirable goals. The students were told that the board would be meeting with the medical school administration. Acting Dean Nelson stated that the students have many legitimate concerns. Classes have increased from 80 to 160 in the past 20 years, physical facilities are poor, the lounge is less than adequate and the faculty feels stressed by the many demands placed upon it.

Many efforts are being made to address the problems identified by the students and site visitors. Recruitment for an associate dean for student affairs is continuing. (An appointment was made during 1977 but the individual appointed withdrew for personal reasons before assuming the duties.) Dr. John Anderson has been appointed assistant dean for student affairs and is devoting 80 percent of his total effort to the task. He has implemented a number of new programs and projects to correct many of the problems. The student leadership is meeting with the sub-deans on an annual basis and a committee has been appointed to deal with minority student affairs.

After discussion it was agreed that it would be beneficial to revitalize and expand the program in which students spend one week with an alumnus to gain better understanding of the life of a physician, to be exposed to clinical experience and to learn more about the unique demands and rewards of the different specialties to help students make career choices.

Mischa J. Lustok, M.D.



"In Addition To, Not Instead Of..."

Mischa J. Lustok, M.D., '35
Editor

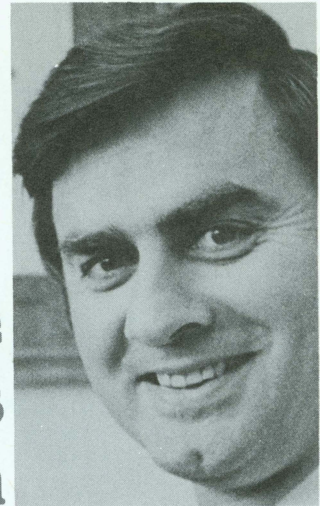
Was it really Benjamin Franklin who said, "A penny saved is a penny earned" or was this profound maxim simply too clever to be assigned to some ordinary nameless man and in time became gratuitously credited to the lore of a great wit? There is an abundant store of such aphorisms in our literature and culture, mottos whose origins are charged to the great but whose true parentage is often in doubt. One such dictum of unknown ancestry is singularly impressive: "In addition to, not instead of..."

How does it work? Let's try it on the medical faculty. The admitted paramount mission of the medical school is to educate and train young men and women to become competent, qualified, and skillful physicians. The role demands the teaching of medical science and the training of the embryonic physicians in the clinical skills of patient care. Want to do more than teach and train? Want to expand the horizons of medicine in academic pursuits and research? Well and good, but wisely and prudently remember: "In addition to, not instead of..."

How does this axiom apply to the medical student? The obviously mandatory obligation of a candidate for the degree of Doctor of Medicine is to acquire the broadest possible data base in the science of medicine, the highest possible expertise in the delivery of medical care, and the broadest possible experience in patient management. Want to do more than the mundane? Want to elect a personal enrichment? Want to escape to a romance in medicine and travel to Europe or South America? Well and good, but wisely and prudently remember: "In addition to, not instead of..."

How does this witticism work for me? Sometime in the past, someone must have engraved this adage into my psyche and made it indelible. I must admit that I am a victim of this obsession. I served my patients, made my rounds, did my chores and then wrote this column. In addition to, not instead of. ■

Bernard W. Nelson, M.D.
Acting Dean



the dean's column

Should Medical Students 'Pay Their Own Way'?

For six years the federal government has provided financial support for undergraduate medical education through capitation grants. At the time of the inception of capitation grants it was anticipated that federal support would meet approximately one-fourth of the cost of educating a student. The remaining funds needed to educate the student were to be derived from tuition and public or private funding. The rationale for federal support for undergraduate medical education recognized that medical schools are a national resource. Physicians are highly mobile and in many states a significant proportion of the practicing physicians received their undergraduate education in another state.

Capitation funding was initiated at a time when there was general consensus that the most pressing problem in medicine was a shortage of physicians. To be eligible for capitation, schools had to increase class size. In recent years, interest has shifted from questions of manpower shortages to questions of geographical and specialty maldistribution. Capitation funding for medical students has been seen by many as a mechanism by which the federal government could achieve the medical school's participation in solving these latter problems.

There are currently two major schools of thought in Washington on the issue of capitation. The first favors the elimination of capitation. This group favors the establishment of higher tuitions for medical students as a means by which the medical schools would recover the lost revenues.

There are two reasons that are put forward in support of higher tuition. The first is the strong feeling that physician incomes are high — high

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the dean's column
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enough to enable the physician to repay all of his expenses. The second reason that is expressed is the belief that higher tuitions will force some students into the National Health Service Corps either because the students are opposed to incurring large debts or because the student does not have adequate personal financial resources to finance the increasing cost of medical education.

The second school of thought favors a continuation of capitation but with certain conditions that must be met by the schools. This year the medical schools must accept a predetermined number of U.S. students who have received their basic science education at foreign medical schools before the school will be eligible for capitation support. It seems highly likely that if capitation is continued, new conditions will be established concerning the percent of residents in primary care disciplines that schools must accept if they are to be eligible for capitation.

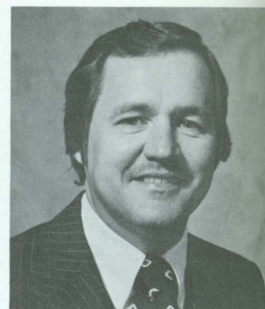
There is a strong possibility that capitation support from the federal government will be phased out over a three-year period. If this occurs, tuitions will have to be raised by the medical schools to provide funds to replace capitation income.

Most students attending medical school today are faced with significant educational debts upon graduation. Students with debts in excess of $25,000 are not uncommon and their number will increase sharply in the coming years. There are many unanswered questions regarding the impact on the future behavior of physicians that will result from a shift in public policy toward having the student "pay his own way." What effect will very large debts have on the attitudes of these physicians when they enter private practice? What effect does the increasing supply of physicians — and the shift toward primary care and away from specialization — have on the income levels of physicians and their ability to retire large educational debts?

Perhaps most importantly, what effect will the prospect of higher debts and the difficulty in obtaining financial aid have on the applicant pool? Most medical schools have made significant efforts in the past ten years to recruit students from broad socio-economic backgrounds. It seems highly likely that many students with limited financial resources will be discouraged from attending medical school because they will view it as too costly or because they will not, in fact, be able to obtain the loans they will need to finance their education.

Let us hope that our state policy will make it possible for students from all segments of society to freely apply for admission to medical school. Physicians from all walks of society are needed if medicine is to meet its obligation to society.

The President's Column



Bernard H. Kampschroer, M.D., '67
President

Alumni Day

May 26th looms closer each time I look at my calendar and I get sort of excited just thinking about Alumni Day. I must admit that I become more interested in alumni and medical school affairs as the years pass. Durkng residency and just after one is too wrapped up in establishing one's self in medicine to worry about nostalgia.

Class reunions form an integral part of the festivities at the annual event. This year graduates from 1973, '68, '63, '58, '53, '48, '43, '38, '33 and '28 will convene in Madison to relive memories with old friends. The tradition of special recognition of the 50 year reunioning class was established last year when the first 50 year class was honored. It is hoped that from now on the noon luncheon on Alumni Day will have the 50 year class as its special guests of honor. The medical school medallion, struck specially for the occasion of the first 50 year class in 1977, will be awarded to each of these most senior physicians.

This year's Alumni Day Program Committee is developing a program which should have some interest for everyone. This will be the first time the meeting will be held at the new Clinical Science Center. The noon luncheon will feature presentation of the medical school medallion to the guests of honor — the 50th year reunioning class.

The wives of the alumni plan to renew acquaintances over coffee and rolls atop the Park Motor Inn on Friday morning, May 26th.

The evening program at the Concourse will feature the annual banquet which will again include the graduates and their families. Attempts are being made to shorten the formal program. The rather prolonged entertainment of recent years has been changed. This year an interesting musical group will provide some light distraction for your pleasure.

Spring means something different to each of us. Regardless of how we interpret these signs of new life, I hope that we can get together and share a surge of new life for the alumni association.

Instructor-patient Louise Tribbey helps teach four University of Wisconsin-Madison medical students the fine points of using an ophthalmoscope. Ms. Tribby, who has multiple sclerosis, is one of 16 chronically ill patients helping teach physical diagnosis at the medical school.

Now The Patients Teach The Medical Students

A new medical school program is underway in which the patients are teaching the medical students.

Although medical students still get most of what they learn from physicians, patients are helping to teach them many of the technical skills of examining a patient.

These instructor-patients, as they are called, have chronic illnesses and have been examined frequently by a number of different physicians. In the medical school program they allow themselves to be examined by students in their second year of medical training.

The 16 instructor-patients who take part in the program are taught the elements of a proper examination of their own medical condition by an expert in the field. In addition, they all have years of experience with physicians and physical examinations.

Their role is to give feedback to the students in addition to showing the students how to do the required procedures. For example, in the examination of the nervous system, the instructor-patient tells the student if he or she is pressing too hard, not hard enough or pressing in the wrong place. In the heart examination, the instructor-patient can guide the student where to listen for what is abnormal and what is normal.

Bob Rathburn, a 31-year-old instructor-patient with multiple sclerosis, stresses the importance of communication with patients. "A good physician spends time with patients, talking with them, finding out about both their mental and physical status," he says.

The idea behind the program is that students who have been in medical school only a little more than a year are usually embarrassed and clumsy the first time they examine a patient.

Traditionally, patients at one of the UW's teaching hospitals have consented to second year students examining them. Most are pleased to assist in this educational process, despite the fact that they usually already have been examined by a number of doctors and graduate doctors in training. However, today only the sickest patients are hospitalized and many are too sick to be examined by a beginning medical student.

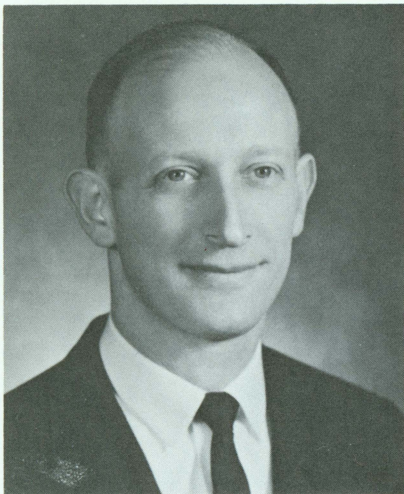
The idea for the instructor-patient program was developed by Dr. Thomas C. Meyer, UW's director of continuing medical education. It won a grant from the National Fund for Medical Education as a project which may improve medical education.

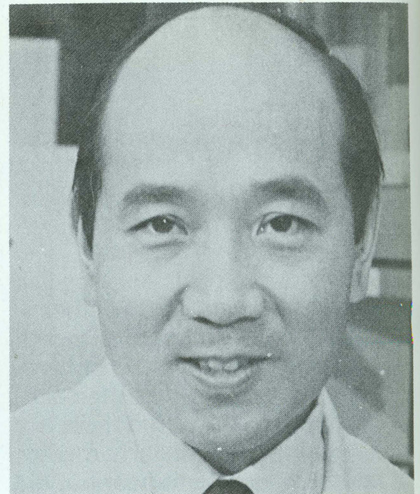
Dr. Meyer's evaluation of the program's results have been encouraging. Both students and instructor-patients are enthusiastic, and many faculty members are supportive of the program.

"If I can help medical students to do a good job in dealing with patients, I will feel I've made a real contribution," Bob Rathbun says.

The students "trial run" with an instructor-patient makes them more comfortable in their first real patient encounter. And the faculty is pleased that the students get a thorough introductory training in this important area of their education.

Dr. Meyer says that if the first favorable results can be repeated, then sessions with instructor-patients may become a regular part of the medical school's teaching program.





Dr. Stanley L. Inhorn, pathology, has been presented the national divisional award for distinguished service in cancer control by the American Cancer Society, Wisconsin Division. ◘

Dr. Karver Puestow, a medical school faculty member from 1922 to 1968, was recently honored by Madison Rotarians. Dr. Puestow has been a member of the Rotary Club for 39 years and was cited as "a dedicated clinician and teacher, master statesman, and champion of the cause of health for Wisconsin citizens." He received the Wisconsin Medical Alumni Award in 1975. He is now emeritus professor of medicine. ◘

Dr. Matthew Davis, professor of ophthalmology, has received a $21,000 March of Dimes grant to study eye defects in human albinos. Many albino animals, including white mice and Siamese cats, have defective visual nerves resulting in misaligned or wandering eyes, as well as areas of blindness or restricted vision. Dr. Davis' study will show whether similiar optic nerve problems exist in humans. ◘

Dr. Richard Hong, pediatrics professor, has received a $10,000 March of Dimes grant to continue his research into treating children highly susceptible to infection. He will evaluate a new approach to treating children with inherited defects of the immune system which make them highly vulberable to overwhelming infection. Ironically, previous attempts to aid them by transplanting tissue from the thymus, have often failed because the children's immune systems are partly functional and can reject the transplanted tissue.

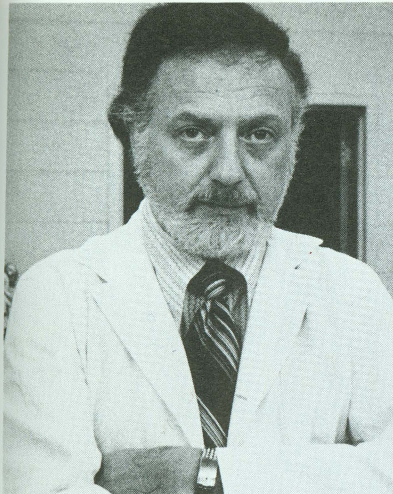
Recently, Dr. Hong found that thymus tissue cultured in the laboratory for 18-21 days loses its ability to provoke rejection. In nine out of ten cases, infants' immune systems have appeared to benefit from the transplants. ◘

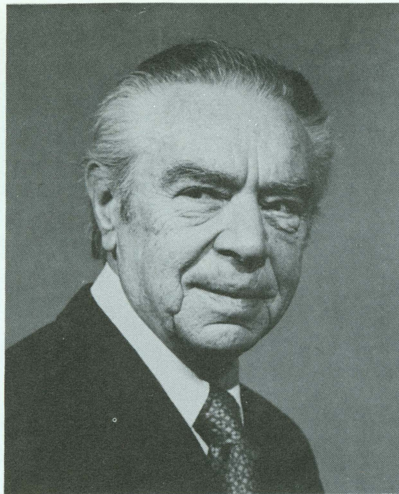
Professor Stanley Falkow of the University of Washington Department of Microbiology will be the Karl H. Beyer Visiting Professor next year. This professorship is awarded to a distinguished scientist who has made significant fundamental contributions to medical science. Dr. Falkow will present one all-university lecture as well as a lecture to medical students and several seminars specifically directed to the interests of groups of faculty and students. ◘

Toxicologist Joins Staff

Dr. Vernon Dodson has been appointed Professor of Preventive Medicine with a joint appointment in the Department of Medicine. He is responsible for developing the Occupational Medicine Program of the Department of Preventive Medicine and the associated program in Environmental Toxicology as well as clinical work in the general medicine clinic of the department of medicine. Dr. Dodson was a member of the Preventive Medicine faculty from 1972 to 1974 before joining the Mayo Clinic where he was a consultant in internal and preventive medicine and Chief of the toxicology consortium.

A graduate of Marquette Medical School, he did his residency work in internal medicine at the University of Michigan and in pathology at Johns Hopkins University. While at the





Left to right:
Dr. Stanley L. Inhorn
Dr. Karver Puestow
Dr. Richard Hong
Dr. Earl Shrago
Dr. H. H. Shapiro

University of Michigan, he also did postgraduate work in biophysics and biochemistry.

Dr. Dodson's past research includes work on asbestos fiber toxicity in humans and immunological reactions to toxicants. ◼

Clinical Nutrition Program Started

A new Clinical Nutrition Center opened on the Madison campus this semester.

Dr. Earl Shrago, director of the center and professor of medicine and nutritional science, says the center will initiate courses and seminars in nutrition for medical and graduate students, University Hospitals physicians and other UW health care professionals. Currently, nutrition courses are not part of the medical school curriculum.

In addition to teaching, the Clinical Nutrition Center faculty will conduct and sponsor basic and clinical research on problems such as obesity, diabetes, heart disease and nutritional needs of the critically ill.

The center, which will be housed in the department of nutritional sciences, is jointly sponsored by the schools of medicine and agricultural and life sciences. It is funded by a half million dollar grant from the Wisconsin Alumni Research Foundation to the graduate school of the university. ◼

"Murph" to be Honored on Alumni Day

Dr. H. H. Shapiro, '32, known fondly as "Murph" to his colleagues, will receive the association's 19th Emeritus Faculty Award on Alumni Day, May 27.

The respected internist and cardiologist retired at age 70 in 1975 and is now a clinical professor emeritus.

A native of Russia who arrived in this country at the age of eight, Herman Shapiro always has been a strong supporter of his adopted country, the medical profession and the Wisconsin Medical Alumni Association.

Numerous medical alumni projects, not the least of which was the Max Fox Preceptorship Award, were initiated by or prospered because of his attention and support. A charter member of the Army's 44th General Hospital, he served it for 24 years, including four of active duty and 16 as commanding officer.

Dr. Shapiro earned his BA from Wisconsin in 1924. After graduating from medical school he served his internship and residency at University Hospitals. When he began his residency in 1934 he was appointed a medical faculty instructor in electrocardiography. Two generations of Wisconsin-trained physicians recall that they probably read their first ECG tracing with Dr. Shapiro.

He advanced to assistant resident in medicine and for three years was chief resident. He was a faculty member in the '40's and joined the Army's 44th General Hospital, which was affiliated with the UW Medical School, in 1940. It went overseas to the South Pacific in 1943. At that time Dr. Shapiro was an assistant professor of clinical medicine on leave. He later advanced to associate and then full professor.

Countless students, staff, classmates and colleagues bear testimony to his unfailing friendship and thoughtful generosity. ◼

Center for Health Sciences Begins $1 Million Emergency Medical Training Program

In an effort to improve emergency medical care in community hospitals, University of Wisconsin Center for Health Sciences is beginning a five-year, one million dollar training program for health professionals in the southwest part of Wisconsin.

"This is the first program of its kind in the country," says Dr. Marvin Birnbaum, head of the Emergency Medical Services Program. Specialists will go to each of the 11 hospitals in the area and train respiratory therapists, pharmacists, and physician's assistants as well as doctors and nurses to work as a team in training emergency cases. Staff will be trained using their own equipment and facilities so they'll be prepared to cope with local emergencies.

"Emergency care has been the neglected child of medicine until recently," says Dr. Birnbaum. "Training in the delivery of emergency medical services has never been an integral part of the education process for doctors and nurses."

Accidents and illnesses requiring emergency care are, however, a leading cause of death in the U.S. Dr. Birnbaum points out that 52 million accidental injuries and 117,000 resulting deaths occurred in 1972. Medical costs for these injuries amounted to 40.4 percent of the annual health budget. Such emergency cases, many from automobile accidents, include neck, head and chest injuries, fractures, shock and heart attacks.

John Rankin, M.D.

The emergency medical training program will serve the Southwestern Wisconsin Health Service Area, which includes Grant, Richland, Lafayette, Iowa and Sauk Counties. These counties are considered health manpower shortage areas. Dr. Birnbaum says program members are also teaching classes in emergency medical care at the University of Wisconsin Center for Health Sciences. ◘

Medical School Starts Educational Exchange With Algeria

The State Department has given the University of Wisconsin School of Medicine $25,000 to initiate an educational assistance program with Algeria.

Dr. John Rankin, professor and chairman of preventive medicine, says the UW will provide the medical schools in Algeria with course content and audiovisual materials, offer advice on curriculum development and research, and possibly accept some Algerian physicians into Ph.D. programs. At a later date selected faculty from the medical schools in Algeria may come to Wisconsin for training in clinical research.

In return, UW faculty will have an opportunity to teach and conduct research in Algeria, and interested residents and students could obtain a unique clinical experience in tropical medicine.

The State Department grant will be used during the 1977-78 academic year to cover administrative costs of starting the exchange program.

Last May a team of UW Medi-

cal School faculty members led by Dr. Rankin visited Algeria to meet with the leading health authorities, tour the medical facilities and evaluate the medical educational system.

Algeria, a former French colony on the North African coast, does have some excellent medical research facilities built by the French but has a severe physician shortage. When the French left, there was only one doctor for every 20,000 people. With the help of physicians from the communist world, the situation has improved somewhat, but there is still a pressing need for more doctors. To train these new doctors, Algeria must expand and upgrade its medical education program.

According to Dr. Rankin, the Algerians are genuinely interested in developing an institutional link with UW and are ready to subsidize any programs that could be set up.

Algerian health officials will visit Madison early this year to finalize the agreement.

UW Oncologist On National Board

Dr. Wendy S. Coleman, a U.W. pediatric oncologist, has been elected secretary of the International Work Group in Death, Dying and Bereavement.

The group includes about 55 physicians, psychologists, psychiatrists and morticians who regularly deal with death. The groups goals are to work on death-related problems, keep track of changing legislation and give direction to programs at various institutions.

Dr. Coleman was also elected to the group's board of directors. Her husband, Dr. Frederick Coleman, a member of UW's psychiatry department, also attended the conference.

ALUMNI CAPSULES

Nancy E. Furstenberg, '50, is now the associate dean for student affairs at the University of North Dakota Medical School, Grand Forks, N.D.

Frederic E. Mohs, '34, Madison, Wi., has been awarded the 1977 Lila Gruber Cancer Research Award of the American Academy of Dermatology.

George A. Beller, resident, '68, has been appointed head of the division of cardiology and Donald C. Barnes Professor of Medicine at the University of Virginia Medical Center. Dr. Beller was also awarded an Established Investigatorship by the American Heart Association.

Martyn A. Wills, '70, has set up a private practice in general medicine at the South Bend Clinic, In. Dr. Wills had been on the permanent staff at the Henry Ford Hospital, Mi., following his residency there.

Ada Fisher, '75, was the banquet speaker for February 25-26 Student National Medical Association (SNMA) winter conference in Madison. She is currently associate chief resident of the family medicine program affiliated with the University of Rochester at Highland Hospital, Rochester, N.Y. Dr. Fisher is the editor of **Holler**, a family medicine weekly newspaper, and is a teacher in health related courses at Madison Senior High School, Rochester.

Dr. Fisher is board eligible in family medicine and has recently been appointed to the U.S. Public Health Service Advocacy Planning Committee. She has published six books on minority medical education and related matters, has published articles on self-education health projects for patients, has published protocol for evaluating and treating victims of sexual assault, and has participated in community service radio announcements on health concerns.

Dr. Fisher's SNMA presentation dealt with the realities of medicine as a practicing minority physician.

Frederick E. Foerster, '39, of Santa Fe, N.M., reports that **Phil Seefeld, '39**, and his wife Jeanne visited him in Santa Fe last spring. Dr. Seefeld has retired completely from surgery. He and his wife spend their time between an apartment in Mequon and a home in Three Lakes.

Wilbur M. Benson, '48, reports that his interest in platelet research and neoatherogenesis has taken him to Germany on recent trips. He lives in Danbury, Ct.

Continued on following page

Alumni Capsules
Continued from preceding page

Jan Weber, '74 representative, is beginning planning for the fifth anniversary of the 1974 class. He is serving a cardiology fellowship at Hahnemann Medical College and Hospital of Philadelphia, where he was executive resident last year. His '74 classmate **Tom Dow** is a U.W. ophthalmology resident.

James Bowman, '75, will complete his family practice residency training July 1, 1978. He will then join three family physicians in private practice in Peoria, Il. His wife Janet is expecting their first child in April.

David J. Hendrickson, '74, recently joined St. Michael's Hospital, Stevens Point, in the department of emergency services. He previously was serving at St. Mary's and Madison General hospitals, Madison, and St. Clare Hospital, Baraboo, Wi.

Thomas J. Thomas, '74, recently became associated with the medical staff of the Cantwell-Peterson Clinic in Shawano, Wi. He had completed his family practice residency at Mercy Hospital in Denver, Co.

Thomas E. Brown, '72, and **Roger K. Resar, '72,** have joined the medical staff of the Midelfort Clinic, Eau Claire, Wi. He served his residency at New York Hospital-Cornell Medical Center, New York. His final year in residency was at Memorial Hospital-Sloan Kettering Cancer Center doing surgical oncology. He also served a residency in pulmonary diseases at the University of Arizona, Tucson.

John DeGiovanni, a former UWH intern and resident in general surgery, and **John Koch,** a former resident in family practice, have joined the medical staff of the Prairie Clinic, Prairie du Sac, Wi.

Henry Katz, a former UWH resident in dermatology, recently joined the staff at the Medical Arts Building, Manitowoc, Wi., in the practice of dermatology.

E. Michael Schneeberger, '74, recently became associated with the Rice Clinic, Stevens Point, in the department of internal medicine. He recently completed his internship and residency at the University of Nebraska Medical Center in Omaha.

John J. Rank, '71, recently joined the medical staff of the West Side Clinic, Green Bay, Wi. He served in the U.S. Army, '72-'74, and completed his residency in internal medicine at Mt. Sinai Medical Center, Milwaukee.

Jeffrey Menn, '74, recently joined the medical staff of the Hirsch Clinic in Viroqua, Wi. He served his pediatric residency at Cincinnati Children's Hospital and at Milwaukee Children's Hospital.

Sidney E. Johnson, '61, has been named medical director of the Marshfield Clinic, Marshfield, Wi. He succeeds Russell F. Lewis, MD, who has held the post since its inception in 1969. Dr. Johnson has served continuously on the clinic's executive committee since 1970. From 1973-76 he was chairman of the Marshfield Clinic/St. Joseph's Hospital Department of Medicine. He has been vice president of the clinic and a member of the Professional Practices Committee since it was established.

Ralph C. Frank, '43, was recently elected secretary of the medical staff at St. Joseph's Hospital, Chippewa Falls, Wi.

New officers of the Wisconsin Allergy Society include **Raymond L. Hansen, '52,** Marshfield, president, and **William Busse, '66,** secretary-treasurer. Their terms of office are two years.

William D. Platt, UWH intern **'73-'74,** recently became associated with the Gundersen Clinic Ltd-LaCrosse Lutheran Hospital. He has completed his residency training at the University of Washington, Seattle.

Dan T. Cleary, '71, Oconomowoc, has become associated with Michael G. O'Mara, MD, in the practice of internal medicine. Dr. Cleary served his internship and residency at Santa Clara Valley Medical Center in California. He is on the associate staff at Oconomowoc Memorial Hospital.

Earl W. Zabel, '71, recently became associated with the medical staff of the Wausau Medical Center. His residency in obstetrics and gynecology was at Sparrow Hospital, Lans-

ing, Mi., which is affiliated with the University of Michigan.

Robert Howard, '62, has been appointed professor of family practice and director of clinical education in Cheyenne for the College of Human Medicine at the University of Wyoming. In addition, Dr. Howard will be responsible for developing the Cheyenne Family Practice Residency Program. Dr. Howard and his staff are now involved with the development and construction of a clinical facility in Cheyenne to house resident and student educational resources. It is expected the Cheyenne facility will be completed by 1979, at which time residents will be admitted for family practice specialty training.

Michael Roth, medicine intern **'73-'74,** has a glaucoma fellowship at Massachusetts Eye and Ear Infirmary, 1977-78.

Richard A. Pope, '75, has a fellowship in computer medicine at Beth Israel Hospital. He and his wife JoAnn have two children, Jennifer, three, and Gregory, seven months.

Gregory J. Dehmer, '75, will complete his internal medicine residency in June and will begin a cardiology fellowship in July. He has research interests in the area of nuclear cardiology.

Marek J. Bozdech, internal medicine resident **'72-'75,** is now serving a hematalogy fellowship in San Francisco.

Robert J. Folsom, '71, has completed three years in the U.S. Army and has entered the private practice of internal medicine on Marco Island, Fl.

W. Wright Hillman, '72, reports he is going on his third year of raising prunes for Sunsweet, Inc. He says whatever other free time he has goes for raising Weimaraners and skiing.

Daniel T. Schelble, '72, has completed a surgical internship at Methodist Hospital of Dallas ('72-'73), served two years in the Navy ('73 through '75) as a Medical Officer with the SeaBees and finished an emergency medicine residency at Akron General Medical Center (AGMC), Akron, Oh., in June, '77. He is currently on the attending staff in the AGMC emergency room and involved in teaching residents and paramedics as well as medical students from Ohio State and Northeast Ohio College of Medicine (Kent State). He married Sue Sadler, an operating room nurse at Methodist Hospital of Dallas in 1973. They have one daughter, Anita Marie, aged two.

Nicholas E. Maragos, '72, completed a residency in otorhinolaryngology at the Mayo Clinic in July, 1977, and subsequently was appointed to the Mayo Clinic staff as a consultant in otorhinolaryngology.

Kenneth R. Johnson, Jr., '72, is now in the private practice of general surgery with a multispecialty group in Tucson.

Robert W. Moths, '74, will complete his radiology residency at St. Joseph's Hospital, Milwaukee, in June. He has accepted a position with a group of West Bend, Wi. radiologists beginning July 1, 1978.

Lonnie H. Sessler, '74, has finished his family practice residency at Naval Regional Medical Center, Jacksonville, Fl., and will be spending two years at Naval Regional Medical Center, Memphis, Tn.

John G. Jaeger, '67, Rhinelander, recently became associated with Renolds Saunders, MD, as Northwoods Anesthesiologists, Ltd. Dr. Jaeger interned at LaCrosse Lutheran Hospital followed by a residency at the Mayo Clinic, Rochester. He spent a year of fellowship in pediatric anesthesiology at the Children's Hospital Medical Center, Boston. Since his fellowship, he has been associated with the Gundersen Clinic, LaCrosse, for the past seven years.

Paul L. Schmidt, family practice resident '74-'77, has joined the medical staff of the Farrell Clinic, Prairie du Chien. He is also on the medical staff of Memorial Hospital.

Sidney K. Wynn, '39, Milwaukee plastic surgeon, presented a motion picture exhibit at the American College of Surgeons Clinical Congress at Dallas in October. His film was entitled "Vomer Flap — Anterior Cleft Palate Surgery."

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Erwin E. Grossman, M.D.

Erwin E. Grossmann, '35, was recognized last summer by members of the V.A. Center, Wood, Wi., for his work in developing the residency program in ophthalmology in 1946. The certificate awarded him cites his dedication to the welfare of the veteran patients, his intellectual curiousity and critical judgment. It says "his academic orientation and professional competence made him an invaluable teacher" in the V.A. teaching programs.

Jonathan Ellman, internal medicine resident, '72-'74, will begin the clinical scholars' program in rheumatology at the University of California, San Francisco, in July.

Grant R. Curless, '30, retired in 1975 as the fulltime chief of medicine at Colorado State Hospital, Pueblo, after 20 years. He is now part-time director of the Student Health Service at the University of Southern Colorado, Pueblo.

John A. Koepke, '56, is taking a sabbatical leave at the Royal Postgraduate Medical School in London in the department of haematology. This is in connection with work on the Secretariat of the International Committee for Standards in Haematology. Dr. Koepke is director of laboratories at the University of Iowa Hospitals and Clinics.

Marvin L. Hinke, '55, Marshfield Clinic radiologist, recently was elected to the Board of Censors and Directors of the Wisconsin Radiologic Society. Dr. Hinke has been on the medical staff of the Marshfield Clinic since 1963. He also has been a member of the clinical staff of the department of radiology, University of Wisconsin Medical School. He is immediate past president of the Radiologic Society.

Peter Midelfort, '36-'37 resident, Eau Claire, recently received the Luther Hospital Good Samaritan Award. A surgeon, Dr. Midelfort served as vice-president of Luther's board from 1947-1955. He is a graduate of Harvard Medical School, Boston. During World War II he served in the U.S. Army Medical Corps. He was a UW Medical School preceptor from 1929 to 1966.

Alan B. Fidler, '46, and **Kenneth Klein, a former resident**, have joined the medical staff of St. Luke's Hospital, Racine, in the radiology department. Dr. Fidler has been the director of the radiation therapy department at St. Luke's Hospital, Milwaukee, since 1957. Both are members of the medical staff of Radiation Oncology Associates, Milwaukee.

William E. Clark, '31,, has retired from active practice in Oshkosh, Wi.

Philip A. Bond, '59, has been appointed medical director of the Child Advocacy Center at Milwaukee Children's Hospital. Dr. Bond is associate clinical professor of pediatrics at the Medical College of Wisconsin.

Anthony J. Bianco, '24, has retired from the practice of medicine in Vero Beach, Fl.

Charles L. Thiesenhusen, '73, is now in private practice with the Rice Street Clinic in St. Paul, Mn. Dr. Tiesenhusen is also an associate clinical professor at the University of Minnesota Family Practice Unit at Bethesda Lutheran Medical Center in St. Paul and the head of the Bethesda Hospital Family Practice Alumni Association.

Herbert F. Sandmire, '53, and three other physicians have opened the first one-day surgical center in Wisconsin that is independent of a hospital. The Green Bay Surgical Center, located in the Medical Arts Building near the Bellin and St. Vincent Hospital medical complex, has two operating rooms and a five-bed recovery area.

Harwin J. Brown, '35, has retired from practice in Winfield, Ks.

Roland R. Benson, radiology resident '41-'44, has retired from the active practice of medicine in Grand Rapids, Mi.

Monte H. Liebman, '57, has had five new books published by Med-Psych Publications, Brookfield, Wi. His books include: **Counselors Handbook on Hysteria and Schizophrenia – Diagnosis and Treatment, The Private World of a Psychiatrist, Elements for Contemporary Counseling and Development, Introduction to Psychotherapy**, and **What Is Love and How To Find It**.

Edward Christiansen, '56, in radiology at Parkland Hospital, Dallas, has just released a book on radiation physics.

William D. Engber, orthopedic resident '71-'74, has rejoined Unviersity Hospitals in hand surgery.

James S. Keene, '70, has been instrumental in making a University Hospitals spinal cord unit become a reality. Dr. Keene also devotes much effort to the sports medicine program and service at the William S. Middleton Veterans Administration Hospital.

Thomas A. Lange, '68, has rejoined University Hospitals in orthopedic surgery and is setting up a fine pathology museum. Some human tumors have come his way, but he is also looking at sarcomas in mice.

Andrew A. McBeath, '61, is now an oral examiner with the American Board of Orthopedic Surgery. He gave a paper in Holland at a recent medical congress.

Necrology

Dr. Earl R. **Addison**, '40, in Crystal Falls, Mi., November 17, 1977.

Dr. Laura N. **Baernstein**, '39, in Bethesda, Md., May 27, 1977.

Dr. Laura **Bickel**, '36, in Houston, Tx., December 15, 1977, of cancer.

Dr. Homer G. **Deerhake**, '29, in Lima, Oh., November 23, 1974.

Dr. Clark W. **Finnerud**, '18, in Minocqua, Wi., October 10, 1977.

Dr. Peter B. **Golden**, '40, in Madison, Wi., September 3, 1977.

Dr. Ernestine K. **Hamre**, '29.

Dr. Donald W. **Hastings**, '34, in Minneapolis, Mn., September 4, 1977.

Dr. Everett **Keck**, former general surgery resident.

Dr. Robert W. **Mason**, '34, in Marshfield, Wi., December 21, 1977.

Dr. James S. **Mills**, '21, in Cincinnati, Oh., December 18, 1977.

Dr. Allen J. **Pederson**, '32, in Santa Cruz, Ca., April 10, 1977.

Dr. David N. **Treweek**, '30, in Mission Viejo, Ca., July 22, 1977.

Dr. Frank J. **Ratty**, '20, in El Cajon, Ca., May 13, 1977.

Dr. Albert R. **Smith**, '34, in Columbus, Oh., September 10, 1977.

Dr. Clyde A. **Stevenson**, '34, in Spokane, Wa., October 22, 1977, of cancer.

Dr. Merna M. **Warne**, '37, in Famouth, Va., June, 1977, after a prolonged illness.

Dr. Carl J. **Weber**, '21, in Sheboygan, Wi., October 14, 1977.

Dr. MacKay Dies

Dr. Alexander M. MacKay of Forest Hills, Ky., died suddenly of an acute myocardial episode on December 15, 1977. Dr. MacKay was a member of the UW anesthesiology faculty from 1948 through 1952. He served as chairman following the retirement of Dr. Ralph Waters and prior to the appointment of Dr. O. S. Orth.

A native of Halifax, Dr. MacKay was a 1933 graduate of Dalhousie University Medical School. He served in the Canadian Army Medical Corp during World War II.

After the war he spent three years in the Nuffield Department of Anesthesia at Oxford, England. He came to the United States in the summer of 1948 to join the UW department of anesthesia, where he distinguished himself as a superbly competent clinical teacher.

Following the retirement of Professor Waters, Dr. MacKay became the acting chairman and then the chairman of the department.

After leaving Wisconsin he went into private practice in Redwood, Ca. He later moved to Williamson, W.V., where he was for more than 15 years before his retirement.

He is survived by his wife and three children.

"Sarge" Leake Dies At 81

Chauncey D. Leake, known as "Sarge" to his hundreds of friends, died suddenly in San Francisco on January 11, 1978, at the age of 81 years. He was a good, great, and longtime friend of Wisconsin medical people from 1918-1928 — and ever since.

"Sarge" came to Wisconsin in Army uniform during World War I to help Dr. Levenhart and staff in research work against war gases. The staff of the Medical Defense Division of the Chemical Warfare Service included Majors J.A.E. Eyster and Walter Meek, Harold Bradley and Dr. Herbert Gasser.

He was a native of Elizabeth,

Continued on following page

"Sarge"
Continued from preceding page

Chauncey D. Leake, M.D.

N.J., and had received his Litt. B. degree from Princeton. He continued studies at Wisconsin for his Masters (1920) and his Doctorate (1923), while instructing in pharmacology. He was a good friend of the faculty in Science Hall; he amazed the students by his kindness and helpfulness, and they were startled that his small office had many hundreds of books.

Bohemian Club

He courted and married the beautiful Elizabeth, who was well-known at U-Wis., and who was a trained bacteriologist. They celebrated their 80th birthdays and 55th wedding anniversary at his beloved Bohemian Club in San Francisco in September 1976.

"Sarge" went from Wisconsin to the University of California Medical School in 1928, where he established the department of pharmacology, and served as professor until 1942, when he left to become executive vice-president of the University of Texas Medical School at Galveston, and where he remained until 1956. He then went to Ohio State Medical School as assistant dean and professor, stressing research until 1962 when he returned to U.Cal. S.F. to coordinate the program of research and the training of medical students.

Wm. Snow Miller

He was a member of the William Snow Miller Medical History Seminar while at Wisconsin, and he continued writing medical history papers throughout his life.

Dr. Leake was great in many fields — teaching, organizing, research, and writing, and the San Francisco **Chronicle** has called him "scholar, humanitarian, bon vivant, joyful imagist, stagestruck, and fierce battler for the truth." The **AMA News** calls him "internationally known medical historian and pharmacologist."

His research scope was wide, and included anaesthesias and tranquilizers. The first amphetamines were discovered in his laboratory by a colleague. His interest in anaesthetics, plus his wry sense of humor led him to say of two great U. Wis. anesthetists "We should have written a paper together — Waters, Leake, and Dripps!"

Middleton's Biography

He popularized science in medicine. He summarized pharmacology each year in his "Review of Reviews" for the **Ann. Rev. Pharmacol**. He wrote biographies, including Dr. Middleton's. He served as vice president twice and then president of the American Association for Advancement of Science in 1960-61. He also prized his membership in the American Association of Science Writers.

The variety of his interests seemed unending. He wrote popular versions of Harvey's "Circulation of the Blood" and Percival's "Medical Ethics." He studied the Hearst (Egyptian) papyrus. He wrote a three part "Ethics" of his own. He sent along news items to the **QUARTERLY** about Wisconsin people in his area. He helped arrange programs at the Bohemian Club and for their summer sessions at the nearby Russian River Camp. He wrote poetry through the years for various events, including a hand-written card in December 1977 with the story of the Old Year going out like an old man.

"Sarge" finally took part in a reading of poetry by several members at the Club on the evening of January 10. He finished his reading, collapsed, was revived and taken to a hospital where he died a few hours later of an aortic aneurysm.

He is survived by two sons, Dr. Wilson Leake of Seattle and Chauncey Leake of New York, and four grandchildren. He is mourned by many people, though the pleasure and gratitude from having known him and his full life are overwhelming.

W.H. Oatway, Jr. '26

Dr. Ben Lawton To Receive Alumni Citation

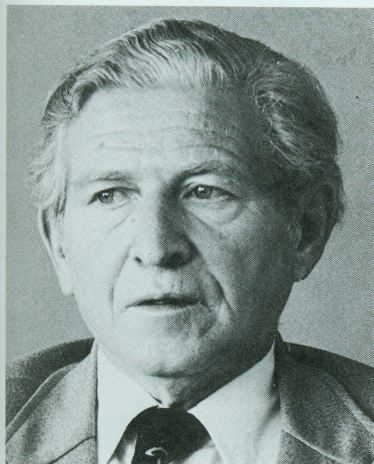
Dr. Ben R. Lawton, '46, will receive the 1978 Medical Alumni Citation May 26 at the Annual Alumni Day Banquet.

Dr. Lawton is president of the Marshfield Clinic, a state leader in health care planning and a member of the UW Board of Regents.

The cardiovascular surgeon has chaired the Wisconsin Health Policy and Program Council since 1971 and was vice chairman of the Governor's Health Planning and Policy Task Force in 1971-72.

When Gov. Patrick J. Lucey appointed Dr. Lawton to the UW Board of Regents he said "Throughout his years of professional life, Dr. Lawton has earned a reputation for practicing a brand of socially conscious, progressive medicine

that considers the needs of rural and urban family alike. In addition, he is familiar with the necessity to get the job done with the resources at hand and in a manner that minimizes waste and emphasizes efficiency."


Ben R. Lawton, M.D.

Gov. Lucey noted that under Dr. Lawton's leadership the Marshfield Clinic established one of the nation's first health maintenance organizations with substantial rural coverage. The clinic serves as a regional medical hub and has extensive medical research and training programs for physicians and other health care personnel.

Dr. Lawton, a past president of the Wisconsin Medical Alumni Association, last fall was named to the prestigious Institute of Medicine of the National Academy of Sciences.

As president of the Marshfield Clinic, Dr. Lawton heads a staff of 152 doctors serving 42,000 people in its health maintenance program alone.

Dr. Lawton has served as a clinical professor at the UW Medical School. He is past president of the Wisconsin Surgical Society.

The Hillsboro, Wi., native served his internship at the University of Colorado, Denver, 1946-47, and his residency at the Gundersen Clinic, La Crosse, 1947-48, and the UW, 1948-52. For two years he headed the thoracic surgery department at the U.S. Army's Valley Forge Hospital.

He joined the Marshfield Clinic in 1954, has served as chief of staff for St. Joseph's Hospital and was elected clinic president in 1975. ■

Recent New Members

Many members of recent classes are joining the Wisconsin Medical Alumni Association. Some of them are noted below.

Life members dispense with annual dues forever. What a wonderful gift for the graduate — new or old! The life membership rate is $300. You may choose an installment plan of payments of $100 per year for three years. Contact the Wisconsin Medical Alumni Association, Room 758 WARF Bldg., 610 Walnut St., Madison 53706.

Class of 1973
Richard K. Riegelman
Gregory L. Sheehy

Class of 1974
Michelle Cloutier
David C. Good
Robert A. Helminiak
Roy K. LaFrenier Jr.
Dennis M. Mackman
Gary J. Woodward

Class of 1975
Gregory H. Dehmer
Donald W. Hassemer
Daniel W. Herrell
Paul H. Hinderaker
Gary M. Losse
Michael F. McCaskill
Terrance M. Scheid
Errol A. Segal
Soren Vindekilde

Class of 1976
Samir F. Abdo
Jessica M. Ambelang
Robert D. Bast
Janis E. Byrd
Mark Carpenter
Richard W. Clasen
Elizabeth L. Gabay
Robert N. Gershan
Dennis A. Henzig
Richard J. Hodach
John L. Larson
Peter M. Layde
John P. McCullough
Sally M. Schlise
John C. Schwartz
Landy Sparr
Michael Stieghorst

Alumni Start Club in Mexico

United States Ambassador, the Honorable Patrick J. Lucey and Dr. Rudolph C. Hecht, honorary consul of Mexico in Madison and clinical associate professor of family medicine and practice, were guests of honor Jan. 13, at the inaugural breakfast meeting of the WISCONSIN CLUB OF MEXICO in Mexico City.

The Wisconsin Club of Mexico, as a civic organization in Mexico, was thus founded in order to join all those alumni of the University of Wisconsin-Madison, who live and/or work in Mexico.

Present at this meeting were about 45 UW-Madison alumni, several of whom occupy prominent positions in Mexico, both in and out of government, including Dr. Guillermo Soberon, '54, president of the National University of Mexico and recipient U.W. Doctor Honoris Causae '75.

Dr. Hecht delivered congratulation messages from Wisconsin Governor Martin J. Schreiber, Madison Mayor Paul R. Soglin, University of Wisconsin System President Dr. Edwin Young, and U.W. Madison chancellor Dr. Irving Shain.

Dr. Hecht also presented the club with an official flag of the state of Wisconsin.

A slate of officers was elected and will proceed with formulating the specific goals, rules and regulations of the WISCONSIN CLUB OF MEXICO. ■

MEDICAL STUDENT NEWS

In the year since fire ravaged the medical student lounge in the basement of the Bardeen Building, much has been done to spruce up the area. New furniture has been purchased with insurance funds and the Faculty Wives Organization raised funds to replace the television set. A piano was found to replace the one destroyed in the fire.

Medical Student Research

Wayne Scott Kubal
Senior Class President

After speaking with students and administrators I found that student researchers may be divided into three groups: those continuing undergraduate research, those in combined degree programs, and those doing research as part of the Med IV curriculum.

Researchers in the first group concentrate on basic sciences. Dan Hellman's research in physiology took up much of his vacation time during the first two years of medical school. The independent study option has given these students additional flexibility to pursue their interests. Third year rotations are so demanding of time that they interrupt research, but Dan and other students are confident that this experience will be of value during clinical years.

Students pursuing a joint degree may spend several years outside the medical school while doing research. Robert Tepper worked with Dr. Lightfoot in the department of chemical engineering while earning an MD-PhD degree.

The largest group is those students who spend four to eight weeks of their fourth year usually working in their field of residency interest. These students do not expect to make major contributions working for such a limited time, but this experience has proved rewarding in many ways. Fred Shafrin believes his research helped him gain a residency position in the competitive field of ophthalmology. Sally Wilmeth was able to travel to Alaska to study chemically induced diseases. Kent Kapitan (profiled in the last issue) traveled to the Antarctic. My experience in vascular radiology has increased my knowledge of research programs around the country and has affected my residency preferences.

There have been attempts to divide medical students into two groups: those who choose a medical career before college are allegedly motivated by more humanistic, idealistic goals than the members of the second group, who choose medicine during college as a means of satisfying a strong interest in natural science. Most persons agree that both types of doctors are not only desirable, but necessary in modern medicine. There persists a pervasive notion that research is in some way less idealistic than clinical medicine. My own opinion is that one of the ideals which gives meaning to human existence is the unfettering of the mind promoting the growth of the creative spirit. To retain one's childhood wonder at the splendor of the physical world while creatively applying analytical skills to explore that world is the perfect virtue of investigative research and an embodiment of humanistic philosophy. As doctors we have an obligation to grow as individuals so that our creative impulses are not stifled, but may delight the mind and benefit the community. ▯

Helping Medical Students' Personal Relationships

- "The only time I see my wife is at meals."
- "I feel less secure about our marriage since I started medical school."
- "I always feel guilty about spending so little time with my husband."

These comments from medical students address a serious problem: maintaining relationships during the highly stressful years of medical school.

This year, the medical school, in cooperation with the medical alumni association and the Medical Student Association, started a new program aimed at developing communication skills and support systems between medical students and their spouses or significant others.

Entitled "Maintaining Marriages and Other Special Relationships," the program began last January with a two day workshop designed to enhance channels of communication between couples. Included were sessions on the "Minnesota Couples Communication Program" and establishing priorities. The highlight was an extended semi-formal dialoging session. This exercise has each person write down such things as personal preferences, characteristic ways of communicating and typical ways of coping with stress. Then each person is asked to second guess their partner and write down the partner's perceptions of him/herself. Comparing and discussing these responses exposes misperceptions and opens new channels of communication for couples.

The consensus among the participants was that the program successfully met a definite need within the medical school community. It is of immense benefit to those in basically strong, but not unbreakable, relationships to share their concerns, hopes and strategies for coping with others in similar situations. Many couples found it heartening and helpful to learn how others coped with bookaholic med student spouses, out-of-town rotations, and the train of late and broken evenings and "bad day syndromes" caused by the process of medical education.

Twenty-three couples attended the program.

Small group meetings and a lecture series including topics on time and money management are scheduled for the rest of the semester.

Dr. John Anderson, assistant dean for students, stressed that the sessions focus on education and support, not therapy.

"The response to the programs has been excellent. The students have a real need to share experiences related to the heavy time demands of medical school," he explained.

Dr. Anderson says the planning group is trying to expand the program to meet the needs of single medical students. ◼

Medical Student Association Report

*The following are excerpts from the recent UW Medical Student Association (MSA) financial report by MSA treasurer Ted Vonck. — **Editor***

The 1976-77 MSA sponsored projects included a Stress Conference and the Wisconsin Union Health Professions Program. The MSA donated $45 to help the Women in Medicine Club organize and gave $125 to help the Student National Medical Association (SNMA), Madison Chapter, meet their expenses.

Each medical class was given $125 to use as the class decided. Some of this money was used to finance class gifts, parties and minor repairs. Our major expense was $650 for a very enjoyable party in February 1977 at the Park Motor Inn.

At the beginning of 1977-78, MSA's budget was approximately $3200. After some discussion, MSA decided to donate quite heavily to those organizations requesting financial assistance to cover their projected expenses. Most of these organizations will use the money to sponsor projects and cover their operating costs. Since MSA does not expect to have a $1200 surplus next fall (as we did this fall), the organizations were informed that next year we probably will not be able to financially support them as heavily as we did this year.

MSA donated $350 to Women in Medicine, which has used some of the money to give excellent seminars on rape and the roles of a woman physician. MSA donated $252 to the American Medical Student Association (AMSA), to help defer the costs of having the AMSA national president come to speak in Madmson. AMSA also plans on showing a film entitled **Men's Lives**, which concerns the effect of the male socialization process on the practice of medicine. MSA donated $125 to SNMA and $15 to the Family Practice Club for miscellaneous expenses. We also gave each class $125 again this year, and we had another medical school party very recently.

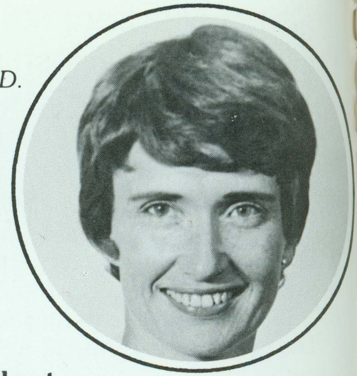
The travel fund ($2500) was allotted as follows for the current year: AMSA, $600; SNMA, $604; OSR, $614; and Women in Medicine, $584. Each organization will send two representatives to a national convention in various cities throughout the U.S. during this year.

Dennis Schultz recently returned from the OSR convention where he was elected as a regional president. He also attended the OSR convention last year.

MSA would like to take this time to extend our appreciation and gratitude to the Wisconsin Medical Alumni Association for making the above mentioned projects possible. Any criticisms or suggestions are welcomed. ◼

South by Southeast

Mary Kay Favaro, M.D., '69, Correspondent


Mary Kay Favaro, M.D.

The last **QUARTERLY** issue full of special problems of women in medicine just couldn't be allowed to pass without a comment from the working force.

Having come up in medicine comfortably after the age of "total" discrimination against women in medicine, but before there were enough women in the class to comprise a comfortably large group of "good ol' boys" of our own, I think we had the best of both worlds, for then goals could be accomplished by plain hard work, without a great deal of thought to being liberated and sexless or confined to a stereotype as women. And perhaps a little of that common sense should be sprinkled on the women's movement today.

The E.R.A. was recently resoundingly defeated in the South Carolina Senate to the loudly published threats and moans of the hard core, boot-stomping bra-burners, and to the cheers and banner-raising of the fluffy-ruffled but equally hard core women against E.R.A., who somehow equate equal rights with being forced to use men's urinals, destroy fetuses with abandon, and relegate homemade apple pie and cheesecake (both kinds) to total extinction.

I can't help wondering if both sides are not irrational to some extent. In our rush to total equality it seems we are forgetting one thing — that men and women are and always have been physical and genetic opposites, with certain traits and characteristics inborn, and that neither legislation nor demonstration will be able to change that fact.

That individual differences are innate cannot be denied by any watchful, involved parent. As a pediatrician-parent, I certainly had read the books on child development, as well as the new Rules of Child Rearing, namely "Let your boy cry," "Don't force your daughter to wear frilly dresses," "Never say, 'Nice little girls don't...' or 'Big boys don't,'" "Buy sexless toys," etc., etc. The amazing thing is that without referring to a textbook once, my seven year old son polarized unswervingly into a girl-hating, loud, football-playing muscular piece of humanity who seems innately compelled intermittently to chin himself until he drops, just to see how long he can go, for a reason that has always mystified mothers and impressed little girls.

By the same token, my six year old daughter plays with dolls and her Holly Hobbie Oven instead of the myriad of trucks, guns, trains and boxing gloves also at her disposal. Why? "Because who wants to play with stupid boy-stuff." It seems that we do everyone a disservice by pretending that differences don't exist, but that a well-rounded individual must develop inside those differences rather than in spite of them.

It was with great amusement that I recently read the report of an interview with one of the hard-core liberationists who was on the brink of an irretrievable depression because her two adolescent daughters, whom she had carefully raised in the open and uninhibiting atmosphere of a husbandless home and E.R.A. meetings, had chosen for their careers that of a ballet dancer and actress respectively. It would make one want to jump off a cliff!

I don't think the women who wish to be steam-fitters or longshoremen would always do such a bang-up job as a full-time housewife raising a score of children and hating every minute of it. And, by the same token, those reported millions of men, leading lives of "quiet desparation" working in jobs they hate because of the role society has imposed on them, aren't accomplishing so much with their hypertension, Type A personalities, and early MI's either.

Never before in the history of the world has there been such an opportunity for Individual-Lib. The world is sufficiently populated. Neither male nor female has to devote his entire life to procreation. There is room now for choice, and as long as the choice is ours we are happy to expend the effort to be a homemaker, career woman, or go the extra mile to become both, and be a success at it.

And what about husbands and children? They're just fine. Those of us in the professions at least can well afford to hire competent full-time help for the routine housekeeping chores. And the

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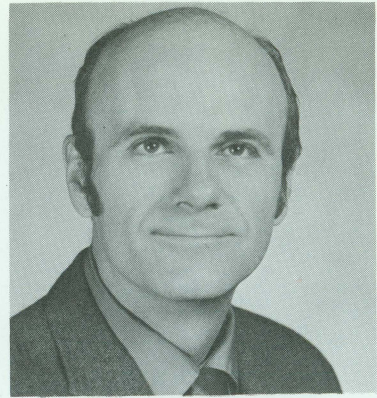
D.J. Freeman, M.D.



May the Force be with You

D.J. Freeman, M.D., '52
Editorial Board

It is really a pleasure to ask University of Wisconsin Medical School alumni for money. Who else without fact sheets or propaganda knows what our medical school is, what its needs are, and what could be accomplished with this money?

What makes it so pleasant, this 22nd year of our alumni association's life, is the consistent fund raising success of each year. Over the last five years, annual giving to the association has been $321,870, an average of $64,374 per year. Last year — although seven percent less than the previous year — giving was $4,278 above average. More significantly, because of such generosity and other contributions, our fund balances now exceed $250,000.

What makes it even more pleasurable is the knowledge of what has been done with these funds. We have built the Middleton Library; funded annual awards for outstanding faculty and resident teaching; endowed scholarships and professorships; awarded deserving colleagues, mentors and students; provided student financial aids and residencies in the Medical Alumni Student House (refurbished Phi Chi House) which — among other things — has provided a welcome environment for broadening interaction between Wisconsin students and those students of other universities and nations; funded this nationally recognized **QUARTERLY**; and rescued the medical school from various financial and other unpredictable problems. We are a thriving association with a current operating budget of more than $40,000. We have proven that we can strengthen our school; we are proud and successful.

Does this news diminish our association's need for funds? Great Scott, no! We are faced with unremitting pressures to live up to what we have built and to what is being built. Effective as our leadership, our commitment, and our generosity have been, we must continue to seek and to enhance the impetus and the resources to propel our school from the fringe of very good-excellent to unequivocal excellence. Once there, we must provide the enduring strength to keep it there.

How? The legislature and taxes won't do it. Legislators cannot be expected to know what comprises an excellent medical school. Moreover, even if they could — just as you cannot legislate morality — you cannot legislate excellence. Only those who know excellence without fact sheets or propaganda can reach this goal. By definition that is us: the students, house staff, faculty, and alumni of the University of Wisconsin Medical School.

But knowing is not enough. A perpetual commitment to excellence is required to achieve and sustain it.

So open your purse strings, man/woman. Give annually. Give generously. Remember your Medical Alumni Association for memorial gifts. Rewrite your will.

And, "May the Force be with You." ■

Southeastern Correspondent

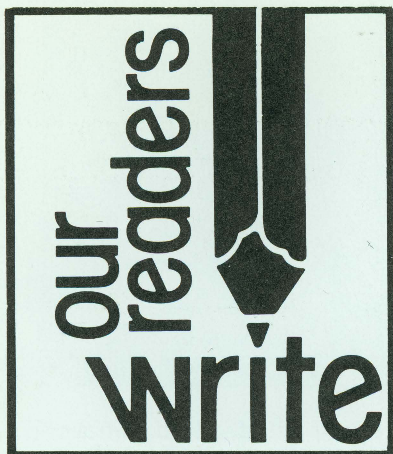
Continued from preceding page

opportunities for travel as well as intellectual, social and cultural stimulation that an educated and non-frustrated mother can afford developing young minds, surely outweighs the possible stain on my womanhood for not actually preparing the dinner or cleaning up the kitchen afterward.

So at least in one case the total picture turned out happily — or so I thought until my son came up to me recently and said with much seriousness and forethought, "Gee, Mom, I wish you were a policewoman so I could REALLY be proud of you."

One piece of alumni news this issue. Philip S. Brachman, '53, of 1111 Clifton Road, N.E., Atlanta, Ga., is now Director of the Bureau of Epidemiology at the Center for Disease Control. He and his wife Susan have four children ages 23 to 15. Hobbies include jogging, sailing, hiking, and being a soccer referee.

Mary Kaye Favaro, M.D.
1866 Capri Drive
Charleston, S.C. 29407



In spite of the peregrine pattern of my professional existence, I have finally got around to the summer '77 issue of your well done **QUARTERLY** with its timely Trudeau credo quote, "To cure sometimes; to help often; to comfort always." The tragedy of the quote is that in present medical education it is hindsight to, that we have approached it as if it had been stated as an imperative for priority of effort in the total thrust of medical education in our time.

In Thomas McKeown's lecture on "The Future of Medicine" at Johns Hopkins several years ago, he didn't even mention "cure" among the imperatives. "The future of medicine," he said, "lies in caring for the sick, detoxification of the environment and limiting the population.

Robert D. Wright, M.D., '35
Professor
Department of International Health
Johns Hopkins University

In looking over the roster of the active medical alumni class of 1922 I found the name of Edward F. Tierney as well as my own name.

I haven't heard from Dr. Tierney since we both left Madison in 1920. I went on to the Univ. of Penn. to get the last two years of medical school while Ed finished at Rush Medical School in Chicago.

Would you be good enough to look up the present address of Dr. Tierney? I wish to congratulate my old roommate on still being alive as well as being an active alumni of this University of Wis. Medical School. My thanks to you for this trouble.

Aloha,
R.D. Millard, '22

Editor's Note: *We are delighted to forward your letter to Dr. Edward Tierney. His current address is: 316 W. Cook Street, Portage, Wi. 53901.*

Your interest in and support of the Medical Alumni Association is deeply appreciated.

I have just received the Winter 1978 issue of the Alumni **QUARTERLY** Magazine. Congratulations on an excellent issue.

I have requested a few more copies so that I might route them to the members of our alumnae association here at the Medical College of Pennsylvania. As you know, since 1850 this institution has been dedicated to the specific purpose of women in medicine. I am sure that this issue of the **QUARTERLY** will be read with great interest by our graduates and faculty members.

Cordially,
Robert L. O'Rourke
Vice President for Institutional Relations
The Medical College of Pennsylvania

Editor's Note: *Mr. O'Rourke was associate editor of the* ***QUARTERLY*** *1976-77.*

I enjoyed your last **QUARTERLY** on Women in Medicine. A lot more could be added by many other med. women. While most of the opposition has come from men, women themselves were slow to accept med. women, and often were very antagonistic. In my practice since 1940 I have seen much of both — but I enjoyed both — and while I am doing mostly women's diseases I have a large group of men patients.

I was at Wisconsin the first two years and got the B.S. from there but finished at University of Chicago Rush Medical College. This was when Wis. had to cut the class in half for the last two years. And anyway Dr. Middleton, the dean, did not think too much of women MDs. I remember two very fine women on med. and teaching staff whom he referred to once as "nutcrackers" in a not too praising an intonation. This is no reflection on Dr. Middleton but on the times.

Just another incident of the times, circa 1944-45. One woman was late for an appointment because she did not want to take the bus with a woman bus driver. But she was coming to a woman doctor.

Have I enjoyed med. practice? Definitely. Not only the practice of medicine, but the people. Shakespeare was right — And the show still goes on.

Sincerely,
Jane A. Passamonte, '39
1316 Thunderbrook Circle
DeSoto, Texas 75115

Apropos of Volume 18, #1, pages 1, 2 and 3, there were several women in my class — don't know what you call it but we began in 1912 and left in 1915 because you had no third year for us. When I received my honorary degree many years later, the president called me a drop-out. (I went on to Harvard.)

But you might look up those women in the early classes. They were sturdy and plucky. We treated them abominably, mostly by neglect, for which all of us today must feel ashamed. I think there were six in my class, six years before Dr. Arnold.

Sincerely,
Karl Menninger, M.D., M.A.C.P.

Editor's Note: *On reviewing the names those who began in your class we come up with five names: Maud Eva Hillberry, Clara Hillesheim, Mary T. Roudebush, Mary Stoeber and Edith S. Tomhagen. There may be a sixth woman, but the list we have has a number of people by first and middle initials only so that it is difficult to tell their sex.*