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About the cover

The theme of our featured article in this issue is conveyed by artist Curt Carpenter as he superimposes the distinctive hieroglyphics of McArdle Laboratories for Cancer Research upon a pen and ink drawing of the original building at 420 North Charter Street. Alumnus Harold P. Rusch's story of McArdle's first 40 years begins on page two.

Stanford Surgeon Replaces Dr. Pitot, Who Will Head McArdle:

Dr. Lawrence G. Crowley Named Dean of UW Medical School

Appointment of Dr. Lawrence G. Crowley as dean at the University of Wisconsin Medical School and professor of surgery was announced at the UW System Board of Regents meeting in September. Dr. Crowley began serving part-time on October 1 and will move to Madison full-time in January.

A physician with wide experience in clinical practice, education and research, Dr. Crowley was associate dean and acting chairman of surgery at the Stanford University School of Medicine. He has been in private practice as a general surgeon, was with the Southern California Permanente group, has worked with the Veterans Administration system, and has taught and done research at Yale, Southern California and Stanford.

Dr. Crowley is 54 and received his M.D. from Yale in 1944. "Dr. Crowley is eminently qualified for the deanship at Wisconsin and will assist us greatly in the development in our Center," according to Vice Chancellor for Health Sciences Robert E. Cooke.

The new dean replaced Acting Dean Henry C. Pitot, whose appointment as director of the McArdle Laboratories for Cancer Research was announced at the same time. Dr. Pitot, a UW faculty member since 1960, was chairman of pathology before becoming acting dean of the medical school in October 1971.

Dr. Crowley, a native of Newark, N. J., received both his B.A. and M.D. at Yale. He interned at New Haven Hospital in Connecticut and served part of his surgical residency there while in military service. After a year as a vascular surgery fellow at Emory University, Atlanta, Dr. Crowley completed his surgical residency at New Haven Hospital in 1951.

After serving as instructor and then assistant professor at Yale, Dr. Crowley in 1953 began a six year association with the Southern California Permanente Group. The following five years were spent equally in the part-time private practice of surgery and in teaching and research at the University of Southern



Dr. Crowley

California as a clinical instructor and then assistant clinical professor.

Dr. Crowley joined the Stanford faculty as an associate professor in 1964 and was named full professor in 1969. During this time he was chief of surgery at the Palo Alto VA Hospital and active in the American Cancer Society, a rehabilitation center and the regional medical program.

He became associate dean for planning at Stanford in 1972 and this year became acting chairman of surgery before coming to Wisconsin. A Diplomate of the National Board of Medical Examiners and the American Board of Surgery, Dr. Crowley is a member of four surgical organizations. He and his wife are the parents of three children.

Dr. Pitot became director of McArdle after serving over 1½ years as acting dean. He replaced Dr. Elizabeth C. Miller, who acted as head of the cancer research facility on the UW campus since Dr. Harold P. Rusch was named director of the Wisconsin Clinical Cancer Center in September 1972.

"Dr. Pitot provided the medical school with excellent leadership during a very critical period of its history and greatly aided in developing the groundwork for our Center for Health Sciences," according to Vice Chancellor Cooke.

The First 40 Years Of McArdle Laboratories

BY HAROLD P. RUSCH, M.D., '33
1973 Alumni Citation Recipient

When I came to the Medical School as a student I decided to practice medicine and had no thoughts about research. I enjoyed every service as an intern and it would have been difficult to select a favorite area for specialization. The solution was solved for me because of Dr. Walter J. Meek, then head of physiology, who offered me an instructorship. I was deeply flattered and accepted, starting in September 1934.

I was not certain about the following year but in 1934 a bequest of approximately \$420,000 was given to the University to support cancer research by Jennie Bowman in honor of her father. Jonathan Bowman had been a pioneer Wisconsin lumberman from Kilbourn (now Wisconsin Dells).

It wasn't known at that time what this money would be used for but Dean Charles R. Bardeen, Dr. Meek and Regent Gunderson from LaCrosse made a tour of the country to find out what was going on in cancer research. They soon learned that the annual interest of about \$12,000 was insufficient to initiate anything but a very small program.

Furthermore, they decided there was nothing outstanding or of great promise any place in the country and decided to award three fellowships to young people who were enthusiastic, willing to learn, and who displayed an interest in cancer. I learned of this when Dean Bardeen, I suppose at the request of Dr. Meek, came to my laboratory in the physiology department and offered me a fellowship.

I was undecided at first but when he said travel expenses to see some outstanding cancer centers in the country would be paid, my interest was aroused. I liked research and thought the experience of visiting cancer centers would be exciting. I accepted the fellowship. Dr. Fred Mohs, working with Professor Michael Guyer in zoology, and Dr. Mead Burke in

pathology were the other two recipients. Dr. Mohs is continuing his excellent work in chemosurgery but Dr. Burke resigned the fellowship after a year or two. Our designation as Bowman Fellow was comparable to today's postdoctoral fellowship.

Shared Floor at SMI with Physiology

The next few years were also enjoyable. I pursued my research diligently and spent many hours in the library. After several years I must have been one of the best informed persons on cancer in the country. My laboratory was on the 2nd floor of Service Memorial Institute and there were a number of excellent physiology graduate students on the same floor. We had many lively discussions.

All these people eventually assumed very responsible positions. For example, Bill Youmans, became head of physiology at Oregon and then returned here to head the department. Sid Orth later turned to pharmacology and then became head of anesthesiology here; Clarence Maaske became chairman of physiology at Colorado; George Maison became president of the Riker Laboratories and then vice president of the parent company, Rexall Drugs; Jake Stutzman also became president of Riker Laboratories and now is chairman of the board; Karl Beyer became senior vice president of Merck, Sharp and Dohme; Fred Stare heads Harvard's department of nutrition.

Ed Gordon and Carl Heller were under Dr. Elmer Sevringhaus but were on the same floor. You all know Ed Gordon but may not remember Carl, who became professor of endocrinology at Oregon and

(EDITOR'S NOTE: This article is an edited version of Dr. Rusch's address on Alumni Day 1973 when he received the Alumni Citation from our association. Also included are some of the photos he showed as slides. Alumnus Rusch, as many of you know, is now director of the Wisconsin Clinical Cancer Center on the UW-Madison campus.)

now heads the Division of Reproductive Physiology at the Pacific Northwest Research Foundation in Seattle.

In addition, Carl's brother, Walter Heller, who was a student in economics, frequently had lunch with us because he liked Emily Johnson, an assistant in Carl's laboratory. Walter eventually married Emily and years later became President Kennedy's financial advisor.

My research progressed very well and among other things I became interested in the possible relationship of the steroids to cancer. I didn't know much about the steroids and realized help was needed in this area so I asked Dr. Middleton for permission to get someone. Following his approval I contacted Dr. Carl Baumann who just finished a year's fellowship with Professor Kuhn, Nobel Prize winner in Heidleberg. Carl and I then started an association in research that lasted several years.

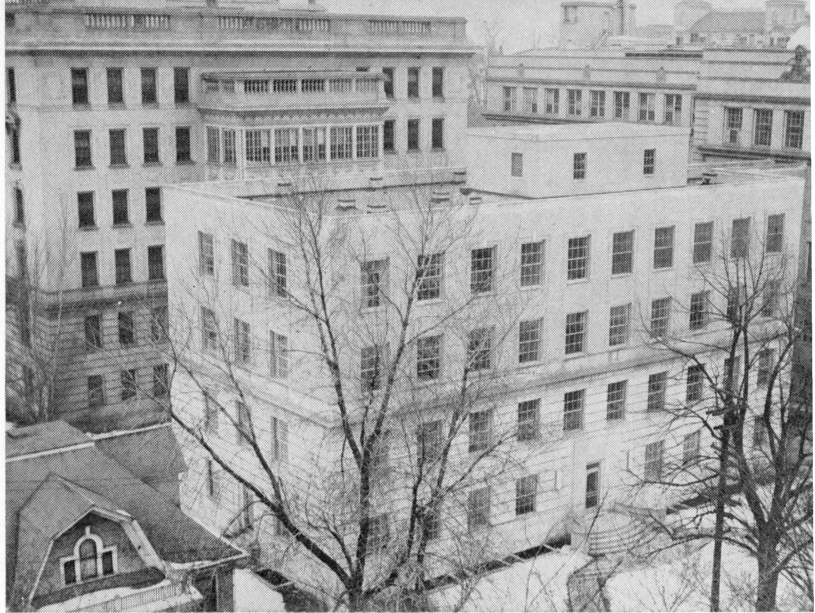
Post Doc with Few Job Possibilities

A cancer research postdoctoral fellow in those days had almost no job possibilities. I could have stayed in physiology but wanted to continue in cancer research so every now and then I would hint to Dr. Meek and to Dr. William Middleton that if cancer research was to make any real progress on this campus more space would be needed.

In 1938, Dean Middleton received word that a sum of money had been left by Michael McArdle from Bailey's Harbor in Door County, who had become president of the Chicago Flexible Shaft Co., later renamed the Sunbeam Corp. When he died in 1935 he left company stock to the University worth approximately \$10,000 but by 1938, when Dr. Middleton was apprised of this, had increased to about \$85,000. Dean Middleton obtained permission from Mr. McArdle's heirs to use the money to construct a research building rather than for cancer research itself. This money plus some matching funds from the Public Works Administration was sufficient to construct a building on Charter Street next to the Service Memorial Institute.

Dr. Middleton told me there were sufficient funds for a four story structure but only the top two floors would be for basic cancer research. The remainder would be assigned to the radiology department.

The architects followed my plans rather closely; the building was completed in 1940 and I moved into it in February. The top two floors for cardiovascular research were added in 1950. Dr. Van Potter came along a couple of months later.



The original McArdle Laboratories on Charter Street soon after construction was completed in 1940. Note it has only four floors. The building at lower left is the dean's office. "Perhaps it was an advantage to be so close," Dr. Rusch suggests.

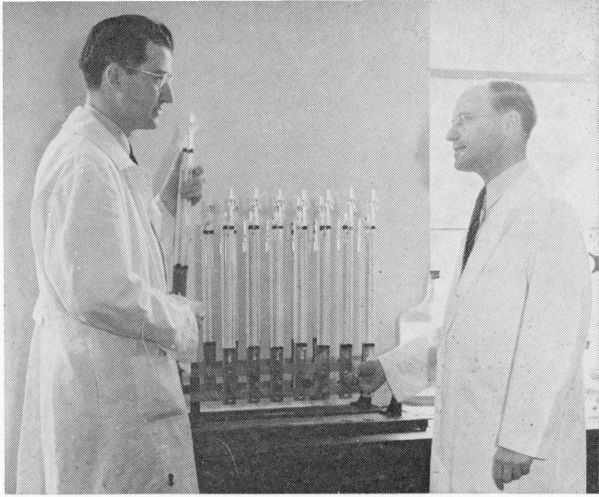
Just a word about Dr. Potter. Fred Stare had been working on intracellular enzymes, a relatively new field to me. I became very intrigued with the subject and was convinced that another enzyme chemist should replace Stare when he left, so I mentioned this to Dr. Middleton. He agreed and asked me to start a search and report back. I contacted Professors Elvehjem and Hart in biochemistry and they suggested Potter, who was then in Europe. Potter returned to this country earlier than he had expected because World War II started. He accepted the offer and spent a few months at the University of Chicago before coming to McArdle.

Oncology Becomes A Department

The period of 1940 to 1950 was one of considerable growth in research and some excellent people joined the staff. We also obtained departmental status. An important event in the late 40's affected McArdle indirectly and had a pronounced effect on cancer therapy at our hospital.

Congressman Keefe from Oshkosh was chairman of the House Appropriations Committee on Health, Education and Welfare and was very interested in the cancer problem. He notified Dr. Middleton that funding was available for cancer research facilities. Dr. Middleton applied for and was awarded funds to construct the first four floors at the east end of University Hospitals. They were ready for occupancy in 1951 and were dedicated in late 1952.

Dr. Anthony Curreri, '33, was appointed director of the clinical cancer activities located in a portion of this new facility, then called the Cancer Research Hospital. I should add that in 1957 Dr. Fred Ans-



Drs. Van R. Potter (left) and Harold P. Rusch, taken probably during the summer of 1940 shortly after moving into McArdle.

field, another classmate, joined Dr. Curreri's group. This unit became a leader in the field of cancer chemotherapy in the country.

In the late 40's I observed a Madison newspaper item about the death of Miss Mary Stewart, formerly of Wausau, which said she had left some money for cancer research. Since I had come from Wausau I remembered the Stewart name. Miss Stewart had inherited an estate from her father, a pioneer Wausau lumberman. Again I asked Dr. Middleton's approval to inquire further.

My frustration in locating the heirs was eventually solved by a visit from Tom Brittingham whom I knew very well for his support in the early 40's of my investigation of a reported cancer cure in Mexico. Tom would frequently visit Madison and on one of these occasions I asked his help.

I learned that Mrs. Devore, the sister, lived in Washington and was one of the estate's trustees. I wrote for an appointment which was granted and proceeded to Washington for a visit.

She told me how her father had walked from Chicago to Wausau with a pack on his back and made his fortune in lumber. After he died the two sisters continued to live in Wausau until Robert LaFollette made life unbearable. They considered LaFollette very radical since he was instrumental in getting a state income tax law passed.

Wausau Trust Provided \$1 Million

She asked me whether any of the bad influences of the LaFollette era were still felt in Wisconsin. I assured her that this was not the case. I sympathized and assured her that Wisconsin was once more a good place to live. We got along very well and I also became friends with the two other trustees. As a result, the Stewart trustees gave us \$50,000 a year for 20 years and this money came in very handy.

Our research laboratories expanded by occupying the first two floors and basement of McArdle in 1954

when the radiology department moved to its quarters on the second floor of the hospital.

By 1958 everything was going rather well. We were quite satisfied but very crowded with refrigerators and centrifuges in the corridors. One day I had a visit from Dr. E. B. Fred, who had recently retired as president of the University.

After looking around he said, "Rusch, I think you should have more space in which to expand." I replied that we were doing all right and were quite happy. Then I asked why he hadn't mentioned expansion when he was president. He replied he had been very busy then and now had more time to think around. His remarks did initiate the idea of enlarging the department. I won't go into all subsequent details but I prepared an application for matching funds for a new building and took the application to President Elvehjem.

Requested \$3 Million for 'New McArdle'

The total request was for \$3 million, of which we would ask the University for half and apply to the National Cancer Institutes for the other half. President Elvehjem made some very kind remarks about our laboratory and stated he would like to recommend funds for us but felt he must give higher priority to the construction of classrooms for the expanding student body. I think his decision was proper and if I had been president, I would have said the same thing.

Encouraged by his remarks I wrote to the president of the Northwestern Mutual Life Insurance Company; thinking that a big company like this would have money to support cancer research. A prompt, courteous reply stated that mutual companies have no money for gifts of this magnitude since profits are returned to policy holders.

I next thought of Congressman Melvin Laird whom I had met a few years before, probably while serving a term on the National Advisory Cancer Council from 1954-58. He was the ranking Republican on the House Appropriations Committee for Health, Education and Welfare and I requested an appointment the next time he came to Madison. He invited me to lunch in Marshfield, his home town.

On the appointed day I drove to Marshfield, had lunch with him and explained that while there were ample funds at that time for the support of research and for training, there was insufficient money for construction of the expanded research program facilities. I stressed the fact that such funds should not require matching money since few, if any, universities could provide matching capital. He agreed



(Left) The 39-member McArdle staff posed for this picture in 1956. The front row includes (l. to r.) Mrs. Kerin (secretary), Drs. Heidelberger, Potter, Rusch, Jerry Mueller, Jim Miller, Betty Miller and a technician.

(Right) Groundbreaking ceremonies for the present McArdle Laboratories were held in 1962. In the foreground are Congressman Melvin Laird (with shovel), Dr. Rusch and UW President Fred Harrington. Other participants were National Cancer Institute Director Dr. Kenneth Endicott, UW Vice Presidents Clodius and Peterson, Acting Dean Philip P. Cohen, and faculty members R. K. Boutwell, R. R. Brown, A. R. Curreri, J. A. Miller, H. C. Pitot and V. R. Potter.



(Below) Senior staff members at McArdle posed for this photograph in 1969. The entire laboratory's personnel then numbered about 200.



but wanted an expression from others since he would not be willing to push the issue if the lack of space were the case only for Wisconsin.

I assured it would be easy to get support from other cancer researchers throughout the county and later wrote about 30 letters to various people telling them that if they were interested in funding for construction, without the need for matching funds, to write to Congressman Laird and to send me a copy. A short time after our visit, Mr. Laird called and said he had talked to Congressman Fogarty, chairman of the committee. They agreed to add \$40 million to the House bill for this purpose.

'New McArdle' Gets Federal Funds

Unfortunately the people to whom I wrote must have felt I had ideas of grandeur since only eight of the 30 replied. When Laird called a couple of weeks later, he stated that the weak response did not merit the \$30 million so he and Fogarty reduced the amount to \$5 million. I got to meet Congressman Fogarty when he and Laird were on their way to Marshfield one time. He had been a bricklayer and I also had been an apprentice bricklayer for one summer as a premedical student. This made a big hit with him and we got along very well after that.

Hearing there was \$5 million for construction, I put in a request for \$2.5 million and told Dr. Curreri about these funds. He applied for about a half million to add the 5th and 6th floors to the east wing of the hospital. Following a thorough approval of our application by National Cancer Institute committees it was approved and funded.

In the meantime a number of friends throughout the country told me they felt that we got the money because of political influence with Laird. This was not the case. If they had sent letters to Laird there could have been \$30 million for construction.

The building was constructed and we moved into it in September of 1964. We received permission to transfer the McArdle name to the new building from our original one on Charter Street.

The 60's was a period of expansion and growth. There were many important things that went on in the way of research and I don't have the time to go into all of the outstanding work by everyone in the laboratory. Senior faculty members were Boutwell, Dove, Heidelberger, Kasper, Betty and Jim Miller, Mueller, Perdue, Pitot, Potter, Szybalski and Temin. Burgess and Nowinski were added later.

In December 1971 Congress passed the National Cancer Act and this law contained two items that would influence my future. One was to establish 15

new comprehensive cancer centers in the United States to bring the latest advances in diagnosis and therapy to the people within the area. The second was an authorization for \$30 million for a cancer control program which also had the same overall goals but stressed the practical aspects of providing earlier diagnosis and better therapy.

Wisconsin Named Clinical Cancer Center

Since the University had three excellent units in cancer research — McArdle Laboratory, the Division of Clinical Oncology, and the Radiotherapy Division — it was felt that Wisconsin would be an excellent setting for a comprehensive cancer center. Chancellor Young appointed me director of this center, a position which I accepted last September after considerable thought, since I was very happy with my work at McArdle.

I still retain my professorship at McArdle and spend a portion of each morning there continuing my research project. In the afternoon I become deeply involved in organizing the Wisconsin Clinical Cancer Center. My first task was to apply for funding. The application was approved and we expect to receive the funds in the very near future.*

The next major project was to apply for funds to construct the cancer center, which will be added to the new health sciences center soon to be built near the VA Hospital. This application was completed and we hope it will be funded before the end of the year. The third major task is to prepare applications for financial support for a number of important cancer control programs.

The goals of the Wisconsin Clinical Cancer Center will be to:

1. Cooperate with physicians and surgeons and with various health agencies in the state in providing the latest advances in diagnosis, therapy and rehabilitation to people with cancer in the area,
2. Improve communication with doctors in the area, and
3. Establish one of the most outstanding comprehensive cancer centers in the nation.

We know what must be done and have some ideas of how to accomplish our aims, but a time consuming task of organization faces us. I am certain, however, that we will succeed. I am also convinced that the next few years ahead will be as enjoyable as those in the past have been. At all events, I am enthusiastically looking forward to the work that lies ahead.

* The funds were received in June 1973.

Dr. Warner S. Bump, '23, (seated) received the Max Fox Preceptorship Award at the September Oneida-Vilas Medical Society Meeting. Also present were (L to R): Emeritus Dean William S. Middleton; Dr. Marvin Wright, Dr. Bump's first Rhinelander associate; Dr. Frank L. Weston, Madison, a '23 classmate; Dr. George P. Nichols, '48, Appleton, his first preceptee; and Dr. Thomas Haug, '47, current Rhinelander preceptor.



ALUMNI NEWS

Alumni Meeting Slate Set for '73-74

President Loron Thurwachter in a July 24 letter to the Board of Directors announced meeting dates for our 1973-74 Wisconsin Medical Alumni activities. Why not mark them on your calendar right now?

Homecoming Meeting — Saturday, October 27 (Wisconsin-Indiana football game). Registration at 9 a.m. in 140 Bardeen, program at 9:30: Program "The Family Practice Department," by Dr. John Renner, director of the UW Family Practice program; and "Computer Applications in Medicine," by Dr. Richard Friedman, UW assistant professor of medicine who is using computers effectively in a clinical setting as well as in teaching and research. Luncheon will follow before the football game. Publicity and reservation forms have been mailed to alumni. Spouses are cordially invited.

Upstate Meeting — The location and date will be determined shortly. Some logical choices this year appear to be LaCrosse or Sheboygan.

Milwaukee Winter Meeting — Friday, February 15, 1974. The chairman will be selected at the first Board meeting.

Alumni Day — Friday, May 17, 1974, in Madison. As was the case in 1973, UW-Madison commencement will occur the following day.

Board of Director meetings have been scheduled for October 26, in Madison, February 15 before the Milwaukee Winter Meeting and on April 5 in Madison.

5 Alumni Talk at 'Cancer Scrimmage'

Five alumni were among researchers who made presentations at the 19th annual Fall Cancer Conference for Physicians at UW on Oct. 6. Dr. Donald R. Korst, '48, discussed the Wisconsin Hematology Study Group and Dr. Edward B. Crowell, Int. '66, spoke on "Results of Acute Leukemia Protocol Study."

Dr. Peter C. Raich, '64, presented "Results of a Treatment Protocol with Lymphoma." Dr. James H. Brandenburg, '56, spoke on cancer of the oral cavity and Dr. Harold P. Rusch, '33, discussed the Wisconsin Clinical Cancer Center. Dr. Rusch is director of the Center and also president of the American Cancer Society's Wisconsin Division.

The meeting, also known as the "Fall Cancer Scrimmage", included the Wisconsin Badger-Wyoming football game in the afternoon.

Reigel is '63 Class Representative

Dr. Donald H. Reigel, Pittsburg, Pa., this summer replaced Dr. Timm A. Zimmermann, Mercers Island, Wash., as the Class of 1963 representative. Formerly in the department of neurosurgery at the Medical College of Wisconsin, Milwaukee, Dr. Reigel in August became chief of neurosurgery at Children's Hospital of Pittsburg. He also is a member of the *Quarterly* editorial board.

Top National Award to '54's Larson

BY EDWARD J. LEFEBER, M.D.
Texas Correspondent

Dr. Duane L. Larson, '54, chief of surgery for Shriners Burns Institute in Galveston, has been selected Physician of the Year by the President's Committee on Employment of the Handicapped. The selection is made each year in cooperation with the American Medical Association in recognition of the physician who contributes outstanding effort toward the prevention of a crippling disease and the treatment and rehabilitation of patients suffering from that disease or handicap.



The presentation of an award recognizing his selection was made during the National AMA meeting at Philadelphia, on September 18.

In February, 1972, Dr. Larson received the Governor of Texas Award for his work in rehabilitation and gainful employment of the burned patient. Dr. Larson's contributions to the treatment of burned patients are numerous: among them, the method of continuous pressure through splinting to prevent contracture during scarring; a Clorox solution for bathing patients and an emphasis on milk in the diet to combat Curlings' ulcer, a major problem with burn patients.

A native of Stoughton, Dr. Larson interned at the Medical College of Virginia and after Army service served a surgical residency at UW Hospitals, Madison. He served an additional plastics and reconstructive surgery residency at the University of Texas Medical Branch, Galveston, from 1961-64. He also has been honored by the Army for his research in the field of thermal injuries.

Dr. Larson also is associate professor of plastic and maxillofacial surgery at the University of Texas Medical Branch in Galveston.

Dr. John Mangos Attains Priesthood

In a rare ceremony attended by bishops of the Greek Orthodox Church in this country, Dr. John Mangos, Res. '60-64, became a priest in mid July. Dr. Mangos, a professor of pediatrics at the UW Medical School, is one of only 10 laymen in all the Americas to be ordained a priest in the church.

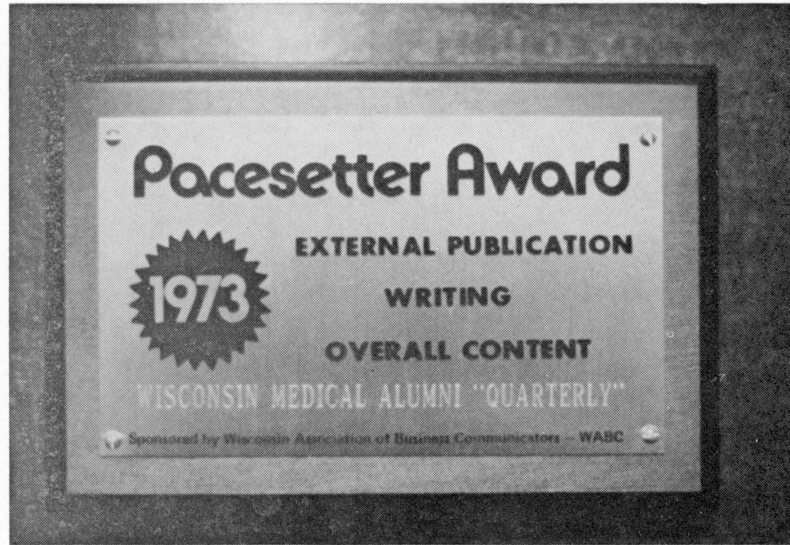
While continuing to teach, practice and do medical research as a physician, Father John will serve as a fully qualified priest of his faith. Dr. Mangos, who spent two years considering the move, said the commitment was a family affair that included himself, his wife and their four daughters.

California Lung Award to Oatway

Wisconsin alumnus William H. Oatway, Jr., M.D., '26, Laguna Niguel, Calif., was presented the Gold Medal of the California Lung Assn. at its annual meeting in April. Dr. Oatway is emeritus clinical professor of medicine at USC, was medical director of La Vina (Calif.) Hospital for 21 years before his retirement last year, was on the University of Wisconsin pathology staff (1925) and associate professor of medicine on the chest disease faculty there (1935-43).



Our Medical Alumni "Quarterly" was judged by Wisconsin's business communicators as having the best overall content for an external publication in 1973. Associate Editor Kurt Krahn received this plaque in July in behalf of the editorial board.



Dr. Martin received four degrees from Wisconsin: his B.A., M.A., Ph.D. and M.D. He taught physiology in the Medical School in the mid '30's. Former chief of staff and head of anesthesiology at Hartford's St. Francis Hospital, Dr. Martin toured extensively, lecturing on his specialty.

Anesthesiologist Martin Dies in Sweden

An alumnus who was a well known anesthesiologist and former UW faculty member, Dr. Stevens J. Martin, '35, Hartford, Conn., died August 21 in Stockholm while on a Swedish lecture tour. He was 67. Dr. Martin was a past president of the American Society of Anesthesiologists, the Academy of Anesthesiology, the New England Society of Anesthesiologists and the Connecticut State Medical Society.

Student Pre-Med Club Formed at UW

Undergraduates at UW are being assisted in their preparations to enter medicine by a year-old campus Pre-Med Club. The organization, which meets monthly, is assisted by the Medical School and the Faculty Advising Service, according to President Dean C. Kaster of Green Bay.

The Pre-Med Club utilizes guest lectures, discussions, a film program and a chance to work with area physicians for a half day to explain the medical profession to prospective doctors. Dr. Carl A. Whitaker, professor of psychiatry, was the speaker at the first meeting of the new school year on Oct. 9. His subject: "The Hell of Being a Physician."

Topics of forthcoming meetings include volunteer programs in medical-related areas available to pre-med students, alternatives to medical school, mental health problems and the effects of medical practice on the MDs family, pre-med advising and where to get it on campus.

Advisors are Kelly H. Clifton, Ph.D., assistant dean for pre-medical affairs, and C. John Tolch, Ph.D., chairman of the Faculty Advising Service.

Remember the Medical School in your will

Thoughtful bequests have done much to enrich the Middleton Medical Library and the History of Medicine Department, provide student financial aid, further research and establish name professorships.

Helpful advice concerning estate planning, the advantages of "deferred gift" options and opportunities to perpetuate the name of a loved one through a lasting memorial gift or bequest is available from:

The University of Wisconsin Foundation
P.O. Box 5025, Madison 53705

MEDICAL SCHOOL NEWS

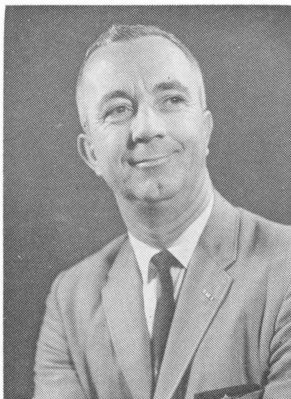
Dr. Stephan Epstein is Dead at 73

Dr. Stephan Epstein, an internationally known dermatologist who was a clinical professor of medicine at UW, died at his Shorewood Hills home in July after a 4-month illness. He was 73.

He founded the dermatology department at the Marshfield Clinic in 1935 after coming there from the University of Breslau in Germany, where he was chief of radiology and allergy. Dr. Epstein, who was professor of dermatology at both UW and Minnesota, also established the Marshfield Clinic Foundation for Research and Education in 1959. He retired in 1965 and opened a private practice after moving to the Madison suburb.

William G. Davis Named to Center Post

Appointment of William G. Davis as associate vice chancellor for health sciences was announced at



the UW System Board of Regents meeting in September. Davis, 43, is a Maryland native and is a graduate of the U.S. Navy School of Hospital Administration and of George Washington University in Washington.

He has had a distinguished career in the Navy Medical Corps, beginning as an enlisted hospital corpsman in 1948 and was commissioned an officer in 1956. Davis most recently served as assistant comptroller for budgeting and financial management in the Navy's Bureau of Medicine and Surgery in Washington. He retired with the rank of commander. Davis will serve as executive assistant to Vice Chancellor Robert E. Cooke.

Faculty Members Get Emeritus Status

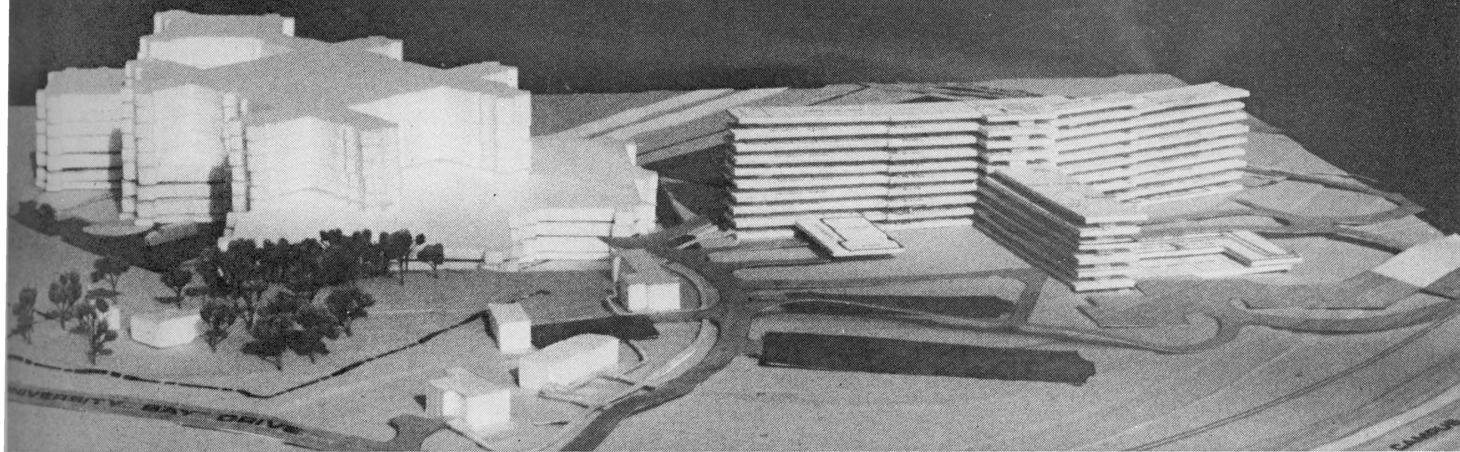
Four Medical School professors were among those whose service to the University of Wisconsin-Madison was recognized with the recent conferral of emeritus status. They are Drs. Bruno Balke, physiology; Frank F. Gollin, '37, radiology; Gerald W. Lawton, preventive medicine and state hygiene lab.; and Peter A. Duehr, '29, ophthalmology.

Dr. Balke, an expert on prescribed physical activity as it relates to heart disease and middle-aged men, joined the UW-Madison faculty as a full professor in 1964. A native of Germany, he received his training at the Universities of Berlin and Leipzig.

Dr. Gollin has been a senior staff member in radiation therapy for over a decade. After a B.S. and pre-clinical work at UW, he received his M.D. at Marquette in 1937, interned at Milwaukee County and served a residency and post-doctoral service in therapeutic radiology at UW. He joined the faculty in 1962.

An environmentalist who contributed much to studies about waste and ground water, Prof. Lawton retired in June of 1972. He received his Ph.D. from Wisconsin, served both as a teacher and an industrial chemist before joining the faculty in 1958. Dr. Lawton was acting chairman of preventive medicine in 1966-68.

After completing his pre-clinical work at Madison, Dr. Duehr was graduated from Rush in 1929. He was a house officer at the old Wisconsin General Hospital and joined the faculty shortly afterward. In 1954 Dr. Duehr was promoted to full professor and was named sub-chairman of ophthalmology after having headed the ophthalmology clinic since 1937.



Excavation is about complete, some concrete has been poured and steel is rising for Phase I-A of the new UW Center for Health Sciences on Madison's west campus. An idea of what the completed Center might look like is shown at left in this architect's rough working concept model used to translate into

three dimension the building's configuration, including the horizontal and vertical relationships. We look northeast towards Lake Mendota, the VA Hospital is at the right and University Avenue runs diagonally at a 45-degree angle off the picture from the lower right corner.

New Clinic to Handle Teen Problems

A general medical clinic designed for the needs of teenagers opened August 1 at University of Wisconsin Hospitals.

"The special medical and emotional problems of teenagers have only recently been formally recognized. Although they are often present in crisis proportions, many of the most vital issues are more obscure and subtle," Dr. John Stephenson, assistant professor of pediatrics and director of the new clinic, pointed out.

The clinic will comprehensively evaluate the medically and emotionally related problems of adolescence. It will be educationally oriented and directed toward a cooperative effort with the teenager's family physician or referring agency. Primary care will also be available on a limited basis.

The adolescent, Dr. Stephenson said, has been previously treated in an adult or pediatric medical setting but the teenager identifies with neither group. The new clinic, he said, will be receptive to the psychological and physiological changes and needs of teenagers.

The teenager is making a psychological and in later adolescence a physical transition from dependence to independence. There is a struggle for

identity, Dr. Stephenson pointed out. "The physician must recognize this need in the teenager," he said.

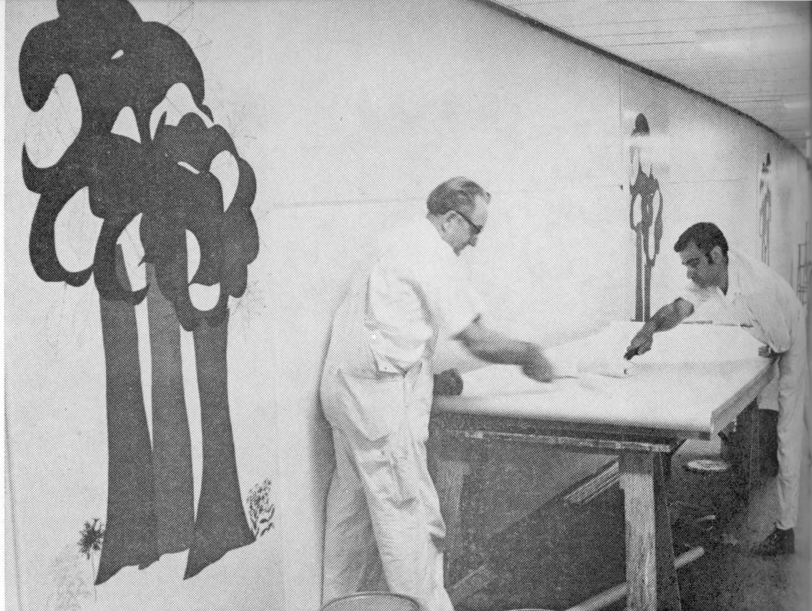
"For example," he said, "the diabetic child who is becoming a teenager may briefly wish to deny his diabetes while at the same time demand more responsibility for his illness. In addition, actual physiological changes during adolescence may alter the nature of a disease."

An initial medical complaint made by a teenager may be only the cue to underlying emotional problems. Over 60% of adolescents seeking medical care have these underlying problems, Dr. Stephenson said. Many of their problems are crisis oriented and may be of short duration. "You can't just look at the complaint such as headaches or stomach cramps; you have to look at the overall life style of the teenager," he said.

Obesity is a serious health problem in teenagers, but, as Dr. Stephenson said, you can't put a teenager on a 1,000 calorie diet. "The diet would interfere with the teenager's growth spurt. Instead, we work on emphasizing exercise, self-image, dress hygiene and cosmetics. Another example is acne. It's not just a matter of growing out of it," he said.

Adolescent medicine is also striving to teach teenagers good health habits and overall preventive medicine so they can carry this on into adulthood.

The Medical Center Tunnel sure looks good! Workmen add original murals as a final touch after painting the walls and adding acoustical ceiling and better lighting.



Art Spiffs Up the Center Tunnel

University Hospitals never looked so good!

Thanks to artists Harriet Abrams and Pat Beebe who wanted "to make art relevant to the environment", those using the Medical Center tunnel now enjoy a more pleasing passageway. Almost 1½ years ago the two decided to seek out an area they could design as a part of their master's theses in related arts. They wanted to devote this investment of time and energy to something pragmatic as well as esthetic. It was their goal to take a dull, monotonous area and turn it into a creative, unconventional work of art that would be meaningful to the people who used it.

The place they chose: Medical Center tunnel. Because the tunnel connects the main Hospital with the Middleton Medical Library, McArdle Laboratory, and the Children's Units, they worked on pictorial themes that would communicate activities in these areas. As one enters the tunnel from the main hospital, a large mural illustrating general hospital activities is contained within an abstract silhouette of the UW Hospital facade.

The next collage-type mural, midway between the medical library and McArdle Laboratory, combines book covers and microscopes in a contemporary but realistic mural. The repetition of bright colors and large prints connects the tunnel and ties in the Children's Units theme. Many of the screened photographs used in the murals are graphic variations of prints inspired by photos in books, journals, and magazines in the Middleton Medical Library.

UW Team Studies Lymphocyte Cells

A team of nine scientists from University of Wisconsin-Madison has started work on a program to study lymphocyte cells in the hope that some of the findings can be applied in the fight against cancer and transplant rejection. The study from different aspects of science and medicine is made possible by an NIH grant.

Lymphocytes are divided into two basic classes: B-lymphocytes, which are bone-marrow derived, and T-lymphocytes, which are derived from the thymus gland in the chest cavity. The Madison team is concentrating its study on the T-lymphocyte. "It seems that the T-lymphocyte plays a very important role in transplant rejection, in the reaction against certain kinds of infection, and certainly in the reaction against cancer," says Dr. Fritz H. Bach, the principal investigator.



The T-lymphocyte works as a killer which eliminates cancer cells and rejects transplanted organs by reacting to the cells of these organs. By understanding how the T-lymphocyte can act as a killer cell, Bach says, "we hopefully can manip

Associate Professor David T. Uehling (left), a UW Hospitals kidney transplant surgeon, described the kidney preservation machine to Mrs. John Weaver (right), wife of the UW-System president, during the kickoff of a March drive to obtain donor pledge cards in Dane County. Mrs. Weaver was honorary chairwoman of the campaign. Over 100 persons have received kidney transplants at UW Hospitals since its program began in 1966 and nearly 100 Wisconsin residents are awaiting transplant.



it both to kill more efficiently in the case of cancer where the killer action against the cancer cell is beneficial to the patient, or to kill less effectively in terms of a transplant and thus prolong transplant survival."

The \$180,000 grant from NIH is being used, in part, to set up central facilities for laboratory and office space in the physics-pharmacy building. Here research will be co-ordinated and individual specializations integrated.

Bach, who is an associate professor of medical genetics and surgery, says that one of the most beneficial facilities is a gigantic 3,000 square foot mouse colony. "To some of us, the mouse colony is the key," he says. "I firmly believe that the basic immunologic findings relating to the lymphocyte as they exist in a mouse will, in their broad principles, be applicable to man."

Bach also says the mouse colony will "allow the individuals to interact and have a much more fruitful investigation of some of the problems that individual laboratories would not be able to investigate by themselves." Integration of the team members' talents is essential to the program because each person will be studying the T-lymphocyte from his own specialized point of view, Bach says.

Robert Nowinski, professor of oncology, will study the relationship between virus infection, oncogenesis and the lymphocyte; Prof. Charles B. Kasper, oncology, and Gnanasigamoni Sundharadas will study biochemical aspects of the membrane of lymphocytes; Prof. Richard Hong, pediatrics and medical microbiology, will be involved in clinical

studies involving lymphocyte malfunctions; Prof. Robert Auerbach, zoology, will concentrate on developmental aspects of lymphocytes.

Also, Prof. Robert I. DeMars, medical genetics and genetics, will be involved in the establishment of long-term cultures of lymphocytes; Prof. Hans Ris, zoology, will study the surface of lymphocyte cells using a million-volt electron microscope and other electro-microscopic techniques; Prof. Marilyn L. Bach, pediatrics and pharmacology, will be involved in a study of the mechanisms by which lymphocytes recognize and subsequently kill target tissues.

Bach says about a hundred additional people will be working on the core program and that they hope to attract additional faculty, post-doctoral fellows, and students from throughout the world with an expertise in lymphocyte biological study.

Memorials to Dr. Hans Reese Mount

Regents of the University of Wisconsin System at their September meeting accepted \$2,262 in gifts that will be added to the Dr. Hans Reese Memorial Fund. The total includes the gifts of friends in July and August following the June 26 death of Emeritus Professor Reese at age 81.



Associate professor of pathology Dr. Alden Dudley (left) helps make a selection for the special summer exhibit on anatomy at the Museum of Medical Progress at Prairie du Chien with museum summer assistant Robert Smith (center) of Slinger. Smith is an anatomy student at the Medical College of Wisconsin,

which also donated specimens. At right is UW Medical School anatomy technician Joseph Le Tourneau.

The exhibit showed actual organs and fetuses in various stages of development. Plans call for a permanent exhibit showing normal and diseased organs to be built with medical school help.

Alumni, Faculty Top Med Scientists

Most of the men who have made "major Wisconsin contributions to Medicine" either are UW Medical School alumni or were faculty members at the University. This is brought out in a December 1968 article in the *Milwaukee Medical Society Times*, which listed these medical contributions. The article said that a significant number of Wisconsin physicians and other scientists have made important contributions to the advancement of medical science. Frequently these are so specialized that their importance has not been widely appreciated by the public.

Listed as "the more prominent researchers and innovators" are:

William Beaumont, M.D. (1785-1853) — Research made him nationally prominent in the early 19th century. He was a military doctor at Prairie du Chien. Exceptional circumstances made it possible for him to observe and investigate human digestive processes.

Walter P. Blount, M.D., and Albert C. Schmidt, M.D. — Pioneered the "Milwaukee Brace," a conservative, yet highly effective means of counteracting development of curvature of the spine.

Dr. Conrad A. Elvehjem — Famed biochemist whose perhaps most famous contribution to the science of nutrition was discovery of the use of nicotinic acid (now called niacin) in the cure of pellagra. Also

an administrator, Dr. Elvehjem was president of the University of Wisconsin at his death in 1962.

Dr. Charles Heidelberger—Prominent cancer research chemist who won wide acclaim for development of the synthetic drug, Fluoracil (5-FU), used to retard soft malignancies of the bowels or intestines. Its clinical significance was demonstrated by **Anthony R. Curreri, M.D., '33**, at Wisconsin.

Dr. Karl P. Link—An agricultural chemist at Wisconsin responsible for development of the anti-coagulant, Dicumarol, used to combat blood-clotting. He later produced Warfarin, commonly used as a blood thinner in follow-up treatment of heart disease, and also widely used to control rodents.

F. W. Madison, M.D., '24, and T. L. Squier, M.D.— Found the cause of agranulocytic angina, a marked decrease in the number of white blood cells, to be the patient's sensitivity to amidopyrene, an ingredient quite common in therapeutic drugs in the '30's. The 1934 Squier-Madison study was one of the breakthrough reaches into drug sensitivity.

Armand J. Quick, M.D.—Developed several diagnostic tests, the most widely recognized of which is named after him. The "Quick Test" is used as an essential diagnostic procedure for hemorrhagic diseases and thrombosis. For over 30 years, his studies at Marquette have centered on coagulation of the blood as it affects individuals in health and disease. Most recently he developed an aspirin tolerance test.

Dr. Harry Steenbock—In the early '20's, the UW biochemist discovered the sun vitamin D and its

nutritional importance virtually eliminated rickets, which caused bone deformations, especially in children. His discovery took 16 years of research.

Harry A. Waisman, M.D., '47—Professor of pediatrics at the UW Medical Center, pioneered in the long-term treatment of phenylketonuria (PKU). He also performed fundamental research in the understanding of this disease by first producing the biochemical disease in monkeys and rats.

Not on the list were UW Nobel laureates Dr. Har Gobind Khorana and Dr. Joshua Lederberg, although Dr. Khorana's award was announced on the same page.

Madison Man Survives 61° Temperature

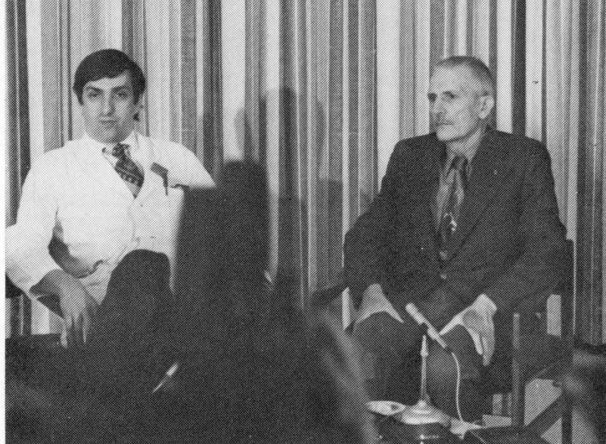
A Madison man whose body temperature went down to 61 degrees has survived without apparent adverse effects from the lowest body temperature known to have been recorded in medical literature.

Warren Churchill, 57, was brought to University Hospitals by paramedics following a boat accident on Madison's Lake Wingra April 5. A sudden squall caused the boat to capsize and he was exposed to the 40-degree water and cold wind for 1½ hours.

Dr. Marvin L. Birnbaum, '60, co-director of the University Hospitals critical care team, said survival responsibility was a team effort. He credited the two companions who kept Churchill afloat, the police rescue effort, a well-trained paramedic team, emergency room staff and critical care team. "When you put this all together," Dr. Birnbaum said, "it really works, as evidenced by the fact that Mr. Churchill recovered without significant impairment."

Upon arrival at the UW Hospitals emergency room, Churchill was unconscious, shivering and attempting to breathe. No pulse or blood pressure was detected. His rectal temperature was 65 degrees and it dropped further to 61 degrees. Following initial stabilization, Churchill was taken to the Hospitals' new Center for Trauma and Life Support, a critical care area, where Dr. Birnbaum elected to use a radical and unique treatment in raising his body temperature.

Instead of using the standard treatment of placing a patient in warm water and heating it rapidly,



Dr. Marvin L. Birnbaum, '60, (left) co-director of University of Wisconsin Hospitals' trauma and life support center, and patient Warren Churchill talk with reporters.

which can be fatal if there is any abnormal heart rhythm, Dr. Birnbaum chose to put Churchill between two heated circulating water blankets whose temperature was maintained at 104 degrees.

Medical personnel monitored his blood pressure, heart output and heart rhythm, lung pressure, gas exchange and acid base balance in his lungs. His breathing was supported, and he was paralyzed with curare to stop his shivering. Under this treatment the 5'10", 150-pound Churchill regained consciousness after three hours. He was warmed to normal body temperature over a total 8-hour period.

All instrumentation was discontinued after 36 hours and he was transferred to a standard hospital bed the fifth day. He returned home Good Friday, 15 days after the accident. Dr. Birnbaum said Churchill suffered only very minimal heart damage and some muscle weakness and damage as a result of the accident.

Churchill, a marine biologist with the Wisconsin Department of Natural Resources, was on a fishing site study when the accident happened. Two younger members of the team kept him afloat until a police rescue unit reached the scene. Their body temperatures dropped to 96.7 and 94 degrees.

Dr. Temin Named to Academy

A Medical School faculty member, Prof. Howard Temin of Oncology, and former Madison Chancellor William H. Sewell were among 99 outstanding Americans elected to the American Academy of Arts and Sciences in May. The Academy was founded in 1780 under the leadership of John Adams.

ALUMNI CAPSULES

Marshall B. Segal, M.D., '69, J.D., recently received the first Distinguished Service Award of the American College of Legal Medicine. He is associate professor of emergency medicine at the University of Chicago and also has been elected editor of the *Journal of Legal Medicine*.

After a 3-year radiology residency at USPHS Hospital, Staten Island, N. Y., Dr. L. C. Burger, '69, in July became a fellow in neuroradiology at the Neurological Institute, Columbia-Presbyterian Medical Center, NYC.

Dr. Robert D. Bart, '63, is associate medical director, Pacific Institute Rehabilitation Medicine—Kauaikeolani Children's Hospital in Honolulu. In addition to teaching at the U of Hawaii Medical College he has been consultant to the American government in the Pacific islands.

Dr. Robert F. Skeels, '45, continues to practice endocrinology with the Shelton Medical Clinic in W. Los Angeles. He was chairman of the program on male infertility and hypogonadism at the annual session of the American Infertility Society in San Francisco, and is a co-author of an award-winning exhibit, "Endometrial Biopsy in the Luteal Phase of the Cycle of Conception."

Dr. Mark Schuyler, '68, in July became a pulmonary fellow in the V.A. program in Cleveland after completing two years of internal medicine practice at Ft. Campbell, Ky.

After completing a pediatric residency at U. California, Irvine, Dr. Christine A. Nelson, '70, is now doing a fellowship in neonatology at Long Beach Children's Medical Center.

The City of Chetek in April selected Dr. Robert W. Adams, '23, as "Citizen of the Month" for his many years of unselfish and tireless service. Dr. Adams retired in 1966 after serving the area since 1926.

Dr. Stuart A. Minkin, '68, has completed military service in the



Stuart H. Minkin, M.D.

Navy and in June entered the private practice of pediatrics in Bellevue, Wash.

After the February birth of their second daughter, Dr. Susanna Forbes Buchanan, '67, is currently doing part time general practice in Charleston, Ill., and is thinking about a family practice residency. She passes along word that classmate Elizabeth Wood

has three daughters, a 60 acre farm near Gettysburg, Pa., and is in part time general practice.

Dr. Patrick Keane, '69, is starting a second year surgical residency at UW Hospitals after having just completed two years of Air Force service at the K. I. Sawyer AFB in Michigan's Upper Peninsula.

"Still enjoying life in Israel," writes Dr. Evelyn D. Lipp, '48. "We now have three children living and studying in kibbutzim and still hold an open invitation to one and all to visit us." She is at Etzel 12/9, French Hill, Jerusalem, Israel.

Dr. James W. Manier, Int. '53-55, recently returned to the Marshfield Medical Center after two years of teaching and practice in Minnesota and Iowa.

Dr. Richard L. Wesenberg, '62, since Spring 1972 has been a pediatric radiologist at the U. of Colorado Medical Center, Denver. His book, *The Neeborn Chest*, (Harper & Row) was published this Spring.

Three alumni are members of the medical staff executive committee of Neenah's Theda Clark Memorial Hospital. Drs. Safouth Atassi, Urology Res. '66-67, is vice president; Paul N. Gohdes, '60, represents pathology; and Robert F. Douglas, '55, represents radiology.

Dr. Steven L. Lawrence, '70, in April completed his family practice residency and is now stationed with the Air Force in the pilot family practice program at Homestead AFB, Fla.

New president of the Milwaukee Neuro-Psychiatric Society is **Dr. Joseph E. Weber, '35**. **Dr. Jules Levin, '38**, is a counselor of the group.

On July 1, **Dr. John A. Stoppie, '69**, began the practice of Ob-Gyn in Olathe, Kas. He recently completed his residency at the KU Medical Center in nearby Kansas City.

Dr. Alan S. Bensman, '62, Minnetonka, Minn., and his wife currently are working with alumnus **Rick Chilgren, '63**, in a human sexuality program at the U. of Minnesota. Rick heads the program, the Bensmans are occasional group leaders.

Another alumni author is **Dr. Judah Zizmor, '34**, New York City, whose new book, **Atlas of Orbital Radiography**, recently appeared. (Aesculapius Pub. Co., Birmingham, Ala.)

Dr. Eugene J. Nordby, M'43, Madison, is the 1972-73 president of the Association of Bone and Joint Surgeons. Since 1968 he's also been chairman of the council of the State Medical Society of Wisconsin.

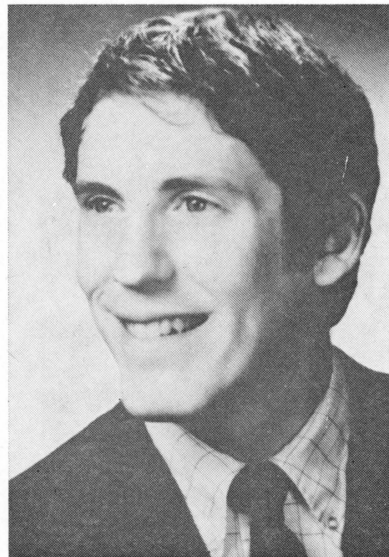
Dr. James E. Murphy, '63, has been in the private practice of diagnostic radiology in Appleton for the past three years. He completed his residency at U. California, San Francisco.

Two alumni joined the Dean Clinic in Madison in June. They are pediatric surgeon **James Gutenberg, '64**, and internist **Bernard C. Korbitz, '60**.

Dr. William P. Wendt, '52, Elm Grove, recently was elected chief of staff at Lutheran Hospital, Milwaukee.

The town of Alden, Minn., in June held a testimonial dinner for **Dr. Reuben F. Schmidt, '43**, in honor of his 25 years of medical and community service.

Dr. Michael J. Layde, '72, has begun a pre-specialty surgical residency at St. Luke's hospital,



Michael J. Layde, M.D.

Milwaukee, after completing his internship there.

Among Wisconsin residents recently certified by the American College of Anesthesiologists was alumnus **Ronald W. Stein, '64**, Colgate.

Dr. Bruce L. Thomas, '71, is in the Army stationed at the Aberdeen Proving Grounds. He lives in Bel Air, Md.

The 300 member medical staff at St. Joseph Hospital, Milwaukee, in May elected **Dr. Raymond**

R. Watson, '48, as its president. Dr. Watson is a thoracic surgeon and a member of the hospital's heart team.

Dr. Jay D. Iams, '72, in June began two years of Public Health Service duty at the Phoenix (Ariz.) Indian Medical Center.

Appointed associate professor of surgery at the Medical College of Wisconsin, Milwaukee, this spring was **Dr. Glen A. Meyer, '60**. Previously at the U. of Texas Branch Hospitals as professor of neurosurgery, Dr. Meyer also taught at UW for 10 years.

Dr. Irving Moskowitz, '52, Long Beach, Calif., is president of the UMEDCO Health Care Foundation, which owns and operates three acute care hospitals and seven other health care facilities in Southern California. The organization also offers its own pre-paid health plan to the public.

The Distinguished Psychiatric Resident Award for 1973 at the Western Missouri Mental Health Center was recently presented to **Dr. John M. Adams, '69**. He has now begun two years of Army service at Ft. Eustis, Va.

His classmate, **Dr. Alexander S. Foltz, '69**, in August finished two years of Air Force duty in South Carolina and has begun a 3-year orthopedics residency at UW Hospitals, Madison.

Dr. Karl Beyer, '43, was honored at a July 20 testimonial dinner near West Point, Pa., preceding his August 1 retirement as senior vice president of Merck, Sharp & Dohme.

Accepting a recent dual appointment as associate professor in the medical and public health schools at the U. of Minnesota was **Dr. Arthur S. Leon, '57**. In the latter he will direct the applied research labs in preventive cardiology and exercise physiology. He formerly was clinical associate professor at the U. of New Jersey.

□
Dr. Gene Cleaver, '66, completed his internal medicine residency and moved to Mt. Shasta, Calif., to become Siskiyou County's internist. He trained at San Joaquin General Hospital.

□
 A Madison surgeon, **Dr. A. Duane Anderson, '43**, in June was elected grand master of the Wisconsin Grand Lodge Free and Accepted Masons at the annual meeting in Milwaukee.

□
Dr. Dennis Christensen, '68, after completing a four year Obstetrics and Gynecology residency at the U. of Minnesota was commissioned a major in the Army and will serve a two year tour at the Walson Army Hospital, Ft. Dix, N. J.

□
Dr. John A. Buesseler, '44, vice president for health affairs at Texas Tech University, Lubbock, in April was named a "University Professor," the third person in history to be so honored. A month later Dr. Buesseler was recipient of a special resolution by the board of regents.

□
Dr. W. B. "Bert" Clement, '34, Punta Gorda, Fla., has been elected treasurer of the non-profit Liberty Lobby Research, Education and Legal Defense Fund, Inc.

□
 Starting a pulmonary disease

fellowship at Harbor General Hospital, Torrance, Calif., after serving as chief of internal medicine at Ft. Sill, Okla., Sept. 1, was **Michael G. Cleary, M.D., '67**.

□
Dr. Terrance C. Coyne, '72, recently joined the Grantsburg (Wis.) Clinic after serving his internship at the USPHS Hospital, New Orleans.

□
Dr. Marcus Cohen, '62, is chairman of the Quisling Clinic executive committee in Madison this year. He also is instrumental in a lay Allergy Foundation of Wisconsin.

□
 The West Virginia State Medical Society's vice president for 1973 is **Dr. William E. Gilmore, M'43**, of Parkersburg.

□
Dr. Ronald B. Mackenzie, '53, lives in Maracay, Venezuela, and is involved in field and laboratory research of Venezuelan encephalitis. He also still does some work with Bolivian hemorrhagic fever.

□
 Residing in North Hatley, Quebec, is **Dr. Gail F. Gibson, '69**, who just completed a four year pediatric residency. She will take the Royal College exams this fall and hopes to practice adolescent medicine or family oriented pediatrics shortly thereafter.

□
Dr. Frederick G. Hidde, '35, Sheboygan, recently joined the Kohler Co. medical department. He has been in practice in Sheboygan since his release from military duty in 1945.

□
 A third UW author we're aware of is **Dr. Mary K. Favaro, '69**, who practices and teaches pediatrics at the Medical Univer-

sity of South Carolina. Recently published (W. B. Saunders Co.) was the second edition of her **Pharmacologic Basis of Patient Care** and the third edition of **Pharmacology for Practical Nurses**.

Necrology

News of the following deaths have reach Alumni Association offices:

Dr. Thomas O. Lake, '19, in Scottsdale, Ariz., June 12, 1973.

Dr. H. Dabney Kerr, '19, in St. Michael, Md., July 3, 1973.

Dr. Francis J. Morris, '22, in Los Angeles, Dec. 8, 1972.

Dr. Marcus B. Cirlin, '23, Miami Beach, Fla., Aug. 23, 1973.

Dr. Richard D. Evans, '23, Santa Barbara, Calif., April 1973.

Dr. Ethan B. Pfefferkorn, '24, Laguna Hills, Calif., June 7, 1973.

Dr. Cornelius N. Vetten, '24, in Riviera Beach, Fla., Oct. 13, 1972.

Dr. John E. McDonald, '26, in Tulsa, Sept. 28, 1972.

Dr. Stevens J. Martin, '35, Hartford, Conn., while on a Swedish lecture tour, Aug. 21, 1973.

Dr. George L. Calvey, '37, Portsmouth, R. I., June 2, 1973.

Dr. Gordon Worley, Jr., '42, Madison, Feb. 5, 1966.

Dr. C. L. DeLand, N'43, in Olivet, Mich., Aug. 8, 1973.

Dr. Earl N. Hillstrom, '43, Carmel, Calif., in February, 1973.

Dr. M. Isabel Taliaferro, Int. '46-47, Richmond, Va.

Dr. Paul D. Stepl, '52, Encino, Calif., Sept. 28, 1971.

Dr. Hubert Wingate, Neurology, Res. '69-72, Albany, Ga., July 22, 1973.

Dr. Hubert Hathaway, Former Resident, Springfield, O., Aug. 19, 1972.

**Jamaica is Site for Retreat,
'Life Style Diseases' is Topic**

Runaway Bay, Jamaica, will be the place — February 9-16, 1974, the dates, for the Eighth Annual Alumni/Faculty Retreat. Theme for the 8-day educational holiday will be "Diseases Which Come Out of Our Life Style; Man Against Himself."

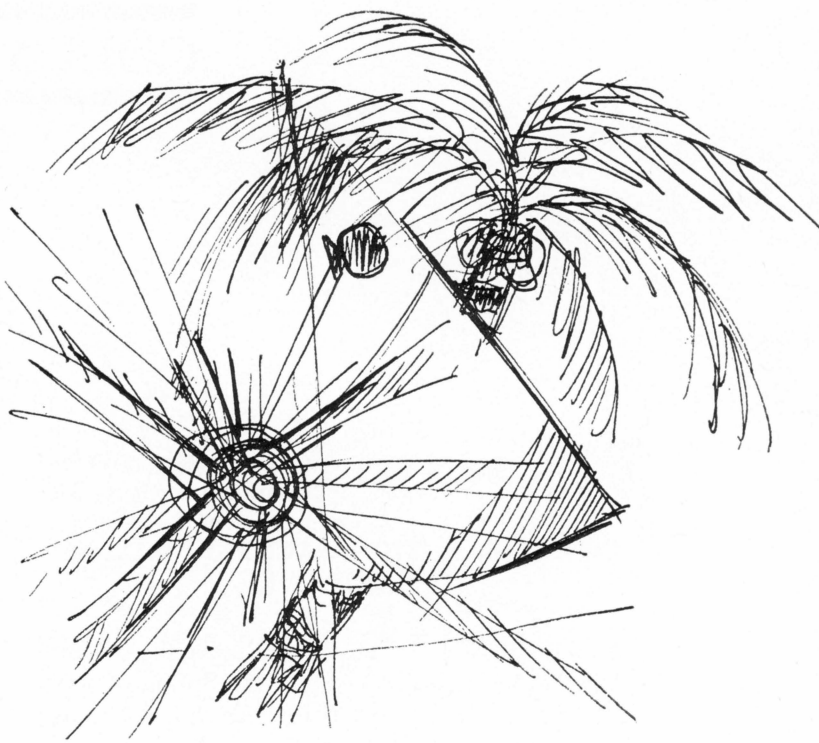
Our Wisconsin party will leave Chicago's O'Hare Field at 11 a.m. on Saturday, February 9, and fly a chartered Pan American flight nonstop to Montego Bay. We will stay at the Runaway Bay Hotel and Country Club. Medical meetings will, except for one day, be held mornings, allowing afternoon leisure.

There's an 18-hole championship golf course, tennis, horseback riding, fresh water pool or ocean swimming, water sports, deep sea fishing and many other activities.

Concern for the rising toll of man-made disease will be covered in the medical sessions. Programs are designed for both physician and spouse and should provide lively participation. Faculty members and their topics include:

Harry C. Coppel, Ph.D., UW professor of entomology — Health Implications of Insect and Pest Control; **Joseph A. Moylan, Jr., M.D.**, UW assistant professor of surgery — Trauma as a Cause of Morbidity and Mortality in Our Society.

Robert F. Schilling, M.D., '43, UW professor of medicine — Disease Syndromes from Drug Use and Abuse; and **Arvin B. Weinstein, M.D.**, '44, UW professor of medicine — Possible Consequences of



Over-nutrition, Under-exercise and Stressful Occupations.

Cost of the retreat is \$1,200 for couples, \$1,250 if the spouse participates in educational sessions, and \$850 for individuals. Included are the air and ground transportation, gratuities, U.S. and Jamaica departure taxes, two parties, portorage and hotel service charges.

Use the coupon below for reserving space or for obtaining further information.

Register Now — 8th Alumni/Faculty Retreat

Name _____ Address _____

City & State _____ Zip _____

For registration or further information return this form to: Wisconsin Medical Alumni Association, c/o Mrs. Ann Bailey, #575 WARF Building, 610 N. Walnut Street, Madison, Wisconsin 53706.

_____ Registration _____ Further Information

Enclosed is a check for \$ _____ to cover:

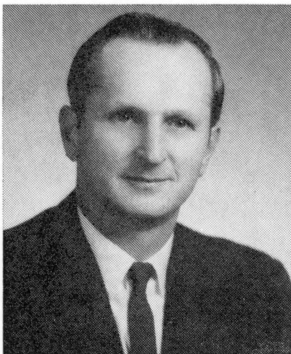
_____ Couple's Registration Fee (\$1,200) _____ Individual Registration (\$850)
 _____ Couple's Registration Including _____
 Spouse's Medical Seminars Fee (\$1,250) (Deposit: \$200 per couple, \$100 singles)

Try It — You'll Like It!!!

BY LORON F. THURWACHTER, M.D., '45
PRESIDENT

MILWAUKEE — The Wisconsin Medical Alumni Association was organized in the Spring of 1956. At its inception the founders realized the importance of a spokesman from each class to form a liaison between the board of directors and the alumni body. At first these men were chosen by the board from individual classes but as the Alumni Association matured, class presidents assumed the responsibility or held an election to obtain one.

At the present time only the Classes of 1939 and November 1943 are without one. In addition, each specialty group has a U.W. Medical Alumnus to further enhance communication.



pointing new representatives in order that more men get a chance to serve.

It is no great secret that the main function of a representative is to aid in raising funds. It has defi-

I believe I'm qualified to discuss these individuals and their duties because I was appointed by the board to represent the Class of 1945. In those early days one was to serve until he either ran out of gas — had a coronary — or became non-compos mentis. Currently, the thinking has changed and more classes are ap-

nately been shown over the years that a class response to giving is directly proportional to the efforts of its representative. True, special projects and class reunions generate increased contributions, but the mainstay for performance is the interested, conscientious alum working with his classmates.

One observation that each representative soon makes is that there are continuous old faithful contributors — some who contribute only when great effort is made — and some who believe they do not owe their alma mater one red cent. Over the years I've heard all the reasons for not giving.

Like: "The school never did me any favors." "The school wouldn't accept my son for Medical School." "What! Give to a State University — are you kidding? That's what I pay my taxes for", etc., etc. Fortunately, these alums are becoming fewer because each year the number of loyal contributors is increasing.

As of May 16, we had 1,126 men and women giving \$56,400.25 for the year 1972-73. The amount of the gift is important, but not as important as getting ones classmates involved in the habit of annual giving. At present it costs the state over \$8,000 annually per medical student and, it should come to you as no surprise, the cost is still rising. Any graduate who believes he paid for his education on his own has either got to be very naive or uninformed.

I therefore put out this plea:

If a representative needs help or replacement please meet the challenge. Become involved! Your ideas and efforts are needed. The feeling of satisfaction one gains by influencing friends to come to the aid of their school is indeed heart-warming and gratifying.

Try it — you'll like it.

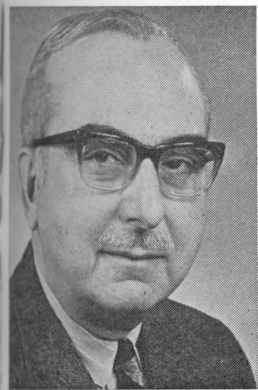
We Need More to Swim Upstream

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

MILWAUKEE — Kurt Vonnegut, Jr., in his current best seller, "Breakfast of Champions", depersonalizes his characters and displays them as interacting machines. These machines exhibit a predetermined biological and physiological response by genetic imprint, and a predicted emotional and social expression inherent to the computer programming. They do what they do because they are what they are.

Feeble attempts at self-generated purpose are thwarted by the intrinsic confines of the mechanism.

Their destiny is self destruction and the people of his book play out their role. They exploit the very essence of their sustenance. They over-reproduce, covering the earth with cement blankets and polluting the air, soil and water to exhaust their own fuel supply while squandering the fuel supply of the analogous inanimate



machines that both serve and dominate them.

Behavior patterns are set in infinite parallel lines so that all persons move as a congealed mass. Deviations are quickly subdued by the aggregate as anti-social. A glimmer of insight is a threat and independent thought a hazard to the order. Fortright action engenders computer dysfunction.

Empathy for the humane emotion is a denial of the diabolic creation, and courage to move out on ones own conviction from the overall plan is an as-

signation of overt insanity. A morbid tale by an author sensitive to the architecture of our society and acutely perceptive of our time.

Indeed, we have been conditioned to the concept of getting along in this world by moving with the mass. To leave the aggregate and swim upstream would create waves and that would never do. Ask your neighbor what he thinks, then agree that it is true. That is how truth is born.

Don't take independent action, but convene a committee which will wire the batteries of analogous machines in series and produce a predictable luminosity that will neither blind nor show the way. Avoid visibility by not being too tall and obscurity by not being too short.

Curtail the energies of the producer and support the idler. That tends to even things up. Of course, love beauty but do not infringe upon the rights of the defiler. Dampen the ardor of the humanitarian so that the bigot may have his day in court. Reform and pardon the criminal — that is progressive — but do not comfort the victim — that is too painful. Serve both God and Ceasar.

To have strong convictions, to be dedicated to a cause, to have a purpose of movement, to have intellectual integrity and above all to have the moral courage to stand and be counted, is sheer insanity in the amalgam of our society. That is the message of the book, and a lesson we would do well to learn.

If we are still a viable social organism and wish to survive with independent thought that leads to evolution of human values we need more of such insanity. We are being programmed into a computerized response and we are beginning to react as well ordered machines. We desperately need insane people to set us free before the circle is finally closed.

Watch Out, Doc, I'm After Your Job!

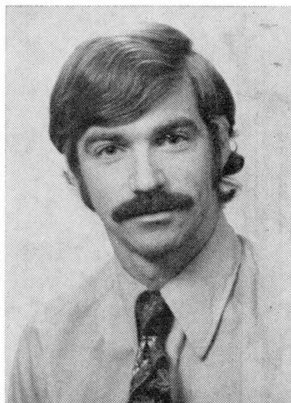
BY JAN R. WEBER
SENIOR CLASS PRESIDENT

MADISON — So smug you are in your quiet little practice, living comfortably in your aloof complacency. Little do you know what has been happening while you have slept. Seething forth from the same soil that nurtured you a silent horde of objectivized, computerized, homogenized young physicians is making its way out into the world. In a matter of a few short years they will be upon you and your supremacy will no longer go unchallenged.

You see, each year the number of new doctors being produced in our nation gets bigger at a rate much greater than the growth rate of the United States' population: new schools are springing up all over the place, existing schools have as much as doubled their class size and virtually two years have been lopped off some training programs.

It's all part of a "plan," you see, to get good medicine out into the sticks and the ghettos. The "plan" says that if you super-saturate the good places to practice, eventually enough docs will spill over into the dives of the country to accommodate the folk that dwell there. Clever, eh? So watch out, we're coming!

"But," you say, "why should we worry? These young charlatans can't possibly be as good as we. They aren't trained as long as we were, don't see as many patients as we did because of the shortage of clinical material caused by the increases in enrollment; in some places they're taught anatomy without ever touching a cadaver, and they can't even do a decent Gram stain!"



No matter. Lack of knowledge and experience will be compensated for by our allies, the physician assistants, nurse clinicians, and clinical pharmacists that are blossoming up along with us. They do the work, anyway. We just sign the orders. One of us and our team could replace maybe a half a dozen of you old guys. Just because you've been practicing good medicine for all these years don't think you're safe because we're on our way with — efficiency!

"Ah ha!" you think. "All I have to do is tell my patients to come back every six months instead of every year, order a few more 'routine' office tests, and start reading my own EKG's, and that will make up for the deficit."

No dice. You see, the Feds are getting their nose into things and so are the friendly local government and even (perish the thought) laymen! So that isn't going to work, either. They're checking up on things like that, setting guidelines and that sort of thing. And if you can't get something simple like a gall bladder out in the prescribed number of days (my Aunt Joyce's only took a week), you're just going to have to pay the bills yourself, Staph aureus or not.

"How could my good old alma mater let something like this happen?" you ask.

The answer is, they aren't letting it happen; they are being forced into it. Here's how it works: people note that they tend to live longer when there are more doctors to treat them when they are ill. Ergo, more doctors are bound to help them live even longer. The politicians of the country (bless their hearts) note that to get into office one of today's criteria

(EDITOR'S NOTE: Senior Class President Jan Weber offers the accompanying hard-hitting article as his first QUARTERLY column. A Manitowoc native, Jan is single and a UW-Madison graduate with a BA in English. In Medical School he has been president of his sophomore, junior and senior classes. He also is an organizer and president of the Medical Students Assn.; secretary of the National Organization of Student Representatives to the Assn. of American Medical Colleges; a board member of the National Intern and Resident Matching Program and on the editorial board of the Journal of Medical Education.)

to promise better health for everyone. And then some of them that get elected even try to fulfill that promise in the only way they know how: make more doctors.

So they say, "Okay, Dean, you can have the money for your new hospital, your new laboratories, your new computer, your research grants; all you have to do is increase your enrollment."

So the medical schools increase their enrollment, and they get their rewards. And the politicians are happy. And the people are happy. Everyone is happy. Except maybe the medical students (Well, sharing a patient isn't all *that* bad).

And that's where you, Doc, enter the picture. Remember a few years ago how there was a teacher shortage? Remember how badly the country needed PhD's in physics after Sputnik went up a while back? Well, the "plan" to make more doctors is just like the "plan" that remedied those situations: *it has no brakes*. In a way, it's like Cushing's Syndrome: too much of a good thing.

Sure, a lot of you will be out of the picture by the time all of this can happen to you, so don't worry about us. But for those of you who are liable to be

caught up in it, I suggest you start writing to one of those organizations with all the initials, like AAMC or AMA, to name just two, and maybe even your favorite politician, and suggest to them that somebody ought to start building a brake sometime soon. Or, as alternatives, you may want to consider joining the pro golf tour, writing science fiction novels, or buying a copy of *Raising Mushrooms for Profit*.

There is yet another way out for you: go back to school to become a physicians' assistant, and then come and work for me in a few years.

Watch out, Doc, I'm after your job!

Address Correct?
If the "Quarterly" and other Wisconsin Medical Alumni mail gets misplaced at the office, why not have it sent to your home? To effect a change, just return the form on this issue's back cover.

Order Dr. Middleton's Book Now

To: Secretary Ralph A. Hawley, Wisconsin Medical Alumni Assn., 767 WARF Building, 610 N. Walnut St., Madison, Wisc. 53706.

Dear Mr. Hawley:

Please reserve _____ copy (ies) of Dr. William S. Middleton's new book, "Values in Modern Medicine". Enclosed is \$_____ (at \$11.50 per copy).

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Active Wisconsinites 'On the Coast'

BY WILLIAM H. OATWAY, JR., M.D., '26
CALIFORNIA CORRESPONDENT

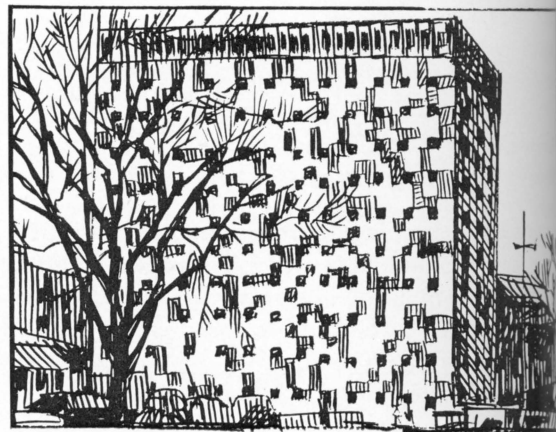
LAGUNA NIGUEL — James Ellison Neller, '39, did it again! He won first prize for sculpture in the 1973 Physicians Art Society Festival exhibit in Los Angeles. This correspondent is especially interested since he set up a portrait head for the first time in years; he has a bronze bust of the late great Dr. Joseph "Uncle Joe" Spragg Evans in the Adams Lecture Room at UW; and has measured Dr. W. S. Middleton for a portrait head in absentia for this winter's modeling.

Measurements and photographs of Dr. Middleton were taken by this correspondent in May when we stopped at Madison during an eastern tour to see old friends and attend the class representatives meeting as an editorial board member. In New York we saw Drs. Frank Maresh, '49, Milwaukee; Wheelan Sutliff, '24, Memphis; Helen Dickie, '37, Madison; had a telephone conversation with Kendall Elsom, '27, of Haverford, Pa.

Everett H. Johnson, '49, has had an exciting and useful medical life. He married UW medical technologist Lillian Olson and after an internship at Emanuel Hospital in Portland, they moved to Turlock where he practices medicine and chest diseases. He was Board certified in internal medicine along the way and took off time in 1965 to set up a TB program for a Lutheran hospital in Liberia. The *Stanford M.D.* bulletin describes



how Merced County was in desperate need of medical care; the town of Livingston had none, until



Stanford and a local board started a health center. Ev Johnson took off three years and became medical director with a faculty title at Stanford. He is about to return to a three-man practice in Turlock. He and his wife have five sons, the eldest starting in medicine at UCLA.

We reached Stuart C. Cullen, '33, at his home in Belvedere. He has retired from active teaching and the practice of anesthesiology at U. Cal. San Francisco. Our Association honored him as Alumnus of the Year in 1969 and Stu is equally proud that "two others of the class of 1933 were similarly honored — Hank Brosin and Harold Rusch."

Milton H. Erickson, '28, Phoenix, Ariz., is in the medical news again. *Uncommon Therapy — The Psychiatric Technique of Milton H. Erickson, M.D.* describes "case studies in a family-life-cycle framework by the "world's leading practitioner of medical hypnosis."

A full-time reporter is still required to keep up with Chauncey "Sarge" Leake, '23, who goes from U. Cal. San Francisco and his beloved Bohemian Club to New York about once a month. He and wife Betty visited Oaxaca and its alert medical school; he gave the Aaron Brown Lecture at Tulane; was convocation speaker at the U. Kentucky; and his first book of a trilogy on practical philosophy, "The Ethics" is out. "The Logics" and "The Esthetics" will soon follow.

A Wisconsin-California-Nevada physician and surgeon is gone. Earl Norton Hillstrom, '43, died in California in February 1973. A native of Medford, Dr. Hillstrom began the practice of surgery in Reno in 1950 after training in San Francisco and Tucson. He served in Korea, returned to Reno where he was chief of staff in two of its hospitals. He later became

medical advisor for Care, Inc., then chief of the agency's Care-Medico program where he traveled extensively until 1971.

Fifteen members of the class of 1963 reside in California and here are notes about some of them: **Mark Gilmore** does GP and emergency room work in the beautiful Mission Bay area of San Diego. **Eugene Juell** is part of a three-man group of internists at San Luis Obispo, lives on a ranch and raises pure bred Arabian horses. **George Becker** practices radiology in Sacramento and **Katherine J. Galos** lives in Panorama City, does pediatrics for a pre-paid health plan and "attends" in pediatrics at L.A. Co-USC Medical Center. **Harvey D. Paley** is assistant professor at UCLA and lives in Beverly Hills. **Bruce Lenartz** is in the private practice of ophthalmology at Escondido.

The Class of 1948 has 10 members in California, seven who have sent news to the class newsletter. **Walter Berger** practices in Justin (south of Los Angeles). Married and the father of four, he has one child in dental school and one in pre-med. He is chief of surgery at his Community Hospital, associate clinical professor at U. Cal.-Irvine, does local and state committee work, plays tennis, does organic gardening and is gung-ho on ecology and conservation. In Berkeley, **James Born** is associate director of the famous Donner Laboratories at U. Cal.-Berkeley. He is married to Dr. Jean and has two children.

Roswell Fine lives in Sacramento, has a wife and seven children between ages 3 and 22. His practice is adult and child psychiatry; he is on the clinical faculty of U. Cal.-Davis; is medical director of a state children's center and consultant at the U.S. Naval Hospital, Oakland. Ros flies his own Cessna, is a creative writer and swing clarinet player.

In Family Practice at Anaheim is **Richard Hefner**. He is interested in medical management and administration as well as in hypnosis. Dick also is a private pilot and enjoys hunting and fishing. **Myrtle (Bernstein) Lebow** has an M.D. husband, lives in Los Angeles and has four children. A child and adult psychiatrist, she is an associate professor at USC and is senior supervisor at the Cedars-Sinai Child Psychiatry Department. The family may move to Israel in 3-4 years.

John Mehnert is in San Diego, is married and does thoracic surgery. **John Toohey** is an internist in group practice in Ventura. One of his activities includes teaching interns and Family Practice residents at Ventura General Hospital.

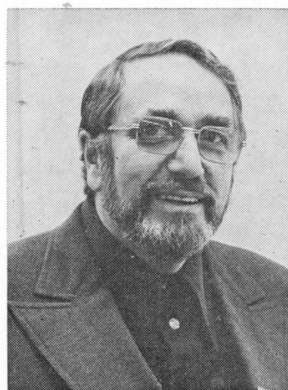
Send Us Your Lame, Your Halt, etc.

BY BERNARD I. LIFSON, M.D., '49
MIDWEST CORRESPONDENT

SKOKIE — Before submitting this paper to a psychiatric journal, I would like to share this scientific discovery with my fellow Wisconsin alumni. As you all undoubtedly know, a neurotic phobic reaction may take 2-3 years of psychotherapy to resolve these deep unconscious conflicts. I should like to present a clinical paper of a 10 DAY CURE OF A DOG PHOBIA.

This phobia was life long, starting in childhood and affecting the patient until recently. In order to respect the confidentiality of the patient, I shall call her Clarice. It is difficult to reveal the patient's age for obvious reasons. The patient is a housewife, has been married 21 years, has five children and again

for obvious reasons I can only state her husband is a professional man. In regards to the marital history, that would require another paper.



Patient gave a history of fear of dogs since childhood. She would run home crying whenever a playful dog ran after her. She could recall never having been bitten by a dog. After

her marriage for some unknown reason her fear of dogs became even more severe.

As each of her four sons was born, it was suggested that they get a dog so the boys could have a pet and would not develop the fears of their mother. The phobia became more intensified. The patient would cry out, "I have enough to do without feed-

ing, taking care of, cleaning after and having to walk a dog.”

Incidentally, it has been my experience that these are the symptoms of many mothers in households which have acquired a dog. For some reason, children and husbands, in spite of their original promises, allow mothers the enjoyment of cleaning up the messes and walking the dog.

After the patient gave birth to a daughter she finally agreed to make an effort at ridding herself of her fear. The family acquired a stray kitten. The hope was that this would desensitize Clarice's fear. She became very attached to the animal, was able to hold it and naturally care for it. However when the idea of obtaining a dog arose, the fear worsened.

Another stray kitten was obtained since it was felt a higher dose of desensitization was necessary. The phobia persisted. In fact, whenever the patient walked uptown she had to be accompanied by her 11 year old son, Bob, or her seven year old daughter, Suzie, for protection. Dogs of friends she visited had to be locked in the basement.

One day she came home to find her daughter sitting on the front steps with a black mutt who had followed her home. Suzie's opening remark to her mother was that the dog was hungry and had no home. The patient's fear increased and she gave an immediate order that no one was to feed the dog for then he would remain.

For 24 hours the dog remained outside the back door waiting for the children. By the second day he was sleeping inside the mudhall. By the third day he became ill. A Vet was called and the diagnosis was the dog had been overfed. It seems that each

member of the family, including Clarice, had been secretly feeding the dog.

By the fourth day an ad was put in the lost and found column, and the police were called to see if anyone had reported a missing dog. By the fifth and sixth day the dog was living in the house, had a collar and a leash and a dog dish. By the seventh, eighth and ninth day the dog was a member of the family.

Then on the 10th day the cure occurred. The patient called the game warden and was told if he



took the dog and no one claimed the animal it would be put to sleep. The phobia resolved itself! The patient insisted the dog would remain. She began treating the animal as one of the family, would brag about it to friends and even got into an argument with a neighbor as to whose dog was better trained. I should describe the dog somewhat so as to give an idea of the kind of animal that cured the case.

Riko is a 10 year old male mutt who has beginning cataracts, asthma, prostate trouble and frequent gastritis. But he is a child-loving, obeying, house-broken (usually), loveable dog. As a follow up I should state that the patient now walks him five or six times a day (remember he has prostatitis), feeds him, cleans the messes (remember he has gastritis) and genuinely cares for him.

Although it may escape you, there is a moral to this case study. Since the patient has responded in such a caring way to this 10 year old museum of pathology we have acquired, it makes me feel more secure in looking forward to my old age.

Why Don't UW Grads Intern in East?

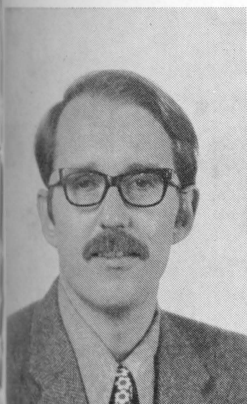
BY WILLIAM C. SUMMERS, M.D., '67
NORTHEASTERN CORRESPONDENT

NEW HAVEN — Each year when I see the new house staff roster at our hospital I eagerly look for Wisconsin alumni who have gone "back east". Each year, too, I am disappointed to discover the rarity of this phenomenon and am moved to speculate on the reasons for this demographic fact. Upon checking with other "Wisconsin watchers" in Boston and Baltimore I find that they, too, report very few recent U.W. grads entering internship positions in these well-regarded centers of medical training.

Now, what might be the reasons for this? First, I suspect that many Midwesterners view the Northeast (as did I, before I had seen the area) as one big crowded, industrial, decaying megalopolis. Second, some may hold the belief that there is a closed Eastern "Establishment", and third, faculty and alumni who advise students may neglect to emphasize the opportunities in New England.

This provincialism, if you will, is nearly as marked among the graduates of the medical schools in the Northeast. There is a clearly recognized "East Coast Shuttle" between Boston, New Haven, New York, Baltimore and Durham. I think an infusion of Midwestern medical graduates would be a healthy addition which would benefit all.

If students were motivated to investigate the training and other opportunities in New England, I would wager that he or she would be pleasantly surprised to find that there are secluded beaches for surfing, alpine mountain terrain for hiking, and clean air for breathing in the Northeast, and all within reach from some good training centers. Well . . . so much for the axe I am currently grinding.



As examples of the exciting activities of Northeast alumni, I have gleaned the following from some of the class newsletters. The rural life on 33 acres in the country is being tried by Richard Albertini, '63, wife Barbara and four progeny. He finished a Ph.D. in medical genetics at Wisconsin in 1972 and is now assistant professor and director of medical oncology at the U. of Vermont Medical School. Nathan A. Cohen, '53, writes that his hobby is building stone walls (an old New England skill that farmer Albertini may be learning). He is director of laboratories at St. Joseph's Hospital Health Center in Syracuse, N. Y. He and his wife Thalia, who is in the real estate business, have four children, two of whom are now in college.

Another interesting activity which is most easily practiced in the Northeast is reported by Harold Been '63, who describes "survival in New York City" as a major endeavor. He and his wife Natalie have a daughter and are expecting another child soon. Dr. Been is in private psychiatric practice and is supervisor of an adolescent psychiatric OPD clinic. I will continue to report on the exciting action in the Northeast in my next column.

Have

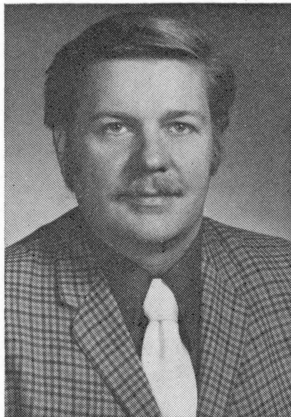
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magazine to you.

Family Practice Residency Memoirs

BY RICHARD D. LARSON, M.D., '70
MEMBER, EDITORIAL BOARD

FORT ATKINSON — Having been one of the first two M.D.'s to complete the Family Practice Residency Program of the University of Wisconsin and now being in practice, I often find myself thinking back over those two years of residency.

The Family Practice Residency Program accepted its first trainees for July of 1971. There were three of us — David Kuter and myself as second year residents (we'd had internships elsewhere) and Ron Harms, first year resident. We were soon joined by George Gay who had elected to spend his senior year of Medical School in Family Practice. We soon handily enlisted his aid in helping with the night and weekend call schedule.



As with many endeavors in their infancy that first year was not without discouragement and frustration — even disappointment. On many days some of us wondered if it was worthwhile to continue. Funds were low, facilities makeshift, the program was disorganized, teaching for that ideology called "Family Practice"

was vague, sparse. Sometimes we felt that some members of other specialties viewed family practice as something less than worthwhile.

Many of the Medical Staff at St. Mary's Hospital Medical Center, generalists and specialists alike, were happy to share their patients and knowledge as teachers and this kept us busy in the hospital.

But we all yearned for experience with outpatients in a true family practice setting. That is, we wanted to see our own patients in the Family Practice Clinic and follow them and learn under the guidance of expert and experienced Family Practice Faculty. Fine. Except we did not have any patients. Many days only one or two patients were seen in our clinic. Thank goodness for the referrals from the Employee Health Service at St. Mary's Hospital!

Nevertheless, it seems there was a spark, a hope, a belief that things would get better. We all "stuck with it" and in many areas there were improvements.

The second year of the program's existence brought 12 or 13 trainees at various levels in the three year program. New faculty were recruited and



teaching and conferences showed improvement in quantity and generally in quality. The third year after initiation of the program shows even more growth to where residents number in the twenties.

Now three clinics operate, probably serving 20 to 60 or more patients a day. The Program is more structured; definite schedules and assignments are developed.

A recent innovation in the program is the arrangement whereby a resident can spend a period of time in the out-reaches of Wisconsin, away from the medical center doing family practice under the guidance of experienced faculty. This is designed to be more than a preceptorship where observation is often the main teaching tool.

Here we will find the resident actually in charge of his own patients and providing their medical care after having learned the basics at the centers. Having been in practice now for two busy months I think this is one of the most important innovations to be developed for residents.

I have found that there is quite a difference in family practice near and around a large medical center as compared to "out here in the woods", so to speak. Here as a family practitioner one is truly on the front lines; consultation just is not readily available in many areas. Therefore, any experience that the trainee can obtain in this area is time well spent for this will help to prepare the resident to practice with confidence in regions having the true shortage of medical manpower.

FROM THE MAILBOX

(EDITOR'S NOTE: Our editorial board at their last meeting voted to reinstitute this section and elicit participation from alumni across the country. Your comments, suggestions . . . letters of all types . . . are invited.)

Oegstgeest, Netherlands

Sir:

As a member of the Wisconsin Medical Alumni Association and a 1968/69 straight surgery intern, the University Hospitals still has a special place in my heart. During my Ob-Gyn residency at University Hospital of Leyden, Netherlands, I was allowed to spend two months as an elective rotation "somewhere else." It did not take long for me to choose the "malignant service" of the Ob-Gyn Department at UWH.

Everybody was very cooperative and so I actually spent the months of April and May 1972 on Dr. Buchler's service. I am still very grateful to everybody who made it possible for me to be in Madison again. The link I feel with the UWH via the Wisconsin Medical Alumni "Quarterly" has been tightened again.

I do hope to be back in Madison once in the future again.

Sincerely yours,
Erik W. K. Tasseron, M.D.
Int. '68-69

Highland Beach, Fla.

To the "Quarterly":

My wife, Alice, and I have been living happily here in Florida for more than a year after my retirement as medical director of the New York Life Insurance Co. in May 1972. Had a happy reunion with Dr. and Mrs. Porter B. Blanchard while they were "wintering" here this year.

Delighted to learn that our great physician teacher and humanitarian, Dr. Wm. S. Middleton, is still active in our Medical School affairs. Bet he can still throw a "mean" persuasion hammer! I am proud to have been one of his pupils.

Sincerely,
Howard L. Hauge, M.D., '32

Madison

Dear Mischa:

I thought the Spring Meeting of the UW Medical Alumni Assn. was the best one I could remember. The past, present and future were all WELL represented. Of course, your "historian" was especially pleased with the talk by Harold Rusch.

It was a great pleasure to greet you, Bill Shanahan, and many others of my former students whom I remember so well. I am happy that you will have in mind a new history of our school about 10 years from now.

Gratefully yours,
Paul F. Clark

Denver

Hello, "Quarterly"!

We will be spending the next four months in Edinburgh, Scotland, at the Royal Infirmary of Edinburgh. I will be in the Regional Poisoning Treatment Center on a special study grant and Carol will be doing angiography in the Department of Radiology. Upon our return I have accepted the position of assistant professor of pediatrics and pharmacology at the University of Colorado Medical Center and director of the poison control and treatment center at Denver General Hospital.

Carol will finish her radiology residency June 20 and will start a pediatric radiology fellowship at Colorado. She'll be working under Dick Wesenberg, who is a 1962 UW alumnus. Before he became an associate professor of radiology here he was at St. Mary's in Madison.

Sincerely,
Barry H. Rumack, M.D., '68
Carol M. Rumack, M.D., '69

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PLEASE COMMUNICATE!!

While over 5,000 Wisconsin medical alumni received a copy of this **Quarterly** in the past few days chances are that about 310 of them didn't receive this issue since they hadn't let the Alumni Office in Madison know about that recent address change. If you've moved in the past few weeks or months and the magazine has followed you, or if you're planning a move shortly, please let us know. **Even if you haven't moved**, is there something new and interesting in your life that you'd like to share with fellow alumni? Send this convenient form or, if you don't want to cut up your copy of the **Quarterly**, just send a letter. The address is: **Wisconsin Medical Alumni Association, 767 WARF Building, 610 N. Walnut Street, Madison, Wisconsin 53706.**

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OLD ADDRESS _____ ZIP _____

DATE OF MOVE _____ ANY NEWS? _____
