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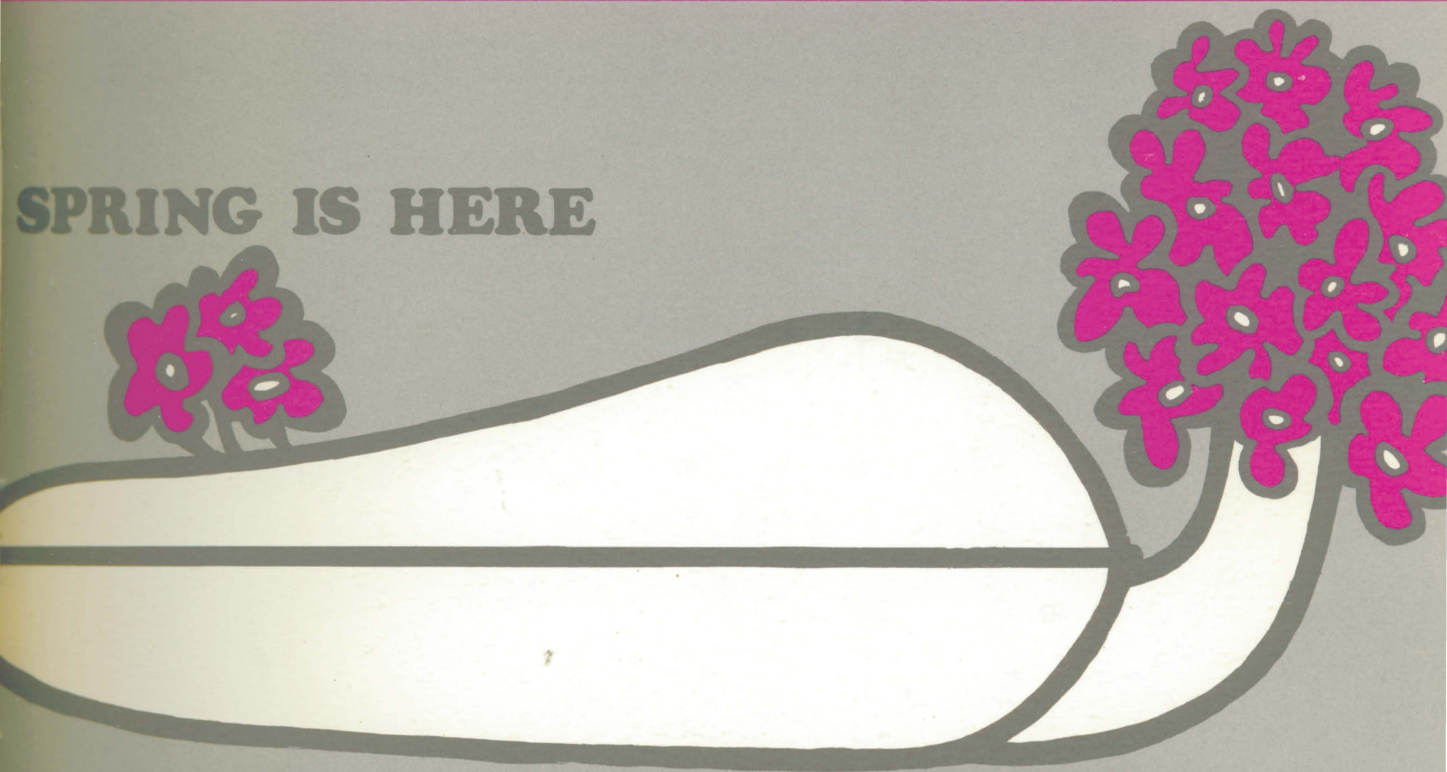
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WISCONSIN MEDICAL ALUMNI

Quarterly

Volume eleven, number two · Spring 1971

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WISCONSIN MEDICAL ALUMNI

QUARTERLY

Vol. XI April 15, 1971 No. 2

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

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About the cover

It's often difficult to come up with a QUARTERLY cover that relates, even if only remotely, to the story or stories inside. For the past eight issues either been lucky or the editor's and artist's matter were working well. This time it was difficult and we had to allow Artist Ann Huddleston the old standby, the season of the year, and let artistic license go into play. We hope the resulting venerable hospital bedpan filled with spring is taken in the humorous vein that was intended doesn't offend anyone.

Progress is Shown in Family Practice Program

By John Renner, M.D.
Director, Family Practice Program
UW Medical School

Over five years ago a combination of pressures from public opinion and physicians in Wisconsin and very patient nagging by Dr. Marc Hansen resulted in a Family Practice Teaching Program at the University of Wisconsin Medical School. This program functioned as a clinical experience through the University Family Health Service (UFHS) headed since Spring 1970 by Dr. Ken Reeb, '63. The UFHS cares for approximately 1,100 families, mostly from the campus area.

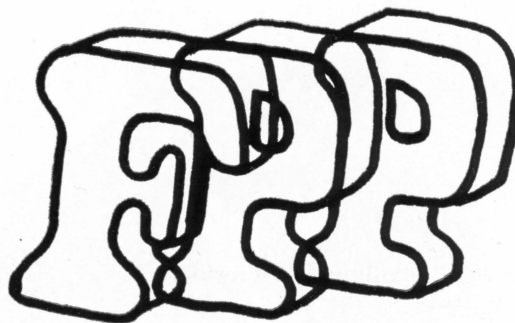
The legislature last year furnished initial funds for a family (general) practice program. In September 1970 this program was formally begun with the arrival of Dr. John Renner from Herdon, Va., to direct it. Dr. William Hein, '54, from Monroe joined as assistant director in February 1971. Considerable interest in the planned family practice residency program has been shown by the students and interns.

Starting in July of this year the program should have four first year residents (interns) and two second year residents. St. Mary's Hospital Medical Center, a private Madison hospital, has been very generous in supporting the program and will serve as the hospital base for the residents. This program in family practice will offer clinical experience as a second pattern of practice organization within the primary care program.

The most unique feature of the residency program will be emphasis on office practice and the contin-

uing care of a group of patients. Less emphasis will be placed upon the traditional service rotation in training.

Our chief problem currently is the same as everyone's in the Medical School . . . lack of funds. This affects us chiefly by preventing expansion in the near



future with adequate facilities for practicing medicine and developing a representative population of patients. A stable population is needed to teach the students and to serve as a source of income to help support the program. We have hopes of a privately financed clinic in Madison's east side to be used as a model practice and teaching base. Future intent includes the possibility of satellite clinics in one or more parts of the state where we can meet a medical

need, and can teach our residents how the practice of medicine must vary with conditions.

First Year is Hospital-based

The exact format planned for residents in the first year is mostly hospital-based with residents caring for patients of the family physicians on his teaching team, following the patients through all necessary consultations.

The resident will spend some time in the physician's office every week to follow patients he has seen in the hospital and some time in the model practice following his own patients. Some additional time will be spent in community activities.

The second year resident will be primarily office based. He will see his own patients under faculty supervision and should need progressively less supervision as the year goes on. He will accompany and observe all patients that he refers for consultations. He will admit his own patients to the hospital and care for them under supervision. He will function as the immediate supervisor of the first year



John Renner, M.D.

residents in the hospital and will also be expected to spend some time in community activities.

The third year will be used primarily to supplement the resident's experience in areas where he and the faculty feel he needs it. Particular consideration will be given to where the resident intends to practice and what he will have to do in that community.

The third year resident should be well practice with a minimum of supervision. The dents may elect to work "in practice" with pa ting physician faculty in various areas of the We are most anxious to have our resident (group) familiar with all areas of the state, as with all the patterns of practice. This should the resident to pick his own area and style of p on the basis of first-hand knowledge and to stand the problems faced by physicians in all

It goes without saying that we intend to tra sicians of the new breed of family practition we also have some other objectives in mind:

Small Group Practice Most Practical

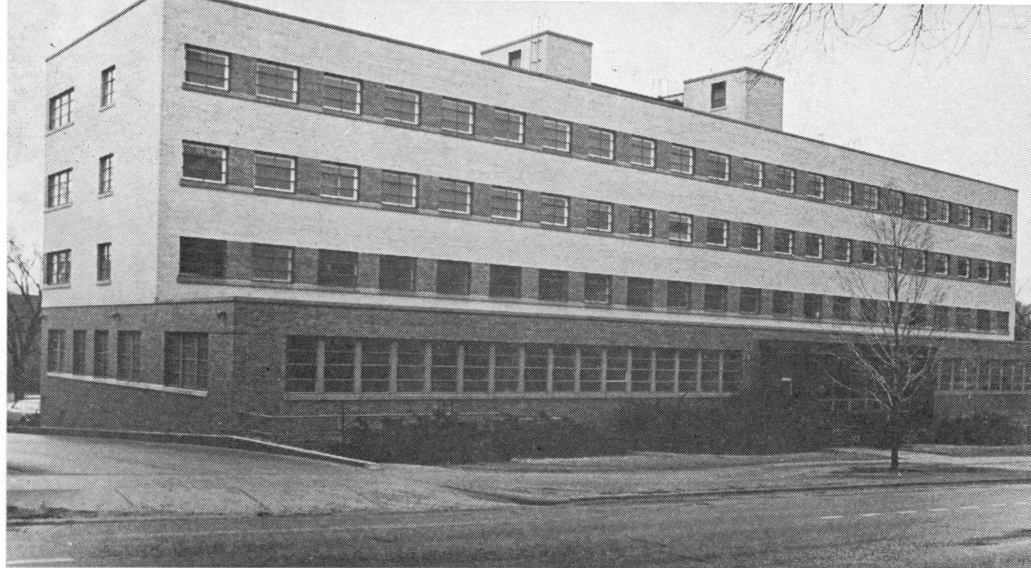
We intend to train them to practice basic small group because we feel this is the most method of meeting medical needs in our area still permitting a pattern of living enjoyable physician and his family. We intend to train physicians in the fundamentals of office set management so they will not be prevented fr cating in communities where they are needed seemingly insurmountable and unfamiliar b problems. The best physician in the world is unless he can deliver his services in a man patients can utilize practically.

This should not imply that we will disc solo practice. When we encounter a physi seems inclined toward solo practice, we will b him as a jewel. We realize that there are alw ing to be areas where the medical needs ca be met by a solo practitioner and that this r an unusual and devoted person.

Last and assuredly not least, we will train o sicians to practice in Wisconsin. We will tr quaint the residents with the very considera vantages of practicing in this state so tha regard other locations as less convenient.

The medical library services offered by th Medical School are as good as they are unhe The post graduate medical education prog excellent and can be improved by a continui gram directed to family practitioners. Teach residents to participate in ongoing educati major program goal.

We are approaching a major change in n record keeping and hope to develop a Wi modification of problem oriented records whi make recording patient care easier and all details of this care to be more accessible. M



This building at 1552 University Avenue, three blocks west of the Center for Health Sciences main complex, houses the University Health Service, the Family Health Service, the Family Practice Program and several clinics.

agreed upon forms could be made available through the medical school to the state's physicians to facilitate these methods, and contribute to education and self assessment.

Need Support of Wisconsin's Physicians

There are many more services contemplated through the family practice program ranging from patient instruction systems to the use of physician's assistants.

The basic plans are in order and we feel that they are practical and give promise of meeting major needs. The real work which is the implementation

of these plans is just starting. This implementation will be difficult as any change is, because of the inherent difficulty with inertia. The fact is that we are dealing with the world's most unpredictable commodity: people. We are trying to ameliorate and survive the inevitable frustrations of bureaucracy and seemingly impossible budget limitations.

To succeed in this program we will need the increasing and continuing support of Wisconsin's physicians for opinions and new ideas. There is scarcely a family practitioner in the state who does not have exceptional knowledge and interest in at least one area of medicine or its delivery, and we must depend on them for help in teaching of this program.

The Family Medicine Program:

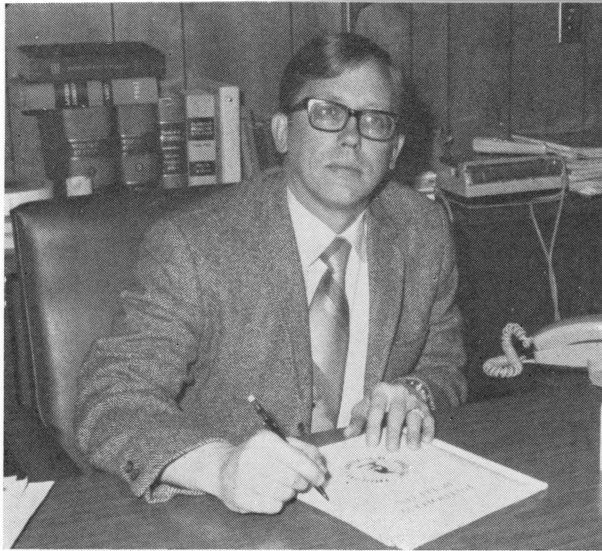
Random Thoughts of a Rural Wisconsin Family Physician

By Martin L. Janssen, M.D., '59
Roche-a-Cri Clinic
Friendship, Wisconsin

Having practiced medicine in a rural Wisconsin setting for slightly over 10 years I have formed some definite feelings concerning the present status and future of rural family medicine. My initial goal at medical school had been the practice of some particular specialty and I had given a great deal of thought to general surgery. I feel extremely fortunate in having come into close contact with a Wis-

consin general practitioner during my senior year in medical school and found to my surprise that a very high quality of medical practice could be performed in a physical situation far removed from a metropolitan area.

The continuing exposure to family medicine and a small town environment prompted me to reconsider residency training and I accepted an invitation to



Martin L. Janssen, M.D.

try general practice for a short time. Since then I have found rural family practice an exciting and rewarding field and I could not think of another area of medicine that could compare in value and community service.

Students are Interested in Family Medicine

However, several years ago it seemed that the future of this kind of medical practice was gravely in doubt. It was becoming obvious that there was an ever decreasing number of physicians in our surrounding area due to normal attrition such as specialty training, health reasons, or often of even greater importance for personal reasons such as finding that the small community failed to fulfill the needs of the physician, his wife and family.

As each physician left a shift of patient population then occurred to the next nearest physician or family practice group, thereby worsening an already overburdened situation.

Martin Janssen grew up in rural northern Wisconsin and in 1952 graduated from high school in Spooner. After a year at Superior State College he transferred to UW in Madison, earned his bachelor's degree and was awarded his M.D. in 1959. After an internship at St. Luke's Methodist Hospital, Cedar Rapids, Iowa, Marty entered into rural family practice in Adams, Wisc., in association with Dr. Arthur R. Weihe. He has continued to enjoy a growing family practice in the Adams-Friendship area of central Wisconsin ever since. He wrote his Family Practice Board this past Feb. 27-28. Dr. Janssen has been a continuing member of the Academy of General Practice and has followed the growing Department of Family Practice at the UW Medical School.

The growing need for family physicians out Wisconsin has become increasingly throughout the media and during discussions with other physicians of both state and national proportion. Following some contact with the Department of Family Practice we invited some medical students to visit our area and spend time with us in an informal way observing a family practice "in action." In addition, we spent much time in very detailed discussions.

Most students expressed an attitude of curiosity and great interest in pursuing a continuing course in family medicine. However, at the time the specialty of family practice had not yet been established and a number of these fledgling physicians felt that specialty training might be necessary in "self defense" to maintain a commensurate status with their fellow graduates.

Further developments then occurred in the Department of Family Medicine at the UW Medical School which found the Department of Family Medicine being established.

With this new specialty on the horizon it became evident that strong interest for taking care of patients and their families in areas where they live was growing rapidly. At the present time it would appear that family medicine might become the most popular specialty of all if graduates of this program could be distributed throughout Wisconsin on the highest possible level following the end of their residency program.

Single Physician Coverage Not Practical

With the hope that rural Wisconsin medicine would benefit from the training of family physicians we would offer the following observations that we hope will help make the Wisconsin rural physician realize the need for increasingly large numbers over the next few years.

1— I believe that it is not practical to provide single physician coverage in small communities without adequate facilities. The physician at the present time needs laboratory services and hospital facilities in order to provide adequate patient care within his community. Therefore, I believe that small physician groups (probably no smaller than three physicians) will be the continuing structure in Wisconsin at the most basic level. Generally this will provide physician coverage rather apart than 25 miles. These groups should be encouraged and preserved.

2— The training of family practitioners must occur during part of their training programs

these rural community groups. I have found from personal experience that the stimulation of teaching increases my own proficiency and I would believe that this would be generally true of physician groups throughout the state. Rural physicians have a vast amount of practical knowledge that would complement the theoretical knowledge gained at the teaching center. Therefore, a residency rotation program to these small physician groups during the course of training would expose students to the type of medicine that is practiced in small communities and would give some basis upon which to judge their attitude toward location in these areas after the end of their training program.

Secondly, the establishment of "satellite" training programs would provide increased medical man-

medical group would serve as an impetus to keep everyone "on their toes" and bring some of the excitement of current medical developments to the small community area. I also believe that continuing coordination between the medical school and these satellite training programs could be established so that the value of training in these programs could be maintained and would continually increase.

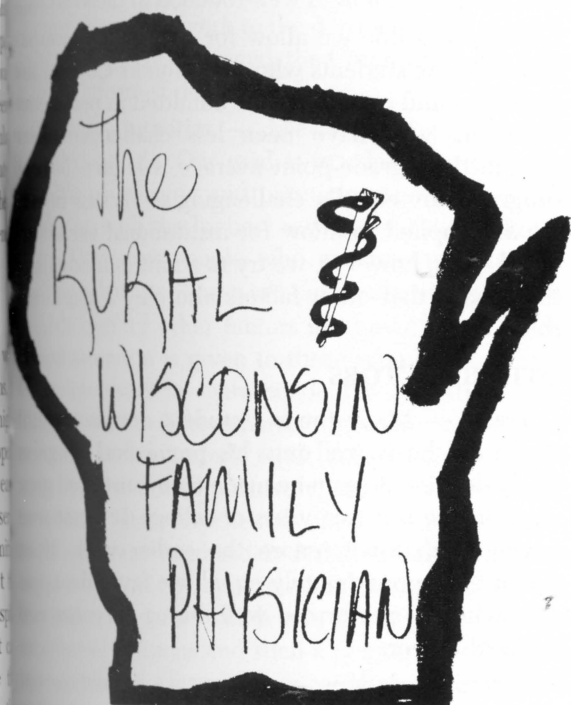
Make Choice Before Senior Year

Furthermore, I would hope that medical students could have the opportunity to visit many small family practice groups at the time in their training when they remain somewhat flexible as to future goals. My own past experience is that this should occur no later than the junior year of medical school. I'm sure that if approached, many Wisconsin physicians would open their doors to interested medical students to give them an insight into what family medicine might offer them as individuals.

This probably boils down to a generally increased rapport between the medical school and family physicians throughout the state and in the long run, better public relations as well.

In summary, I am convinced that the people of Wisconsin want and need physicians who can provide enlightened primary care at its highest level relatively close to home. I believe that the only hope of continuing to have this need fulfilled lies between close cooperation of the family practitioners throughout the state and the medical school.

I feel there are many physicians like myself who stand ready and willing to provide their particular part in helping the family physician training program if they were only aware of how this could be done. The end result should be a realization of our common goal . . . a constantly growing improvement in the health care of all Wisconsin citizens, no matter where they live.



power which would help serve citizens of outlying communities to a greater advantage than at the present time.

Next, I feel that the quality of rural care throughout the state would appreciably improve since the stimulus of a recent graduate in the midst of any

A Look at the Medical School Applicants for Fall of 1975

By James C. Pettersen, Ph.D.
Assistant Dean for Student Affairs
Associate Professor, Dept. of Anatomy

The Admissions Committee's seven members are presently completing the roster for next fall's freshman class. The recent trend of increased numbers of well-qualified applicants is continuing and it is clear that many good candidates will not be able to gain admission. Because of the national shortage of health manpower this is unfortunate. All avenues are presently being explored to expand next fall's entering class but if federal and state support is not forthcoming, no expansion will be possible.

This year Wisconsin joined AMCAS (American Medical College Admission Service), a computer-assisted system administered by the AAMC that permits an applicant to apply to several schools via one application. There are 56 participating schools and the average applicant this year applied to six. Membership in this service is in part responsible for the increased numbers of nonresident applications to Wisconsin. This year, 1,003 nonresidents applied versus 479 last year. Resident applications this year were 443, versus 368 for last year.

WHO IS SELECTED?

The Admissions Committee believes that its responsibility is to select those individuals who are best prepared to handle the rigors of medical school. This means we pay particular attention to undergraduate performance in the science courses, the best single barometer of success in medical school. Admissions would be a simple task if this were the only criterion, but, in fact, it is not. The present demand for health manpower requires that we consider very carefully each applicant's potential for completing the program. Our goal each year is to select a group which will have an attrition rate of zero. Our success in recent years is approaching this goal but attrition rates will always be a fact of life.

In addition to undergraduate science preparation we consider the applicant's overall performance. We are not concerned with the undergraduate major as long as science prerequisites have been completed. One majoring in the humanities with the minimum number of science prerequisites, however, will be expected to perform creditably in the premedical program. Straight A work in another field would only partially compensate for poor work in the sciences. Graduate work in chemistry, physics and zoology has predictive value and it is easier to assess an applicant's potential if he is well-rounded in these areas.

When possible we allow for difficulty of course work taken. Those students who take Honors Courses are identified and commonly are admitted in preference to others who have been less challenged. Honors programs are equally challenging so various allowances are applied to allow for institutional variations. In all cases, however, we try to admit individuals on their merits; this means that other factors also play a significant role.

OTHER FACTORS

Trend — Many times a student does not "burn out" until he is well into his premedical program. Early deficiencies can be made up by sustained hard work in the last two years of college. It is not fair, however, that we ignore the earlier work record. If things are approximately equal, we favor the applicant who has performed well during his entire premedical career.

Recommendations — These are important and are rated numerically on a scale by the Admissions Committee. Most useful are ones from professors who can evaluate the applicant's abilities in the sciences as well as his overall seriousness, adaptability, and integrity. It is advisable for the applicant to get a wide spectrum of people who can speak to various facets of his character. We require a minimum of three recommendations, being optimal.

All letters of recommendation are considered relevant and should they contain questionable information, the Committee seeks to clarify the situation by arranging a personal interview with the applicant, or by contacting the referee. It is in the applicant's best interests to obtain the best possible recommendations, and we assume that he has done this. In some instances references play the crucial role in our decision.

Letters from physicians, alumni, public officials and others can be useful but we must respect the greater predictive value of those references from people directly connected with the applicant's academic performance.

Essay — The new admissions form provides space for personal comments. An essay is no longer required and is no longer evaluated. The prudent applicant, however, will use the space for personal comments to explain any unusual circumstances in his application. Often there is a reasonable explanation for deviation in program, loss of time, poor performance during a given year, etc. If unexplained, these factors may work to the detriment of the applicant. If properly explained, the Committee can make a more informed decision.

Outside Activities — Medicine needs well-rounded people. Our goal is to admit those people capable of learning and practicing sound, scientific medicine with the highest regard for the whole patient. We want people who are humanitarians as well as scientists. These are not conflicting qualities.

Although all other factors are never equal, additional attention is given to those who have actively been involved in extra-curricular activities. Athletics, student government, innercore work, part time jobs such as orderly work, constructive political activity, etc., are all positively considered. It would be unfair to state how heavily they are used, because each applicant is considered individually. In some cases it is perfectly apparent that an individual has intellectual reserve which was not tapped because of other obligations and such a person devoting full time to a medical curriculum could comprise a good risk.

MCAT — The Medical College Admission Test must be taken by all applicants and the science and quantitative categories correlate best with success in medical school. Results of this test however, are not as predictive as the performance in the science prerequisites. Only rarely does a poor MCAT alone eliminate a candidate from contention. Quite fre-



*James C.
Pettersen, Ph.D.*

quently, however, a good MCAT may swing the balance if an applicant's course work is acceptable but not outstanding.

OPERATION OF THE ADMISSIONS COMMITTEE

Applicants in general do not understand the mechanisms our Admission Committee uses to make decisions. All applications must be acknowledged and for each there must be a final decision to either admit or reject. The operation at Wisconsin generally begins in early October and ends in April.

The Committee meets each week during this span. Each member reviews about 10 applications prior to a meeting and presents the salient facts about each applicant plus his recommendations to the other members. The Committee by majority vote makes each decision. An applicant may be accepted, rejected, or deferred.

An accepted applicant in October must be highly qualified. Applicants who appear qualified but who may not meet the competition of the total pool are deferred for later consideration. The process is somewhat customized in that the reasons for deferral may be various. The applicant may be deferred for first semester grades if a large segment of his prerequisites are uncompleted. He may be deferred for an interview if the Committee has questions not answered in the application. All early rejections of residents imply that the applicant is not qualified.

When all applications have been processed the deferred applicants are reconsidered. Remaining po-

sitions are filled with the strongest applicants from this pool. An alternate list is compiled from the remainder of the deferred list and rated in decreasing order of acceptability. As accepted candidates withdraw the alternates are offered positions. This process occurs up to the time fall classes begin.

Last year 13 alternates entered the medical class, the last one two weeks after classes began. He was number 21 on the list.

Doctors David Graham and Robert Coye made major contributions to the admissions process during their service to this Committee. The present committee is continuing the thoughtful, systematic approach which characterized past committees but there are some problems perhaps best classified as dilemmas. More available places would alleviate some of these.

Non resident applicants — We must grant preference to Wisconsin residents. Assuming that we have enough qualified resident applicants, which is presently the case, we can admit only six nonresi-

dents (5% of class). There is no general School policy on whom to admit from out of state. At present we are cooperating with Dr. Henry by giving special consideration to M.D.-Ph.D. candidates who qualify for the Medical Scientist Training Program. This support is essential for maintaining the high calibre of this program.

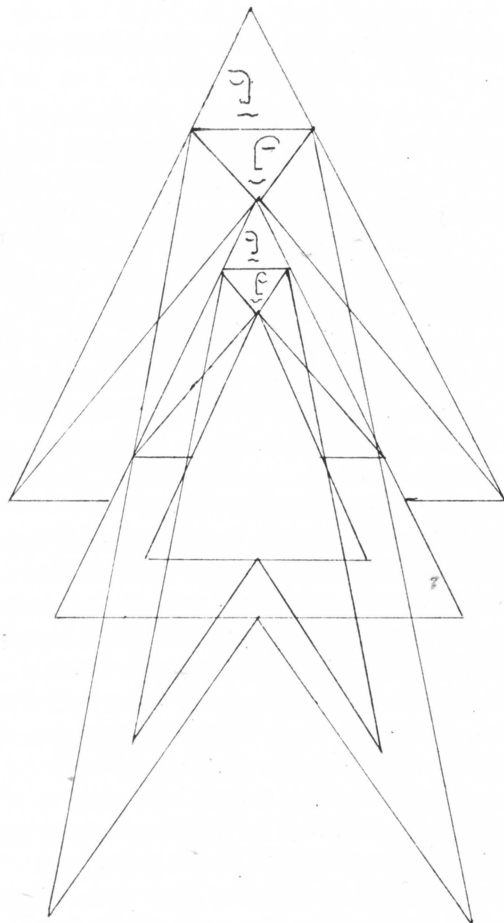
Special consideration is given to qualified nonresident applicants for the remaining positions and this is a difficult situation because many Wisconsin residents practicing in other states have sons or daughters who desire admission to Wisconsin. There were 12 this year plus many others whose parents attend Wisconsin as undergraduates. It is difficult to deal with this dilemma.

We also have several hundred others well qualified nonresident applicants we must reject because of residency status. This is a lesser problem because that most of them may not prefer Wisconsin.

Special Students — Efforts are underway to evaluate the qualifications of a number of nonresident students. Hopefully, we will be able to do more in providing an opportunity to study medicine for qualified applicants in this category. Space is a crucial problem because it is difficult to develop special programs when the faculty and space are already heavily committed to educating the present number of full time medical students.

Advanced Standing — Increasing numbers of Ph.D's and graduate students are applying for admission. This trend reflects the job market and the increasing consciousness of the health manpower shortage. Some of these have been admitted into next year's sophomore class; others are being considered for the freshman class.

Summary — This has been an interesting year in the Admissions Office. It has been an easy task to assemble an outstanding class but a frustrating one for counseling those for whom we could not find available places. The Committee of Dr. Robert Benjamin, Neurophysiology; Dr. William Kiehl, Obstetrics; Dr. Quillian Murphy, Physiology; Dr. Cornelius Hopper, Neurology; Dr. Donald H. Medicine; and Dr. John Renner, Family Practice deserve special thanks for sharing the load with me. Dr. Benjamin, who shared the administrative load with me, deserves special recognition.



ALUMNI NEWS



William H. Oatway, Jr., M.D.

Dr. Oatway is Alumni Citation Recipient

One should not criticize until he has walked a spell in the other fellow's moccasins, according to the old Midwestern saying. And while this may not apply to the patient and his physician, our 14th Alumni Citation recipient several times was a victim of the disease he has fought his entire career.

William Hanlon Oatway, Jr., M.D., is in the process of retiring from chest disease work and the medical directorship at La Vina Hospital in Altadena, Calif., a suburb of Los Angeles. But he will continue his writing, consulting and modeling in clay in a southwest shore area of California.

Dr. Oatway had his own problems with tuberculosis and lost a year in medical school because of pleural effusion. He went to Trudeau Sanitorium after medical graduation, again to Saranac for five years of rest and research while working in Boston under Drs. George Minot and Claude Forkner. Bill Oatway also had to leave Tucson for Los Angeles and a chest operation with another loss of over three years before chemotherapy came to the rescue.

From these experiences alone Bill Oatway should know something about chest diseases!

A native of Wisconsin, Dr. Oatway was born 68 years ago in Lake Mills and later lived in Waukesha and Madison. While he came from a medical family, Bill Oatway says he didn't actually plan to be a doctor . . . not until he was six years old, that is!

He spent two years at Carroll College in Waukesha and matriculated to Wisconsin, where he received his B.S. in 1924. After two years at the UW Medical School and because of a lack of clinical space at Wisconsin in those days transferred to the University of Pennsylvania, where he received his M.D. in 1928. While he wanted to be a surgeon, this chance was lost when he was laid up with tuberculosis a second time.

This led Dr. Oatway into chest disease work, teaching, research, writing, medical societies and institutional development. His writing was developed while he was bedfast and this has led to the publishing of more than 75 papers and 800 columns, editorials and abstracts. He has been associate editor of a state medical journal (Arizona) and has edited several manuals and technical works. We also value Bill Oatway as Contributing Editor and a columnist for our Wisconsin Medical Alumni QUARTERLY over the years.

Dr. Oatway interned at Trudeau Sanitorium in 1929 and came back to Madison for his residency in medicine.

His teaching positions included an instructorship in pathology at Wisconsin in 1924-25, hematology at Harvard for two years, fellowships at Trudeau and at Barlow Sanitorium. He joined the Department of Medicine at Wisconsin in 1935 and founded the TB service at the old Wisconsin General Hospital and Morningside Sanitorium. He left Wisconsin an associate professor of medicine for Tucson in 1943.

After three years at the Comstock Children's Home, Dr. Oatway was at Barlow for three years and in 1950 joined LaVina Sanitorium and Hospital, where he has been ever since.

Dr. Oatway is best known in California for helping to change LaVina Sanitorium for tuberculosis to an

85-bed hospital for respiratory diseases with a teaching staff and intensive care unit.

The research interests of Bill Oatway have included such diverse subjects as the tongue, heart, post-surgical care, chemotherapy, chemoprophylaxis, modes of care for pulmonary insufficiency and the use of BCG vaccination. He was founder of several state Trudeau societies and performed extensive association work in Wisconsin, Arizona and California. A past president of the California Sanitarium Assn., Dr. Oatway is a member of the American Thoracic Society, the National TB Assn. and the local, state and American Medical Assns. He is certified by the American Board of Internal Medicine.

Dr. Oatway is married to the former Louise E. McCulloch and the couple has one son who currently is a Naval officer in Viet Nam.

These are the items that appear in "Who's Who" and other summaries but probably are not the parts of life which Bill Oatway has enjoyed the most. He says that he has most cherished contact with those now gone and with numerous clinicians and friends in California and the United States.

This includes Wisconsin where Bill Oatway has strong ties and fond memories. He will renew these when he returns in May to accept his alma mater's 1971 Medical Alumni Citation.

He joins the following other recipients: Drs. K. K. Chen, '27, in 1970; Stuart C. Cullen, '33, in 1969; Fred J. Hodges, '17, and Paul C. Hodges, '19, in 1968; Elmer I. Severinghaus, '21, in 1967; Frederick W. Madison, '24, in 1966; Robin C. Buerke, '17, in 1965; Roy Hertz, '39, in 1964; John L. Parks, '34, in 1963; Henry W. Brosin, '33, in 1962; Milton J. Senn, '27, in 1961; Richard W. TeLinde, '20, in 1960 and Leland S. McKittrick, '18, in 1959.

Emeritus Faculty Award to Dr. Masten

A former professor of neuropsychiatry who left the UW Medical almost 17 years ago, but who is long remembered by her former students will return to Madison on May 21 to receive the Emeritus Faculty Award.

Dr. Mable G. Masten, who now lives in Palm Beach, Fla., will receive the 12th Emeritus Faculty



Mabel G. Masten, M.D.

Award at Medical Alumni Day ceremonies. In her early 70s, Dr. Masten was on the UW Medical faculty for 27 years before leaving for Florida because of illness in the family. At that time in she joined the Veterans Administration in Miami.

Since joining the faculty in 1927 during the active period of the clinical years at Wisconsin Masten was a constant source of strength. According to Emeritus Dean William S. Middleton, she was the wheelhorse who regularly carried more than her share of the clinical burden in neuropsychiatry. In addition, she was elected chairman of neuropsychiatry in 1948, a post she held for several terms.

Dr. Masten received her B.S. from the University of Chicago in 1921. After serving a year as a sanitary bacteriologist with the U.S. Public Health Service, she entered the Rush Medical College and was awarded her M.D. there in 1926. She came to Wisconsin General Hospital as an intern and also served her residency there.

In 1927 she joined the UW faculty as an instructor in neuropsychiatry, was promoted to assistant professor in 1930, to associate professor in 1937 and named a full professor in 1950. She left the faculty

on May 31, 1954, and moved to Florida, where she has resided ever since.

The Emeritus Faculty Award previously has been presented to Dr. Harland Mossman in 1970; Dr. Frank L. Weston, 1969; Dr. Robert E. Burns, 1968; Dr. Hans H. Reese, 1967; Dr. Frederick D. Geist, 1966; Dr. H. Kent Tenney, Jr., 1965; Dr. William D. Stovall, 1964; Dr. Harold Bradley, 1963; Dr. William S. Middleton, 1962; Dr. Paul F. Clark, 1961; and Dr. Walter E. Sullivan in 1960.

Medical Alumni Day Plans Progress

Wisconsin Medical Alumni attending the 16th annual Alumni Day on May 21 will partake of a new addition to the traditional program, the opportunity to attend a variety of specialty clinics. From 9-9:50 a.m. alumni will be able to select the specialty area of their interest and discuss cases with UW faculty members in that specialty.

Prior to this, registration and the traditional pastry and coffee will begin the Friday program. President Robert F. Schilling will begin the formal program at 10 a.m. by welcoming fellow alumni after which Dean Peter L. Eichman will deliver his "State of the School" message. A scientific paper by a faculty member will then be presented.

An address on the treatment of respiratory diseases will be delivered by 1971 Alumni Citation recipient William H. Oatway, Jr., M.D., '26, of Altadena, Calif. A business meeting and election of a president-elect and two directors will follow Dr. Oatway's presentation and conclude the morning session.

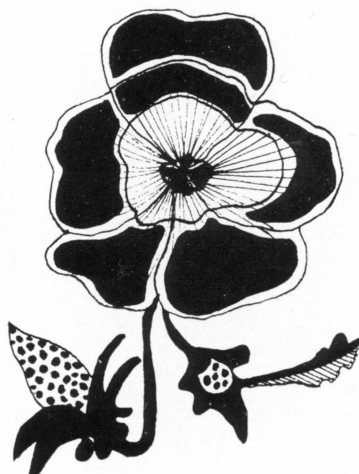
Alumni and their spouses will be welcomed at the modern Wisconsin Center on the UW campus' east side for an excellent luncheon. The afternoon program will be of interest to both the alumnus and his or her spouse and will include audience participation. Subjects will be selected from either the skyrocketing cost of malpractice insurance or environmental problems such as food processing or pollution.

Cocktails at 6 p.m. will begin the evening festivities at the Park Motor Inn on Madison's Capitol

Square. The program will include dinner at 7:30 p.m. with special seating for returning classes whose years end in "1" and "6". Most of these same classes have planned get-togethers before or after the Friday night banquet.

UW Madison Chancellor Edwin Young will present the 1971 Alumni Citation to Dr. William Oatway and Dr. Mabel G. Masten will receive the Emeritus Faculty Award. New president John R. Petersen, '54, will be installed and outstanding visual entertainment is promised.

Class representatives will meet with President Schilling and Dean Eichman on Thursday, May 20, as will the Alumni Association's Board of Directors. All class representatives are urged to attend this session.



Regents Accept Alumnus' Bequest

A memorial bequest from the estate of the late Dr. Jerome A. Pizer, '52, Milwaukee, was accepted by the UW Board of Regents at their Feb. 12 meeting. Dr. Pizer allotted 5% of the residue of his estate trust free to the Medical School.

A South Milwaukee obstetrician, Dr. Pizer and his wife were killed in a private plane crash near Wausau on Nov. 18, 1970, with another Milwaukee physician and his wife.



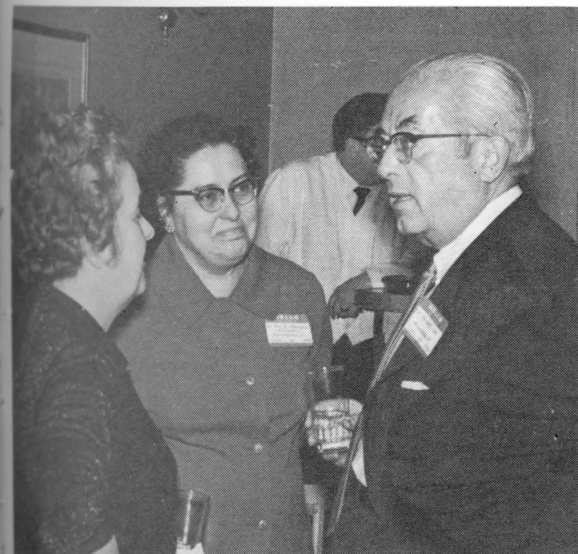
Winter Meeting In Milwaukee

The evening's program content and format allowed plenty of chance for personal comments like this from the audience.

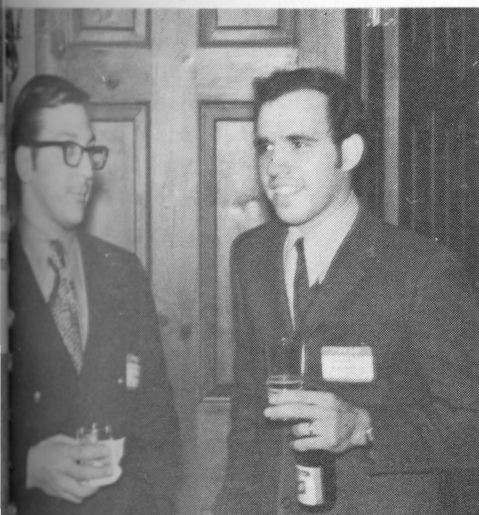


Over 60 Milwaukee area alumni, spouses and guests filled the library of the University Club Feb. 5 for the Association's winter meeting. There was much informal discussion between alumni and students (left) and between classmates and colleagues (bottom right) at a pleasant social hour before dinner (above). One alumnus from Central Wisconsin braved 150 miles of snow-blown roads to the dinner.





(Above) Madison, Oconomowoc and Milwaukee in the person of (left) Dr. Helen Dickie, '37, Dr. Ann Henschel, '45, and Dr. Howard Lee, '30, meet at the social hour. (Above right): Prof. William Fey and President Robert Schilling (foreground) enjoy dessert and discussion at the head table while Pathology Chairman Henry Pitot talks with a partly hidden Dean Eichman.



The above photo and three at the right are examples of the discussion and good fellowship between alumni and their guests at the social hour.



After dinner program speakers included Dean Peter L. Eichman, President Robert F. Schilling, Dr. Henry C. Pitot of pathology and Dr. William F. Fey of psychiatry.



Eight Classes Hold May 21 Reunions

Several of the eight Wisconsin Medical classes are well along with their reunion plans for Alumni Day, May 21. Those classes whose years end in "1" or "6" and who have divulged plans before our Spring issue deadline include:

CLASS OF 1931 — Members have received a questionnaire concerning their reunion desires from Class Representative Alice D. Watts, Oregon, Wisc.

CLASS OF 1936 — Marvin H. Steen of Oshkosh is class representative and he isn't ready to divulge plans as yet.

CLASS OF 1941 — Grace Kammer of Muncie, Ind., is the class representative. Plans include a reunion dinner Thursday evening, May 20, at the Park Motor Inn, Madison.

CLASS OF 1946 — Headquarters will be the Midway Motor Lodge, 3710 E. Washington Ave., according to William Russell, Sun Prairie, the class representative. A hospitality room will be open from early Thursday afternoon, May 20. Set ups will be provided for their 25th anniversary reunion. George Benish and Leigh Keller are assisting in the plans.

CLASS OF 1951 — Headquarters is the Ivy Inn Motel, 2355 University Ave. Dr. Williams S. Middleton will speak at the class' dinner Thursday night, May 20. There possibly will be post-graduate sessions Thursday afternoon and Saturday morning, according to Class Representatives Bob Samp and Don Schuster of Madison.

CLASS OF 1956 — Class Representative Bob Schmidt of Elm Grove, assisted by committee members Bob Goldberger and George Steinmetz, have sent out a letter and questionnaire. No definite plans yet.

CLASS OF 1961 — Kenneth H. Oberheu, class representative in Dayton, Ohio, and a committee of four are formulating plans that include cocktails and dinner at Frenchy's Supper Club in Middleton, Thursday evening, May 20, beginning at 7:30. Planners include Mel Cunningham, Chuck Neuhouser, Don Shelp and Bernie Stein.

CLASS OF 1966 — A letter has been sent all members by Class Representative Glenn L. Whitecotten, Cleveland, Ohio. There will be a cocktail hour at the Park Motor Inn preceding the banquet on Friday, May 21.

Buesseler Forming New Med School

By Edward J. Lefeber, M.D.
Texas Correspondent

Recruiting faculty, preparing a master plan for accreditation and federal funding and negotiating teaching hospital agreements with community hospitals in Lubbock and West Texas . . . these are the current tasks of John A. Buessler, M.D., vice president for health affairs and dean of the Texas Tech University School of Medicine.

And if adequate funding is obtained the new school will admit classes of freshmen and sophomores into temporary facilities in the fall of 1970 and plans full enrollment of 200 freshmen in the newly constructed medical school in the fall of 1971. Dean Buessler described the educational ideas of the new school in a recent issue of Texas Tech alumni magazine.

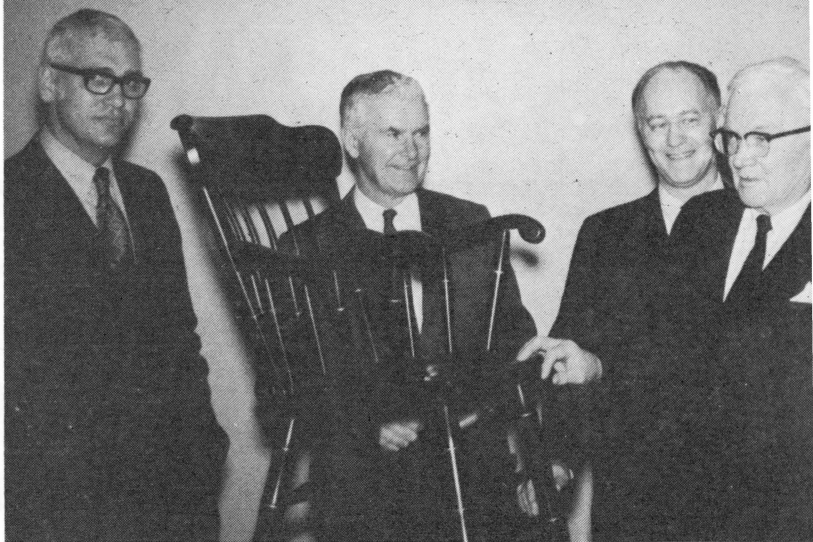
A flexible curriculum will allow students to proceed from high school graduation to medical school graduation in six years without a reduction in educational quality. This will be accomplished through a departure from rigid undergraduate pre-medical course requirements and the curriculum will facilitate the medical educational integration of students with a wide variety of pre-baccalaureate courses.

Thus the student with a history undergraduate major, for example, can enter medical school through the appropriate use of electives and required course work be graduated as a physician with the same core of competence and skills required of all other graduates.

The flexible curriculum also will allow students who desire additional baccalaureate or graduate degrees to do so within the usual medical education time frame. Emphasis will be placed on producing doctors of medicine with required skills to become competent family physicians.

Tutorial teams of three or four faculty physicians and 12-16 medical students will be used. The group tutorial teams allow the individual student to identify with his own team throughout his medical school years and enable him to receive continuous personal attention and guidance in shaping his educational process to his individual needs and capabilities.

Dr. Peter A. H. Midelfort (right) admired his new University of Wisconsin chair, a remembrance of receiving the Max Fox Preceptor Award Jan. 11 before a joint medical staff meeting at Luther Hospital in Eau Claire. Dr. Midelfort was a preceptor for over 20 years. Shown with him are (L to R): Dr. Ronald Griffith, head preceptor for the Eau Claire area; UW Medical President Dr. Robert F. Schilling and Dean Peter L. Eichman.



Winter Board Meeting Highlights

Candidates for the 1971 Medical Alumni Citation were named, tentative plans for Alumni Day made and other actions discussed at the Association's February 5 Board meeting in Milwaukee.

Two Alumni Citation candidates were voted, including a principal (see other story in this issue) and an alternate if the principal cannot attend the May 21 Alumni Day banquet. Nominations will be presented to the medical faculty at the February meeting.

Agreement was recorded for the following components of Alumni Day on Friday, May 21: A variety of specialty clinics will be conducted from 9-9:50 a.m. and will provide several options to alumni. The organized program will begin at 10 a.m. in S.M.I. Auditorium with the Dean's state of the school message, followed by a scientific presentation by a faculty member. The Medical Alumni Recipient will give the morning's final address, which will be followed by a business meeting and election of officers.

A panel discussion with audience participation will highlight the afternoon session. Alumni spouses and family would be invited to this program on either the skyrocketing cost of malpractice insurance or environmental problems such as food processing and pollution.

Dr. Howard Lee, '30, of Milwaukee, a nationally recognized and prize-winning photographer of wildlife, will be asked to provide the entertainment at the evening banquet.

Both the number of contributors and total receipts in the Annual Giving Program are ahead of last year. As of Feb. 4, 356 contributors have given \$22,868.56, compared with 279 contributors and \$16,823 last year at this time. Dr. Helen Dickie expressed keen

disappointment at the modest size of contributions from alumni who should be in a position to make substantial contributions and that \$10 and \$15 gifts from alumni who have graduated 30-40 years ago are less than satisfactory. Dean Eichman said any alumni contribution should be encouraged, that in time the giving level will be upgraded. Each year the number of \$100 or over gifts has markedly increased.

Executive Secretary Ralph Hawley reported that \$13,420 in regular dues payments has been received and returns from a second billing are coming in well. The life membership option has been chosen by 239 alumni and \$23,995 has been invested in treasury bills with a matured value of \$25,000. The U.W. Foundation has been contacted at the request of the Board and will be happy to cooperate in handling investment of the life membership funds.

The Foundation currently manages a \$3.5 million combined trust fund. Medical alumni funds can be added with no loss of control over use of income and our cost will only be a pro-rated share of the professional investment counsel's fee.

Parents of graduating seniors will receive a promotional letter from the association president suggesting that Dr. Clark's history of the Medical Center and Aaron Bohrod's painting might be excellent graduation gifts. It also was suggested that parents might like to subscribe to the QUARTERLY for a modest sum so that they can continue to follow the affairs at their offspring's school.

Because of a conflict with religious holidays the next board meeting was rescheduled to Friday, April 23, and a new idea tried. If a suitable meeting room can be found, the session will be held midway between Milwaukee and Madison to reduce travel time.

Because of the hour, several other items were briefly noted and deferred to the next meeting.

MEDICAL SCHOOL NEWS

Modern Health Care For the UW Student

By J. D. Kabler, M.D.
Professor of Medicine and Director,
University Health Service

"Student Health" isn't like it used to be. It also has changed its location, staffing and function as compared to the old facility which most alumni remember.

Even the name has changed; in 1965 its official name became the University Health Service (UHS). The Health Service has grown and enlarged its capabilities in the past three years in response to an increased enrollment (nearly double that of 1960), a greater role in professional education, changed disease patterns and an obligation to cope with broadened community health needs.

By 1968 the number of patient visits to the UHS Out-Patient Clinic had grown to more than 64,000 a year, a volume clearly beyond the capacities of the Infirmary I site. Space limitations precluded any expansion of nursing and medical facilities and the only hallway was congested with traffic from the Hospital to the new Middleton Library.

When a building at 1552 University Avenue — where Breese Terrace joins University Avenue — became available to the Medical Center, Dean Eichman authorized a move by UHS. Moderate remodeling converted the former psychiatric in-patient building into a modern, attractive, uncrowded clinic with its own laboratory, radiographic, clerical and medical record facilities.

The largest program within UHS continues to be direct medical care for the ailing student. Minor trauma, respiratory illness and gastrointestinal disorders are common problems, but in a patient population of 35,000 persons all health problems found in any Wisconsin city of comparable size are encountered. Among such problems are psychoses, juvenile diabetes, ulcerative colitis, hepatitis, venereal dis-

ease, and intestinal ulceration, hemorrhage and asites.

The campus community is a cosmopolitan with nearly 2,500 students from foreign countries. These students bring with them the health problems common to their homeland but unusual in Wisconsin. The same is true of students returning from Peace Corps, military service or other sojourns around the world. In the past two years UHS physicians have diagnosed and treated malaria, typhoid fever, tuberculous cervical adenitis, schistosomiasis, unusual intestinal parasitism and even one person's loa-loa.

Students in one or another of the University programs range from age 11 to age 71. Accordingly, medical problems common to all age groups are seen — malignancy, myocardial infarction, hypertension, advanced renal disease and stroke. A broad nature and large number of health prob-



J. D.
Kabler, M.D.

encountered have made it necessary to enlarge professional capabilities within the Health Service.

Among the 28 physicians who practice full or part-time at UHS are 16 with specialty training in general internal medicine, cardiology, endocrinology, pharmacology, chest disease, hematology, dermatology, allergy, public health, gastroenterology and sports medicine. The student-patient is free to make an appointment with any of these physicians and is encouraged to return to see the same physician for the same or subsequent illnesses.

In addition to an appointment system, there are several "clinics within the clinic". An Urgent Care Clinic is staffed by three registered nurses and two physicians to see patients promptly without an appointment for management of sudden illness.

Necessary laboratory studies and x-rays can be obtained and reported promptly to the physician. Appropriate cultures are obtained on all persons with sore throats, urinary tract infections and genitourinary infections. A "call-back" system is used to notify the patient to return for initiation or modification of antibiotic or other treatment.

One happy attribute of the Urgent Care Clinic has been the very successful expansion of the role of the registered nurse in patient care. All patients are first seen by a registered nurse who takes an initial history and orders any needed x-rays or laboratory work so that results may be available to the physician when the patient is seen. Many problems are ably handled solely by the nurse and follow-up appointments, if needed, are made with a physician.

In addition to the Urgent Care Clinic, a "cold clinic" is operated during the winter months. A specially qualified registered nurse interviews and examines the patients coming to this clinic and then, depending upon established criteria, instructs the patient in proper self-care or refers him to a physician in the Urgent Care Clinic for further examinations or prescribed medications.

The Immunization Clinic is supervised by Dr. Marion Murphy, '46, an internist with training in allergy. Over 300 students, most of them referred by their home physician, are able to continue prescribed hyposensitization injections in a setting where appropriate precautions are taken and any adverse reactions promptly identified and treated. This clinic is also responsible for administering hundreds of immunizations to students for field trips to remote areas of this and other countries, protection against potential pathogenic organisms encountered in University laboratories and overseas travel.



University of Wisconsin students who seek health care service are greeted by this modern reception area as they enter UHS facilities at 1552 University Avenue.

The Employee Health Service, directed by Dr. Richard Graves, is responsible for pre-employment medical examinations of UW Hospitals employees, performance of the required periodic examinations of persons working in new-born nurseries and maternity wards, and participation with the University Hospitals Infectious Disease Committee's surveillance of in-hospital infections.

Mrs. Wilma R. Lewis, R.N., a clinical specialist in community health nursing, joined the Health Service in July 1970 to establish and develop a long needed program in community health. Mrs. Lewis' responsibilities include case-finding and contact follow-up of tuberculosis, venereal and other contagious diseases, prevention of food-borne illness, and liaison with official and voluntary community health groups and resources. In her role as an assistant clinical professor of Preventive Medicine, she contributes to the professional education programs in the School of Nursing and the School of Medicine.

Although less formally organized, there are other special programs for the detection and management of symptomless urinary tract infection, sickle cell trait, rheumatic heart disease, mycoplasma genitourinary infections, ulcerative colitis and enteric pathogens.

During the past year senior medical students have been able to elect a closely supervised clinical experience in ambulatory medicine in the Health Service. This program, devised and directed by Dr. G. Perna, has been both popular and highly regard-

ed by the students. They value the opportunity to discover and manage illnesses not commonly seen in a hospital setting. We have enjoyed the full acceptance of this valuable professional education program by our student-patients.

The Health Service is a busy place. On an average day, between 450 and 500 students come to the clinic; we anticipate nearly 83,000 clinic visits this year, in addition to over 6,000 emergency room visits and about 20,000 referrals to one or another of the Hospitals clinics. Many special services can be arranged for students with unusual health problems and we are happy to hear from physicians caring for such students in order that we can continue treatment programs while the patient is at the University.

Visit us when you return to the campus!

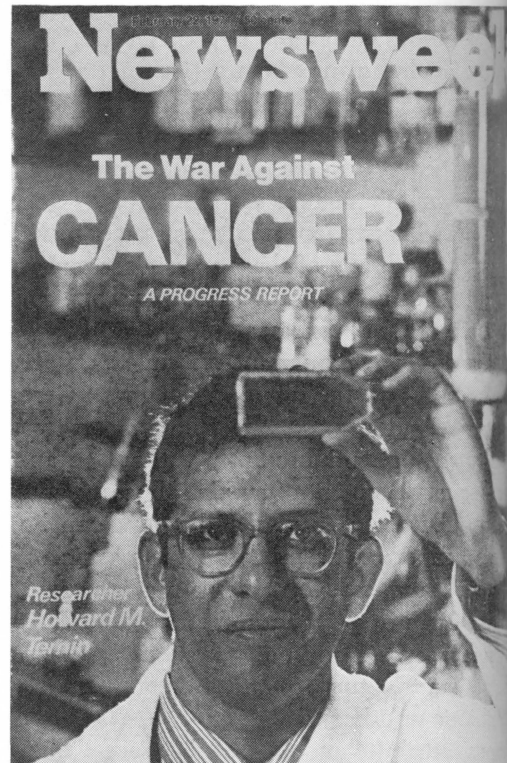
Researcher Temin's Work is Cited

A University of Wisconsin cancer researcher, Prof. Howard M. Temin, was the principal cover story subject in the Feb. 22 issue of *Newsweek* magazine. The work of Dr. Temin, which was announced at a meeting last May, was highlighted in a six page *Newsweek* report on the war against cancer. Dr. Temin, says the magazine story, in effect proved that the rules for transmittal of genetic information within the cell can be reversed by cancer viruses.

If his findings can be applied to the cancer cell, the result could prove whether viruses are the main cause of human cancer and could also lead to new methods of diagnosis and treatment.

Dr. Temin is a professor of oncology at the McArdle Laboratories for Cancer Research on the University's Center for Health Sciences campus. He was assisted in his research by post-doctoral fellow Satoshi Mizutani. The work of two other Wisconsin researchers and clinicians, Fritz Bach, M.D., and Richard Hong, M.D., also was mentioned in the news magazine article. Bach is associate professor of medicine and medical genetics and Hong is a professor of pediatrics.

Dr. Temin's new finding is as important as the discovery of the first animal tumor virus in 1908, according to a top National Cancer Institute virologist and administrator. Another official in the field is quoted as saying Temin's discovery is the most dramatic thing to occur in virus research in years.



Magazine cover featuring UW cancer researcher Howard M. Temin, Ph.D.

Despite the excitement caused by the discovery, Dr. Temin along with others adds a note of caution about how quickly his findings can be applied to the treatment of cancer. He is quoted as saying it would be fantastic luck if useful therapy could be developed immediately but that people shouldn't count on it. "What is important is that this gives us entirely new tools to look at human cancer and ask questions about causation."

Dr. Temin is 36. He joined the McArdle Laboratories medical center faculty as an associate professor in 1960 and was promoted to full professor in 1965. He received his B.A. degree from Swarthmore College in 1955 and earned his Ph.D. in virology from the California Institute of Technology in 1959. The year before coming to Wisconsin, Temin was a doctoral fellow at Cal Tech. His wife, Rayla, holds a Ph.D. and is a researcher in medical genetics at the Center for Health Sciences. The Temins are the parents of two small children.

Newsweek on two occasions in January and February sent its medical editor and a reporter to interview Temin plus Drs. Harold Rusch, 33, director of McArdle Laboratories; Van R. Potter; Fritz Bach; Charles Heidelberger and Ilse Riegel.

Harry Waisman Dies March 19

A world renowned leader in the fight against mental retardation, Dr. Harry A. Waisman, '47, died unexpectedly on March 19 following surgery at University Hospitals in Madison. He was 58.

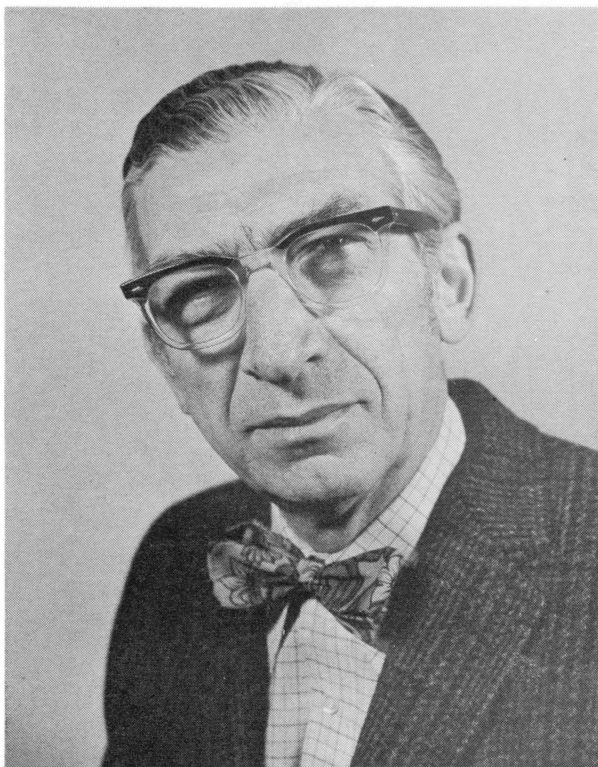
Dr. Waisman was professor of pediatrics and director of the Joseph P. Kennedy, Jr. Memorial Laboratories for retardation research at Wisconsin. The laboratories grew from an initial \$225,000 grant in 1961 from the family of the late President Kennedy that Dr. Waisman was largely instrumental in obtaining.

In association with Dr. Harry Harlow and the UW Primate Laboratory, Dr. Waisman discovered a substance which introduces a form of retardation in monkeys — known as Phenylketonuria (PKU). This original technique provides a virtually perfect means of researching mental retardation.

Prior to his mental retardation work Dr. Waisman was involved in studies related to cancer and leukemia in children. He was co-author, with the late UW President and fellow biochemist Conrad A. Elvehjem, of a book on the "Vitamin Content of Meat." He also was an outspoken proponent during legislative battles in the mid-1960s for mandatory testing of infants for PKU. The test was estimated to cost 50¢ per child compared to the cost of lifetime care for a retarded child of more than \$100,000.

Both a physician and a biochemist, Dr. Waisman's research had centered chiefly around the hereditary disease PKU, producing mental retardation in which an inborn metabolic error results in building up of the amino acid phenylalanine and its derivatives, which spill over into the infant's blood and urine. Detected early enough by a simple urine test, Dr. Waisman found the defect could be treated to virtual normalcy by a special low-phenylalanine diet.

A native of Milwaukee, Dr. Waisman received all four of his degrees from Wisconsin; a B.S. in 1935, an M.S. and a Ph.D. in biochemistry (in 1937 and 1939) and his M.D. in 1947. His internship and residency in pediatrics were served at the University of Illinois. He partook of post-doctoral training both at Wisconsin and Illinois and was on the staff at Illinois from 1950-52. He joined the UW faculty in



Harry A. Waisman, M.D., Ph.D.

1952 as associate professor of pediatrics and was promoted to full professor in 1958.

He was a member of numerous professional and honorary societies and won many important national honors for his pediatrics work. Survived by his widow, a daughter, two sons, a brother and a grandchild, Dr. Waisman was buried in Madison. His loss was eulogized by both his colleagues and the public:

"The pediatricians of the State of Wisconsin all mourn the death of Doctor Waisman. Those of us in the University community are stunned at the loss of a distinguished colleague and friend. Doctor Waisman was an international leader in research into the causes of mental retardation. Children everywhere owe him a debt of gratitude." — Dr. Charles Lobeck, chairman of pediatrics on behalf of the department.

An editorial in Madison's March 22 **Wisconsin State Journal** concluded: ". . . His was a life worth living because he gave of his allotted time to bring the healing touch of a physician to his fellow men."



Wearing 10-gallon hats, Drs. Elizabeth and James Miller are named honorary Texas citizens at March 4 ceremonies in Houston. With them is Dr. Robert C. Hickey (left), director and executive vice president of M.D. Anderson Hospital, Houston, and former chairman of surgery at UW.

National Cancer Honors to UW Couple

A husband and wife research team at UW's McArdle Laboratories for Cancer Research received the coveted Bertner Foundation Award in Houston March 4. Professors James A. and Elizabeth Miller were honored for their contributions to the knowledge of chemical causes of cancer and for their leadership and direction in the attainment of an understanding of cancer induction mechanisms in man. The award was presented at the 24th annual symposium on fundamental cancer research at the University of Texas M.D. Anderson Hospital and Tumor Institute.

The Bertner Foundation Award since 1950 has been conferred annually on a physician or scientist who has made distinguished contributions to cancer research. Prof. Van R. Potter, assistant director of McArdle, received the Bertner award in 1961.

The Millers, both professors of Oncology, have been researchers at Wisconsin since the mid-1940's. They were among the first to recognize that many carcinogenic chemicals are not independently carcinogenic as characterized in the laboratory but are converted in the host to specific carcinogenic substances. During the course of their studies the Millers have synthesized a large number of compounds and tested them to establish their cancer-causing potentials.

Patients at UW Get Phone Answers

"Welcome to University Hospitals," "Season and the Low Salt Diet," Blood Transfusions and You," "Who Pays the Bill?" — all these are title tapes in the new dial access library that became available to University of Wisconsin Hospital patients in late January.

To alleviate some of the patient's fears and education problems, Mrs. Ann Johnston, coordinator of postgraduate medicine at the University of Wisconsin Center for Health Sciences, has developed the patient information dial access library. Tapes in the library will explain various tests such as electrocardiograms, bladder and kidney x-rays, physical therapy treatments, and blood transfusions. Others will explain special diets. Each tape is three to five minutes long and is free to the patient.

Upon admission to University Hospitals, each patient is told of the program and receives a list of available subjects. Patients may call to listen to a tape any time day or night.

The patient information dial access library will be used on an experimental basis for the first six months. If the program is successful, it will be expanded to include more than 50 tapes on a wider variety of subjects. During the trial period every patient using the program will be asked to evaluate the tapes. "Did he find the tapes helpful and informative; would other subjects would he suggest be included in the library."

Another group of tapes in the new patient information dial access library covers financial topics. One explains "Why Hospital Costs Are Rising."

tape explains hospital operating costs and that 70% of these costs are for salaries and wages, the other 30% covers supplies and equipment. The tape goes on to explain that one of every three employees is a skilled worker, compared to one of every six employed in the automobile industry.

Said Leroy Fahle, UWH assistant superintendent, "Our goals for the dial access library are not only to inform patients about their hospital but to alleviate needless anxiety about being a hospital patient."

Dr. Charles Crumpton Dead at 52

Charles W. Crumpton, M.D., professor of medicine at UW and director of the Medical School's Cardiovascular Research Laboratory for 17 years, died on Feb. 7 at University Hospitals. Death of the 52 year old heart specialist was ruled a suicide by an overdose of sleeping pills, according to the deputy Dane County coroner.

Dr. Crumpton was president of the Wisconsin Heart Assn. in 1963 and 1964, and in 1965 he was one of two UW physicians to be honored by the Angiology Research Foundation for their contributions to research in blood and lymph vessels.

A native of Louisiana, Dr. Crumpton received his B.S. and M.D. degrees from Tulane University and served his internship at University of Wisconsin Hospitals in 1942-43. After duty in Europe with the Army Medical Corps during World War II, Dr. Crumpton returned to UW Hospitals in 1946 as a resident in internal medicine.

He served as a research fellow at the Robinette Foundation for Cardiovascular Research at the University of Pennsylvania from 1948-50 and remained there as an instructor until 1951. He then joined the UW faculty as an assistant professor, becoming a full professor in 1962.

Governor for Wisconsin of the American College of Cardiology in 1968, Dr. Crumpton at the time of his death was on the research committee of the Wisconsin Heart Assn., a member of the American Heart Assn., the Wisconsin and Dane County Medical Societies and a colonel and state surgeon with the Wisconsin Army National Guard. He also was a founding member of the Association of University Cardiologists.



Charles W. Crumpton, M.D.

Survivors include his wife, a daughter and two sons. Burial was in Minden, La., and memorials to the UW Medical School or Cardiovascular Research Laboratory were suggested.

Botulism Case a Story of Cooperation

Airline pilots, public health scientists in Atlanta, officials at a Madison medical equipment company, nurses, doctors, and other hospital staff — all these people cooperated and formed the team that helped an Illinois family recover from rare, and almost always fatal, Botulinus poisoning at University of Wisconsin Hospitals last year.

Four members of the George Graham family of Gurnee, Ill., were transferred Aug. 7 to UW Hospitals for specialized long-term intensive care. Although antitoxin had temporarily negated the poisonous effect of the Botulinus poison, blood tests showed that the family's bodies had absorbed some of the poison and more antitoxin would be necessary. The recovery process was to be long, slow, and uncertain until all affected nerves had healed.

Apparently the Graham family had eaten spoiled canned meatballs with their spaghetti dinner the

night of Aug. 4. The next day four members were admitted to Condell Memorial Hospital in Libertyville, Ill., where Mr. Graham, his wife, a daughter, and foster son received emergency care before they were transferred to University Hospitals in Madison.

"Excellent care the Grahams received in Libertyville and Dr. Shimon Ninio's (Mundelein, Ill.) rapid diagnosis undoubtedly saved their lives and aided us immeasurably in getting them on the road to recovery," said J. Leroy Sims, M.D., professor of medicine, who was in charge of their case at Madison.

While the Grahams were patients at Condell and after they were transferred to UW Hospitals, North Central and Delta Airlines pilots personally carried blood samples for Atlanta so that scientists at the Public Health Service Communicable Disease Center could confirm the botulism diagnosis. Regular messenger service would have been too slow. These pilots also carried antitoxin serum back to the Grahams from Atlanta — all at no charge.

Teamwork by the University Hospitals staff was essential to the Graham family's recovery. The anesthesiology department's Dr. Joan Paust, took two respirator-equipped ambulances to Libertyville to transport the Grahams the 110 miles to Madison.

While Dr. Paust and her staff were picking up the Grahams, Miss Sue Frantz, R.N., and Dr. Sims organized an intensive care unit for the family. A special four-bed unit was set up to care for them. Dr. Sims felt the Grahams would recover more quickly if placed together, eliminating some anxiety about how other family members were doing.

Except perhaps in a television series, large 700-bed teaching hospitals are stereotyped as cold, efficient, and impersonal. Not true though. Once people heard about the unusual case, the same question was asked hundreds of times daily: "How are the Grahams?"

Alumni Day Is May 21

Have You Made Your Reservations?

Not only hospital employees — technicians, ing assistants, pharmacists, house-keepers, and tenance people — asked this question but also ple all over the Midwest through newspaper wire service reporters.

Ohio Medical Supply Co. officials in M learned about the family and offered to loan U sity Hospitals four Model 560 respirators. Be the Grahams were paralyzed and could not br respirators were necessary, and anesthesiologist inhalation therapists had to carefully monitor four at all times.

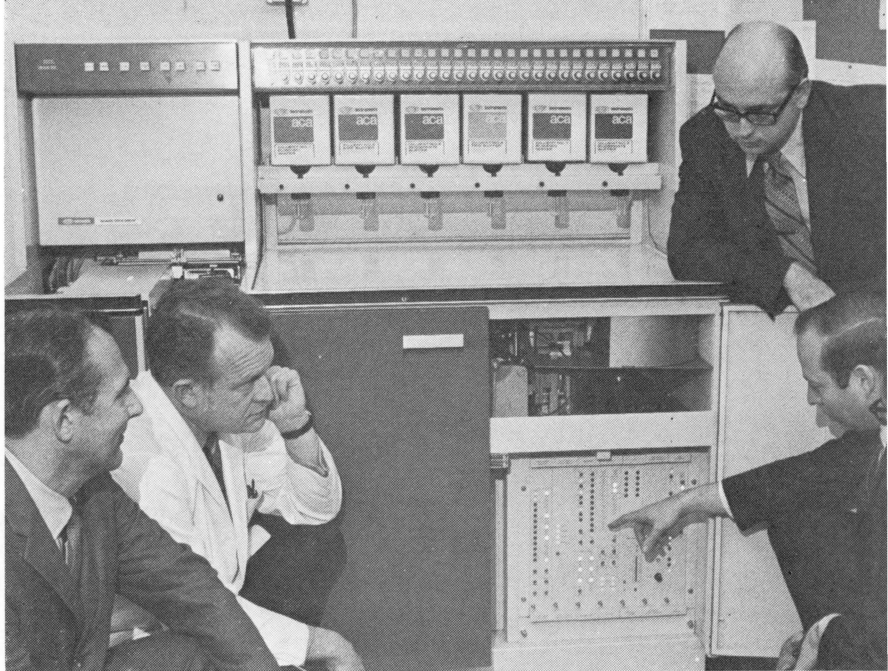
The Model 560 was ideal because, unlike respirators that control completely the breath process, it is triggered by the patient. As with Grahams, the patient's natural instinct is to breathe but he is unable to carry out this instinct. The Model 560 is pre-set by the physician to deliver a precise volume of air to the patient each time the patient's natural impulse triggers the mechanism. Besides nurses, physicians and inhalation therapists, the health care team for the Grahams included physical therapists. Unable to move their arm and legs, the Grahams all faced severe muscle atrophy and physical therapy helped lessen it.

The hospital volunteers service also contributed to this special health care team. It supplied "talking books," from the Milwaukee Public Library. "Talking books" are tape recorded volumes for the blind and handicapped. Books in this series range from current popular novels, to scientific publications, children's books, and special interest titles. Because the Grahams had to lie flat in bed, they could not watch television. Not having arm mobility, they could not hold books and papers to read. "Talking books" were the diversion needed to pass the many hours in bed.

Mrs. Graham and foster son Scott Bennett were the first to be discharged, thanks to expert care received from University Hospitals personnel. They returned home and almost immediately to their regular activities on Aug. 31. Daughter Mary was discharged Oct. 10. Mr. Graham was the last to leave the hospital on Nov. 14. The family logged a total of 212 days in UW Hospitals.

The holiday season was very special for the Graham family this past year. They would not have had use of their arms and legs for many months, but the fact they are still alive is enough.

And needless to say, the Grahams have lost their taste for spaghetti.



The first DuPont automatic clinical analyzer ever installed went into operation at UW Hospitals in January. Viewing the computer section are (L to R): Robert Doban, Ph.D., of DuPont; Frank J. Larson, M.D. (Res. '48-51), director of clinical laboratories at UW Hospitals; G. Phillip Hicks, Ph.D. (standing), Madison, a consultant in the instrument's development; James W. Varnum, UW Hospitals Superintendent; and Richard Nadeau, Ph.D., of DuPont. The equipment can produce test results in seven minutes.

Perfect Patient Tube Feeding at UW

Eating is such a normal everyday occurrence that few people stop to consider what would happen if they could not chew and swallow. Hospital personnel have long known how to feed these patients. What to feed them was the problem. One answer is the tube feeding of liquified foods through a small-sized tube inserted through the nose, mouth, or directly into the stomach. But tube feedings have not always been satisfactory

Or were almost completely unsatisfactory until Annette Gormican, Ph.D., associate director of nutrition education and research at University of Wisconsin Hospitals, developed and tested Formula I tube feeding in cooperation with Gerber Products Co. The development also means new jobs in the state since the food is now being produced at Clear Lake in northwestern Wisconsin.

Formula I is a milk-base blend that contains milk, strained calves' liver, corn oil, sugars, tapioca starch, and additional vitamins, minerals and water. It provides all known daily nutritional requirements in carefully analyzed proportions.

Some problems University Hospitals (and most other hospitals) faced in the past with tube feedings included high staff and preparation costs and the nutritional content of the feedings was often not satisfactory. In addition, nurses had problems feeding patients because the food would solidfy and block the tube. Or it would spoil.

But most important was the fact that patients did not tolerate the old recipes or do well nutritionally.

Three years ago Dr. Gormican, in consultation with medical and nursing personnel at UW Hospitals, began work on Formula I, supported by a research grant from Gerber. To develop a new tube feeding diet they had to know what essential nutrients are normally in a balanced adequate diet and in what proportions. Another question concerned the best balance of nutrients in respect to how the body utilizes each.

Formula I is a prepackaged sterilized liquid diet that can be stored at room temperature and is less expensive than traditional recipes. Because the product is canned, equipment as well as labor costs are reduced for hospitals using the sterile feeding. And nurses can more easily feed patients because Formula I does not solidfy and block the tubes.

In addition, the product is standardized when produced commercially and patients can use the same diet whether in the hospital, nursing home, or at home.

Dr. Walker is on NIH Committee

Dr. Duard L. Walker, professor and chairman of medical microbiology, has been appointed to the National Advisory Allergy and Infectious Diseases Council of the National Institute of Allergy and Infectious Diseases. The four year appointment, announced by Dr. Robert Q. Marston, director of the National Institutes of Health, was effective on Feb. 1.

ALUMNI CAPSULES

Dr. Harold Fishbain, '49, will assume the directorship of Springfield, Ohio's, Emergency Services Community Program in July after finishing his psychiatric residency at the Emory University Medical School in Atlanta. He currently is serving on four months of elective administrative psychiatry at San Mateo, Calif.

The 37 years which **Dr. William A. Sannes, '31**, served the Soldiers Grove, Wisc., community was recognized recently by a plaque of appreciation from the people of Crawford County. Dr. Sannes was honored at the city's annual All Breeds Dinner.

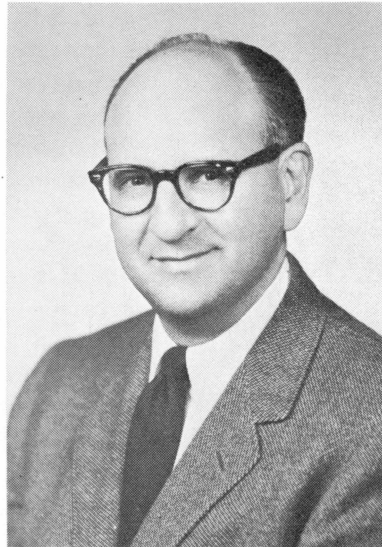
Dr. Nels A. Hill, who is retiring from the private practice of internal medicine in Madison, was honored at a surprise testimonial dinner in January. The former chief of staff at Madison General Hospital served his internship and residency at University Hospitals in the early 1930's.

Elevated to associate clinical professor of medicine at the USC School of Medicine recently was **I. Ralph Goldman, M.D., '39**, who practices internal medicine in Los Angeles.

Dr. Neal A. Melby, '65, New Richmond, Wisc., and **Dr. Martin L. Janssen, '59**, Friendship, Wisc., were recently selected for inclusion in the 1970 edition of "Outstanding Young Men of

America." Dr. Melby is associated with **Drs. James L. Craig, '52**, and **Louis W. Weisbrod, '53**, in the New Richmond Clinic. Dr. Janssen was appointed Adams County Coroner in 1969. (Editor's note: See the article on family practice by Dr. Janssen elsewhere in this issue.)

Elected chairman of the U.S. Section of Obstetricians and Gynecologists of the Internation-



Harvey A. Gollin, M.D.

al College of Surgeons for 1971-73 was **Harvey A. Gollin, M.D., '42**, Chicago. He is OB-Gyn chairman at the Columbus-Cuneo Medical Center there.

Dr. Sanford Mackman, '59, left his post as associate professor of surgery at Wisconsin in January and joined the Jackson Clinic in Madison.

Recently published was second edition of "A Doctor Speaks on Sexual Expression and Marriage," a book by **Dr. D. W. Hastings, '34**. Dr. Hastings is professor of psychiatry at the University of Minnesota Medical School.

An association that began as a combat medic in WWII was elected president on Feb. 28 when **Dr. Robert Samp, '51**, retired as a colonel from the 44th General Hospital, Army Reserve Unit. Dr. Samp is an assistant professor of medicine at UW.

Dr. Arthur Hoessel, '43, Sauk, Wisc., recently retired as president of the Marathon County Medical Society.

Regents of the University of Wisconsin in February approved the appointment of **Dr. William E. Heston** of Monroe, as assistant professor of the program in family care (Editor's note: See article on family practice elsewhere in this issue). Dr. Heston is a general practitioner in Monroe and Brodhead.

Dr. Walter H. C. Burgdon writes from Hanau, Germany, that he's a general medical officer in the army and that the problem there is drugs. He has four cousins and an uncle within 20 minutes of the airport and he plans to meet classmate **Charles J. Cooley**, Danforth, and **Hathaway and Hollis L.**

in Zurich as they undertake a Swiss skiing trip.

□

Two alumni are among four Green Bay area physicians who have given up their private practices to form Emergency Physicians, Ltd., which will provide around the clock emergency room service at Bellin Memorial and St. Vincent Hospitals. The alumni are **Dr. Raymond Groendahl**, '38, of Seymour and **Dr. Donald L. Sherwood**, '58, of Green Bay.

□

Dr. Charles H. Miller III, '62, has joined the surgery staff of the Gunderson Clinic in La Crosse. Most recently he was a surgical resident at Hennepin County Hospital, Minneapolis.

□

Now associate medical director of the Orange County Community Mental Health Services in California, **Dr. Clifton R. Brooks**, '46, also is commander of a medical service staging unit at Norton AFB.

□

Dr. Frank B. Sazama, '34, Colby, Wisc., recently retired after 35 years of general practice in central Wisconsin, where he was

her three children and is not currently in practice, for the past five years she has been teaching prenatal classes using the Lamaze method of prepared childbirth. Teaching these couples is very emotionally rewarding, she says.

□

Named in February as associate director for treatment services for the Dane County Mental Health Center was **Evan F. Pizer, M.D.**, '59. He will be in charge of the development and administration of all treatment services.

□

G. Stanley Custer, M.D., '42, Marshfield, Wisc., in association with other medical men from around the country, has been named a consultant to develop the new medical school at Texas Technological University at Lubbock. Dr. Custer is president of the state medical examining board. (See story elsewhere in this issue about **Dr. John A. Buesseler**, '44, medical school dean at Texas Tech.)

□

After 38 years of practice in Kaukauna, Wisc., **Dr. Alphons E. Bachhuber**, '26, retired on Jan. 1, 1971.

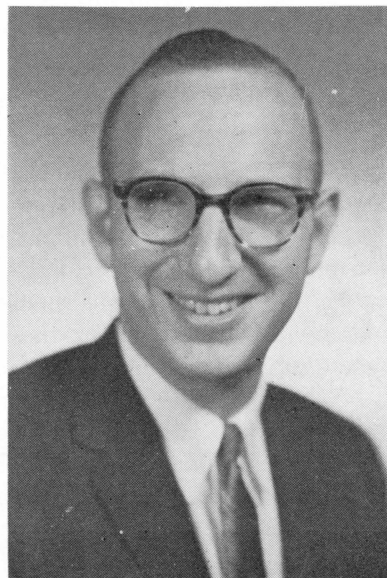
□

This is election time at Wisconsin's county medical societies and a number of UW alumni head their local groups. **Dr. Daniel J. Schroeder, Jr.**, '65, Amery, is president of the Polk County society. **Dr. Marvin W. Nelson**, '48, succeeds **Dr. Charles Christenson**, '43, as president of the Racine County society while **Dr. Raymond E. Skupniewicz**, '55, is president-elect. Heading the Wood County society is **Dr. T. J. Rice**, '45, of Marshfield.

Philip J. Bach, M.D., '66, will finish his orthopaedic residency at Charlotte Memorial Hospital in July and will join the Charlotte Orthopaedic Clinic, Charlotte, N. C.

□

Philip J. Vogt, M.D., '65, currently aboard the hospital ship U.S.S. Sanctuary (AH-17) off Viet Nam, finished his residency in pathology at the U.S. Naval Hospital, Oakland, and in November passed his board exams.



Philip J. Vogt, M.D.

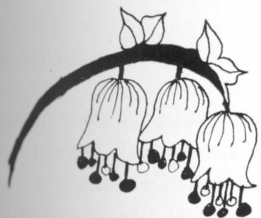
Dr. Russell H. Owen, '53, early this year joined the anesthesiology department at St. Clare Hospital, Monroe, Wisc. He also served his residency at UW Hospitals, Madison.

□

A Beaver Dam alumnus, **Dr. William G. Richards**, '52, has been elected to a second term as president of the Wisconsin Society of Pathologists at their annual meeting.

□

Dr. David L. Morris, '54, La-Crosse, has been named to the



on the staff of St. Joseph's Hospital, Chippewa Falls. He has since moved to Scottsdale, Ariz., and is on the medical staff of the Arizona State Hospital.

□

Mona K. Stern, M.D., '59, writes from Gary, Ind., that although she stays at home with

Council of Environmental Advisors of the Wisconsin Department of Natural Resources.

□

"I now live with my son," writes **Dr. Joseph A. Opstedal**, '18, from Albuquerque, N. Mex., "but would like to be back at 1207 W. Johnson St. where my parents lived when I graduated from the pre-medic course in 1916 and then completed my M.D. at Northwestern in 1918. I am indeed sorry about the trouble all colleges have with their students, riots, etc. It is too bad."

□

Dr. Charlotte A. Burns, '62, announces the Jan. 11 arrival of their first child, Edward James, in Iowa City, Ia. Her husband, Jim, is a M.D. from Cornell and her father was the late Dr. Robert E. Burns, former chairman and emeritus professor of orthopaedic surgery.

Necrology

We announce with regret the following alumni and faculty deaths:

Dr. Franklin R. Nuzum, '12, Mar. 19, 1971, in Santa Barbara, Calif.

Dr. Dodo H. Ecke, '19, Vandalia, Ill., in 1967.

Dr. Harold Nebel, '22, Sept. 3, 1969, in Milwaukee.

Dr. Herbert B. Wright, '23, Nov. 5, 1970, in Cleveland.

Dr. Lyndle W. Peterson, '24, in Ft. Lauderdale, Fla.

Dr. Harold A. Pinkerton, '25, Dec. 21, 1970, in Waupaca, Wisc.

Dr. Harry G. Talbot, '25, Feb. 10, 1970, in Eugene, Ore.

Dr. Clarence G. Ochsner, '31, Sept. 16, 1970, in Santa Barbara, Calif.

Dr. Carl P. Olson, '33, died December 1970 in Battle Creek, Mich.

Dr. Victor R. Krueger, July 1, 1970, in Nopeming, Mich.

Dr. Charles W. Crum, Int. '42-43, Res. '46-48 and faculty member (Prof. of Medicine) since 1951, Feb. 7, 1970, in Madison.

Dr. Charles W. Stoops, '42, former instructor in Dermatology at UW, Jan. 30, 1971, in Madison.

Dr. Harry A. Waisman, UW faculty member (Prof. Pediatrics) since 1952 and Director of the Kennedy Laboratory, Mar. 19, 1971, in Madison.

Dr. Benjamin Wein, '53, died Oct. 16, 1970, in Wood, Wisc.

Dr. Gordon Grossman, died Oct. 26, 1970, in Brentwood, Calif. The last issue incorrectly listed him as "Jerome A. Grossman" and we apologize for the error.

O. O. Meyer Clinical Teaching Fund

Secretary Ralph Hawley
Wisconsin Medical Alumni Association
333 N. Randall Avenue
Madison, Wisconsin 53706

Dear Mr. Hawley:

Here is my contribution to the Ovid O. Meyer Clinical Teaching Fund.

Donor _____ M.D. Class _____

Address _____

City, State and Zip _____

(Please make the check payable to "Wisconsin Medical Alumni Association Fund" to be sure it will be considered tax deductible.)

COLUMNS AND EDITORIALS

The Lapel Flower Will be Missed

BY ROBERT F. SCHILLING, M.D., '43
PRESIDENT

MADISON — When Ovid O. Meyer becomes an Emeritus Professor on June 30, the Department of Medicine at the University of Wisconsin will observe the end of an era. Ovid Meyer was the second chairman of this department, having succeeded Joseph Evans in 1945, and he served until 1964.

Remembered by hundreds of medical students as a master bedside physician-teacher, Ovid Meyer is an internationally recognized expert on lymph node diseases and is one of the world's authorities in the use of anticoagulants. His early work on Dicumarol assured his niche in the hall of fame for clinical scholars. His studies of the interrelationship of the hormonal glands and the hemopoietic system are commonly cited references to this day.

Concomitant with his scholarly research efforts he nurtured a broad interest in internal medicine. He is a keen diagnostician and has peerless clinical judgment — a fact which leads some interns to mistakenly think he is lucky or can "smell" a disease. With continued exposure to Ovid Meyer the house officers usually realize that "luck and sixth sense" are the products of assiduous reading and an openness to new ideas and compassion for his patients. He has served as a model to be emulated by countless medical students and house officers.

During a time when house officer stipends were smaller than now, the medical residents counted as

one of the high points of each year the invitation to dinner with Doctor and Mrs. Meyer. This usually occurred in February or March, a time of year in which a genuinely warm and friendly gesture was singularly appreciated. So many of us have fond memories of that delightful blend of Southern hospitality and Stevens Point French *gemütlichkeit*.

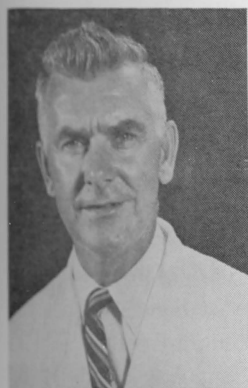
During his period as chairman the department grew in size and quality. Programs in cardiovascular disease, hematology, pulmonary disease, endocrinology, psychophysiology, gastroenterology, laboratory medicine, computers, and nephrology were added or developed.

As administrator of a large department his ability to adjudicate fairly was appreciated by all. The entire faculty of the medical school was confident that Ovid Meyer's efforts were consistently and effectively directed toward the improvement of our school. He firmly believed that the triad of teaching, research and service was essential and therefore desirable in our medical school.

A number of Ovid's former residents and colleagues have indicated a desire to establish a fund in his honor to be used to improve clinical teaching in the medical school. The class of 1944 has been especially aware of Ovid Meyer's tremendous efforts because they shared the home front duress of World War II with him. As a class they planted a very generous seed in 1967 by contributing \$4,000 to this cause.

Their sterling example should be a challenge and a spur to the rest of us. The departmental faculty has to date pledged more than \$10,000 to the fund. Because of his generous commitment to teaching students and interns as well, many others will wish to contribute to such a fund.

Elsewhere in this issue of the bulletin you will find a donor form, or you can send contributions to me at the Department of Medicine, University Hospitals, Madison 53706. The cause is nearly as worthy as the person whom we will honor and memorialize.



Time to Include Community Hospitals

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

MILWAUKEE — Delivery of medical care in the United States has been judged inadequate by our resurgent social conscience which dictates a higher standard of living for all classes of our over-taxed but nonetheless affluent society. Both the qualitative and quantitative perimeters have been resolved deficient by the politicians, sociologists and administrators of programs. There is some validity to the allegation.

The urgency of a solution has faulted the impatient to shallow oversimplification of the problem. The proposition put before us is that of numbers. If we were only to mass-produce more doctors and steer them away from academic and research pursuits, all the disparities would somehow be alleviated and all voids magically filled.



Protagonists of this idea are so addicted to the numbers game that quality of medical care becomes a byproduct to the purpose.

Pressure to produce more medical students and graduate more doctors is directed to the

medical schools. Sometimes this approaches pure blackmail in special provisions of government fund allocations and non-government grants. Some medical schools have, willingly or unwillingly, yielded to the compulsion and raised their enrollment to a dangerous level which jeopardizes the quality of their product. They are publicly applauded by the supercilious programmers.

More thoughtful medical schools have taken a more realistic and more appropriate long term view. In response to the demand they have carefully measured the increment of enrollment to their intrinsic capability to evolve competent physicians. These schools have received little public acclaim and indeed much undeserved criticism, but with courage

in their convictions have maintained their intellectual integrity to the ultimate benefit of both our profession and our society.

We take justifiable pride in our own medical school for its denial of compromise in the excellent teaching.

However, we do not condone a posture of treacherous complacency. Measures can be and must be taken to enlarge our capacity to educate more physicians to meet the national need without risk to integrity and high standard of our profession. There is no simple ready solution, but some thoughts worthy of consideration by those who are charged with meeting the challenge.

The need for more buildings, more spacious quarters, more extensive laboratories, greater patient population, larger faculties is the universal cry of medical schools faced with increasing student loads. The authenticity of the need is undeniable but satisfaction most difficult.

The mounting taxpayer's revolt is a grim reality. The politician's very survival is based to a large degree on the economy of the proposed budget. Billions of dollars needed for costly construction of medical school facilities are not going to be readily available in competition with social and welfare needs. Realistic appraisal assigns such facilities to the distant future.

Even if some moneys were gleaned for such a purpose there simply are not enough qualified medical teachers in the market place for hire to fill the expansion. At best these paramount demands must be relegated to long term projects. The urgency to produce more physicians to enhance delivery of medical care will not tolerate such procrastination.

A mature approach to solution of the problem would dictate an appreciation of what should be done and a realization of what can be done.

The community hospital and its medical services stands out as a prefabricated already existing mechanism for expansion of the medical student educational process. Some medical schools have looked into this possibility, but it has been only a cursory side glance. Some programs, supplementary or complementary in scope, have been instituted in limited areas. Only the supernatant has thus far been tapped. The full potential of the community hospital in medical student education has not yet been realized.

Chauvenism may be a factor in the reluctance of medical school faculties to extend beyond circumscribed confines of the medical center into the

plebeian arena of the community hospital.

We believe the profession can no longer afford this posture. The community hospital can provide medical schools the additional physical facilities, the cadre of a potential teacher corps, and the patient population it so sorely needs. The clinical opportunities are obvious, but the involvement need not be so limited.

Basic science is no longer the exclusive fief of the medical school. Many community hospitals have research laboratories in pre-clinical areas, animal laboratories, and related modalities with full time scientists to staff them. A free flow of medical school faculty into the community hospital as leaders of the medical staff teaching groups or even as direct participants in geographic residence would create a new base for teaching the medical student and a meaningful extension of the medical school campus.

Bold excursion into this reserve of medical facilities and manpower could expedite the solution of the problem created by pressures for more medical school graduates. Imaginative planning would be an exciting experience and the amalgam of town and gown would breathe fresh air into ivory towers and urge that elusive "local MD" to greater heights of professional competence.

Innovative programs may prove to be effective in restoring the initiative and leadership of medical education and medical care to the medical profession and rescue this prerogative from the hands of politicians and social planners where it has fallen by default. The real beneficiaries of such movement would be the recipients of medical care.

We are aware of the fact that such programs have been given due consideration. We strongly feel that they are deserving of action — now!

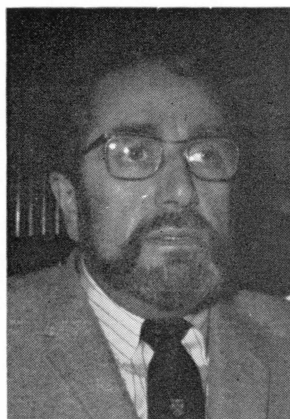
An Offer for Midwesterners

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

SKOKIE — Response of Wisconsin Alumni in the Midwest has been unbelievable! Hundreds of letters, the phone constantly ringing and even while market-

ing my lovely wife has been besieged by wives of alumni with bits of news. I no longer hear the crucial market reports of the grocery or butcher shop. These formerly were the vital comments made by Clarice as I tried to hear the evening news on television or read the newspaper.

But now I'm interrupted with remarks such as, "Don's gone to another cardiac clinic. Poor Doris, all alone with the girls again." I just put my foot down and let Clarice know this was not an appropriate item for the alumni QUARTERLY and, besides, I was watching the hockey game. If she interrupts one more time I threatened her with having to write the October column.



Now to return to my more popular format:

Gretajo Northrop, '65, after a residency in internal medicine at Pres.-St. Luke's Hospital in Chicago will remain as a fellow in endocrinology there and will be on the Rush Medical School

staff. Thad Hagen, '65, now completing two years of internal medicine at Northwestern University Medical Center plans on a two year endocrine fellowship at the U. of Chicago. Another Wisconsin alum who got lost in Chicago is Bruce Shirer who is presently a pathology resident at Passavant Hospital.

There are a good number of alumni now residing in Illinois as well as other Midwest states. Last year I tried to organize them with a motto, a coat of arms, a secret coding ring with 22 different codes and an autographed photo of Herman Wirka and Herman Shapiro in Bikinis. To date there was not a single response. We have closets filled with these artifacts. We have other closets filled with broken toys the children could not part with, old used baby diapers, napkins from parties we have never had, frames, tools, putty I bought to fix a window I never got to and many other items.

Now listen carefully as I am about to make a most important point. To prove to Mischa Lustok that nobody, I mean nobody, reads this Midwest column except Clarice, my four sons, my daughter and myself, I'm making the following offer. To every Midwest alumni who sends me \$10 for the Dean's Fund I shall send you one of these articles, many of them

worth more than your \$10. Your contribution will be tax deductible and the gift you receive will be tax free. This offer is available only to bonafide Midwest alumni and other alumni can just cry. The purpose of this offer is to prove to our editor that it's a long, long time from March to September when these columns are written.

I beg you all to maintain the enthusiasm you've shown in the past regarding communicating with me. At that rate I can make my point with Mischa. (Send to: Bernard I. Lifson, M.D., Suite 515 Old Orchard Professional Building, Skokie, Illinois 60076)

Rx: Med Student Input

In trying to create an article by committee for the QUARTERLY that would best describe the present student plans to form a more effective student government, the following interclass dialogue occurred:

PAT TELLA: "What are we doing here tonight?"
JERRY ATRICS: "We're here to plot a revolution."
JAY JUNUM: "No, we can't say that in the article; the readers might believe it."
TERRY TOMA: "No, we've got to leave it in. Otherwise no one will read the column."
JERRY ATRICS: "Back to business; we have to plan our objectives."
JAY JUNUM: "It seems to me that what we want to do is convince the readers of the value of a student government and show how student input could be useful in correcting some of the school's problems."
PERRY CARDIUM: "But it isn't just student input for its own sake — aren't we really concerned with input for the effect it would have in creating students who are actively involved in and concerned with their own education? This is extremely important if students are to become self-educating physicians upon graduation."
TERRY TOMA: "But isn't that the idea of the new curriculum in the first place?"
PAT TELLA: "Yes, but it isn't working. For three years of our schooling we are still totally passive, and suddenly in our fourth year we're supposed to

plan our entire program by ourselves."

PERRY CARDIUM: "... "And then our intern residencies, and practices!"

TERRY TOMA: "Okay, but how will student change that?"

JERRY ATRICS: "It takes the student out of his passive role and makes him actively concerned about his own medical education."

PAT TELLA: "It forces him to be analytic about what he is doing from the first year on."

PERRY CARDIUM: "Perhaps for the first time the student would have to take a critical look at his education and decide what is important for him to do in achieving his final goals."

PAT TELLA: "But that's the point that the faculty won't go along with — that students are in a position to know what's important and what isn't."

JERRY ATRICS: "Maybe students can't effectively evaluate course content but they most certainly can evaluate how they're being taught."

PERRY CARDIUM: "That's ridiculous! If a student doesn't see something as important, he's not going to learn unless he's coerced to with computer exams, and then he'll forget it."

JAY JUNUM: "But really what you're talking about is teaching techniques again. If the teacher is



doing his job right, the student and the teacher will agree on what is important."

JERRY ATRICS: "And that's where we can help. Most of our instructors haven't had much training in teaching techniques, and we can provide them with valuable feedback."

TERRY TOMA: "But isn't there student input now?"

JERRY ATRICS: "Yes, but it's sporadic and ineffective. We need a formal mechanism to coordinate and perpetuate student input..."

JAY JUNUM: "So that each class doesn't repeat the futile efforts of the class that went before them."

PERRY CARDIUM: "How far do you want to go with that? Should this actually involve direct student membership on faculty committees concerned with the curriculum?"

PAT TELLA: "Certainly! That would guarantee faculty commitment to continued student input, thus keeping the new curriculum from becoming an "old" curriculum, and it would force students to be conscientious and constructive about their feedback."

JERRY ATRICS: "It would also show students that the faculty is really convinced of the value of their input and make the input more meaningful to both."

(EDITOR'S NOTE: The above joint dialogue, attributed to representatives of all four Wisconsin Medical School classes, is replacing Senior Class President Dan Leicht's column for this issue.)

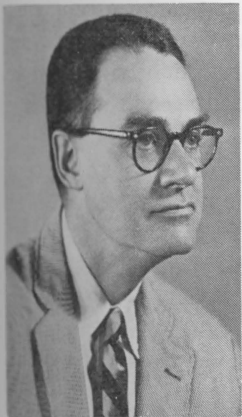
California Happenings

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

ALTADENA — If you were a Wisconsin medical student, medical staff member, or University Hospitals employee during the 40 years after 1920, who would you vote to most want to meet or see again? I'll bet that 1, 2, 3 on every list would be Dr. William S. Middleton, long-time Dean, and long-continued friend of everyone. If the question was asked of the California branch I can guarantee the same answer.

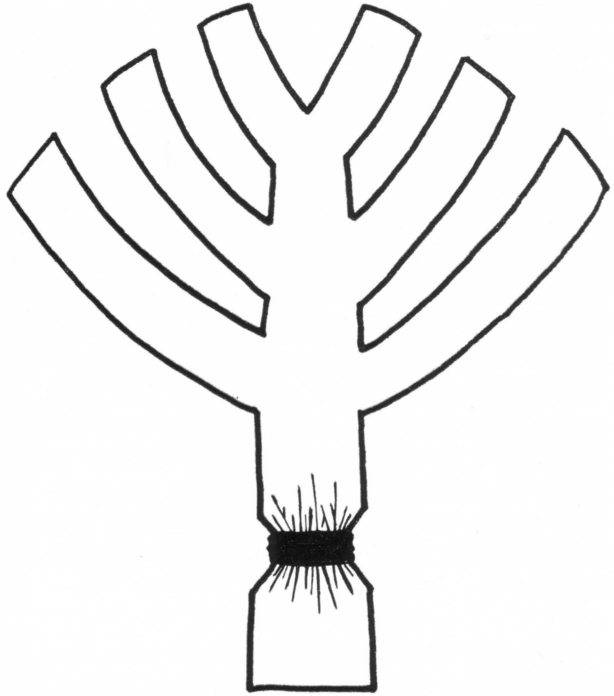
So it happened! So Dr. Middleton was here for a month in January! He didn't see everyone but he surely got around.

Hardly anyone needs to be reminded that in World War II he was chief medical consultant in the ETO (European Theater of Operations). Following his return he was medical chief of the Veterans Administration



for more than a half-dozen years, 1955 to 1963. Since then he has been emeritus on the U.W. Staff, but

actively on duty as consultant in the VA Hospital in Madison . . . Then suddenly he was made both Physician of the Year, for a month, at the San Fernando



VA Hospital in California, as well as Distinguished Physician for the entire Veterans Administration, 1971.

The Dean stayed at a motel near the hospital. He was ready for his driver by 7:30 A.M. each day. He made rounds, was assigned cases, spent time in the OPD. He made visits and gave clinics in the Long Beach VAH; 'Sawtelle' VAH; et al.

This correspondent's contacts with him included several wonderful events:

1. A surprise Birthday Party was given for him by Dr. and Mrs. Salkin, long-time friends (and Dr. S. had just been made Chief of Staff of two of the VA Hospitals). Guests included two former students (Betsy Owens Steele, '35, and W. H. Oatway Jr.). It was his 81st birthday. Amazing!

2. The same Oatway was asked to speak to the San Fernando Staff on "The Progress in Diagnosis and Treatment of TB thru the Centuries," with the Dean giving a brief flattering thank-you. (You can tell that Oatway is pretty proud).

3. He came in to the La Vina Hospital for Respiratory Diseases for rounds and other kind words, and

lunch It was really a great series of pleasures. We talked about dozens of colleagues, including quite a few in California, and could have gone on for hours more.

(The only blight on the visit was an aftermath — San Fernando VAH was wrecked by the earthquake, less than two weeks after Dr. Middleton left here and now is to be abandoned. The care of patients with chest diseases is to be redistributed thruout Los Angeles County).

* * *

The California people are glad when colleagues from the Wisconsin years "make it big", like Curt Lund, Chairman of the OB-Gyn. section, University of Rochester (N.Y.). Then, too, we are sad to hear of the loss of such old standbys and friends as Dr. Thornton, on the faculty since 1929; Dr. Geist, in anatomy for 40 years; and a quiet courageous Dr. John Bently, longtime student health and U.W. team physician, even tho he had coronaries years ago . . . Then again we are glad to see pleasant second-thoughts such as Dean Eichman withdrawing his resignation.

* * *

There are good days when we see the likes of Rick Jacobsen, Pasadena urologist; Bert Meyer, Los Angeles and really great chest and C.-V surgeon; John Urabec, Los Angeles, chest specialist; C.R. 'Dick' Smith, now retired as lab chief, to Pasadena; Robert Watson, up from the La Jolla area. . . . It is a poorer winter when we don't see or hear from Jim Neller of the Crenshaw area, or quite a few others who are too far apart in the megalopolis.

We chided Mischa Lustok about a depressive column that he wrote. Then he comes back last issue with a wonderful story involving Dr. 'Uncle Joe' Evans.

* * *

Here's word on some alumni from the Class of 1965:

Dick Buedingen, is a pilot and semi-retired race driver who, after a one-year medicine residency, is a urology resident at Oak Knoll Naval Hospital, up in Oakland. Previously served as Naval Flight Surgeon for two Marine units. Dick is also busy collecting classic cars.

Robert Ellis, is presently a flight surgeon with the Marines in Monterey, and a 300+ hour commercial pilot. Family includes two sons and another son or daughter by now. Plans to return to Wisconsin this summer to begin radiology residency.

Mel Grossman, is a urology resident at Stanford following a year of general surgery residency, two years in the USAF (including one year in Nam). Family of one son. Plans to enter private practice.

Gus Hodge is an orthopedic surgery resident at U. of C., San Francisco, following an internship at Gorgas Hospital in the Panama Canal Zone, two years with USNMC including one year in Vietnam and one year of surgery residency at Boston Hospital. Family includes a son and wife from



ginia, a former high school biology teacher, a woman, and who now has a masters degree in dance counselling. Gus's new skills include parachuting, hiking, camping, and jungle warfare. He was awarded the Vietnamese Cross of Gallantry with Gold Star while there. After residency plan to settle in Bellingham, Wash., following completion of six months of additional work in surgery.

Jack Shaw is enthusiastically practicing solo family medicine in Riverside following two years in the Navy. Wife Peggy and he both ski. He is probably well aware of the Wisconsin people in the Riverside area.

(Wisconsin alumni in California can reach independent Oatway at 146 Monarch Bay, La Miguel, Calif.)

1970-71 Medical Alumni Giving*

Class	No. in Class	No. of Contri.	Alumni Fund	AMA-ERF	Class Total	Last Year
Pre 1927	291	27	\$ 3,406	\$ 185	\$ 3,591	\$ 1,827
1927	41	6	260	10	270	160
1928	35	2	200	10	210	230
1929	66	8	85	110	195	230
1930	50	6	90	20	110	565
1931	61	8	1,185	15	1,200	285
1932	78	15	2,345	210	2,555	1,600
1933	70	18	745	40	785	455
1934	63	11	635	60	695	344
1935	77	11	700	110	810	1,280
1936	76	12	110	10	120	245
1937	71	9	460	55	515	515
1938	69	11	690	20	710	365
1939	73	17	700	105	805	1,465
1940	77	14	775	150	925	525
1941	70	6	360	15	375	230
1942	47	2	125	-	125	125
1943M	74	11	395	15	410	1,540
1943N	55	9	435	75	510	175
1944	62	8	150	210	360	115
1945	73	6	185	30	215	1,295
1946	72	9	186	25	211	210
1947	59	19	515	20	535	330
1948	55	9	430	15	445	300
1949	53	8	1,145	20	1,165	1,355
1950	71	14	670	40	710	735
1951	69	11	365	65	430	400
1952	67	6	100	45	145	315
1953	75	9	310	30	340	250
1954	78	18	390	150	540	440
1955	73	8	240	260	500	395
1956	75	7	300	35	335	465
1957	76	8	160	45	205	245
1958	76	8	275	65	340	275
1959	71	20	534	5	539	115
1960	71	15	295	40	335	355
1961	83	6	370	20	390	115
1962	85	8	110	15	125	105
1963	72	9	70	20	90	57
1964	80	7	50	30	80	60
1965	81	6	160	-	160	80
1966	86	10	110	-	110	75
1967	94	46	475	10	485	140
1968	96	11	125	-	125	45
1969	94	5	45	10	55	5
1970	95	6	50	-	50	-
Former House Staff**						
Interns	4		\$ 35	\$ -	\$ 35	\$ 120
Anesthesiology Residents	4		170	-	170	25
General Surgery Residents	4		65	-	65	260
Internal Medicine Residents	7		335	10	345	32
Neurological Surgery Res.	1		50	-	50	-
Neurology Residents	1		10	-	10	800
Ob-Gyn Residents	-		-	-	-	-
Ophthalmology Residents	4		180	-	180	90
Orthopedic Residents	5		650	110	760	1,050
Psychiatry Residents	-		-	-	-	-
Radiology Residents	4		830	-	830	50
Urology Residents	2		10	25	35	10
Faculty**	4		60	-	60	190
Former Faculty**	1		20	-	20	20
Preceptors**	1		100	-	100	125
Emeritus Faculty**	7		515	-	515	130
Others**	34		660	728	1,387	200
TOTAL	583		\$25,207	\$3,293	\$28,500	**\$23,540

* An interim report from July 1, 1970, to March 17, 1971

** Non Alumni

*** In this total \$1,245.00 was given for the Lester Paul Visiting Professorship Fund.

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ANY NEWS OR MOVES?

They say that 25% of we Americans move each year. This may or may not be true of UW Medical School alumni, but your association still wants to keep its records up to date. Therefore, if you've moved in the past few weeks or months, please let us know. And while you're at it... or even if you haven't moved... is there anything new and interesting in your life that you'd like to share with fellow alums? The form below is for your convenience. If you don't want to cut up your copy of the *Quarterly*, just send a letter. The address is: **Wisconsin Medical Alumni Association, 333 N. Randall Avenue, Madison, Wisconsin 53706.**

NAME _____ CLASS _____

NEW ADDRESS _____ ZIP _____

OLD ADDRESS _____ ZIP _____

DATE OF MOVE _____ ANY NEWS? _____
