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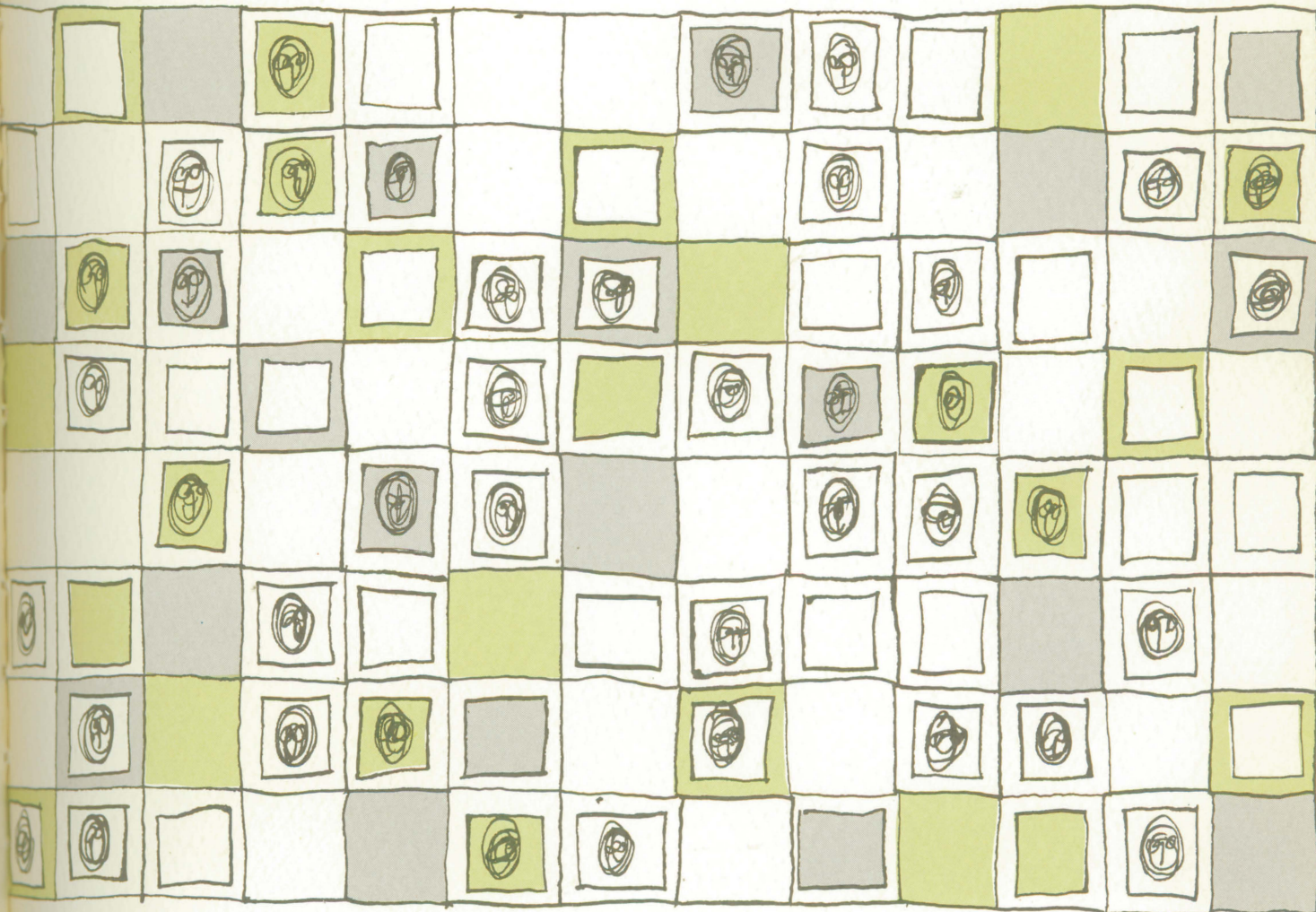
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wisconsin medical alumni

# Quarterly

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## WISCONSIN MEDICAL ALUMNI

Quarterly

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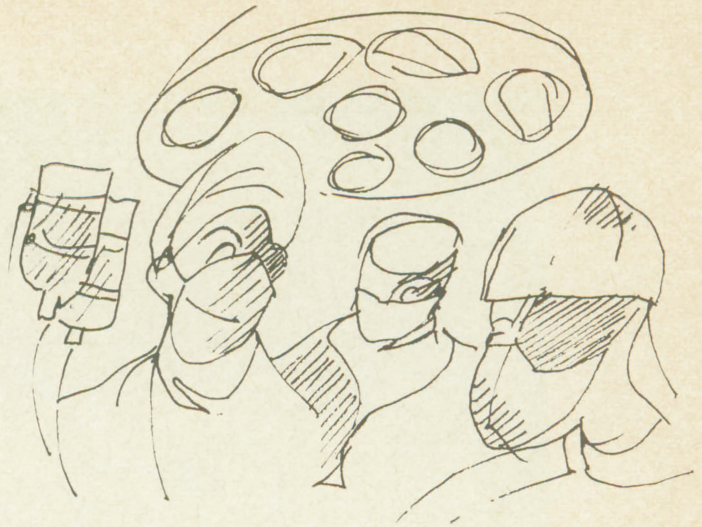
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## About the cover

A cautiously relaxed freshman class in their sleeves, some in turtle necks, some carrying helmets for cycles, waited expectantly for their orientation to the Medical School to begin. Its mood changed little throughout the session as members studied the faculty with whom they will work for four years. This, then, was 104 faces . . . the class of 1972 . . . as envisioned by artist Anne Benkendorf, who also did the inside artwork.



Orientation begins:

## The art of becoming a physician

BY MARY JANE EVEN

SPECIALIST IN ADULT EDUCATION

The class of 1972 began its formal medical career Sept. 12 at a morning orientation given by Dean Peter L. Eichman and Dr. Robert Coye, dean of student affairs. One hundred and four freshman listened expectantly as the next four years of their lives were charted and goals presented for their achievement.

Reportedly, this year's freshmen are some of the most educated and knowledgeable the Medical School has ever had. The students, culled from among 772 applicants, include nine women, represent 32 universities, have a Medical College Admissions Test average of 590, an overall GPA of 3.29 and a science GPA of 3.38. Only 11 students are from outside of Wisconsin.

Each year freshmen surpass the previous year's students in requirements and achievements. Reason for this, explained Dean Eichman, is the greater

knowledge and skills known today. He indicated that students are also more dedicated today and have more individual interests in the medical field.

These freshmen will have an opportunity to work under a new curriculum developed by the faculty of the Medical School, and in its second year of development. The curriculum focuses on three stages in the life of a physician in our society. First is the awareness of the experience, background and goals of each new student entering the medical field. Second is the recognition that special knowledge must be gained during the four years the student is in school, but with the admonition that free time and electives must be considered an important part of the study program. The third aspect of the curriculum is the understanding that continued learning experiences after graduation are vital for physicians practicing in today's society. This third aspect of the program is the major influence of the new curriculum design. Its objective



*Smiling faces belonging to the Class of 1955 greeted senior class president Carl Olson prior to his appearance at freshman orientation.*

is to provide each student the learning experiences necessary to develop an awareness that the art of becoming a physician is a life-time experience.

## **G**oals . . . personal and academic

Dean Eichman, in his welcome, challenged each student to adopt personal objectives as he begins his formal career in medicine. "What kind of a doctor will you become?", he asked. "The process of becoming a physician is a continuous and ever-changing art. It is a life-long experience."

He explained there is no one special day one becomes a physician. "Search your lives", he asked, "and see if you can find the beginning of your career, and you will find it is a life-time awareness

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*Miss Even is a Ph.D. candidate in adult education with a minor in public relations. She received her M.A. from UW last year after earning her B.A. at Illinois and working as a professional Girl Scout executive. Her M.A. topic was adult education with emphasis on adult learning and instruction. Miss Even attended the freshman orientation on an assignment as an employee of the UW Medical Center public information office.*

of your interest in people and in concern for the health." He added, "There are special days of graduation and licensing, but the capacity, the ability, and the practice of being a physician has life-long implications." "For instance, character aspects such as honesty, conscientiousness and ethical behavior do not appear with a license," he explained, "but they are part of an individual's personal development. In this development is the evolution of a physician."

"In recognition of your development and interest in medicine, your individual pre-medical course and experiences," the dean continued, "a curriculum has been designed to give you learning experiences necessary for a physician."

Exploring the objectives of the program further, the dean noted, "The public expects innovation and change in the medical field that keeps pace with the technological advances of our society. Then he asked, "Will you be a doctor who reacts after he handles a 'shock' case about the article

read on a new treatment and realize the one you used is out of date? Or will you consider one practice easier because it's old hat? Some of you will be lucky enough to practice with colleagues who may be willing to remind you of a new technique or treatment. In all cases, change is difficult."

In closing the dean indicated the first class to work under the new program and the faculty evaluated it and found the program effective. The dean enthusiastically commented that the innovations in the curriculum are varied, open and exciting. "It is a self-directed plan of study for physicians of today," he concluded.

### Goals . . . staff and student alike

Dr. Robert Coye later welcomed the freshmen as "the world's brightest people". With tongue in cheek, he said, "The total printout on your combined level of achievement, intelligence, and experience shows you superior to your instructors."

"Actually," he continued, "selections by the dean and the student's choice to come to Wisconsin, represent a joint responsibility for education of the students. The new curriculum entails four years in which the student will be asked to compete with himself. He will be asked to reach a certain level, but beyond that level it is the student's responsibility to broaden his area of interest," Dr. Coye said. To assist each student in coordinating his program, an advisor is assigned for four years. However, all staff members are open for consultation with students on many subjects during the four years and after graduation. Dr. Coye believes that the staff and the students are on the same ladder of learning. "The staff is more advanced and has been in business longer," he said, "however we are all students and learners. Think of the staff as colleagues."

Excitedly he described three new features of the curriculum — the first is 'free time'. For example, during the first year, the program presents the

scientific content, the language of the art and principles of the field to the student. However there is ample time during each week for personal study. The second feature is 'early clinical experience' in the second year with the opportunity to apply the language, knowledge and principles to medical problems — specific cases — taking medical history and physical diagnosis courses and hearing presentations by clinical people. In the third year a new competence is required of the students as they will spend all their time taking histories, determining patients' states of health, diagnosing, and learning the practicality of treatment. This year represents 48 weeks of intensive clinical work — face to face with patients.

The third feature of the curriculum is 'elective specialty courses' available to students. Specifically, this occurs in the fourth year of the program. After an eight week perceptorship period in a Wisconsin community, a student elects an area of special clinical work for eight weeks and then follows this elective with intensive scientific study on the special clinical elective. The last eight weeks of the year are also an elective period.

Dr. Coye concluded his presentation by indicating that there are 300 faculty members willing to assist all students to achieve their goals in medicine. He invited the freshmen to meet the faculty at an informal gathering at the Memorial Union that evening. "To fully accomplish the objectives of the new curriculum this beginning get-together will enable the students and the faculty to discover each other's interests and share, as colleagues do, the individual concerns of the field," he said. It was a beginning step on the road to 1972.

## Alumni support:

# Breathing room for a budget strait jacket

BY PETER L. EICHMAN, M.D. DEAN

During a recent meeting of the Medical Alumni Association board of directors we engaged in a lively discussion on the needs of the Medical School and areas in which medical alumni support could be most helpful. The give and take resulted in a consensus that it was important for the alumni body to share the privileged vantage point of the board of directors in getting inside of the Medical School — the nature of its programs, its financing and its problems.

During the past few years your school has been subjected to an unusually high degree of searching inquiry by extramural bodies which has focused upon our existing programs, our goals, our facilities and financing.

A Governor's Task Force on Medical Education was charged with the development of a comprehensive medical education framework for the State of Wisconsin. The group consisting of citizen members, legislators, representatives of the two medical schools in the state with staff assistants from a number of state agencies recommended that our operating budget be markedly improved.

It recommended that immediate action be taken to develop the master plan for our Medical Center to provide the facilities and site necessary to replace and expand the existing physical plant, and that the incoming freshman class be increased from 104 to 160 places as soon as feasible.

The Lester Gorsline Associates planning consulting firm, which was engaged to develop a preliminary planning analysis for our Medical Center, has stated that our goals and recommended program expansion can be achieved only if new facilities on a new site are provided for teaching and patient care, and for related study and investigation. In the absence of new facilities, enrollment could decline as older facilities have to be abandoned.

The consultants stated that our programs are of excellent quality, but are being conducted in space which is deficient by 30% for our current level of operation.

We are engaged in implementing an exciting new curriculum. This is imposing great demands on an already overburdened faculty and is stretching our budget to the maximum for the remodeling of our moded teaching laboratories and the purchase of teaching equipment, audio-visual teaching aids and other needs. A basic educational improvement grant from the U.S. Public Health Service has provided primary financial support for this endeavor, but it is inadequate.

The nature of the financial underpinning for medical schools has changed dramatically from the time when most of you and I were students. Our total Medical Center budget now exceeds \$34 million. The Medical School portion of this \$34 million is approximately \$15 million, of which state

appropriations provide somewhat less than 30%, and with gifts and grants providing over \$10½ million of annual operating costs.

Increasingly, our basic program support, faculty salaries, equipment, supplies, remodeling and new construction have been funded by gifts and grants.

The J.A.M.A. education issue a year and a half ago placed your school in the national mix of medical schools as follows:

**Rank in Total Teaching Effort** (this includes paramedical students, house staff, fellows, graduate students, etc.) — **5th**

**Rank in Number of Medical Students** — **30th**

**Rank in Terms of Operating Budget, Exclusive of Grants** — **36th**

**Rank in Faculty-Student Ratio** — **59th**

These diverse reports present a picture of your Medical School as one with quality programs, an

extremely heavy educational load, a significant commitment to research (extramurally funded), with serious space deficiencies, understaffed and underbudgeted.

It is a tribute to the dedicated faculty that its members have taken on the challenging new curriculum, markedly expanded our continuing education programs and initiated other innovative teaching and research programs under such handicaps. One such innovation is a program of training in comprehensive care — family practice.

With the constraints of a biennial legislative budget and the restrictions of categorical gifts and grants, unrestricted funds are a vital necessity as seed money or venture capital. We cannot otherwise fund teaching innovations; the remodeling of teaching laboratories; purchase of unique, new items of teaching equipment. We cannot support student projects such as a lecture series of guest speakers chosen by the students, travel to a unique educational experience, supporting visiting professors, equipping or renovating a student lounge or providing scholarships and awards. Unrestricted funds provide the flexibility or breathing room in a budget strait jacket.

We face an extremely difficult budget year. Federal budget cuts have reduced the teaching and research funds available for the health sciences. Our existing grants are being reduced by 10% to 18%. This can mean a reduction of approximately \$1 million in the funds available to your school for faculty salary support and other training and research expenditures.

In a difficult period your school will be far better able to maintain quality with the aid of the flexibility provided by the Annual Alumni Fund. I will work closely with the board of directors in using the funds for the most vital projects and for those consonant with alumni sentiment.



With alumni funds:

## *A night run to Wautoma on the blue bus*

Anna throws her marker, a bent can, and jumps the series of squares, a universal hopscotch. She's good, from practice, and her brother, Thomas, waits quite a while for his turn. A spotlight from a concrete laundry building illuminates his impatient face and her concentrated one.

On the other side of their dirt squares is parked a blue bus. A youth leaves it now, to interrupt the games. "Hey, Anna, how's your dad? You went down to see him today, didn't you?" Anna finished her jump and stops. She looks a little alone as she answers: "Yeah. He's okay, I guess."

"Did they tell you when he could come home?"

"No. They don't know that yet." She pushes the dirt around with her toe.

Paul explains: "Their father was our second patient. He'd been feeling a little off for a couple of years — not quite bad enough to quit picking or to go into town to see a doctor. But as long as we were here, well. . . He had a blood pressure of 290 over 160. We sent him down to University Hospitals the next day."

Paul Wertsch is one of the medical students staffing a mobile clinic working out of the migrant labor health clinic in Wautoma. The van, equipped with an examining table, centrifuges and other equipment for basic laboratory tests, began late this summer to visit migrant camps. Its genesis was a student volunteer program last year to help fortify the clinic in town.

"We knew last year there were a lot of people we weren't reaching from Wautoma," Paul explained. "So many of them have no way to get to town, or

they're not here long enough to make it worthwhile. It was problems like Anna's father's we hoped to find. There didn't seem to be much damage to his heart yet, so we hope we found the problem early enough. That one man makes the bus worthwhile."

The van is a converted school bus, purchased after school closed in June, and purchased with funds from the University of Wisconsin Medical Alumni Association. It's painted bright blue, with cabinets and tables built where seats used to be. Curtains cover the windows and divide it into two rooms, one for examinations, and one for taking histories, performing tests, and dispensing health kits and lollipops.

Miss Charleen Graves, co-responsible with Paul for converting the bus, explained, "some of the University Hospitals' maintenance crew volunteered time to put in the cabinets, and an electrician donated the wiring. The equipment, like that in the clinic in town, is extras the departments at University Hospitals loaned us."

Physicians from the Medical School volunteer evenings and Sundays to staff both the mobile and permanent clinics. This year, four students are working fulltime — this provides a continuity to that program missing last year. Paul is one of the four.

"Most of our problems aren't quite as serious as Anna's father's," he said. "We get mostly minor things — a 10-year-old girl allergic to some of the crops she picks, a boy who strained his knee playing, a pregnant woman bothered by constipation. Those we can treat right here. Anything major we arrange to send into Wautoma or Madison."

"It's more clinical experience than I've had in Madison so far," he added, "and of a different kind. The things we get there are such big problems — these are more everyday. We also try to teach the kids a little about hygiene. We had some health kits — soap, toothbrushes and toothpaste." Here it turns to Anna: "Hey, I forgot to bring some kits for you. I'll just give them to your dad instead and he can bring them home with him."

Anna and Thomas followed him back to the bus for a checkup, and mostly for a lollipop. Both of them are healthy, except that Thomas had one large cavity.



*The mobile clinic was able to reach the migrants and their health problems in their living areas at night when they weren't in the fields. The volunteer program worked out of the migrant labor health clinic in the central Wisconsin town of Wautoma.*



*Basic laboratory tests also were performed in the van, which was equipped with an examining table, centrifuges and other facilities in its two rooms.*



*Medical Alumni funds purchased the blue bus and physicians from the UW Medical Center volunteered their talents and time. Medical students, UW Hospitals maintenance and craftsmen, and many others contributed to the effort.*

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# MEDICAL SCHOOL NEWS

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## Plans to get November review

Long range plans for a new University of Wisconsin Medical Center were outlined before the University Affairs Subcommittee of the State Building Commission at a Sept. 13 meeting in Madison. The proposal calls for a medical center to be built in four stages on a site north of the Veterans Administration Hospital on the west edge of the campus.

Total cost of the project would be \$120.7 million, of which about half would probably be covered by federal grants. The other half would come from state funds. Deducting the value of the existing Medical Center buildings, which could serve other University purposes, the cost would be an equivalent to an average of about \$4 million annually in state funds over a decade.

After the presentation, the subcommittee chairman said that the Medical Center relocation should be reviewed by the legislature's joint finance committee, which is investigating ways to implement a 1967 task force report on medical education. He said the Medical School expansion had grown too large for the building commission to decide because it involved the whole future of medicine in Wisconsin.

The state bureau of engineering was directed to review the Medical Center proposal to see whether it meets the medical education task force recommendations, and to report to a state building commission meeting in mid-November.

In addition, the University of Wisconsin was told to include the Medical Center relocation plans in its 1969-71 capital improvements budget, which has to be approved by both the joint finance committee and the state legislature. A review of the UW Medi-

cal Center's long range program on the present site augmented by adjacent buildings was also directed.

The Medical Center relocation plan, which was prepared by an outside consulting firm in cooperation with the planning departments of the Medical Center and the University, would eventually provide 2½ times the facilities now in use and allow for 30% expansion. It would meet recommendations of the Governor's Task Force on Medical Education, including enlarging Medical School classes from 104 to 160 by 1985. It would increase the total number of medical, nursing and paramedical students about 64%.

Both Dean Peter L. Eichman and the consulting firm experts stressed the urgency and the need for the new Medical Center in terms of meeting the health manpower shortage and maintaining the quality of medical teaching at Wisconsin.

No time table for completion of the four phases was suggested, but the consultants urged that each phase follow the earlier one as closely as possible. Further expansion on the present University Avenue site for the proposed program was deemed "unthinkable" because of a lack of room in that area of the campus. As relocation progressed and present facilities were abandoned, the space, valued at an excess of \$20 million, could be put to use for other University purposes.

In his presentation before the subcommittee, Dean Eichman said the relocation was needed to meet the academic needs of the Medical School, which are responsive to the needs of the state, and are directed towards easing the most serious problems of the health professions.

Under the new proposed Medical Center, the first phase would include 248 patient beds; faculty offices and laboratories for child care, gynecology, obstetrics, psychiatry and nursing; medical library and other instructional facilities and support ser-

ices. Phase II — An additional 302 beds and facilities for patients; space for anesthesiology, medicine, nursing, radiology, rehabilitation, surgery and allied health professions; second year medical student teaching labs; medical library and other instructional facilities and support services.

Phase III — 300 more beds, additional facilities for patients and to accommodate growth of departments moved in Phases I and II; medical library and other instructional facilities and support services. Phase IV — Teaching laboratories and classrooms; all basic science departments; additional allied health facilities and completion of medical library. The total assignable square feet would be 1,489,000.

## Editors hear of medical advances

Department of surgery faculty members played a major part in this year's Community Newspaper Conference Oct. 4-5, when they made presentations under the theme of "Advances in Surgery and Medical Education." The conference is held annually by UW President Harrington for several hundred Wisconsin weekly newspaper editors and their wives. Part of the weekend includes a report on a major University activity.

Chairman of Surgery Anthony R. Curreri, M.D., served as coordinator for the Medical School. Members of his department partaking in the two-hour presentation included:

William H. Wolberg, M.D., associate professor of surgery, "Advances in Cancer"; William A. Kistin, M.D., assistant professor of surgery, "Advances

in Transplantations"; William P. Young, M.D., professor of surgery, "Advances in Cardiovascular Surgery"; Flavio Puletti, M.D., associate professor of surgery, "Advances in the Treatment of Epilepsy and Parkinson's Disease"; Robert O. Johnson, M.D., associate professor of surgery, "Advances in Cryotherapy and Hyperthermia in Cancer"; and David T. Uehling, M.D., "Advances in Male Contraception."

Last year's presentation covered University use of computers.



## Dr. Hokin new pharmacology head

New chairman of the department of pharmacology is Dr. Lowell E. Hokin, a 44-year-old scientist whose major field is biochemistry. His appointment, effective July 1, was recommended by Dean Peter L. Eichman and was approved by the Board of Regents.

Dr. Hokin succeeds Dr. Jack L. Strominger, who went to Harvard earlier this year. The new chairman received his M.D. degree from the University of Louisville in 1948, interned at Michael Reese Hospital in Chicago and went on to get his Ph.D. in biochemistry at the University of Sheffield in England in 1952. For the following two years, Dr. Hokin took postdoctoral training in biochemistry at McGill University, Montreal.

After two years as an assistant professor of pharmacology at McGill, Dr. Hokin came to Wisconsin in 1957 as an assistant professor of physiological chemistry. He was appointed associate professor in 1959 and was named full professor in 1961.

Dr. Hokin believes pharmacology is on the threshold of a new era. Traditionally it has been a description of how drugs affect body processes and little emphasis has been given on how they work in a molecular manner. Over the horizon, he feels, will be more emphasis on molecular interaction. "But we haven't been able to get our teeth into this yet."

Concerning pharmacology at the UW Medical Center, the new chairman said that the department under Strominger has had a tradition in molecular pharmacology and that its personnel are highly trained in the molecular approach. Dr. Hokin seeks to continue and broaden this, with some different emphasis and approaches related to his own interests.

The new chairman said that there are very few pharmacology departments that are molecularly oriented and Wisconsin is fortunate to have as much experience in this area as it has. He said

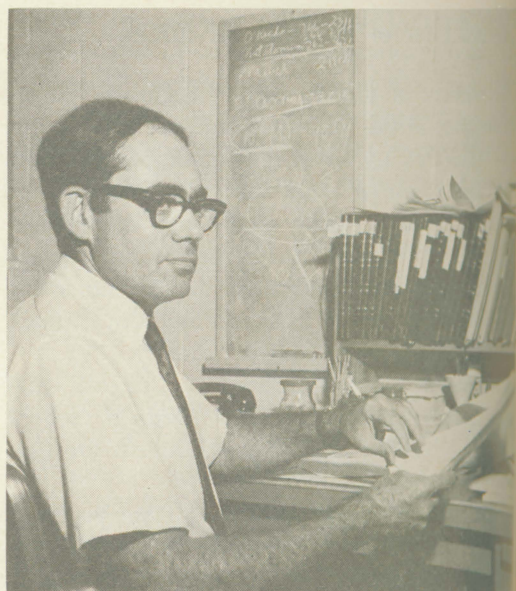
that the department is uniquely situated with so many excellent sister areas in chemistry nearby.

Departmental emphasis most recently has been at the post doctoral level. Dr. Hokin plans on strengthening the graduate program and adding more graduate students. He also plans to start a graduate course in molecular pharmacology.

Dr. Hokin feels that the UW Medical School's new curriculum allows the medical student to get his basics in pharmacology in a good, proper sequence; the first year with a meaningful course in the principles of drug action and the second with concern on the pharmacological aspects of therapeutics.

A native of Peoria, Ill., Dr. Hokin is married to a scientist, Dr. Mabel R. Hokin, who received her Ph.D. at Sheffield in 1952, the same time he did. His wife is associate professor of psychiatry and physiological chemistry at the UW Medical School. They are the parents of two daughters and a son.

*Dr. Lowell E. Hokin*



## Pathology chairmanship to Dr. Pitot

Dr. Henry C. Pitot, professor of oncology and pathology, was appointed chairman of the department of pathology Sept. 1 by Dr. Peter L. Eichman, dean of the Medical School. He replaces Dr. D. Murray Angevine, who is taking a leave of absence to serve as associate director for research at the Armed Forces Institute of Pathology, Washington, D.C.

Dr. Pitot joined the Medical School in 1960 as an assistant professor on the staff of the McArdle Laboratory for Cancer Research. He holds a Career Development Award from the National Cancer Institute for his research on the biochemical aspects of cancer. In April he received the 1968 Award in Experimental Pathology from the American Society for Experimental Pathology for his research on the endoplasmic reticulum and phenotypic variability in normal and neoplastic liver.

*Dr. Henry C. Pitot*



His general interest in the area of biochemical pathology (specifically, metabolic regulatory mechanisms in animals in normal and diseased states) is already reflected in the new directions in which the department is moving. In its research and training programs, pathology plans to incorporate more biochemistry and electron microscopy to enable more correlation between what is seen under the microscope with functional changes. Dr. Pitot said that autopsies can be more meaningful, and offer a more direct correlation between clinical medicine and basic science with the aid of newer techniques as exemplified by the electron microscope, tissue culture and modern methods in biochemistry, genetics, microbiology and other basic medical sciences. The department has one electron microscope now with more planned as well as tissue culture and biochemical laboratories planned.

Dr. Pitot envisions more and more correlation between clinical medicine and pathology. He said that pathology, as the science of disease, must do more to relate many areas of clinical knowledge with diagnostic pathology and anatomical research. For example, the department has set up a new tissue culture laboratory to enhance its total capabilities. The laboratory will study, among other things, human genetics and genetic diseases such as cystic fibrosis, by examining cultured cells.

The staff and training programs also are being expanded. This summer, two more assistant professors were added to the staff, and more are being actively recruited.

Dr. Pitot stated that pathology can better relate to more departments with more joint appointments, such as that of Dr. Frank Larson, professor of medi-

cine and head of University Hospitals' clinical laboratories, who accepted a position also as professor of pathology.

The graduate program for the doctoral degree has been enlarged this year with five candidates in training as opposed to only one last year. There are also two postdoctoral fellows doing research this year. In the future, Dr. Pitot plans an expanded predoctoral program, as well as an enlarged and more flexible residency program. The new Medical School curriculum made it necessary for pathology to add four courses to its graduate sequence.

Other practical dreams of Dr. Pitot include speeding the autopsy service through rapid tissue processing and by making information more available for immediate and long-range research through the use of IBM tapes.

Dr. Pitot received his B.S. degree in chemistry in 1951 from the Virginia Military Institute and the M.D. and Ph.D. degrees from Tulane University. He has board certification in pathology, with his Ph.D. in biochemistry.

## University health service moves

The outpatient portion of the University Health Services was moved in early September to new quarters on the first and second floors of 1552 University Ave., the former site of the Wisconsin Diagnostic Center. The move, made to meet the increasing demand for health services with over 33,000 students on campus this year, separates inpatient from outpatient for the first time since the Student Infirmary was constructed in 1920.

Inpatient facilities will remain on Infirmary III. Services such as x-ray, pharmacy and laboratory procedures will be available at the new outpatient site two blocks west of University Hospitals.

The move also will result in several increased services to students.

## Chairman Rankin views department goals

Dr. John Rankin, professor of medicine, and newly appointed chairman of the department of preventive medicine, believes that preventive medicine has much to offer in confronting today's health problems and the problems of tomorrow.

"Most basic sciences tend to be reductionist and analytic," Dr. Rankin said. "While this leads to profound penetration in a narrow field, it may also lead to loss of insight into the whole. Preventive medicine, on the other hand, must adopt a multidisciplinary synthetic approach." He added, "The objective is to integrate knowledge acquired by analysis of phenomena observable at the molecular, cellular, organismal and the community level."

According to Dr. Rankin, the department's future activities in teaching and research will emphasize biological, environmental, and social factors that are of primary importance in health and disease.

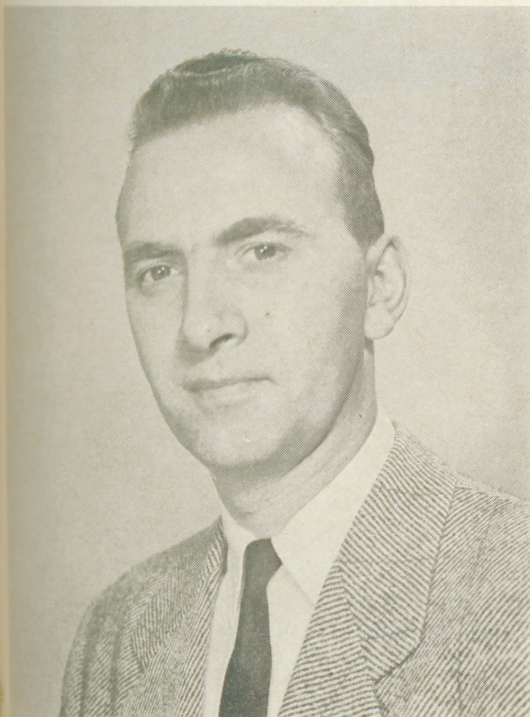
"We will stress multidisciplinary fields of virology, microbiology, immunology, epidemiology, physiology, toxicology and medicine," Dr. Rankin said. To implement this integrative and multidisciplinary objective, Dr. Rankin has visualized several departmental projects.

Receiving top priority is the establishment of a "community laboratory" for the physiological, ecological and epidemiologic investigation at all levels. The "laboratory" with a population of about 10,000 would study what effects such things as air pollution or altitude would have on people.

"We must go out of the hospital and into the community to see environmental effects on health."

numbers of people," Dr. Rankin said. "We are ultimately concerned with the ecology of modern man. Human ecology seeks to understand man and his problems (1) by studying individuals and populations as biological entities profoundly modified by human society and culture; and (2) by studying the effects of physical, biological, and cultural environments on man and those of man upon his environment," he added.

*Dr. John Rankin*



A second plan is to develop a program in environmental medicine and physiology, in such areas as altitude, industry, etc., to work closely with the Institute for Environmental Studies in the graduate school. Such a program would promote community medicine.

"We want the department to provide a channel through which the entire resources of the University can be brought to bear on community health problems," the new chairman said.

Dr. Rankin also has hopes that the Medical Center will be able to establish a Health Services Research Center which would promote multidisciplinary approaches to health service problems. Such a center would have as its primary function the study of scientific, social, political, economic and technological trends that affect the provision of health services.

Through all the programs, Dr. Rankin hopes to place more emphasis on the individual and his ability to adapt to his environment. "The individual has been ignored too much. People respond differently — they have different abilities to adapt," Dr. Rankin stressed.

Though the task before the new chairman is both challenging and staggering, his background and experience show him well suited to the implementation of the declared objectives.

Dr. Rankin received his M.B. and Ch.B. degrees from the University of Glasgow in 1943 and 1946, respectively. He acquired the M.D. degree from the University of Wisconsin in 1945.

Dr. Rankin has had experience in pharmacology, therapeutics, internal medicine and diseases of the chest as well as pulmonary and exercise physiology, and occupational lung diseases.

The new chairman has engaged in teaching, patient care and research on such areas as epidemiology, and physiopathology of Farmers' Lung and other occupational lung diseases, as well as environmental factors in lung disease.

Dr. Rankin joined the faculty in 1953 as an instructor in the department of medicine. Before being appointed chairman of preventive medicine, he was the director of the pulmonary research laboratory.

## And a little time for midwestern trout

Dr. Harland Mossman possesses a teacher's wisdom, a scholar's knowledge and an alert man's interest and involvement in the world around him. He has utilized all these possessions in living an active and fulfilling life.

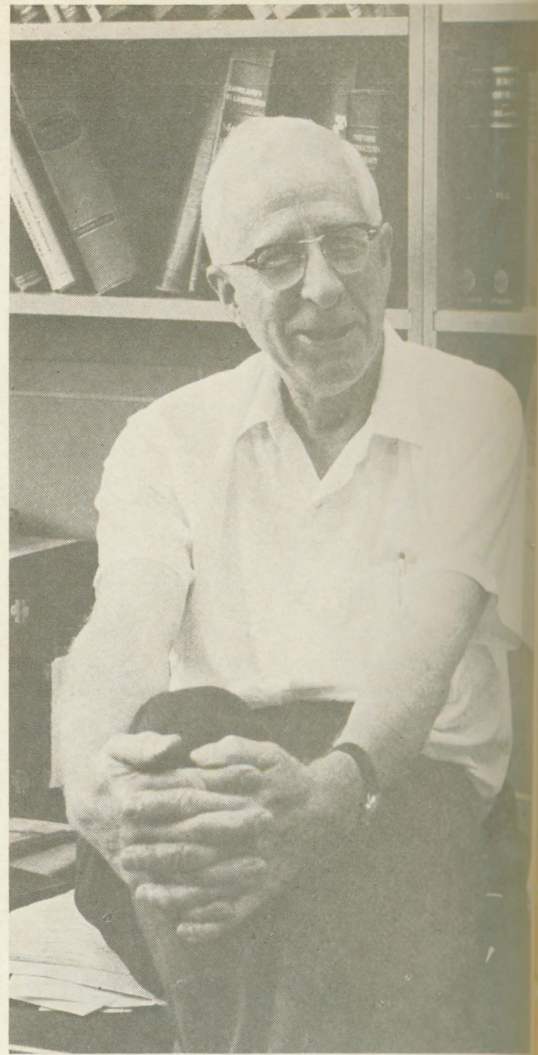
This year, after teaching anatomy at the University of Wisconsin Medical Center for 44 years, Professor Mossman is retiring.

"Dr. Mossman has been the real thread of intellectual science keeping this department on course," said Anatomy Chairman Dr. David Slautterback. "He's been our major scientist, certainly the most famous in our department, and one of the most renowned the Medical Center has produced. Any anatomist would call him the authority on fetal membranes and comparative reproduction."

Dr. Mossman received his doctorate in zoology from Wisconsin in 1924. The study of fetal membranes, his work of the last 44 years, has led him into a new evolutionary classification scheme for mammals.

He points out that relatively closely related species may be very different anatomically, if, during their evolution, they became adapted to widely different environments. "Conversely," Dr. Mossman related, "widely unrelated species may be anatomically very similar, if they became adapted to similar environments." The fetal membranes, he believes, are the structures least affected by evolutionary adaptation to external environment, and therefore most clearly indicate the true phylogenetic relationships between mammalian groups.

Dr. Mossman has used his scholar's knowledge well. He has published a monograph on *Fetal Mem-*



Dr. Harland W. Mossman

*branes*, and co-authored with Professors J. D. Boyd of Cambridge University and W. J. Hamilton of the University of London a general medical text *Human Embryology*. He has written many articles and has contributed to works on embryology, anatomy and physiology of mammalian reproduction. As the honorary secretary of the Subcommittee on Embryological Nomenclature, he recently helped compile a nomenclature for embryology that is comparable to the nomenclature for gross anatomy. Entitled *Nomina Embryologica*, the work will

submitted for acceptance by the International Anatomical Nomenclature Committee in 1970.

"He's a compendium of biological information," Dr. Slutterback said, "a never-ending source of stimulation."

His hunting interests have been a great help in his study of embryology, Dr. Mossman said. "I've collected many of the animals I use in research — a lot of them are rare, and not usually available through supply houses." On an African trip with his wife last spring, he did some camera-hunting in Uganda, Kenya and South Africa; and participated in a symposium on Biology of Reproduction in Mammals in Nairobi, combining pleasure with work.

The trip also helped solve the question, if one really ever existed, of what to do with his retirement. His chairman reports that Dr. Mossman brought back enough specimens to "keep him solidly busy for at least three years."

Dr. Mossman will continue his research and writing at the University. He hopes to have more time to travel and for other hobbies slighted in the past few years . . . such as camping in the Grand Tetons, hunting deer with bow and arrow, and spending leisurely hours casting for trout in the streams of the Middle West.

## Dr. Crow visitor at Caltech

Dr. James F. Crow, professor and chairman of the department of medical genetics, will be on a leave of absence from January until June of 1969. He has been invited to spend the six months as the visiting Gosney professor of biology at California Institute of Technology in Pasadena.

## Connors aids HEW; Spaulding at UWH

Edward J. Connors, superintendent of University Hospitals and assistant director of the Medical Center, on Sept. 1 began serving as a consultant for one year to the Health Services and Mental Health Administration of the Department of Health, Education and Welfare (HEW) in Washington, D.C.

His replacement as superintendent for Sept. 1, 1968, to Aug. 31, 1969, is P. Whitney Spaulding, associate executive director of Hartford Hospital, Hartford, Conn.

While in Washington, Connors will be working primarily on the future of the Hill-Burton health facility building fund legislation, and with the newly established Center for Health Services Research. Dean Peter L. Eichman said, "This appointment is an honor both for Mr. Connors and for the University he represents."

Connors has been superintendent of UWH and an associate professor since 1960. He has been assistant director of the UW Medical Center since 1963.

Spaulding, 39, is a native of Hartford, a graduate of Amherst College, and received his Master's Degree in Public Health from the University of Pittsburgh. He has been at Hartford Hospital since 1960 and is active in Connecticut and New England Hospital Association circles.

The 820-bed Hartford Hospital is a major New England teaching institution, with over 80 interns and residents plus various paramedical training programs.

## What's Dr. Kurtz up to now?

*"What is he doing now?" This is a question we often hear or read in contacts with alumni. They often are referring to professors and other faculty members as well as classmates. Unlike the barracks poem about old soldiers, which the late General Douglas McArthur brought back to popularity, "old professors don't just fade away."*

*As you'll see in this first of a series, they are very active and quite likely keeping up a pace which equaled their teaching years. If you would like to know about the activities of a particular former professor who's left the Medical Center, please let us know.*

— The Editors

President of the New Mexico Heart Assn. . . . "still teaching" . . . "pinch-hitting" for friends." These are some of the activities of Chester M. Kurtz, M.D., who was known to thousands of UW Medical School graduates as professor of clinical medicine until 1957.

Dr. Kurtz took his pre-med at Wisconsin, received his M.D. from Harvard in 1927, and returned to Madison the following year. He began his long association with the Medical School as an assistant researcher in medicine, advanced over the years and was appointed professor in 1952.

Today Dr. Kurtz resides in Albuquerque, N.M., where he retired early this summer from the Veterans Administration after 12 years of service. "This, on top of nearly 30 years of teaching and private practice," he comments. "However, I am still teaching at the University of New Mexico Medical School and participate in the resident training program."

This summer, Dr. Kurtz "pinch-hit" for an internist friend who vacationed for three months in Europe. "He'll be back next week, and I think some of his patients will still be with him," he adds.

The friend chose Dr. Kurtz, our former professor thinks, because at this stage of the game, he had no desire to open an office and start a private practice. "A couple of other internists have been hinting that they are getting itchy feet and are about ready for a trip, so it is possible I shall be fairly busy in my retirement," surmises the professor.

"In addition, I am cardiac consultant to the Santa Fe Railway Memorial Hospital here in Albuquerque and spend practically every afternoon reading ecg's and seeing cardiac patients. . . . This has been such a busy summer that Thea and I are still talking about what we are going to do after I 'retire'. We have so much planned but so far very little time in which to do it. Well," Dr. Kurtz says, "it gives us just that much more to look forward to."

Summer 1968 was so busy that Dr. Kurtz was unable for the first time to return in August for his mother's birthday at Oconomowoc, Wis.

The former UW professor of medicine said he was persuaded to take the presidency of the New Mexico Heart Assn. this year and, with so much time on his hands, would be in a position to "get in there and pitch." So far, he's been unable to find the necessary time, but hopes to work on this, also, as soon "as he retires".

New Mexico has a beautiful climate . . . has almost no snow or ice to contend with in the winter and driving is good the year around, Dr. Kurtz says. It's "an ideal place for older people to live and settle down," he concludes. — He's using the figurative sense, of course.

Dr. Kurtz' address is 2904 Georgia Street, N.E. Albuquerque, N.M. 87110.

## UW research may aid transplants

Rejection — that most publicized and possibly most feared result of tissue transplants — may be less probable because of new research in matching donor and recipient tissue. New research with the mixed leukocyte culture has been done by scientists at the University of Wisconsin and tested at Wisconsin and the University of Turin, Italy.

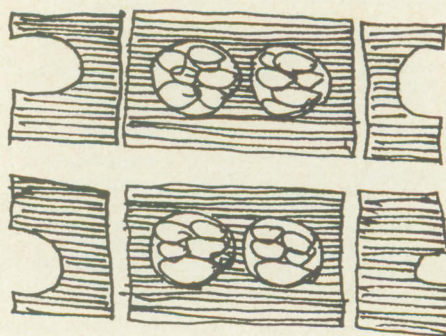
Dr. Fritz Bach, assistant professor of medical genetics at Wisconsin, discussed the mixed leukocyte culture (MLC) at the Second International Congress of the Transplantation Society in New York September 9.

Dr. Bach explained the test: "We mix white cells or leukocytes, from the potential donor and recipient to see how much stimulation occurs. Leukocytes have antigens on their surfaces which re-

with another individual's leukocytes. If dissimilar tissue is mixed, the reaction between opposing antibodies and antigens causes rejection. Tissue exists in types, as blood does, and can be typed with standardized antibodies, as blood can. There are only a few major blood types, however, and an unknown and large number of tissue types.

Dr. Bach and Dr. Bernard Amos of Duke University hypothesized two years ago that the main antigens for tissue type are controlled by one locus on one pair of chromosomes. But the number of alternative genes or alleles, which can fill that locus is unknown. There are at least 20 in the population, each controlling many antigens. Only some of these antigens can be identified by typing.

The MLC supplements tissue typing, and offers one further measure, Dr. Bach said: it registers antigen reactions for which no standardized antibody now exists. As a deeper complication, groups of antigens associated with different alleles seem to stimulate others at different rates. Which produce strong reactions, and which weak, is also



unknown. The MLC provides a gross quantitative measure of the whole reaction's strength.

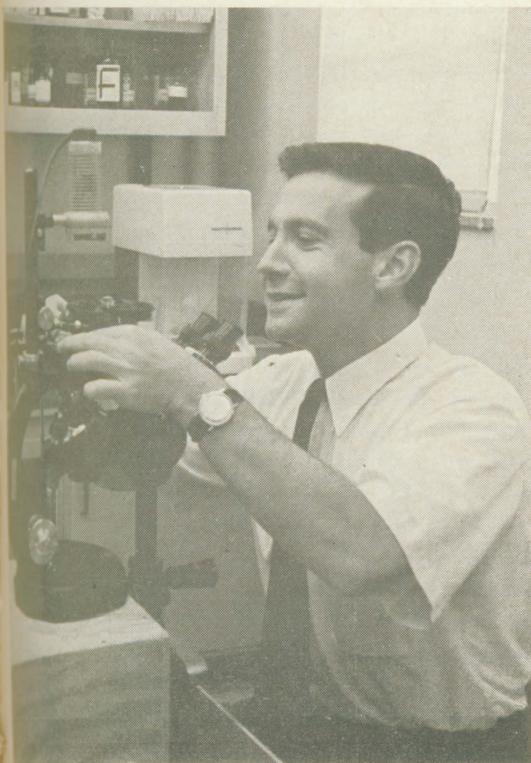
Most matching so far has been done with siblings. The investigator is testing for an antigen sameness he is reasonably sure is there: he is working with pairs drawn from only four alleles, the two contributed by each parent in a given family. About one out of four siblings should be identical.

What if he tries to match unrelated persons? If 100 alleles exist in a given population, Dr. Bach said, the chance of finding a perfect match is about one in 5000. "If probabilities are that small," he added, "we must discover if perfect matching is necessary. And if it is not, how much incompatibility can be tolerated?"

New research with the MLC is trying to answer those questions. The Wisconsin group conducted blind studies at Turin to correlate the amount of compatibility described by the MLC and by antigen typing in closely matched siblings. Second to be investigated was the correlation of the incompatibility described by both tests. If this disparity correlation can be sustained between parents and their children, who are half unrelated persons, the test may be applicable to fully unrelated ones. In Turin, as in Madison, the MLC did predict antigenic disparity between parents and their children.

The next move is to test disparity among fully unrelated donors and recipients. Cells from the recipient are tested against cells from 15 other people including the potential donor to establish a sort of norm of incompatibility. The donor is compared to the scale thus derived and his test result is expressed as a percentage of the worst match. "We hope a large number of these tests will determine what the limits of tolerable incompatibility are," Dr. Bach said.

Dr. Bach places a tissue culture prior to examination.



## Head new Wisconsin kidney group

Two UW Medical School faculty members are officers of the newly formed Kidney Foundation of Wisconsin, an affiliate of the National Kidney Foundation. Dr. Richard E. Rieselbach, assistant professor of medicine (nephrology), announced the formation of the Wisconsin chapter. He is chairman of the state chapter's medical advisory committee.

Dr. David T. Uehling, assistant professor of surgery (urology), is secretary-treasurer of the Wisconsin chapter's medical advisory committee.

In announcing formation of the Kidney Foundation of Wisconsin, Dr. Rieselbach said that major kidney research programs are underway at the University of Wisconsin Medical Center and the other medical school in the state. He listed as Foundation goals:

Support and encouragement of kidney research; support of clinical training programs for young physicians who wish to specialize in the area of kidney disease; keeping local physicians abreast of

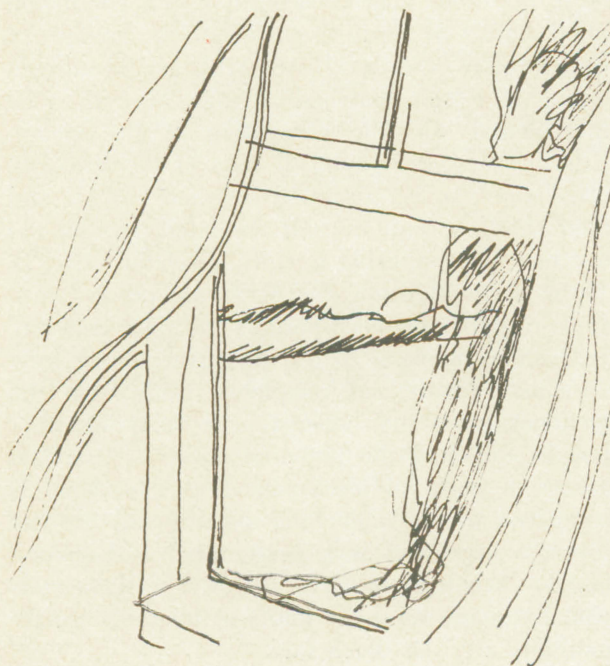
kidney disease diagnosis and treatment developments; promotion of public awareness and promotion of public support for legislation which will facilitate procurement of organs for kidney transplanting and for financial assistance to patients needing unusually costly chronic care.

Dr. Rieselbach was the 1968 recipient of the Alumni Association's award for distinguished teaching.

## Find heat a cancer cell killer

A team of medical researchers from the University of Wisconsin and Rome, Italy, have demonstrated in clinical tests that heat can selectively kill cancer cells without harming normal body tissues. The selective sensitivity of cancer cells to heat, shown for the first time in preliminary testing with cancer patients, may be of considerable importance in influencing future research efforts and perhaps the treatment of malignant tumors in humans.

Results of the international, cooperative study were reported in the September issue of the journal "Cancer", sponsored by the American Cancer Society. The article is the culmination of three years research at the McArdle Laboratory for Cancer Research in Madison and the Regina Elena Institute for Cancer Research and the Institute of Biochemistry in Rome. In the report the authors present the details of their biochemical and clinical studies. Conducting the biochemical studies were Prof. Charles Heidelberger, American Cancer Society Professor of Oncology, McArdle Laboratory, University of Wisconsin; Dr. Beppino C. Giovanella, McArdle Laboratory and Regina Elena Institute and Dr. Bruno Mondovi and Prof. Alessandro Fossi-Fanelli, Institute of Biochemistry, University of Rome. Clinical trials in patients were carried





out by Drs. Renato Cavaliere, Enrico C. Ciocatto, Mario Margottini and Guido Moricca, Regina Elena Institute; and Dr. Robert O. Johnson, University of Wisconsin.

Clinical trials of the new technique were conducted in 22 Italian patients with cancer of the limbs by raising the temperature of the tumors to 105-110 degrees F. with pre-warmed blood for several hours. Tumors treated were sarcomas, melanomas, carcinomas of the skin, and a leiomyosarcoma that arose in the uterus. The researchers point out that the procedure is very hazardous and still experimental, and should be attempted only by highly qualified clinicians experienced in the technique. Numerous complications in some of the 22 patients required aggressive treatment, including amputation of the limbs, and six patients died. The death rate and number of complications, initially rather high, diminished considerably, however, with further experience with the technique.

Tumors of 10 of the 22 patients completely disappeared following the experimental treatment. Five patients showed good response — from 20% to 80% of their tumors disappeared. Tumors appearing to be most responsive to the high temperature treatment were malignant melanomas, a type of cancer difficult to control.

Although most of the patients had a poor prospect of recovery to begin with, at present 12 are

alive and free of the disease at intervals of from three to 28 months following high temperature treatment, even though some of these required amputation due to recurrence of their tumors.

The research was supported by the National Cancer Institute, National Institutes of Health, U.S. Public Health Service, and by the Italian League Against Cancer and Italian Ministry of Public Health.

## **K**rahn is new associate editor

Kurt H. Krahn assumed the position of director of public information for the UW Medical Center and associate editor of the Wisconsin Medical Alumni Quarterly on July 15.

He replaces J. Paul Van Nevel who left Madison to become assistant director of public information at the Johns Hopkins Medical Institutions in Baltimore this past spring.

A 1952 graduate of the UW School of Journalism, Krahn was formerly public relations manager at Wisconsin Blue Cross in Milwaukee. He is a past president of the Wisconsin Industrial Editors Association and is a member of the Public Relations Society of America. Other activities include membership on the public relations committees of the Wisconsin Heart Association and the Wisconsin Hospital Association.

Krahn is a native of Wausau, Wis., and met his wife at UW. They are the parents of three children.



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# ALUMNI NEWS

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## Homecoming launches alumni meetings

Homecoming on Saturday, Nov. 2, will lead off the year's meetings for members of the Wisconsin Medical Alumni Association. A block of football tickets for the Badger-Indiana game has been reserved and program details are being worked out by Drs. Robert Schilling and Sigurd Sivertson. An initial mailing calling for advance registration will be made in the near future.

Monroe will be the site of the downstate meeting on Friday, Dec. 6. Dr. Leslie Kindschi has reserved The Chalet, 12 miles east of Monroe on Hwys. 11 and 81. The suggested program includes Dean Eichman, who would report on the statewide responsibility of the Medical School. Other possibilities include the introduction of new Medical School departmental chairmen Drs. Henry Pitot and John Rankin who could speak on the future of pathology, and new programs in environmental health, respectively.

The Milwaukee Winter Meeting will be held at the University Club in that city Friday, Feb. 7, 1969. Drs. John Petersen and Roger Laubenheimer are the program chairmen. Suggested speakers include Governor Knowles and Congressman Melvin Laird, assuming they clear November election hurdles.

Alumni Day will be held in Madison on Friday, May 23, 1969, with a program that offers a broad, intellectual appeal to members and their wives. Plans include extensive participation of senior faculty members who've had extensive student contacts, and an attractive morning program. President

R. H. Wasserburger and Drs. Schilling and Sivertson are making the Alumni Day plans. Space has been reserved at the Park Motor Inn for classes wishing to hold meetings. Suggested topics include sports medicine — pro's and con's of competitive sports for children, and The Pill — Its hazards and benefits.

It was noted that reunion classes and their representatives include:

1929 — Dr. Oliver Tjoflat, 1934 — Dr. Judah Zizmor, 1939 — Dr. Florian Santini, 1944 — Dr. Arthur L. Scherbel, 1949 — Dr. Bernard I. Lifson, 1954 — Dr. George M. Kroncke, 1959 — Dr. William F. Schoenwetter, 1964 — Dr. David M. Jaecks

## Alumni board capsules

The University of Wisconsin Medical Alumni Board of Directors meeting was called to order by President R. H. Wasserburger at the Madison Club at 6:30 p.m., Sept. 13, 1968. Present were Dean Eichman; President-elect Benkendorf; Directors Laubenheimer, Lifson, Petersen and Sivertson; Editor Lustok; Associate Editor Krahn and Executive Director Hawley. Directors Kindschi and Pohl were absent because of a joint A.C.P. W.S.M. meeting.

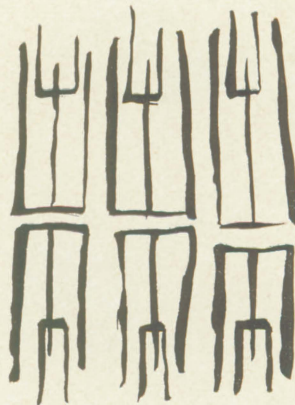
It was agreed that board meetings will be scheduled for Nov. 1, 1968, in Madison; Feb. 7, 1969, in Milwaukee; and Apr. 11, 1969, in Madison.

Past President Dr. Frank Weston was named to serve as chairman of the Deferred Giving Program and will be an ex-officio member of the board. B

will coordinate his efforts with Annual Giving Program Chairman Dr. Herbert Pohle. Members of Dr. Weston's committee include President Wasserburger, Directors Schilling, Sivertson and additional appointments to be made. Dr. Sivertson reported on a meeting with the executive director of the University of Wisconsin Foundation, which will lend its assistance in developing a brochure tailored to medical alumni and spelling out the advantages of a variety of deferred giving options.

An Annual Giving Program report from Dr. Pohle stated that the campaign was being outlined for the coming year. Recommendations adopted by class representatives at the May 1968 meeting will be incorporated into the plans. An initial mailing will include a complete report of last year's program, including donor's names.

A suggestion that presidents of the Medical School sophomore, junior and senior classes be involved with the class representatives organization will be referred to the Medical Faculty Student Affairs Committee, of which Medical School class



presidents are members. Dean Eichman suggested an alumnus also be appointed to the Student Affairs Committee.

Organization of the house staff by specialty would appear to be the most sensible procedure, according to President-elect Benkendorf, and he will seek representatives for each area. He also suggested reunions be tied in with specialty group meetings at the annual State Medical Society meeting when held in Madison, and that the Annual Giving Program report reflect house staff giving support.

Editor Lustok listed the editorial board and suggested an additional member be appointed from upstate Wisconsin. He presented the new associate editor and announced several new features (see the editor's column).

It was agreed to present a \$100 stipend and a letter of commendation to Miss Janet Kreiling, who served as QUARTERLY associate editor for several issues.

The Medical Center painting by Artist Aaron Bohrod will be available for viewing at homecoming. The painting will be given to the Association

and color reproductions of it will be printed for sale to medical alumni.

A gift of \$300 was voted to the Mrs. William S. Middleton Memorial Fund by the board.

Dean Eichman outlined the financial structure and needs of the Medical School, with emphasis on the value of unrestricted funds provided by the Annual Giving Campaign. He was requested to prepare a QUARTERLY article which spells out the nature of the School's need for support of innovative programs and emergency needs.

The meeting was adjourned at 10:30 p.m.

## Memorial fund for Mrs. Middleton

A memorial loan fund for nursing personnel was established by Dr. William S. Middleton upon the death of his wife. Gifts, including one for \$300 by the Wisconsin Medical Alumni Association, are being received by the fund. Friends who wish to contribute may designate their gifts to the Mrs. William S. Middleton Memorial Fund.

## Nassau retreat a February highlight

There's a place in the Bahamian sun awaiting Wisconsin Medical Alumni during the Third Annual Alumni/Faculty Retreat, Feb. 15-22, 1969. Interspersed with 20 hours of lectures will be numerous types of recreational activities for participating physicians and their wives.

Learning and leisure will be the theme of the jet air trip to Nassau, where the Wisconsin group will enjoy the facilities of the Nassau Beach Hotel with its championship 18-hole golf course, 660 yards of sunny beach and superb Carabian beauty.

Teaching faculty this year will include Dr. Peter L. Eichman, Dean and Director of the Medical Center and professor of neurology and medicine. His presentations will include "A Neurologist Looks at Psychiatric Problems" and "Multiple Sclerosis—The Position Today."

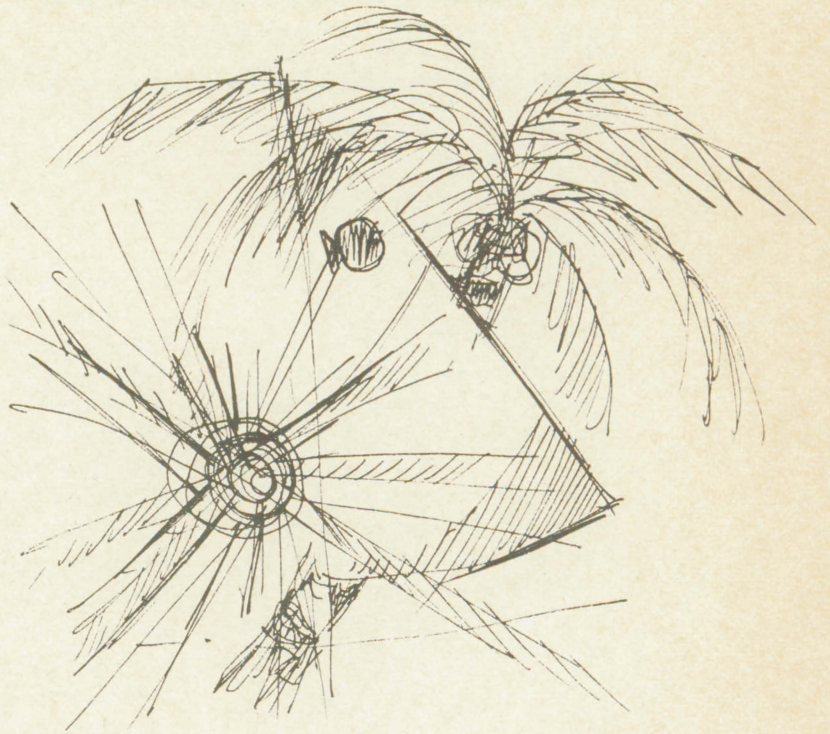
Others are: Dr. John H. Juhl, professor and chairman of the department of radiology, a returning faculty member from last year's retreat. He will talk on "X-Ray Manifestations of Joint Diseases" and "The Normal and Abnormal Cardiovascular Silhouette on X-Ray." Dr. Frank Larson, professor of medicine and director of the clinical laboratories, will speak to "A New Look at Herutism" and "Multiphasic Screening." Dr. James Brandenburg, assistant professor of surgery, will present "Hearing Loss Can Be Helped by Surgery" and "Laryngeal Neoplasms Evaluation and Treatment."

Special features of the course will be a panel discussion on "Dizziness" and a symposium on "Diabetes — 1969."

Everything is included in the retreat fee—round-trip economy jet air transportation between Madison and Nassau;

Seven nights of accommodation at the Nassau Beach Hotel on the modified American plan with full breakfast and dinner each day;

All gratuities for doormen, bellhops for in and out baggage handling, beach and pool attendants.



chambermaids and dining room personnel;  
Round trip transfers from the airport to the hotel  
and return, including baggage handling and tips;  
Twenty hours of educational instruction for  
physicians.

... Not to mention numerous activities to fill the  
lazy Bahamian hours, sight-seeing, shopping for  
free port bargains, swimming and photography.

So plan now for a February week in the sun.  
Cost for the retreat is \$999 for couples and \$688  
for singles. Fill out and mail the from below  
immediately!

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### ***Register Now!***

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

For registration or further information please return this form to: Wisconsin Medical Alumni Association,  
c/o Mr. Ralph Hawley, 333 North Randall, Madison, Wisconsin 53706.

\_\_\_\_\_ Registration \_\_\_\_\_ Further Information

Enclosed is a check for \_\_\_\_\_ to cover:

\_\_\_\_\_ Couples Registration Fee \$999.00 \_\_\_\_\_ Individual Registration Fee \$688.00

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## ALUMNI CAPSULES

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Dr. Adrian H. Scolten, '31, has retired from the practice of dermatology in Portland, Me., and is doing some writing.

Recently recognized by the physicians of Nicaragua for his help and guidance under the "Partners of the Alliance for Progress" was Dr. Henry A. Peters, '45, of Madison. Since Dr. Peters visited the Central American republic in 1955, nearly \$75,000 of used hospital and medical equipment has been sent from Wisconsin to help Nicaraguan doctors improve the level of health care.

Lt. Col. Nathaniel M. Nacheff, '59, of Milwaukee, has been awarded the Soldier's Medal for heroism in Vietnam. The medal is the highest presented under non-combat conditions. Dr. Nacheff last November removed an unexploded grenade from a soldier's thigh.

On July 1, Dr. William C. Summers, '67, became assistant professor (radiobiology) in the department of radiology at the Yale Medical School. He formerly had been a post-doctoral fellow in biophysics at MIT.

Dr. James M. Wilkie, '40, Cross Plains, recently was named vice chairman of the Wisconsin Comprehensive Health Planning Council. Others on the 37-member

council include Dean Peter L. Eichman and Dr. Stanley L. Inhorn, director of the State Laboratory of Hygiene.

"Know Your Madisonian", a local newspaper column, recently featured Past President Dr. Abraham A. Quisling, '30, who is currently serving as president of the Madison Chamber of Commerce.

Dr. James R. Kimmey, Jr., '61, was featured in the July 12 issue of *Medical World News* as the youngest regional health director for the Public Health Service in the nation. At age 33, he has been director of the region that includes New York, New Jersey, Pennsylvania and Delaware since June 1967.

Back at UWH as a resident in internal medicine is Dr. James Esswein, '65, who just completed two years with the Public Health Service in Oklahoma.

The March 1943 class at its recent 25th reunion passed a resolution encouraging annual contributions of \$100 per member to the Medical Alumni Fund. So reported Dr. Norman O. Becker of Fond du Lac, Wisc., as he made his annual contribution.

Dr. Jack E. Shangold on June 22 was installed as president of the Middlesex County (N.J.) Medical Society. Dr. Shangold practices in Perth Amboy and

was an intern at UWH in 1939.

Among the members of the State Medical Society of Wisconsin who joined the "50 Year Club" this year was Dr. Chester C. Schneider, '18, of Whitefish Bay.

Faculty for the new school of X-ray technology at St. Michael Hospital, Milwaukee, will include Dr. Harold F. Ibach, '51, chairman of the hospital's department of radiology.

Dr. Herbert W. Pohle, '38, Milwaukee, recently was elected to a three-year term on the board of governors of the American College of Physicians.

California Hospital in Los Angeles dedicated the new 250-seat Svec Hall on June 28 as part of its educational facilities. The health lecture hall honors Dr. Phillip E. Svec, '39, who personally raised three-quarters of the \$225,000 needed to build the auditorium, according to Dr. Edwin C. Kaye, '50. A surprise guest at the dedication was Prof. J. J. Chopp, a lifelong friend who teaches at UW-Whitewater.

Dr. Jack Edson, '57, recently became director of the Albert Lorenz Institute in Eau Claire, Wisc. For seven years Dr. Edson was chief psychiatrist at the Wisconsin School for Boys in Wales.

Wausau (Wisc.) Memorial Hospital recently honored

Merrit L. Jones, '15, who retired as chief-of-staff after 26 years.

□

Dr. William B. Hildebrand, '39, Menasha, Wisc., was elected to membership on the AMA Council on Medical Service at the association's recent San Francisco meeting. He will hold office until 1970.

□

Recently appointed as a member on the Wisconsin Council of Health by Gov. Warren P. Knowles was Dr. Ray R. Ruецкert, '39, of Portage.

□

Dr. Herbert Laufenburg, '53, recently became associated with Drs. P. B. Blanchard, '32, and John E. Kippenhan, '54, in Cedarburg, Wisc. Dr. Laufenburg most recently was medical director at American Motors Corp. in Milwaukee.

□

Named president-elect of the Wisconsin Heart Assn. recently

was Dr. George G. Rowe, '45, of Madison. Elected to three-year terms on the board of directors were Dr. D. Joseph Freeman, '52, of Wausau, Dr. John H. Wishart, '38, Eau Claire, and Dr. Derward Lepley, Jr., Milwaukee, who interned at UWH in 1949-50.

□

A "Beaumont Gavel" recently was presented to Dr. John T. Mendenhall, president of the Wisconsin Surgical Society and professor of surgery at the UW Medical School, by Dr. W. D. Stovall, Madison, president of the State Medical of Wisconsin's Charitable, Educational and Scientific Foundation. The gavel was made by Dr. Arthur C. Taylor, '27, of Appleton, a member of the surgical society. It is crafted from American walnut taken from Fort Crawford, Prairie du Chien, where Dr. William

Beaumont in 1832 completed his first treatise on the digestive process.

□

India is the new address for Dr. Dorothy M. Barbo, '58, who will be a member of the senior staff of the Ludhiana Christian Medical College and Brown Memorial Hospital at Punjab University, Ludhiana, Punjab, India. Dr. Barbo will be working for the Board of Missions of the United Methodist Church at the interdenominational medical college.

□

Dr. Doris Rosenbaum, '49, recently was elected secretary of the Mid-Peninsula Psychiatric Society in California. In addition to her regular practice, she does psychiatric evaluations of children at the Children's Council in Palo Alto and is a clinical instructor in psychiatry at the Stanford Medical School.

□

We regret to report the following deaths:

Dr. Frank C. Kinsman, '21, Eau Claire, Wisc., April 20, 1968.

Dr. A. H. Lahmann, '26, Mequon, Wisc., January 5, 1968.

Dr. John Hackler, Muskogee, Okla.

Dr. Kenneth V. Powers, '30, Fullerton, Calif., June 28, 1968.

Miss Helen E. Crahen, administrative assistant in the Department of Surgery for 42 years until her retirement last June. Died in Madison, August 19, 1968.

Dr. Harold A. Bachuber, '29, in Sauk City, Wisc., August 10, 1968.

Dr. Robert W. Truscott, Denver, Colo. Dr. Truscott was an intern, '42-'43. June 9, 1968.

Dr. James P. Dean, '13, in Madison.



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# COLUMNS AND EDITORIALS

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## Presidential notes

BY R. H. WASSERBURGER, M.D.  
ALUMNI PRESIDENT

MADISON — Your alumni board held its first meeting at the Madison Club Friday, Sept. 13, 1968, (dutch treat) and I should like to report to you some of its highlights.

Doctor Les Kindschi of Monroe, Wisc., will chair the annual downstate meeting to be held near Monroe, Friday, Dec. 6, 1968, and we hope to have a good representation of the alumni body from northern Illinois and southern Wisconsin. It is our aim at this and all alumni meetings to have members meet with new and more senior faculty members so as to orient all concerned with the current status of the Medical School, delving into its problems and aspirations, and to allow the alumni to once again develop strong personal ties to the Medical School.

Our annual winter meeting will be held, as usual, in Milwaukee on Friday, Feb. 7, 1969, under the direction of Doctors John Petersen and Roger Laubenheimer. This meeting was extremely well attended and received last year and we know that a stimulating program will be arranged this coming year. Doctors Robert Schilling and Sig Sivertson will chair the two general meetings to be held here in Madison, namely, the homecoming program on Nov. 2, (excellent football tickets are again available to all registrants) and the annual meeting to be held in late May, 1969.

Doctor Frank Weston has agreed to serve as chairman of the Life Membership and Deferred Giving Program and will work with Mr. Robert Rennebohm, Executive Director of the Wisconsin Foundation of the University of Wisconsin. We are most proud and fortunate to have the interests and talent of these two men working for us, as this program will undoubtedly provide a solid financial base to our alumni association for years to come.

The Aaron Bohrod painting, depicting highlights of our Medical School is scheduled for unveiling at the homecoming meeting and certainly will provide "conversation" for all. Doctors Joseph Freeman and Dean Eichman have been charged with providing a suitable distributional outlet to all alumni and this office will keep you informed on future developments.

Doctor Herb Pohle, chairman of the Annual Giving Program, will dovetail his interest and efforts with those of Doctors Chuck Benkendorf, president elect, representing the faculty and house staff of the medical school, and Bernie Lifson, immediate past-president, who will work with the various class representatives in expanding this most important program. We realize that some alumni have misgivings about "giving" without "brick and mortar" as an end point. The financial needs and requirements of our medical school, however, extend and will continue to do so, far beyond the funding provided by the state legislature and grants.

A successful on-going, unrestricted annual giving program of the general alumni body is our immediate goal to insure a healthy medical school.

and medical center. Dean Eichman will outline his anticipated needs for the unrestricted funds in this and subsequent issue of the QUARTERLY so that all alumni can better appreciate the broad scope and requirements of this vital program.

Mischa Lustok, Editor of the QUARTERLY, is planning on implementing several additional features which should prove of common interest to all alumni. One will concern itself with the introduction of the medical school faculty by individual departments, thereby allowing a more personal identification, and the other will deal with "follow-up activities" of various emeritus professors of the medical school.

I could go on "forever" with committee activities and their reports, but space and time will not permit. I do hope that the alumni can now perhaps better appreciate that your medical alumni association is not merely a "letterhead," but is made up of hard working, dedicated Wisconsin alumni, with a single goal of excellence in our medical school. The interest and support of the entire medical alumni body makes our task a pleasant one.

asset to our deliberations and an influence of the alumni body.

Miss Janet Kreiling, whose interim association in lieu of Paul Van Nevel was most effective, is leaving for greener pastures. A charming young lady who is planning to work and live in Boston, she displayed the typical feminine logic in starting out by going to San Francisco. We shall miss her.

Kurt Krahn, formerly the public relations director for Blue Cross in Milwaukee, has joined our Medical School organization in a similar capacity as Paul. Among his many duties, he will be associate

## Changes in the editorial staff

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

MILWAUKEE — Timm Zimmerman, '63, has left Wisconsin for further training on the West Coast and has resigned from the editorial board of the QUARTERLY. Always an active and loyal alumnus, we expect to hear from him often and wish him well in his new venture. Donald Schuster, '51, Madison, was appointed by President Wasserburger as a replacement. A leading member of the Council of Class Representatives, he will be a valuable



## Med 4 meanderings

BY CARL E. OLSON  
SENIOR CLASS PRESIDENT

editor of the QUARTERLY. The alumni will find him a very pleasant person, as we have in our brief acquaintance, and a most competent professional. With his journalistic expertise, the QUARTERLY can look towards an even higher quality of achievement in reporting alumni and medical school affairs. We welcome Kurt to our "Wisconsin medical family" and delight in the prospects of our future association.

The full editorial board and the editorial staff met recently to review the QUARTERLY and to set policy for the coming year. We decided to keep the regular and seasonal features and to enhance them with more pictorial reporting. We also decided to add three new features and several of these were able to be included in this issue. Deliberations of the alumni board of directors may be of interest to alumni in distant areas and who cannot hear the local reports. This will become one of our regular items.

There have been, and continue to be, many additions to the faculty of our medical school as older men retire and departments grow and expand. The QUARTERLY is an excellent medium of introduction of the new Wisconsinites to the old grads, and this will be done. We were not surprised to learn that many of our "retired" faculty are more active, and at times more productive, than their status in pasture warrants. We thought that this, too, would be of reader interest and have added this feature.

Your editors and the editorial board are anxious to serve the best interests of the alumni and their medical school and to report to our ever-growing list of readers the news of particular significance. Your comments would be most helpful . . . and most welcome.

MADISON — "Write two to 2½ typewritten pages. Topic???" "Oh, it doesn't matter . . . anything of interest. . . ." It is with these explicit instructions that I am armed to perform as a credulous writer.

What one possible subject could captivate all alumni? From a pseudo-poll, I found that psychiatrists vote for sex. Surgeons ask for thoughts on recent variations of the Bilroth procedures, internists want the latest on drug interactions, pediatricians cry for a brief resume of the infectious diseases of childhood, obstetricians cast their vote for a message on cphalo-pelvic disproportion, pathologists seek a meaningful discussion on new staining techniques, radiologists are excited with the possibility of a fifth density, anesthesiologists merely said, "speak about gas," the basic scientists demand the Krebs cycle.

Who's to argue???

I think maybe the psychiatrists have something, though.



Maybe this obvious diversity of interest in itself can serve as a take-off point. Amidst these themes, there is a uniformly missing issue that becomes more and more apparent as academic acumen is stressed. I'm talking about the theme of a physician as a person in the community.

I realize that constantly striving for academic acumen doesn't preclude a more social role in life . . . at least I don't think it does. That is, I hope it doesn't. You'll have to bear with my confusion on this issue because it is with rare exception that in my last three years I have had the privilege of seeing faculty members outside of their stereotyped role. You may be pleased to know that those I did see passed the test. That is, I wouldn't have guessed that each held the awesome potential of causing 100 medical students to sweat at the drop of a crucially-timed query.

As I put my meandering thoughts on paper, it's becoming more and more clear (at least to me) that I'm formulating a plea . . . a plea as a student to have a more meaningful relationship with our professors which would carry over into the nebulous realm of community life.

We will be prepared to fix; I hope after four years we're prepared to mix.

## Some medical consequences of the expansion of knowledge in biology

ROBERT F. SCHILLING, M.D.  
CHAIRMAN, DEPARTMENT OF MEDICINE  
MEMBER, EDITORIAL BOARD

### I. Some Facts and Probabilities

If one looks about the room in a large meeting, the individuality of physical appearance of each person is easily appreciated. Transposed to physiological chemistry, this means different concentrations of enzymes and differing responses to drugs. If one believes that a significant portion of one's psychological and intellectual individuality is the result of inherited neuro-chemical variations, the number of different personalities could be very large indeed before one needs to invoke the undoubted effects of the environment.

The inherited variability in man is obvious, but until recent decades the beautiful subtleties of it have not been widely explored or appreciated. All of this variability increases the number of diseases, conditions or variants known to the medical "organ specialists." Human hemoglobin is probably the most extensively studied and structurally best understood protein. The variants of this single protein now number several hundred and more will surely be described. (At an international hemato-



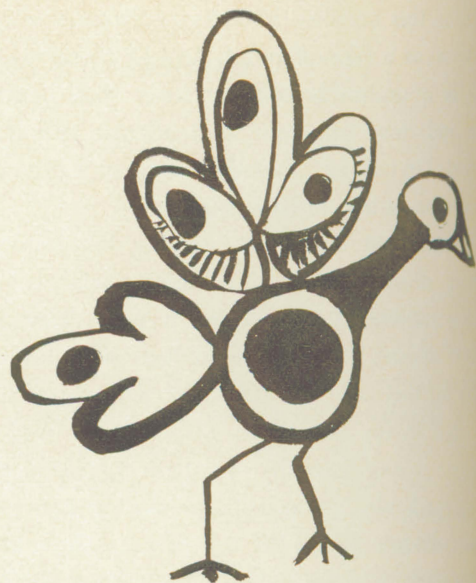
logy meeting which I attended in early September '68, several new ones were reported.)

The human erythrocyte, a non-nucleated cell, is considered one of the simplest in the body. A large number of hemolytic anemias due to inherited defects in red cell enzymes converting glucose to energy have already been described. Some of these are manifest (i.e. become diseases) only when the patient ingest certain drugs: hemolytic anemic following ingestion of the anti-malarial, primaquine, is the prototype.

When one realizes that there are hundreds of known genetic variants (i.e. potential diseases) in the enzymes (I include hemoglobin as an enzyme) of the red blood cells, and that there are reasons to believe that at least as many variations can be expected in the liver cell or renal tubular cell and perhaps even in neurones, the complexity and magnitude of genetic disease are numbing to contemplate. If, as now appears likely, the conditions we term cancer have a similarly multiple subtle complexity, the problem of finding the correct chemical to cure a given patient with cancer is awesome.

Typical "disease" may result from one of several different inherited enzyme changes. Practically all will agree that painful joint disease with uric acid crystals in the joint fluid and elevated serum uric acid levels is gout. There is good evidence that this disease may result from any one of several different inherited enzyme changes. As knowledge in this area expands, it is likely that the therapy for the several genetic types of gout will be different.

Somewhat related to the above example of several genotypic variants leading to the same disease is the converse: one specific genetically directed change in a single protein may result in many clinical expressions. A gene which substitutes valine for glutamic acid in the beta chain of the human



hemoglobin molecule is known to lead to the following clinical situations:

Severe hemolytic anemia with acholuric jaundice  
Cardiomegaly

Severely painful episodes in legs, abdomen and chest

Unexplained hematuria

Increased susceptibility to *E. coli* osteomyelitis  
Tower skull

Aseptic necrosis of head of the femur

Increased incidence of folic acid deficiency

Improved understanding of the electrical events in the heart has shown that many victims of myocardial infarction die of ventricular fibrillation, a condition which in modern, sophisticated hospitals is very often preventable and reversible. It has been estimated that one-half of persons experiencing large infarct expire before they get to a hospital. Some of the nurses working in coronary care units become much more knowledgeable about managing acute infarctions with arrhythmias than the ordinary doctor.

## II. Questions and Deductions from Preceding

What is the responsibility of medical schools and the profession at large to train paramedical specialists to man the mobile coronary care units being planned? Or the renal hemodialysis units which are needed? The expansion in biomedical information emphasizes the great need for medical teachers to be willing to use detailed examples of one disease

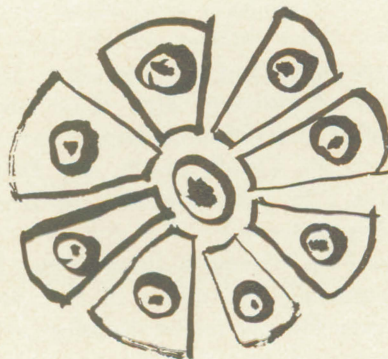
as a model for study, and others may be only briefly mentioned in passing. Flexibility in the curriculum with opportunity for significant choice by the student is considered essential by most students and young faculty.

The great increase in relevant information is going to make it possible for skilled, highly specialized medical people to perform individual beneficial manipulations which will be truly astounding, but the cost of such care will rise distinctly faster than general cost of living. Dispersion of such techniques as organ transplantation and biochemically directed cancer chemotherapy to smaller local medical facilities is unlikely. The high cost of cardiac pump surgery and cobalt therapy precludes their inclusion in many hospitals. The argument is even more convincing for procedures like tissue typing for homotransplantation. The tendency for growth in the already huge urban medical center is nearly unavoidable and an increasing number of patients will be asked to leave their home communities for part of their medical care.

Medical students should not be exposed exclusively to the complex, obscure, compound, advanced illness so typical in many university hospital patients. Will the students go to small community hospitals for a significant part of their clinical learning, or should the university hospital develop a comprehensive care, family practice unit? Probably both paths will be explored.

We live in an age of medical specialization. The increase in knowledge will heighten this tendency because the doctor is more comfortable if he feels he is well qualified in his specialty. In many medical schools students in the third and fourth year are given considerable choice of course work. This will bring increased and earlier specialization. I think it unlikely that medical schools as currently structured will be able to significantly increase the fraction of graduates choosing general practice, family practice, primary care, comprehensive care or whatever one chooses to call it. I believe that such graduates will be found in significantly increased numbers only when interested persons entering college are identified early and given a distinctly different education than is offered in our medical schools now.

I appreciate that much of this brief essay is written with seeming indifference to what is claimed to be America's genius: the ability to bring scientific and technologic advances to a broad segment of the public at a price it can afford to pay. I hope that genius won't fail us.



## Here comes California again

BY W. H. OATWAY, JR., M.D. '28  
CALIFORNIA CORRESPONDENT

ALTADENA — Now we will see what news can be found while being lashed by a new associate editor and being lured by the carrot of old memories. Actually, it isn't hard if you have a telephone, travel a bit and keep your eyes on the newspapers.

We can start with Jerry Shaw ('28, Harvard, and resident in medicine, '30) of Santa Monica. "Gerald W. Shaw has been appointed acting chairman of the area advisory committee of the California Regional Medical Programs. . . . Dr. Shaw also serves on the AMA's physician advisory committee for TV, radio and motion pictures" (plus six other chores for organized medicine.) This is useful work, but less gay than the American Hospital in Neuilly?

We gave a talk at Santa Teresita Hospital in Duarte and the evening's dividend was a visit with Martha Kohl ('31, Rush Medical, and anesthesia resident, '32). She practiced 12 years in Eau Claire (knowing the Midelforts well), came to California in 1944, has three children and 11 grandchildren.

Wisconsin people out here are sad to hear of the loss of Mrs. Middleton, Mrs. Ovid Meyer, Ida Schuler Spiker and Helen Crahen. Many also knew George Stebbins, Chuck Lewis, Ace Hockett and Al Lahmann ('26, Johns Hopkins, OB-Gyn and retired in Mequon).

We missed the Wisconsin dinner in San Francisco in June, especially the movie of Drs. Middleton, Miller, Evans, Stovall, Leake, Bunting, et al. We'll try to borrow and show it in this area.

California can keep in touch with Wisconsin by way of Louisville and the famous Rudolf Noer.

A letter brought a reply and his regrets that he has never made a reunion at Wisconsin. He is variously listed as having gone to Rush, but I know he went to Wisconsin and Pennsylvania and was a surgical resident at old WGH. Since then he has been top officer of the Central and American Surgical Associations, the American College of Surgeons and chairman of surgery at the University of Louisville.

A call to Harold Youngreen, chairman of the class of '41 and a fine Los Angeles internist, brings news that he is "busy as heck and fishes when possible." His main class news was that Phil Stevens, once a magician as well as an M.D., has been largely responsible for the construction of a lecture hall at the California Hospital and it recently was named "Svec Hall". Phil, '39, has been in California since 1940 and practices in the heart of Los Angeles.

The spring QUARTERLY lists four June Wisconsin graduates as having internships at the hospital (and newly titled) "Los Angeles County—USC Medical Center. We didn't reach Michael Terk, but Kae Walker said she had come to see the area, got the job, has been on medicine and OB-Gyn, and likes it very much. David Lifschutz has had private and OB with scant time off . . . but enjoys it very much. Barbara Ferguson from Milwaukee likes the area very much, has been on pediatrics and medicine. We offered them possible help, a visit to La Vina and the hopes that they can get on the chief medicine service during the year.

The QUARTERLY gave us excellent write-ups on Hoodie Weston and Karver Puestow at the time of their retirements. They looked like 1943 or 1944

or earlier! All who have known them can fill in items from our own contacts with them . . . Karver came to California in mid-August as a member of the university and legislative commission to inspect the medical schools at Stanford and U. Cal., Berkeley. He then came to Los Angeles to see part of his family and notified us. But we were on a holiday at a distant beach club.

Speaking of the beach — it gave us a bright tan (now 2/3 gone), a rest (now 1/2 gone) and a chance to make a few La Jolla contacts. The hospitals and a new medical school are burgeoning.

Ross Paull, '27 and Harvard, found him doing well, living retired in an attractive house, and

having to tend a "dickie" eye. Rufe Schneiders, '26 and Rush, lives in San Diego in an active traveling retirement. His elder brother, Ed, was pre-clinical and clinical teacher at Wisconsin after training at UW, '21 and Harvard. We recall his kindness in helping with our first medical contacts in the mid-'20's.

Another meeting was with bro-in-law Jack Pyre and family in Tucson. They spend a few weeks each second year at the shore, travel often to Mexico and visit the best of the Southwest medical meetings. He looks very well. We met again with one of his daughters to speculate on the horses at Del Mar. From the results, I think the daughter *talks* to the horses!

Finally, we extend an invitation to visit La Vina Sanatorium and Hospital northwest of Pasadena. We have 200 acres; 20 acres of buildings; a chest disease hospital of several units with 52 TB beds, 25 RD beds and a circular intensive care unit now under construction. There are a half-dozen ex-Wisconsin MDs on the specialty and associate staff. Welcome, and please call.

## MOVING SOON?

Happily, we are one of the few publications that does not require three weeks or a month of notice. We promise to change your address in one day (it doesn't matter much anyway — we publish only quarterly). The form below is for your convenience. If you lose it, just send a letter. The address is: **Wisconsin Medical Alumni Association, 333 N. Randall Ave., Madison, Wisconsin 53706.**

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