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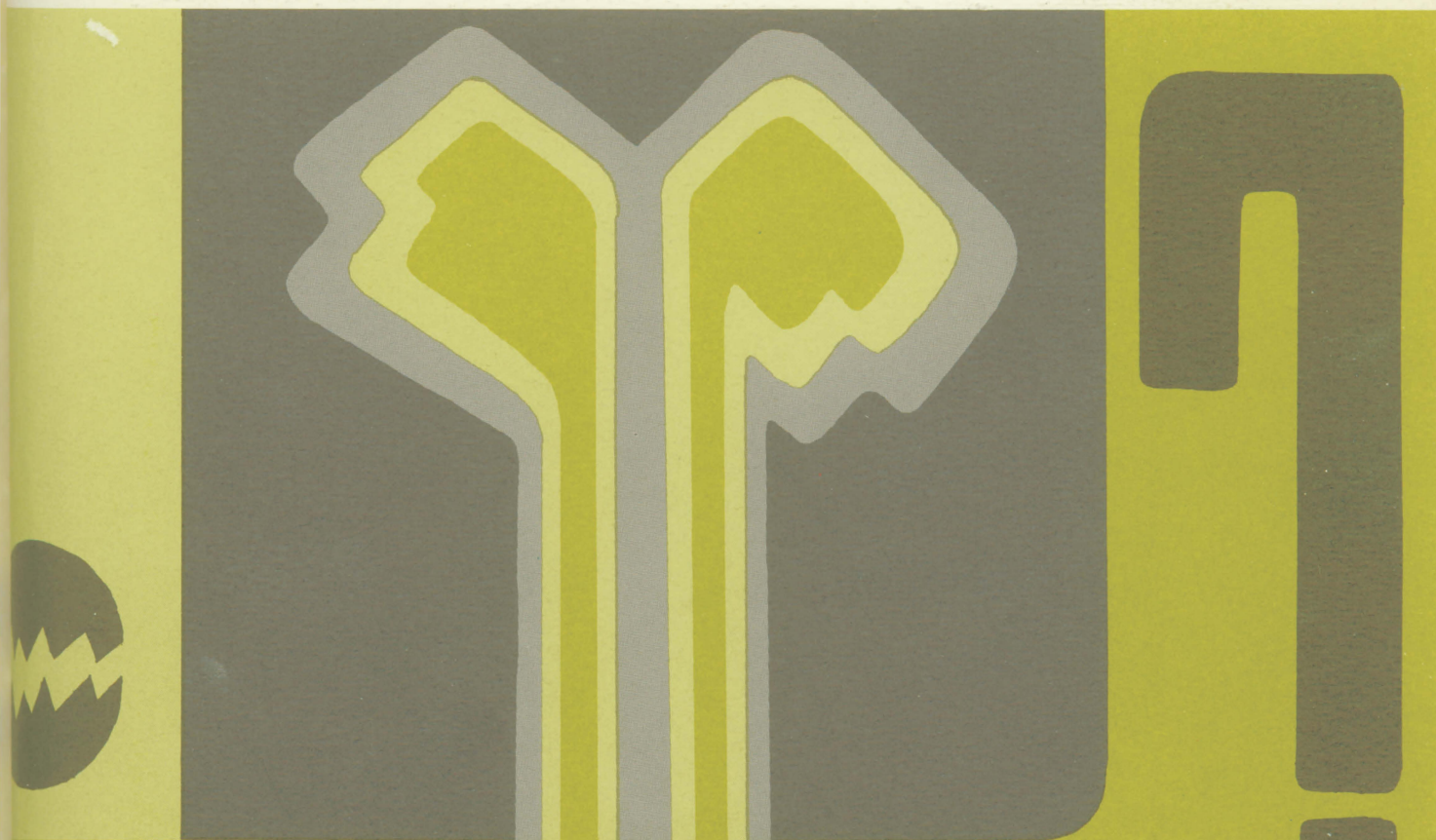
University of Wisconsin

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WISCONSIN MEDICAL ALUMNI

# Quarterly

*Volume ten, number four · Fall, 1970*



WHEN WILL THE VIOLENCE END

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## WISCONSIN MEDICAL ALUMNI

### QUARTERLY

Vol. X October 15, 1970 No. 4

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## About the cover

Our cover is tied to the major story, effects of a nearby bomb blast upon the UW Medical Center, and a question being asked by many Americans today. Artist Ann Huddleston includes five primary components: (l. to r.) an exploded bomb, a silhouette head facing left looking up at the destruction, a sad face at right looking down at the damage and wondering (the question) "When will the violence end?"

# Nearby Bomb Blast Damages Med Center Research, Windows

Plywood by the hundreds of square feet, broken glass by the bushel basketful, broken light bulbs by the dozens, people by the thousands and research losses amounting to much time and thousands of dollars—these were the effects to the UW Medical Center of the early morning Army Mathematics Research Center and Sterling hall bombing on Aug. 24. Close proximity of the medical school and hospitals to the blast site insured involvement of medical center personnel and property. Fortunately, everyone agrees, patients were housed only in C-wing of the hospitals, which was sheltered by the Pharmacy school across the street. It was not like 420 N. Charter St. (Old McArdle), which was directly across the

line. Closer to the site comment ranged from, "this is sure some thunder storm," to "was that a gas line explosion?" and "I thought an earthquake was happening right under our apartment." As soon as telephones rang in the early morning, all those concerned knew a disaster had occurred on the campus.

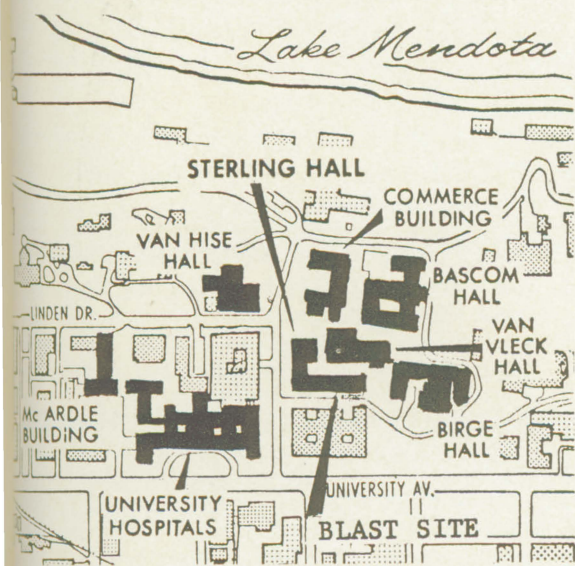
First to be notified was UW Hospitals Assistant Superintendent David Spencer, the administrator on call. His news source was Mrs. Doris Gunness, R.N., night nursing supervisor at the hospitals. There was an explosion near the hospitals, she told Spencer. Patients may have been injured because there was damage to hospitals property.

Spencer was at the hospitals within eight minutes and trying to get through a jam-up of police cars and fire trucks.

Plant Services Director Neale Werner and Fire-Safety Director Peter Vallem were the next to be called. With Spencer they made quick checks of the buildings, using all their senses to detect gas and oxygen leaks or electrical wiring shorts. The quick check turned up only the smell of formaldehyde. Superintendent James Varnum, public information and others were then called.

A more thorough check later revealed the true extent of damages and that, very luckily, only the one patient had received the slight cut. Primarily the patients were curious. "What exactly had happened," they wanted to know. Some immediately went back to sleep.

The most extensive damage was suffered in the lab spaces and classrooms of medical school buildings on the west side of N. Charter St. Windows were broken with such force that glass was blown under locked doors and into hallways. About 80 percent of the windows in the medical center's four buildings along N. Charter St. (UW Hospitals' C-wing, 420 N.



they from where the tremendous explosion occurred (see map). Only one patient received a minor cut on his face as a result of flying glass. No faculty, staff or employees were injured.

The blast was heard as far away as Belleville, 15 miles south of Madison on the Dane-Green county



*A building maintenance employee brushes broken glass from a window well at S.M.I. before plywood is installed. Note that four of the windows shown were broken by the concussion. (Photos by Dennis Connor and Gary Schulz.)*

Charter St. or Old McArdle, Service Memorial Institute and Medical Sciences) were blown out. All windows and casings in 420 N. Charter St., the most heavily damaged, will have to be replaced.

Other damage examples included: Department of OB-Gyn spaces on the fourth floor of 420 N. Charter were temporarily without equipment because it had to be dismantled to make room for window replacement. Before equipment could be reused it had to be recalibrated. Cardiovascular Research suffered only a one-day setback for cleaning up the area, according to George Rowe, M.D., '45, professor of medicine.

Dr. James Whiffen, '55, associate professor of surgery, reported all windows except one were broken in his area on the first floor of Medical Science. In addition to other minor damage, a respirator was blown off a table onto the floor, and the extent of damage is unknown.

Clinical Oncology seems to have experienced the most damage in the medical school area. Many pathology laboratory research samples, valued at \$30,000, were destroyed, according to Dr. Robert O. Johnson, '48, professor of clinical oncology. Damage from the blast has caused a two-year setback in the research of Dr. George Bryan, '57, he said.

Following the blast, for many, Monday was a very busy day. Cooperation among hospital and medical school employees under the pressure was great. By that evening all broken hospital windows and all

critical windows in the medical school buildings were boarded up.

By Tuesday it was back to normal at the medical center . . . except that it was not so normal! Plywood was in place where windows used to be. People all over were cleaning up. Glass covered the lawn on the east side of the med center. Police and FBI guarded the area surrounding Sterling hall. Hordes of people were trying to see the damage. And telephones rang constantly in the Public Information Office as newsmen from around the country wanted information, condition reports on the survivors, interviews with them and general information.

One man was killed in the blast. The two survivors were hospitalized at UW Hospitals and a third was treated and released.

Repairing windows in the medical center will cost more than \$30,000 from a fund set up by the University. The 3,200 square feet of plywood and broken light bulbs will add a few more thousand dollars, as will laboratory equipment and glassware. But the loss in research progress, time and dollars can be incalculable.

A medical center security committee was set up, began reviewing disaster plans in the hospitals and began work on making the complex' facilities even more responsive to possible future threats.

UW Medical Center personnel and facilities responded extremely well after that blast occurred at 3:42 a.m., Monday, Aug. 24. Hopefully, they won't be tested again.

*. . . "It should be no secret any longer that there are those among us who are systematically and violently attempting to destroy this free exchange of ideas—this tradition of sifting and winnowing which has made our University great. The regents therefore call upon all members of the University community, as well as the people of the state, no matter what their individual beliefs or feelings might be in the wake of this terrible act, to rededicate themselves to the preservation of the University of Wisconsin as a great educational institution.*

*"The vast majority of students and faculty are here to learn and to teach. Most students are here at a great sacrifice to themselves and their families. Their quest for knowledge must not be denied. We owe it to them—and to those who follow them—to preserve this University as a genuinely open institution of higher learning."*

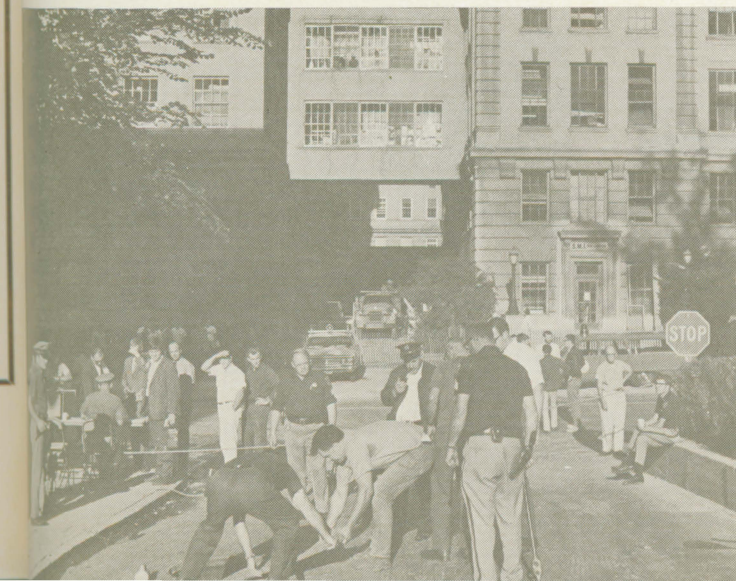
—From a Statement by the UW Board of Regents, Aug. 26, 1970



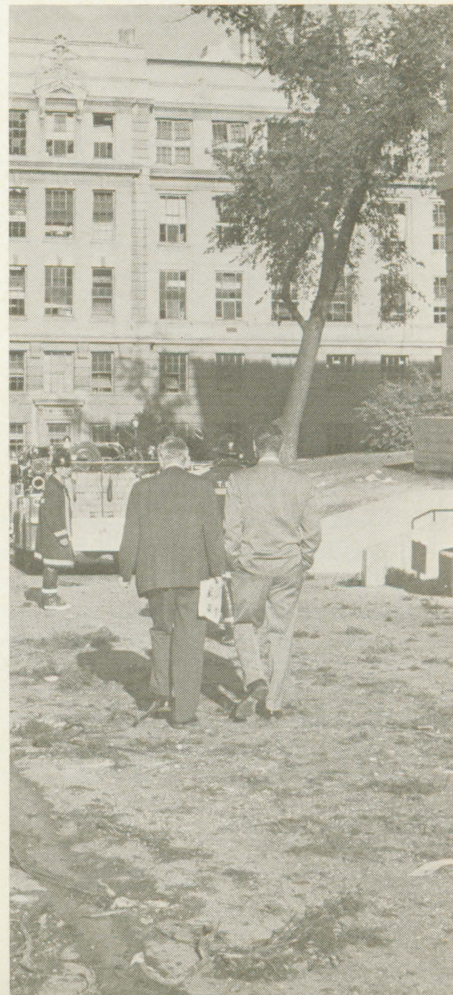
*Right) Site of the early morning blast was Sterling Hall and the adjacent Army Mathematics Research Center, one-half block east of the medical center. The explosion itself occurred outside the building in the foreground and some of its force was directed towards the medical center by surrounding structures (see map on preceding page).*



*Above) Plywood is installed in the walkway between Old McArdle and S.M.I. Note how force of the blast bent window frames. (Below) Workers lift a manhole cover to inspect for gas leaks. Med center is in background.*



*UW Madison Chancellor Edwin Young (left) and Regents President Bernard Ziegler walk away after inspecting the blast site. S.M.I. is in the background. Debris in foreground is from a shredded tree.*



# Resident in New Role As a 'Resident Guest'

Is there a doctor in the house?

There was, but Andrew M. Lucas, M.D., a year-long guest at Witte hall on the University's Madison campus, wasn't there to treat student diseases. He shared his knowledge and experience with many of the 3,200 young men and women living in the University's Southeast dormitories.

Sharply tuned in to the "now" generation, the 36-year-old former family physician, a resident in radiology at University Hospitals, was the first appointment in an experiment begun last fall. If the program is judged successful, others will be invited to accept guest appointments.

"There's a great deal to be learned from sources outside the classrooms," Robert Ebersol, educational coordinator for the Southeast area, pointed out. "We'll have no limits on choice so long as the individual has a rich perspective on life that can be shared with our students."

Under the plan, Dr. Lucas occupied a small apartment in Witte hall. His daytime hours were spent at UW Hospitals, but week nights were reserved for the students—to be shared via lectures, informal discussion, an occasional party, or in quiet talk between a single student caller and the physician. The communication took any tack, Ebersol indicated, "but we assume a fair share of what is talked about is medically oriented."

The physician from Wisconsin Rapids, a central Wisconsin river town of 17,000 population, was a natural for his assignment. In a real sense, this liking

is responsible for his switch from 10 years of family practice to advanced studies in radiology.

"You can call it a cop-out," Dr. Lucas said. "After all, someone has to stay and see the people who want to be seen, but the satisfactions in family practice are in talking with people, getting to know your patient—and there were just too many people. There wasn't time for much talk—about the things people really need to talk about and this was a continuous source of frustration."

Dr. Lucas, a native of Minnesota's Twin Cities and a 1958 Marquette medical graduate, is definitely a family man and the temporary separation from his



By day, Dr. Andrew Lucas, a resident physician from Wisconsin Rapids, treats patients and pursues advanced studies in radiology at University of Wisconsin Hospitals.

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(EDITOR'S NOTE: This story of a radiology resident by Vivian Hone tells of a dormitory experiment to bring to the Madison campus persons with rich perspectives on life and different backgrounds and experiences. These mature adults share their maturity and experience informally with students on their off hours. Vivian is on the staff of the UW News and Publications Service and her original story was adapted slightly for QUARTERLY use.)

But by night last year he was a resident guest at Witte Hall, available to student dwellers for talks or lively group discussions. Dr. Lucas (near lamp at right) is well known in the state for his counseling in family planning. If judged successful, the resident guest program will draw on a variety of people from many communities and life styles to share their special knowledge and experience with Wisconsin students.



life and children, in Wisconsin Rapids, was difficult. But whatever his future routine, it is not likely he will abandon his concern for youth. This concern is deeply rooted, is indeed a life style.

For years, teenagers have given him their confidences and young adults have consulted him on marriage and family problems. Extending his service beyond the office, he has spoken repeatedly before pre-marriage and college groups and has been interested in family life education. Too, he has testified before the Wisconsin Legislature in favor of "a more realistic law on contraceptives."

As the guest experiment concluded this spring, Dr. Lucas reported certain gains. In his opinion, the lectures and more formal gatherings have not been unqualified successes and there haven't been many single applicants rapping timidly at his door. More encouraging are the late evening discussions.

"The students come mainly in groups of 30 or 40, beginning at 9:30 or 10 when they're free and ready to talk," the doctor explained, "and they spread out informally in the lounges and we chat for anywhere from two to as long as four hours on one occasion." And who are the ones who come? Well, "there are a few revolutionaries, but a larger number of idealists who want reform, but who are realistic enough to know the world can't be changed overnight and that the community has to live by certain reasonable standards."

"Most of the students here are a reflection of their parents. While they may not be exactly satisfied with the status quo, they are too busy to become involved in attempts to change it. They're here to get an edu-

cation, often to find a husband or wife and later to become productive members of society."

In one important aspect the students are far better off than their parents ever were, Dr. Lucas stressed. The cultural strictures against talking about certain subjects no longer exist. "They are looking for, asking for, reasonable, practical knowledge.

"The kids know I've been involved in family life education. They wanted to talk about marriage, husband-and-wife relationships, family planning, contraceptives, and sexuality in general. Regrettably, and in spite of the availability of such information through many sources, there is still much ignorance of these subjects among today's youth," Lucas said. "Some of their ideas need support, some need thoughtful challenge and most importantly, all ideas benefit from discussion."

Dorm Coordinator Ebersol's assessment of the experiment is given in terms of assessing the teacher and the "taught": "Andy gives careful thought to what he says and is careful to make the distinction between medical fact and opinion. He's also a red-head, and like the stereotyped 'red,' has a temper that comes through. It's good for the kids. If they stray from the point in discussion, he pulls them back. But when the students are right, he gives them full recognition."

Since the program is one more attempt to broaden the scope of higher education, the assessment of a primary beneficiary could be the most telling.

"Dr. Lucas is a fine choice," said Kathy Elkins, graduate student living at Witte hall. "He certainly can communicate with students. He's willing to discuss anything we ask about and is always well informed. He's also willing to listen. If it's at all possible to repeat, I'd be delighted to see him back with us next year."

## An Alumni Portrait:

# *Sailing Before A Favoring Wind*

On most Sunday and Thursday afternoons aboard his Hong Kong-built sloop, *Zung Foong*, Dr. George Thorngate, '23, at Monterey, Calif., enjoys the roll of the swells and the whispering wind in the sails.

Sometimes he reminisces about his days in Liu-ho and Shanghai as a medical missionary. Although interrupted by the Chinese Nationalists, the depression, internment in a Japanese concentration camp, and a year's harassment by Chinese Communists, Dr. Thorngate returned again and again to China to serve over 20 years treating tuberculosis, one of the leading causes of death in China, and other diseases of the chest.

After two years of medical school at Wisconsin, graduation from Western Reserve in 1923 and interning at Lakeside Hospital, Cleveland, he traveled with his wife and small son to Liu-ho, 30 long, bumpy, dusty miles north of Shanghai. As a medical missionary of the Seventh Day Baptist Missionary Society, he took over a small hospital and built it up for the systematic treatment of tuberculosis.

Driven from there several years later by the Chinese Nationalists, he took his wife and three sons to Shanghai, where he taught at Pennsylvania Medical

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(EDITOR'S NOTE: *The accompanying story about Dr. George Thorngate, '23, is adapted from one first printed in the December 1969 Lupine, publication of the Monterey (Calif.) County Medical Society, after he had received the 1969 Alumni Award at Case Western Reserve. It was brought to our attention by Dr. Paul Clark, emeritus professor of bacteriology.*

*(Dr. Thorngate's career also includes the fact that he has risen to the rank of captain in the Army during World War I, had been wounded and awarded the DSC, Silver Star and Purple Heart. Through a military arrangement he completed his premedical work at Cambridge University while still in service and before coming to Wisconsin in 1919.)*

School, St. John's University, until time for his scheduled return to the U.S. for a year's leave of absence. Due to a scarcity of mission funds during the depression, the leave stretched to seven years. He spent two years in residency at Saranac Lake, then established a private practice in Phoenix, both excellent areas for the study and treatment of diseases of the chest.

Back in Shanghai in 1938 as chief of chest service and surgery in an English mission hospital, he also



engaged in private practice and again taught at St. John's. Dr. Thorngate has a deep interest in the history of medicine, especially the history of surgery. He contributed a great deal of material and time to the monograph of lectures at St. John's, *Men and Events in Surgery*, which was published privately in Peking in 1940 by his good friend and co-worker, Dr. F. T. Ranson, an English surgeon.

He was joined in Shanghai by his wife and three younger sons, but only for a short time. The Department of State, citing the disturbing war climate, requested that women and children return to the States, which they did in 1940. The relative freedom Dr. Thorngate enjoyed in Shanghai after the attack

on Pearl Harbor soon ended. All persons holding Allied passports were interned.

The prisoners were allowed to take only the possessions they could carry several miles. He took his microscope, medicines and laboratory supplies. The medicines and supplies were soon gone, but fortunately his fine grounding in chemistry enabled him to make do with available substances and to make up his own reagents.

Among the all-male internees were engineers, businessmen, two millionaires, a medical student, and many teachers. There was a high esprit de corps and every one worked well together. The teachers, who had saved as many books as they could, set up university-like classes.

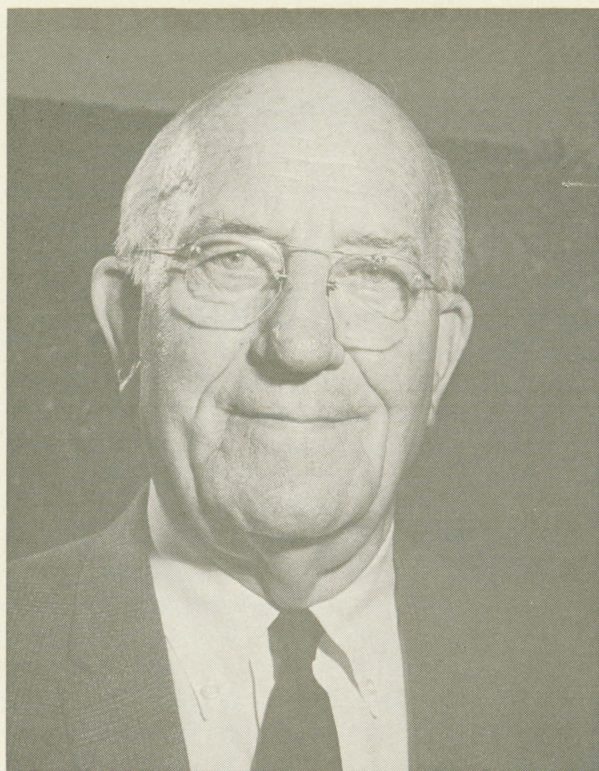
Established in an old warehouse with a bombed-out courtyard full of puddles of stagnant water, the camp had no latrines. With his only tools a level and a piece of string, an engineer laid out the large courtyard and designed proper drainage, coming out only a few inches off square. Dr. Thorngate served as chief physician for the internees and made many lifelong friendships in the camp. A special delight for him now are reunions with former fellow prisoners. He often takes them sailing on his sloop, which is particularly treasured because it came from Hong Kong.

Returned to the U.S. on the second *Gripsholm*, Dr. Thorngate was soon commissioned in the Navy. He was aboard one of the first ships to land in Shanghai after the Japanese surrender and practically helped to open the gates of his old concentration camp.

Back in China after mustering out of the Navy, he joined the Marshall-Jackson Group, made up mainly of British physicians, and practiced with them until 1950. The last year they were under the heavy thumb of the Chinese Communists.

It was not easy to get out of Communist China. He was finally told that if they could get to Tientsin there would be a ship to take them to Hong Kong. Dr. Thorngate and his wife Len (Helen) again abandoned all their worldly goods. With much apprehension they undertook what proved to be a terrible train ride to Tientsin and a nightmarish trip in an overcrowded freighter through high seas to Hong Kong, where they transferred to a more comfortable ship for the return to the States.

Contacted almost immediately by the Department of State, Dr. Thorngate soon departed on a Public Health Service mission for two years to help solve health problems in what is now Laos, Cambodia and Vietnam. He established rural dispensaries in several



*George Thorngate, M.D., '23*

thousand villages and engaged in related medical activities.

In 1952 he and his son, George IV (Briar), established their practice in Monterey, and have since been joined by Dr. Thorngate's other three sons and several other physicians.

Dr. Thongate attends all the meetings at the hospitals that he can. An expert of Roberts' Rules of Order, he likes to see meetings conducted in accordance with them and often serves as parliamentarian. A daily jogger, Dr. Thorngate frequently jogs the mile from his home in Del Monte Forest to Community Hospital—and is sometimes seen jogging from the entranceway to his parked car.

But his greatest enjoyment is found with family and friends aboard his 25-foot sailboat, which he bought in 1961. He has a particular knack or wizardry with the sometimes balky motor. When occasionally others fail repeatedly to get the motor started, he uses one of his mysterious tricks—and the motor starts chugging away.

Many friends and acquaintances have experienced their first sailing aboard his *Zung Foong* (Favoring Wind). And he has indeed sailed before a favoring wind for these many years.

# West Campus Site Planning Moves Toward Nov. 1 Goal

Activities involved with planning the new UW Medical Center on the western campus site maintained a rapid pace over the summer months. Many decisions were made and approvals obtained. More will follow this late summer and early fall before the Nov. 1 application deadline for federal funding.

The UW Board of Regents on July 10 approved the master development plan and authorized completion of plans for Phase I of the new UW Medical Center. It will be built on 42.5 acres of land north of the Madison VA Hospital on the western edge of the University Campus. Phase I building funds will be requested of the 1971-73 legislature to allow completion in early 1975.

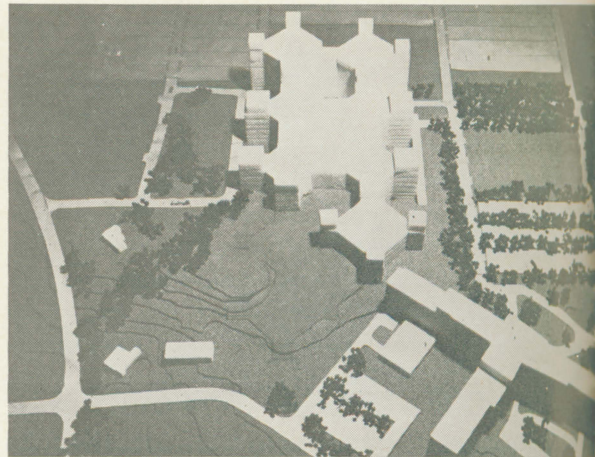
An ad hoc medical center advisory committee that devotes major portions of the members' time to detailed planning was named by Dean Peter Eichman in August. Members are Dean Peter Eichman; Associate Dean Ben M. Peckham, M.D., '41, Associate Professor of Medicine; Arvin B. Weinstein, M.D., '44; Acting Dean Louise C. Smith of the School of Nursing; and UW Hospitals Superintendent James W. Varnum.

Here are some of the new medical center's concepts, as approved by the regents: The new medical center will be built in four phases. A series of modules 120 by 120 feet linked to each other vertically and horizontally by cores at the four corners will comprise the complex. Each floor will be considered one module. Phase I modules will provide space for portions of the Medical School, School of Nursing and University Hospitals. The structure will be linked directly to the VA Hospital.

A unique care concept will characterize the new medical center. Clinical programs will combine inpatient care, outpatient clinics, teaching and faculty areas into a single "program area." In addition, clinical

programs will not be organized along traditional departmental lines, but rather on the basis of disease or common associations.

Clinical program areas scheduled for Phase I are the circulatory service to include cardiovascular medicine and surgery, cardiac catheterization and electrocardiography; the renal service to encompass urology, nephrology, kidney dialysis and transplantation; care of children to include general and special



*This is Phase I of the future UW Medical Center. A third floor passageway will link the complex with the Madison Veterans Administration Hospital (lower right). Parking areas are to the right and top of Phase I, which is scheduled for 1975 completion. You are standing above the 2500 block of University Ave. in this architect's rendition.*

pediatrics, orthopedics and general and plastic surgery; psychiatry to cover children and adults; and the family health service to include an ambulatory clinic for training family physicians, nurses and other members of the health care team in administration of primary care.

Educational areas will house a multidisciplinary teaching lab for second-year medical students, central classrooms, lecture rooms and an instructional materials resource center. Some diagnostic and treatment programs such as clinical laboratories, radiology, pathology and pharmacy will be included, but these activities will closely correlate with VA Hospital programs to prevent duplication of services.

The structure will provide a modest amount of research space for Medical School faculty associated with programs which provide general patient care support. A major portion of the School of Nursing faculty will move to the new site.

In all, Phase I will provide approximately 220 hospital beds and a total of 400,000 assignable square feet of space. Cost of Phase I construction, equipment, design and contingencies has been budgeted at \$45 million. Planners estimate that \$23.7 million will come from federal grants or loans; \$21.3 million will be financed from state general obligation bonds. A prior bonding authorization for medical center construction of \$11,197,050 is still available and can be applied to the state portion of the project. According to the planners' timetable, the construction bid period is scheduled for Fall, 1971.

When the entire four phases of the new medical center are completed, the hospital will support ap-

proximately 780 beds. The complex will occupy 2,539,450 gross square feet.

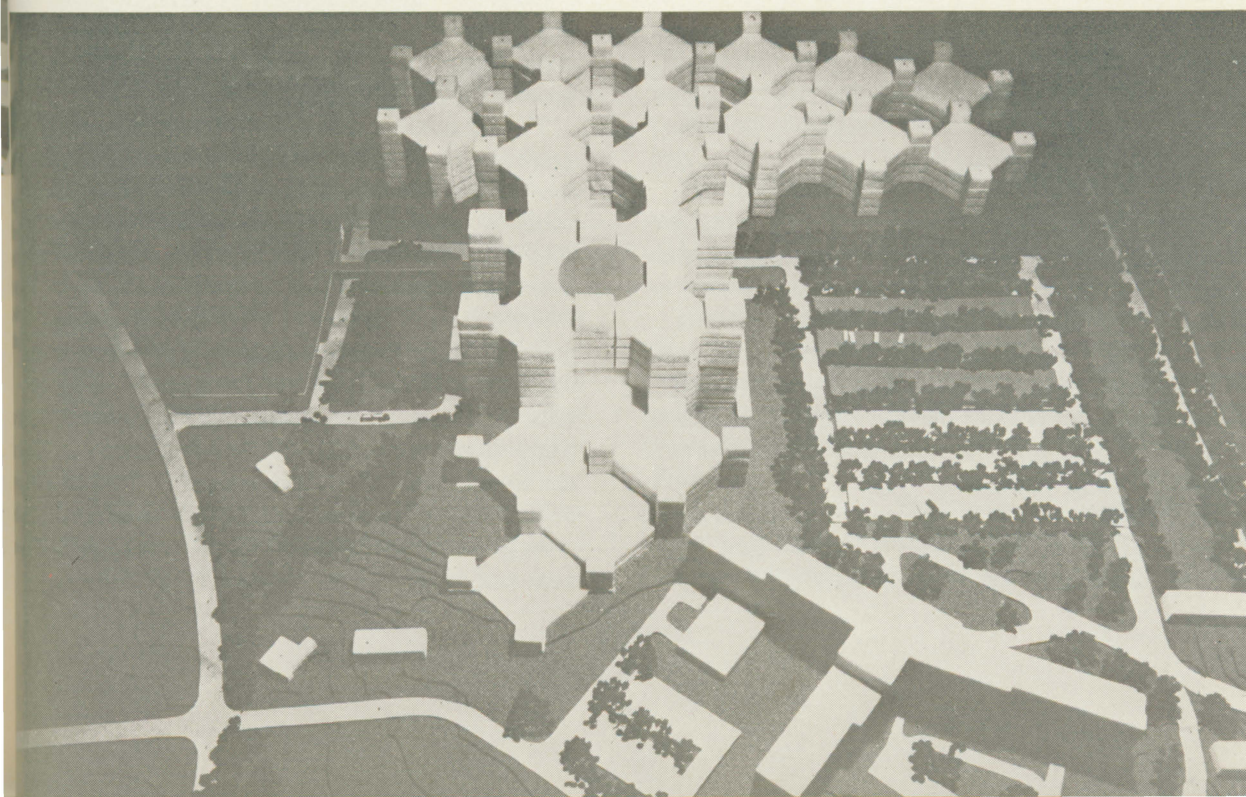
Primary aim of the new medical center is to increase educational opportunities and health manpower. Studies over the past 10 years have shown personnel shortages exist in all health fields in Wisconsin.

Expansion of the medical center to a new site will ultimately allow enrollment in the various health careers to increase from 2,200 to 3,900 students. Phase I completion in 1975 will immediately permit Medical School enrollment to increase from 407 to 568; nursing baccalaureate degree from 626 to 750; nursing graduate program from 15 to 150; interns and residents from 262 to 280 and bio-medical graduate students from 314 to 375.

Of all considerations when planning a new medical center, flexibility is one of the most important requirements. Architects Hellmuth, Obata and Kassabaum (contracted in May, 1969) and planners feel a medical center is a living and growing organism which must accommodate to academic, technological and social demands.

"The building must not be confining," explained Don Wendel, assistant director of medical center planning. "Health care institutions continue to deteriorate despite remodeling and additions because of their inherent inflexible nature and inability to adapt to new programs. A module system will provide flexibility so that facilities in a new UW Medical Center do not become outdated by progress in education and care systems."

*Below) This is how the entire future UW Medical center will look when it is completed. The Madison VA Hospital is at lower right as you look north towards Lake Mendota on the western edge of campus.*



## Dean Lists Administrative Posts

Resignation of Dr. Robert D. Coye as associate dean and announcement of the dean's office organizational structure were made to the faculty in mid-September. Dr. Coye served as associate dean for many years during which his contributions to curriculum at the medical school were substantial.

"We are indebted to Dr. Coye for his fine efforts," said Dean Eichman. He will be returning to his faculty duties in pathology and we wish him well in this change of direction." Dr. Coye, who worked in the areas of admissions and student affairs, also has served as assistant dean. Dr. Coye's duties will be assumed by Dr. James C. Petterson, assistant professor of anatomy, and Dr. George R. Kerr, associate professor of pediatrics (see below.)

Dean Eichman announced the following administrative structure effective Oct. 1:

Associate dean for clinical affairs—Ben M. Peckham, M.D., '41; assistant dean for clinical affairs—Marc F. Hansen, M.D.; associate dean for education—Thomas C. Meyer, M.D.; assistant dean for continuing education—Sigurd E. Sivertson, M.D., '47; assistant dean for educational administration—George R. Kerr, M.D.; and assistant dean for admissions and student affairs—James C. Petterson, Ph.D.

## Psychiatry Tests Six Year Curriculum

From freshman medical student to practicing psychiatrist in six years—that is the training schedule now underway in an experimental department of psychiatry curriculum at the UW Medical School.

Each year six senior medical students are selected to participate in the program that, by incorporating the internship and combining the last year of medical school and first year of residency, shortens the total training time by two years.

Dr. William F. Fey, professor of psychiatry and coordinator of the program, says that the time saved benefits the individual students more than the pro-

fession. The program is not designed specifically to increase the number of psychiatrists; however, students who complete the program will enter practice or begin subspecialty training two years earlier.

One phase of the experiment is to determine whether the student's education is compromised by condensing. A particular question to be answered is whether the internship is necessary. A student is not required to have had an internship to be eligible for examination by the American Board of Neurology and Psychiatry. However, some physicians strongly feel that the student's education is not complete without an internship.

If the student participating in the six-year program feels he wants to do an internship, he may do a Rotating-6 internship during the last two years of his residency. Using elective hours, the student spends four months on medical service concurrent with his psychiatric residency.

Currently, only UW medical students are accepted into the six-year program. Their training begins during the preclinical years; during the junior year every UW medical student devotes six weeks to clinical training on a psychiatric service. Dr. Fey explained that the program is now limited to UW students because the department then has control over all six years of training and not just the last three years of eight. Students from other medical schools may, or may not, have had particular courses or experiences.

In addition, the medical student begins his residency in his fourth year of training, where students from most other universities cannot begin until the fifth year.

Currently nine physicians in the traditional training program are serving as the control group in this experiment. They have completed the standard internship.

The six medical students in the experimental program and nine residents in the conventional program receive the same training, except that the six special students must devote eight weeks to the preceptorship program that is required for all UW senior medical students.

According to Dr. Fey, a shortened training program may be more feasible in psychiatry than in some other disciplines, in part because psychiatrists tend to make their specialty commitment earlier. They do not seem to need the extra time afforded in the fourth year of medical school and internship to decide which discipline they will choose.

At present the experimental program is in its third year and receives funds from HEW.

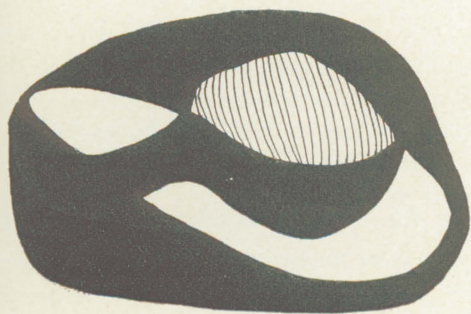
## Ophthalmology Department Is Formed

The UW Board of Regents in June voted that the Division of Ophthalmology in the Department of Surgery be given separate departmental status effective July 1. At its Sept. 11 meeting the Board approved the appointment of Dr. Matthew D. Davis as professor and chairman of ophthalmology.

Other full-time faculty members in the department include Drs. James Allen, Guillermo de Venecia, Ronald Engerman and Ulker Keeseey. In addition, the department also has several part-time ophthalmologists on the staff.

Dr. Davis and his staff are active in the medical school teaching programs. Dr. Davis himself teaches the ophthalmology portion of the special senses section to second-year medical students. Currently three residents are accepted each year for training in ophthalmology, but future plans include enlarging the residency training program.

Inpatient and outpatient services for both adults and pediatric patients are offered by the department.



The department is nationally recognized, and has received awards, for research in diabetic retinopathy.

Dr. Davis received his M.D. degree in 1950 from the University of Pennsylvania after earning his B.A. at Wisconsin in 1947. He served both his internship and residency at Wisconsin and in 1956 was a fellow in the retina service at the Massachusetts Eye and Ear Infirmary, Boston. He joined the UW medical faculty that year as a clinical instructor and has been full- or part-time member ever since.

Doctor de Venecia served his residency at Wisconsin from 1956-59 and Doctor Allen was a resident at Madison from 1960-64.

## Pathology Change Cuts Training Time

The UW Department of Pathology in September began offering a program that allows a student to begin his residency in his fourth year of medical school. The plan will push the pathologist training program back one year and allow a physician to practice pathology as early as two and a half years after graduation from medical school. The American College of Pathology has approved the program.

Dr. Henry C. Pitot, pathology chairman and professor of pathology and oncology, said of the proposal, "I feel certain that one could do this with a relative minimum alteration in course programming. Upon graduation from medical school, the individual in this program would be no less 'a doctor' than medical students not electing to begin residency in their fourth year."

Noting that the general trend in residency training in pathology is to include more clinical experience, especially in the areas of surgical and clinical pathology, Dr. Pitot said, "Early initiation of the program will in no way compromise the student's clinical training."

Besides enabling some students to eliminate almost a full year of training, the program may also encourage others to take an extra year of advanced training, Pitot pointed out. It will give those students desiring board certification in both anatomical and clinical pathology the opportunity for an extra year of training.

The program would give a fourth-year medical student approximately nine months of credit toward obtaining his board certification in either anatomical or clinical pathology or both.

The first year of pathology training, beginning in the senior year of medical school, would include a summer preceptorship. The fall and spring semesters would include three quarters of pathology electives, including Pathology 770 (advanced pathology) and Pathology 990 (research), with at least five credits in all three quarters. The internship and subsequent years in pathology would be unchanged except that the level of training would be advanced by a year.

## UW Had Part in L-Dopa Acceptance

Research in the University of Wisconsin department of neurology combined with studies made by 26 other university medical centers throughout the country recently resulted in the acceptance of the drug, Levodopa, for treatment of Parkinsonism. The drug was approved by the Food and Drug Administration on June 15.

In charge of the Parkinson clinic and heading the UW investigation of Levodopa is Dr. Gastone G. Celesia, who received a citation of special merit for his exhibit entitled "Levodopa Treatment of Parkinsonism" at the 129th annual meeting of the Wisconsin State Medical Society in May. The display resulted from investigations he made in cooperation with the Veterans Administration Hospital.

Dr. Celesia, associate professor in neurology and director of the EEG laboratory at University Hospitals, is assisted in his work by Dr. Arlene N. Barr, Res. '67-70, assistant professor of neurology.

Sixty-five per cent of the 80 Parkinsonism patients treated with Levodopa at the UW clinic since the Levodopa collaborative study began in May of 1969 have shown varying degrees of improvement.

"Of the 65% who improved," said Dr. Celesia, "there are 10% who dramatically improved, returning to lead an active life. This is better than any other medication yet available."

However, side effects including involuntary movement, nausea, vomiting and psychiatric disturbance are sometimes produced by the drug itself,

limiting its benefit to only a portion of the syndrome's victims. Seven of Dr. Celesia's patients were taken off the drug because of side effects or lack of notable improvement.

The progress of each patient is followed by careful testing of 28 clinical parameters including motor skills, gait, postural reflexes, handwriting, memory and neuropsychological performance. Blood values, weight and blood pressure are also monitored. Hoffman La Roche Pharmaceutical Company, collaborating in the study, coordinates the results of all 27 participating medical centers.

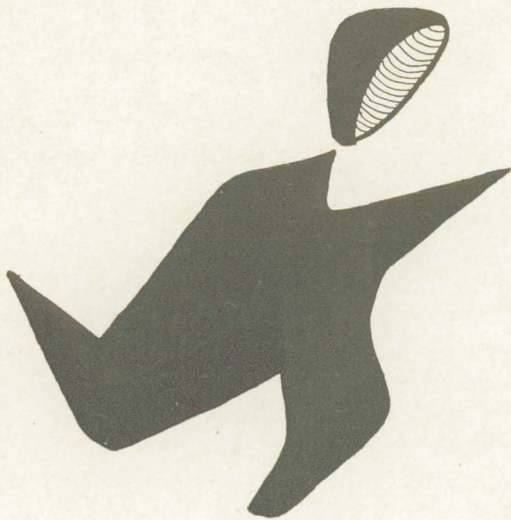
An article entitled "Psychosis and Other Psychiatric Manifestations of Levodopa" has been prepared for the American Medical Association publication, *Archives of Neurology*, and will appear shortly.

Meanwhile, study continues on long range effects of the drug, and new patients are accepted for treatment. Although patients were initially hospitalized for four to five weeks, this past spring an outpatient policy was approved for patients who suffer no other medical complications.

## Dean on Med Education Task Force

Dean Peter L. Eichman in early September was named by the speaker of the State Assembly to a 14-member task force to study medical education in Wisconsin. The task force will conduct a study on what can be done to train and keep physicians in the state.

Professional members of the committee in addition to the dean include Dr. Robert E. Callan, Milwaukee, representing the State Medical Society; Professor Phillip White, Milwaukee, Marquette Medical School; Dr. Lloyd W. Morey, Milwaukee; Dr. Donald D. Johnson, Stevens Point; and Signe Cooper, R.N., Madison. State Senator Walter Chilsen (R-Wausau), is chairman of the group which includes three other legislators and four public members.





*Over 50 associates, former students and their spouses attended a June 20 testimonial honoring retiring radiology professor Dr. Lester W. Paul (standing, fifth from left, with boutonniere).*

## Professorship to Honor Dr. L. W. Paul

Over \$40,000 has been raised so far to provide a professorship at the University of Wisconsin honoring Lester W. Paul, M.D., former professor of radiology. Plans to provide the chair were announced at a testimonial dinner Saturday evening, June 20. Fifty-three of Dr. Paul's former students from all over the United States attended the dinner.

Dr. Paul retired July 1 after 40 years on the UW Medical School faculty, seven of which he served as chairman of radiology.

Former radiology residents from as far away as Southern California, Arizona and Texas and their wives attended. The surprise of the evening was announcement that the alumni had raised sufficient funds to support the professorship at the school. A commemorative folio also will be created for Dr. Paul showing each former student in a color photo.

Dr. Paul joined the UW medical faculty in 1931. He had received his medical degree from the University of Minnesota in 1925, interned, served as a general practitioner and served a radiology residency at University of Wisconsin Hospitals. From 1957-64 he was chairman of the department of radiology.

## Nicaragua City Cites Dr. Ned Wallace

The seacoast community of Puerto Cabezas, Nicaragua, staged a civic parade this summer to welcome the arrival of a 1937 model fire truck donated by a Wisconsin city and named after a UW Medical School faculty member.

The man is Dr. Ned Wallace, assistant clinical professor of pediatrics since July, 1969, who was a medical missionary in the town. Dr. Wallace also

was a UW preceptor and several Wisconsin alumni experienced tropical medicine as students under his tutorship in Puerto Cabezas.

While it had water hydrants, the city of 6,000 had no fire truck when a 1967 blaze destroyed 12 square blocks of homes and stores. A search for a fire truck was launched by the Wisconsin-Nicaragua Partners Committee. When Fort Atkinson, a city of 8,000 some 25 miles southeast of Madison, retired its old truck, it was sent to Puerto Cabezas, which in the meantime had organized a volunteer fire department, built a firehouse and raised funds for additional equipment.

## The Class of 1974 — A Profile

What would a profile of the incoming freshman medical class look like? Here are facts to augment the brief sketch in the Summer issue:

While not the largest freshman class (the two-year classes immediately after World War I had 150 members) the class of '74's 113 is the largest number for a full four-year program. It is an 8.65% increase over last year. Eleven women are in the class, two of them Negroes, and there is one male black. They come from 28 different colleges and 68 are UW graduates. College majors include zoology, 49; chemistry, 23; psychology, 12; other scientific majors, 11; mathematics, 3; and others, 15. (Last year's freshman class came from 32 colleges, had 54 UW grads and had almost identical majors, except that this year there was an increase in psychology graduates.)

The class came from 847 applications (917 last year) of whom 368 were Wisconsin residents (351 last year) and 82 were women (also 82 last year). Forty-one persons were accepted but did not join the class, compared with 34 last year. The class' science grade point average is 3.43 (3.44 last year), its overall grade point average is 3.38 (up from last year's 3.35).

# The New Faculty

The QUARTERLY continues this series begun in the Spring 1968 issue, to acquaint alumni with new members of the UW Medical School faculty. Those featured here have been picked at random.

□

Chief of medicine at Veterans Administration Hospital is one of the positions Dr. Calvin M. Kunin will hold as a newly appointed professor of internal medicine at the UW Medical School. Dr. Kunin received his B.A. degree from Columbia and then went to Cornell University to study medicine, graduating in 1953. He interned at New York Hospital and was a resident in medicine at Peter Brent Brigham Hospital, Boston. Between 1957 and 1959 Dr. Kunin was a research fellow at Thorndike Memorial Lab at Boston City Hospital and Harvard Medical School. Since 1967 Dr. Kunin has been professor and chairman of preventive medicine and professor of internal medicine at University of Virginia School of Medicine.

Dr. Kunin is an international authority on infectious diseases. He is one of the world's best known authorities on chronic bacterial infection of the urinary tract. He has served as a consultant advisor to the National Institute of Health and, more recently, as chairman of one of the antibiotic panels working for the National Academy of Sciences under contract from the Federal

Drug Administration to review drugs. Dr. Kunin is a well-published author with more than 100



*Calvin M. Kunin, M.D.*

papers, articles, and books on the subject of the urinary tract.

□

Having completed her internship and residency at UW Hospitals this past June, Dr. Arlene N. Barr accepted an appointment as assistant professor of neurology. Dr. Barr, a native of New York City, received her B.A. from Barnard College and then went to medical school at Case Western Reserve University, graduating in 1966. Dr. Carr will work in the Outpatient Department Parkinson Clinic. An article she has written, entitled "Levodopa Psychosis," is scheduled to be printed in the ARCHIVES OF NEUROLOGY.

Dr. Charles H. Williams was recently appointed assistant professor of anesthesiology. Since 1968 Dr. Williams has been a postdoctoral trainee in enzymology of mitochondria at the UW Institute for Enzyme Research. Dr. Williams did his undergraduate and graduate work at the University of Missouri, where he was awarded his Ph.D. in 1968. His working experience includes teaching in Illinois and Nebraska as well as four years as a personnel officer in the USAF. Dr. Williams has done extensive research on mitochondria and phospholipids and has written more than 15 papers on these subjects.

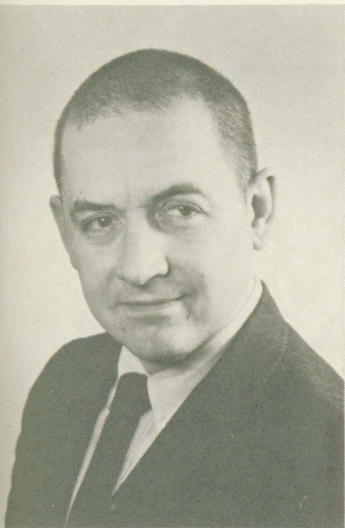
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Recently appointed professor of radiology, Dr. Vincent C. Hinck, a neuroradiologist, is the new director of the Division of Diagnostic Radiology at the Medical School. Dr. Hinck graduated from Cornell University in 1948 and from New York Medical College in 1953. After completing his internship and residency in Connecticut, Dr. Hinck joined the faculty at the University of Oregon Medical School.

Dr. Hinck has done postgraduate work at the Montreal Neurological Institute in neuroradiology. He was an NIH Special Fellow at National Hospital, Queen Square, London, and Lund Hospital in Sweden. He has done work on the use of transfemoral approach to intracranial arteriography and is a pioneer in the use of this approach. In addition, Dr. Hinck has done extensive work on myelography and the evaluation of the spinal canal, the subject of many papers and articles.

Dr. Jack M. Schneider returned to the UW Medical School from the University of Colorado from Denver where he did postgraduate work in obstetrics. Dr. Schneider has been reappointed assistant professor of OB-GYN. He first came to the University of Wisconsin in 1967. Dr. Schneider, a graduate of the University of Michigan School of Medicine, was an intern at the University of Colorado Medical Center and a resident at the University of Oregon. From 1965 to 1967 he was a physician in the United States Army. He is interested in research on the high-risk obstetrical patient—her management in pregnancy and labor.

□



W. R. Wallingford, M.D.

A graduate of Temple University School of Medicine, Dr. Walter R. Wallingford has been appointed assistant professor of medicine. Dr. Wallingford received the George Morris Piersol Award from the University of Pennsylvania Graduate School of Medicine where he did postgraduate work. He did his residency in medicine at Abington Memorial Hospital, interrupted

by two years in the U.S. Navy. From 1968 to 1970, when he accepted the UW appointment, Dr. Wallingford was a fellow and instructor at the University of Chicago, where his field of work was arthritis.

□

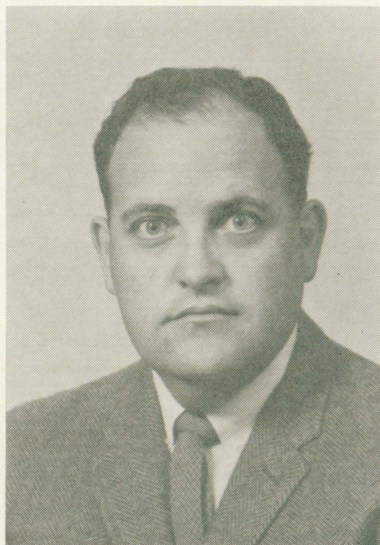
Dr. William Segar was appointed professor of pediatrics at UW Children's Hospital. He received both his B.S. and M.D. degrees from Indiana University. A Hoosier, he did his internship at Indiana University Medical Center, then began his residency at University of Illinois Hospitals, returning to I.U. to finish. He was a fellow in pediatrics and instructor at Yale University School of Medicine before returning to I.U. as an assistant professor. While at Indiana, Dr. Segar helped to design a new children's hospital while actively teaching both physiology and pediatrics. Since 1967 he has been a professor of pediatrics at Mayo Clinic and Mayo Graduate School of Medicine. Dr. Segar will develop a joint nephrology program with medicine at UW and establish a pediatric nephrology clinic.

□

Appointed assistant professor of neurology in June, Dr. George J. Wolcott will concentrate on pediatric neurology at Children's Hospital. Having received his B.A. degree from Dartmouth, Dr. Wolcott entered George Washington Medical School, graduating in 1962. He completed his internship and residency at the University of Michigan Medical Center in 1965 and worked for the U.S. Public Health Service Hospital as chief of pediatrics in New Orleans for two years. While in New Orleans, Dr. Wolcott was an instructor in pediatrics at Tu-

lane University. Since 1967 he has been a resident-fellow in pediatric neurology at the University of Utah. In 1966, his book *INFANT CARE* was published.

□



W. H. Butterfield

A former probation officer and teacher, William H. Butterfield has been appointed assistant professor and senior social worker at the University Family Health Service. Mr. Butterfield graduated from the University of Nebraska with a B.S. degree in special education in 1960. He received his M.S.W. degree from the University of Michigan in 1968. From 1960 to 1966 Mr. Butterfield worked for the Maricopa County (Phoenix, Arizona) Juvenile Probation Department, first as a probation officer, then as a supervisor, and, in 1966, as director of education services. Mr. Butterfield has taught school at all levels including elementary school, high school, and college. He has also done research on various aspects of learning behavior in juveniles, culturally deprived children, and mute schizophrenics.

# Meet Mr. Quarto

By "The Scrutineer"

It was just one of those moments when thoughts run free and imagination is king that seized my fancy as I sat, much too comfortably, in the hospital library one wintry night. The book in my hands slowly eased downward as I gazed steadily at the long shelves.

Book after book, big ones, small ones, new ones, old ones, each with its own style and information—a small bastion of knowledge in its time. Directly ahead was a little old Quarto; its well-used and worn cover attesting to the veneration and respect it had received through the years.

Abruptly it moved from the shelf, powered by two knobby-kneed legs which sprang miraculously from the shelf-end of each cover. Just as suddenly it leaped to the top of a long table and slowly waddled directly toward me. My attention was riveted to his fascinating gait and as it drew near an anxious thumping developed in my breast.

The Quarto stopped, I knew not why, and two gnarled hands moved slowly across each cover, grasped the edges and cautiously opened the pages. From the center and forcing the pages further apart was a bulbous nose. Tiny bright eyes peered from behind it and a sharp wisp of white hair swept across the forehead, pointing to the nose lest my attention wander from it.

With a sigh and a grunt the Quarto lowered himself onto an ashtray, crossed his legs and said, "So you're flirting with the pen? Dya think that's smart?"

The gravelly voice went on. I strained my good ear not to miss a word.

"Might as well be comfortable since we'll be talking a bit."

The voice built up strength as he continued.

"Guess you'll get annoyed by the crackling noises this knee makes."

Indeed, I was, for as the crossed leg swung back and forth it rumbled like a grade six Mitral Stenosis. I was transfixed with the simple thought that such a

knee would greatly benefit by lifting up the patella and squirting oil directly into the joint. No sooner had the thought completed its mental circuit than he did just that. One gnarled hand raised the knee cap, the other hand pumped in oil from a tiny can that had just appeared.

Three swings of the leg and the rumbling stopped. "That feels so good—a lubricant with anesthetic oil,



that's all it needed. You young whipper-snappers have got a lot to learn to beat that."

I had to agree; it was easier than installing an artificial metallic knee.

"I've watched you browsing. It's nice to chat with live flesh again," he continued.

"Again?" I questioned.

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(EDITOR'S NOTE: "The Scrutineer" is the pseudonym of an alumnus who wishes to remain anonymous—or nearly so. The contribution was left on the desk of a director of our association and forwarded to the associate editor. We really aren't certain of the author's identity ourselves but really don't care . . . the feature makes for nice easy reading.)

"Last time was with a fellow from that new country—the United States."

"Great balls of sweat!" he exclaimed. "Those pesky book fleas keep nibblin' away at me. Another hundred years and I'll be empty between the covers."

"You have my empathy, I had them in Korea, 1950." I sympathized. "You were saying something about a fellow from the United States?"

"Gurump! got side tracked—wherever I go there's crowd." He scratched vigorously. "Yes, his name was 'Wash - Iring.' That's it, Washington Irving. He caught me in his Sketch Book."

"Why did you choose to speak to me now?" I asked, holding my breath.

"You're flirting with the pen and she's a harlot—intoxicating and fickle. Loved by many to their good fortune and multitudes to their ruin. There was Holmes and Osler and Bean . . ."

Poor me, I thought.

"She's my triple-great-granddaughter. My favorite." He went on, "You've been eyeing her for 25 years, lookin', making half a pass. Thought I'd give it to you straight. She's had many paramours."

"But how can you tell when someone is going her way?" I weakly asked.

"Quite simple, son. When I see those boys taking neighbors off *My* shelf—spending more time at non-science and scrivining. They've got the itch, a tumescent itch. They're looking my granddaughter in the eye."

"Who might some of them be?" I salaciously asked.

"They've been writing in that Wisconsin Medical Alumni Bulletin. There's a whole bunch of them, young, old, middle aged. They have all kissed her and some have had her."

"Ye e e s?" I said.

"Sure, there is Clark. He stayed with her off and on but always went back to his bugs."

"Anyone else?" I subtly asked.

"That rascal Bill Middleton. He's been writing for years. Likes history, he does. And that word singular—he keeps flipping it about in Sherlockian fashion. Ever ask him if he's a Baker Street regular?"

"No," I confessed. "I long suspected it but have been too timid."

"That lad Lustok's been flirting with her too. She's just about got him bedded and he's off to his patients—listening to hearts."

Hope he doesn't pass on this, I mused. As editor's sure to rate it "X."

"That all?" I replied.

"Nope, there's many more. Jim Dahlen, '61, Northwest; Herb Lee, '35, Southeast; Ed Lefeber, '36, Texas; Jack Pyre, '37, Southwest; Don Schuster, '51, and that chap Bill Oatway '26 who has scribbled at length for the bulletin. 'Course, Dean Eichman always had ink on his hands. Korst is another one—going the way of Middleton—poor boy."

"How come you know all this?" I asked in amazement.

"Grandaughter likes to talk. Lets me know."

"What's her name?" I replied.

"PEN-elope, know her?"

His knee swung silently now and my head seemed to follow it—back and forth, to and fro—until I awoke. A nurse was shaking my shoulder.

"Doctor, we need you in the Emergency Room."

As I left, the little old Quarto lay open on the table; to this day I swear that from its pages a bright, bead-like eye winked reassuringly.

## Burglars Distribute the EDP Cards

A policeman at the UW Medical School administrative office barred entrance to early-morning employees on that humid Monday morning in July. "Sorry, you can't go in for about an hour. 'Been a burglary," he told them.

Many staff members gravitated to nearby lunch counters for an unexpectedly early coffee break. "Burglary. What would they take?"

"Something in the payroll records office?" "Electric typewriters, calculators, adding machines?" "Admissions office records?" "Student records in the registrar's office?" "Student grades?" "How about the personnel office?" "The alumni office?"

When they were allowed to enter, staff members found two jagged holes in the plaster at the first landing. Burglars had tried to enter the Rennebohm drug store downstairs from there but after some hard chipping had been scared off by a janitor. (They succeeded at the same site on a second try in early September.) Some office doors had been jimmed and desks entered but nothing apparently was gone.

The burglars did manage to knock a tray of computer punch cards onto the Medical Alumni Office floor.

This leads us to wonder . . . "anyone reading this?"

## Alumni Association Meeting Dates Set

Homecoming in Madison on Oct. 31 will be the first Wisconsin Medical Association activity for 1970-71, according to a schedule proposed by President Robert Schilling and approved at last month's board of directors' meeting. Michigan is the football opponent for Coach John Jardine's revamped Badgers. Details of the medical alumni program should now be in the mail and alumni should be making reservations for our block of tickets to the game at Camp Randall Stadium.

Fond du Lac will be the annual upstate meeting site on Tuesday evening, Dec. 8. A popular program for this meeting has been the informal presentation by the Dean about current developments at the UW Medical School plus highlights by another faculty or administrative member. A question and answer session follows. Norman Becker, M.D., '43, is making local arrangements.

The Milwaukee winter meeting at the University Club will be held on Feb. 5, 1971. Director Roger Laubenheimer is in charge of arrangements.

Alumni Day will be May 21, 1971. Be sure to mark all these dates on your calendar.

Association board members and committee chairmen will meet at least four times this coming year. They met in Madison on Sept. 11, and will meet Oct. 30, the night before homecoming in Madison; Feb. 5 in Milwaukee and April 9 in Madison.

President Schilling also appointed the following committee chairmen in a July 7 memorandum:

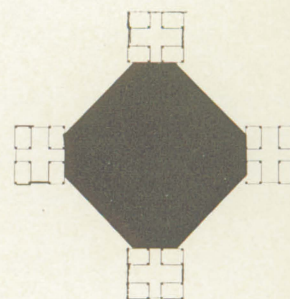
Chairman of Council Representatives—Dr. Charles Benkendorf, the immediate past president, assisted by past president Richard H. Wasserburger; Nominating Committee (to present a slate of officers at the annual election in May, 1971)—Dr. Benkendorf (chairman), assisted by Dr. Wasserburger and past president Bernard Lifson; Annual Giving Program Director—Dr. Wasserburger; Editor of the QUARTERLY—Mischa J. Lustok, M.D., '35; Director of the Bequest Program — Frank Weston, M.D., '23; Emeritus Faculty Nominating Committee — to be named.

## Class of 1936 — Help!!

Class of 1936 — Help!! Medical Alumni Day on May 21, 1971, will be special for the Class of 1936 because it will celebrate its 35th reunion. Dr. Marvin Steen, Oshkosh, who has served as class representative, reported some time ago that the press of many other responsibilities required his relinquishing that post.

Two members of the 1936 class reported at Alumni Day 1970 that they were prepared to take leadership in planning the class reunion next year. Unfortunately, their names were misplaced and the Medical Alumni Office is anxious to provide assistance to these volunteers.

Will they kindly contact the Alumni Office at 333 N. Randall Avenue, Madison 53706?



## Alumnus Aids in Disposal of Nerve Gas

A Wisconsin medical alumnus was one of the Army physicians who accompanied two trains laden with potentially dangerous nerve gas from arsenals to an eastern seaport this past summer.

Captain Thomas Chayka, '68, a native of Stoughton, also accompanied the rabbits that were used to detect any gas leakage to the final dumping site aboard a Navy ship. Doctor Chayka, who is performing research at the Army arsenal near Edgewood, Md., retrieved the rabbits before the aged liberty ship was sunk in the Atlantic.

## Board Votes to Aid Scholarship Drive

The 1970-71 schedule of meetings was approved and the alumni association offices will serve as a conduit for a scholarship fund-raising program planned by UW medical students. These were the highlights of a Wisconsin Medical Alumni Association Board of Directors meeting held in Madison Sept. 11.

A schedule of meetings proposed by President Robert Schilling was approved. It includes a homecoming meeting in Madison, Oct. 31; an upstate meeting in Fond du Lac, Tuesday, Dec. 8; a winter meeting in Milwaukee, Friday, Feb. 5, 1971; and Alumni Day on Friday, May 21, 1971 (see accompanying story for more details).

After extensive discussion the board agreed on a motion by Dean Eichman with a second by Director Shapiro that the association assist medical students in launching a scholarship fund. The association offices would be used to collect contributions, with details to be worked out later. Associate Dean Robert Coye explained in depth the financial plight of today's medical student and how the situation has changed from the past.

While there is little difficulty obtaining loan funds, there is very little money at Wisconsin for scholarship gifts and grants. The medical students will attempt to raise money for such a scholarship fund shortly. The Board saw participation in this project as a means of galvanizing the group and at the same time benefiting the students.

Mr. Hawley reported that 215 alumni have taken advantage of life memberships, resulting in \$28,810 in revenue, with about \$12,000 outstanding in second and third payments. He purchased as an interim measure 8% U.S. Treasury Bonds and sought a Board decision about obtaining investment advice so that about \$10 annually may be realized to maintain each life membership. It was agreed that the principal should remain inviolate. The Board agreed that UW Alumni Foundation advice should be sought concerning further investing.

A total of 1,159 alumni have paid regular annual dues, Hawley reported.

Alumni Day 1970 was reviewed and Board participants agreed that the afternoon program was extremely well received. Discussion on the 1971 version ensued and a change in the morning program format was suggested. Under the plan, alumni would have multiple options to go to various departments, visit

with former professors and present faculty, partake of a departmental presentation or rounds from 9-10:30 or so. Then the alumni award talk, dean's report and business meeting would follow in the auditorium.

QUARTERLY Editor Mischa Lustok reviewed contents for the fall issue and announced completion of in-depth study on possible uses of advertising. The report will be taken to an editorial board meeting to be called in about a month and will then be brought to the board of directors. He received a suggestion that classified ads from hospitals, communities and clinics wanting physicians might be considered in addition to or instead of display advertising.

In a final action, the board voted upon a recipient and an alternate for the Emeritus Faculty Award. The name will be announced at a later date.

Board participants included President Schilling; President-elect John R. Petersen; Directors Roger Laubenheimer, Herman H. Shapiro, and Loron F. Thurwachter; Past-president Charles Benkendorf; QUARTERLY Editor Mischa J. Lustok; Dean Eichman, Associate Dean Coye; Executive Director Hawley and Associate Editor Kurt Krahn.

## Rusch Named to Cancer Study Group

Harold P. Rusch, M.D., '33, director of the McArdle Laboratory for cancer research, has been appointed to a special committee of the U.S. Senate that will report on the present status of the cancer problem and make recommendations for future action. Dr. Rusch, who also is professor of oncology and chairman of that department at the UW Medical Center, was appointed to the committee in July by Senate Labor Committee Chairman Sen. Ralph W. Yarborough of Texas.

The cancer study committee is composed of eight nationally prominent laymen and 12 physician experts. Its instructions are to issue a report by late fall of this year that will make cures of cancer a 1976 goal.

## ALUMNI CAPSULES

Named "Physician of the Year" by the President's Committee on Employment of the Handicapped in June was **Dr. Gerald R. Clark**, intern '46, of Elwyn, Pa.

**Dr. Howard P. Gutgesell**, '68, this month was assigned as pediatrician to the 4531st Tactical Hospital at Homestead Air Base near Miami, Fla. He and his wife, **Dr. Margaret Gutgesell**, '68, completed pediatric residencies at Strong Memorial Hospital, Rochester, N. Y., and became parents of a daughter.

**Jerome R. Hanson, M.D.**, '61, completed his fellowship at the Mayo Clinic, Rochester, Minn., and has begun the practice of plastic and reconstructive surgery in Colorado Springs, Colo.

**Dr. LeRoy A. Krueger**, '64, recently joined Associates in Pathology in Wausau, Wis. He interned at Good Samaritan Hospital, Portland, and served his military obligation with the Army.

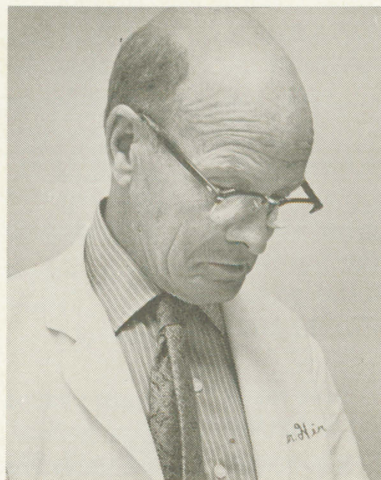
Holding down the dual jobs as director of laboratories at Madison General Hospital and associate clinical professor of pathology at the UW Medical School is **Philip G. Piper, M.D.**, '50. He lives in nearby Stoughton.

**Dr. Phillip M. Marden**, '62, in January joined the Wilkinson Clinic in Oconomowoc, Wis. He is one of two pediatricians in the group.

**Arthur D. Daily, M.D.**, dermatology resident from 1965-68, recently entered private practice at a multi-clinic in Fall River, Mass., after completing two years of Navy service at Newport, R. I.

Serving his residency in pathology at University Hospitals of Cleveland is 1967 graduate **Dr. Neil A. Hoffman**.

**Dr. Frederic G. Hirsch**, '36, assistant director of research at Lovelace Foundation, Albuquerque, N.M., this summer spent



*F. G. Hirsch, M.D.*

three weeks with American teenagers helping natives in the backlands of Colombia. While there, he said he developed a new and higher opinion of American youth and considerable respect for Colombian health programs.

**George L. Voelz, M.D.**, '50, has left Idaho Falls, Ida., to accept a position as the Health Division Leader for the Los Alamos Scientific Laboratory in New Mexico. His responsibilities include health

physics, industrial hygiene, the medical department, waste management, environmental studies and biomedical research.

**Dr. Kenneth M. Sachtjen**, '55, an orthopaedic surgeon in Madison, again directed a four-day course on emergency care and transportation of the sick and injured at the University of Wisconsin this past summer. Several hundred ambulance attendants, nurses, police officers, firemen and others attended.

The Distinguished Service Award of Cosmopolitan International of Milwaukee was awarded to **V. B. Hyslop, M.D.**, '24, of suburban Elm Grove, recognizing his performance of over 500 charitable plastic surgery cases over the past 16 years.

**Dr. Daniel L. Brick**, '69, joined the Smiles-Prentice medical group in Ashland, Wis., Aug. 3. A Sheboygan native, Dr. Brick interned at St. Luke's Hospital in Duluth.

**Warner S. Bump, M.D.**, '23, Rhinelander, Wis., in May received the William Beaumont Memorial Award for outstanding contributions to surgery and leadership in the Wisconsin Surgical Society.

**Patricia A. Randall, M.D.**, '66, has completed her radiology residency at Denver General Hospital and moved to Minneapolis where she will be a fellow in cardiovascular radiology with **Dr. Kurt Amplatz** at the Heart Hospital.

**Dr. Lloyd M. Baertsch**, '56, Hayward, Wis., has formed the Baertsch Medical Group. One of his two associates is **Dr. John F.**

Hussa, '69, who recently completed his internship at St. Luke's Hospital in Duluth.

□

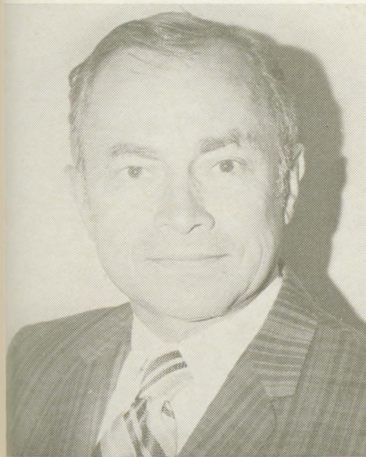
Chief of staff at St. Elizabeth's Hospital, Appleton, Wis., is **Dr. Bernard J. Haza, '50**. He is associated with a group that includes classmate **James Veum**, a pediatrician.

□

**Frederick W. Madison, M.D., '24**, Milwaukee, and **Emeritus Dean William S. Middleton, M.D.**, Madison, were elected Masters, the highest membership category the 16,000-member American College of Physicians bestows, for their prominence in and contributions to internal medicine.

□

The Wisconsin State Council of Health in June elected **Ralph C. Frank, M.D., '43**, Eau Claire, as its president. Dr. Frank also is



*Ralph C. Frank, M.D.*

chief of staff at Sacred Heart Hospital there. **Kenneth C. Mickle, '47**, Green Bay, was elected vice president of the Council, which is an advisory arm of the state Health and Social Services Board.

□

**Dr. Michael Mikkelson, '69**, his wife and new daughter, have

moved from Seattle to White-river, Ariz., where he will serve for two years as general medical officer at the 50-bed Indian hospital serving the Apache nation.

□

Serving as a professor of dermatology at the University of Arkansas Medical School and chief of dermatology at the Little Rock VA Hospital is **Dr. Thomas Jansen, '50**. He also is in private practice.

□

**Dr. David Morris, '54**, has moved his practice of general medicine and allergy to La Crosse, Wis., from nearby West Salem, where he has been since 1958. Dr. Morris headed the Central Wisconsin Mental Health Center and is chairman of the state medical society's commission on health and natural resources.

□

Elected vice president of the new joint medical staff of St. Mary's and Wausau Memorial Hospitals was **Dr. D. J. Freeman, '52**. The hospitals merged July 1 to become Wausau Hospital North and Wausau Hospital South, respectively.

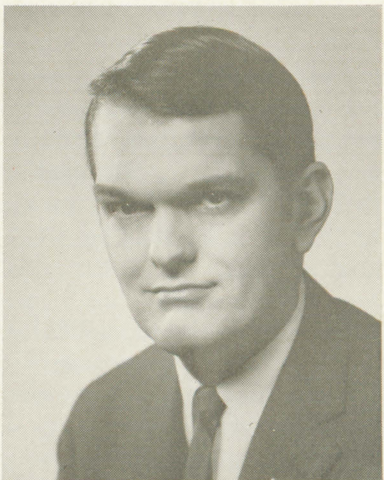
□

**Dr. Burton M. Zimmerman, '43**, of Milwaukee, has been certified as a Diplomate of the American Board of Family Practice. A UW Preceptor based at Mt. Sinai Hospital, Dr. Zimmerman is a charter member of the newly formed Board which represents the discipline of general practice.

□

After a 10-year Navy career, **Dr. John H. Ramlo, '60**, has joined the Dakota Clinic in Fargo, N.D. Commander Ramlo had been chairman and director of the aural rehabilitation center for the Navy.

New executive director of the American Public Health Association, New York City, is **James R. Kimmey, '61**, who at age 35 is the youngest person to hold this title in any national health or medical organization.



*James R. Kimmey, M.D.*

**Dr. James C. H. Russell, '46**, Fort Atkinson, Wis., this spring was one of two mainland speakers at the Hawaii Academy of General Practitioners annual meeting in Honolulu. He also is director of health services at Whitewater State University.

□

Now in his first year as an ophthalmology resident at St. Paul-Ramsey Hospital, **Lee Dannenberg, M.D., '69**, will be married this month.

□

**Dr. Christopher R. Dix, '35**, has been elected chief of staff at Lutheran Hospital of Milwaukee. He also has been assistant clinical professor of plastic and reconstructive surgery at Marquette University from 1946 to the present time.

□

Arriving last fall as an assistant professor of pathology and assistant research pathologist (myo-

cardial infarction research unit) at the U. of California Medical School in San Diego was **Dr. Harley D. Sybers, '63**. He previously has completed his Ph.D. in June 1969 at Wisconsin (Department of Physiology with **Q. R. Murphy, '48**).

□  
The AMA convention exhibit by 1944 alumnus **Arthur L. Scherbel** and two Cleveland Clinic Foundation associates, "The 'Normal' Knee Joint in Rheumatoid Arthritis," was featured in the July 13 issue of *Modern Medicine*.

□  
**Dr. Donald R. Olson, '61**, former instructor in neurosurgery at UW Hospitals, has been awarded a postgraduate neurosurgery scholarship at the University of Paris, France, by the International College of Surgeons. He and his family left for Paris in July.

□  
A 1950 alumnus, **Dr. Jeanne Andrews Griffith**, is associate professor of pediatrics at Loyola University in Chicago.

□  
**Dr. Craddock P. Duren, '62**, last fall moved from southwestern Missouri to Goshen, Ind., where he is medical director of the local hospital. He currently is organizing an inservice training program for its physicians and nurses.

□  
**G. F. Crikelair, M.D., '44**, professor of surgery at Columbia University and director of the plastic surgery service at Columbia Presbyterian Medical Center, New York City, was elected chairman of the American Board of plastic Surgery for 1970-71.

□  
A note from Portland, Ore., conveys news that **Bernard L.**

**Marquardt, '67**, is beginning his pediatric residency at the U. of Oregon Medical School there.

□  
**Dr. Bernard Korbitz, '60**, in August joined the Monona Grove Clinic near Madison, where his brother, **Dr. Robert F. Korbitz, '62**, also practices.

□  
"We have joined an eight-physician pathologist group, Western Laboratories, of Oakland," writes **Dr. Claude Burdick, '58**. "The last 12 years were spent



*C. O. Burdick, M.D.*

mostly in the Army. Presently interested in hormone assay, hematology and lab administration. Teach a course in medical technology. Four children, same wife.

□  
Serving as assistant clinical director at Winnebago State Hospital near Oshkosh, Wis., is **Dr. Ralph K. Baker, '62**. He also does part-time private practice and serves the local mental health clinic.

□  
"Dr. Milton J. E. Senn ('27), the famous 'children's doctor' at Yale, will retire after serving on the

faculty here since 1948," says a June 28 Yale University news release. (He was our association's third Distinguished Alumni Award recipient.)

□  
**Philip W. Hardie, Jr., M.D., '51**, is retiring from the Army and plans to practice in the State of Alaska.

□  
A sellout crowd of 387 persons (another 200 were turned away because of space limitations) attended a testimonial Aug. 25 in Johnson Creek, Wis., to honor **Dr. F. A. Wendt, '32**, for his 37 years of service to the area. A medical school scholarship fund had reached \$5,085 by dinner-time. The guest of honor was unable to attend, however. Dr. Wendt was in a Watertown hospital recuperating from injuries suffered in an auto accident.

## Necrology

We regretfully report the following alumni deaths:

Dr. Louis Fauerbach, '20, July 4, 1970, in Madison.

Dr. Dorothy B. Graft, '20, March 17, 1970, in Louisville.

Dr. Norman V. DeNosaquo, '27, June 26, 1970, in Chicago.

Dr. Francis G. Bachhuber, '31, Aug. 17, 1970, in Mayville, Wis.

Dr. James H. Ewing, '38, in New York City.

Dr. Roy C. Rounds, '38, June 5, 1970, in Dayton, Ohio.

Dr. Norman A. Franken, '41, Jan. 4, 1967, in Havre, Mont.

Dr. George M. Schlenker, Res. '51 (neuro physiology), May 4, 1970, in El Paso, Texas.

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## COLUMNS AND EDITORIALS

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### Some Thoughts on General Practice

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

MADISON — The medical consumer frequently laments the decline in the number of general practitioners. Over the past two decades the fraction of our graduates seeking specialty training has increased substantially, as has been the experience in practically all other medical schools. The fraction of medical graduates choosing general practice as a professional life has declined sharply.

If the percentage of graduates seeking special training has risen from 70 to 85, the percentage of graduates choosing general practice has declined from 30 to 15, i.e., has fallen to one-half of what it was. And if the percentage choosing a specialty rises from 85 to 95, the percentage choosing general practice will fall to 1/6 of what it was at the time when 70% were electing specialty training.

Something akin to this has been happening: the average age of the general practitioner in our state is significantly higher than that of all physicians in Wisconsin. If 90% of the graduates choose a specialty, only 15 out of a graduating class of 150 will elect general practice. If half of those 15 choose Wisconsin as their location, we produce fewer than 10 Wisconsin general practitioners per year from a class of 150 graduates.

It is redundantly apparent that simply increasing the class size is not likely to alleviate the perceived paucity of general practitioners.

When the patient bemoans the passing of the "good old family doctor," his attitude can be stated in other phrases which may lead us to think of solutions to the problem. "I can't find a doctor to see me at my convenience." "I don't have a doctor who knows me and my family and who can advise me about when to see a specialist." "I need a doctor who

has a complete medical record on me and my family." The need that is being expressed in these phrases is for convenient primary or family medical care.

Many internists and pediatricians give such care to families, and obstetricians similarly serve many women. In cities there is not nearly as much talk about the need for general practitioners as there is in the small villages, though surely the number (and possibly the fraction) of people getting inadequate care is greater in the large cities.

What is needed is an increased quantity of primary care in both cities and rural areas. It is difficult for many members of our mobile urban society to enter the medical care system and receive prompt care. Increasing numbers of small communities which once had doctors now have none.

Mechanisms must be developed for increasing the availability of "primary care" (note that I've used a new phrase in lieu of general practice). Options might include:

(A) Enhancing the attraction of family practice should increase the fraction of graduates who choose it as their chief professional goal. Group practice and patient education would improve the conditions of work for such physicians. A group of physicians obviously can arrange for free time for each man while the solo practitioner may be obliged to journey from his small community in order to obtain relief from the strain of his practice. He is often reluctant to do this because it will leave his sick patients temporarily untended.

As the number of small group practices increases, the number of neighboring communities without a doctor will naturally increase. When "Gotown" develops a three-man family practice group of young physicians the older general practitioner in the adjacent community of "Slotown" is not likely to be succeeded by a young general practitioner. That young physician interested in family practice will probably join the group in "Gotown" in order to obtain the advantages of group interaction and economy of space and ancillary personnel.

If the relative financial position of family practice were improved, compared to specialty practice, more graduates might choose it.

(B) Increasing the primary care delivered by internists, pediatricians, obstetricians and psychiatrists. (Many women consider their obstetricians as their

personal physicians for 30 plus years of their lives.)

(C) Developing a new school and curriculum designed to produce physicians for family medicine.

(D) Having para-medical personnel deliver significant quantities of primary care in a semi-independent fashion. Surely rural communities now lacking a physician would be eager to participate in a pilot program to test the desirability and utility of having a nurse or a specially trained medical corpsman or pharmacist as their medical resource person for primary care. Such a person would, as do many generalists, use telephone consultations and referrals frequently. Technology has made available TV-voice communication, as yet utilized only on a very limited scale. Such a system would be of great value to the cooperating para-medical person, patient and physician. There is a functioning model of this system linking the medical facility at Logan Airport with Massachusetts General Hospital.

Wisconsin is one of the leading states in the development of high quality group clinics in small and middle-sized cities of the state. These clinics might design and implement programs to test the feasibility of having nurses or other non-M.D. medical people deliver some primary care in the surrounding small villages which have no doctor.

The development of available technology will ultimately give physicians and para-medical personnel access to a semi-flexible, semi-stupid, semi-intelligent, encyclopedic, non-forgetting, non-fatiguing, non-vacationing electronic consultant on a 24-hour-a-day basis. Family physicians have long used telephone or corridor consultations rather frequently. When computer technology is sufficiently developed and applied by physician-educators collaborating with programmers, an unusually large, flexible, easy-to-use library will be available in any office as a keyboard, oscilloscope and printer.

The organized medical profession (the state medical society) would serve the public well if it would initiate and lead the political effort necessary to change the licensing laws to permit such pilot programs. Surely such innovation befits this young and dynamic country better than siphoning huge numbers of physicians from underdeveloped countries. We should rather be exporting medical personnel as teachers in underdeveloped areas.

Our medical school does not have a commitment to provide continuing primary care for a diverse population of families. Through the University Health Service we do, however, have a commitment

to primary care for 35,000 students and for some of the wives. This is mainly a daytime service by the University Health Service physicians, and generally the patients obtain their nighttime medical care at the Emergency Room of University Hospitals.

An increasing number of medical students and house officers are being exposed to the outpatient activities of the University Health Service and the Family Health Service. Trained, experienced family physicians (general practitioners and internists) have chosen the University Health Service and Family Health Service as a career for professional medical and academic efforts.

I am not aware of data demonstrating that exposure of students to general practice under a preceptor will increase substantially the likelihood of their choosing general practice as a professional path. Such an exposure has been available to some of our students through our preceptorship program. I believe that the major forces influencing student to choose specialty training are outside the medical school. It is not true that medical school faculty try to persuade students to shun primary care and family medicine. We hope that an increasing fraction of our graduates will choose family medicine. We are attempting to develop a model of such care in our medical center. This program will involve an additional group of patients different from those who have traditionally received tertiary care at the University Hospitals.

The era of an abundance of solo general practitioners is past, but the future for quality family medicine and primary care is undeniably bright. Medical schools must develop and offer education and training programs for such professionals.

## California, Western Melodies

By W. H. OATWAY, JR., M.D., '26  
CALIFORNIA CORRESPONDENT

ALTADENA — What a pleasure, what a series of pleasures, for an ex-Wisconsin M.D.! Three days in Madison, three days in May, for the Editorial Board meetings and for the alumni-faculty affairs. Try it some time; it is worth a short or long trip from Chicago or California.

There are always more friends than you could imagine. Even from the years around 1926, even for a resident from 1930-31, even for faculty of 1935-43.

This year the events began with the QUARTERLY Board meeting, and very good to see Mischa, the members and a few guests, and the Dean, and to meet Kurt Krahn.



. . . Then a supper as guest of the class of 1935; swapping stories with Dr. Middleton (he topped us, as usual); and joining with the class of 1930 to see old-time movies, narrated by "The Dean." . . . We saw the many frowsy undergraduate lectures, always worth while, and

more so this year with K. K. Chen, a legend in the 1930's (ephedrine).

A reception by old friends, for old friends, including the Dr. Mark Nesbits, the Dr. Kent Tenneys, the Dr. Sam Harpers, and the Dr. Hoodie Westons. . . Finally, a great banquet by the alumni and faculty for the seniors, with music by a mixed Wisconsin chorus so good and clean that it wiped out the bad State Street taste.

If this is sentimental, be glad, and (as suggested) try it out.

**Mrs. R. Paul MacDonald** reports that Paul passed away in Los Angeles, after 40 years of practice there, in April, 1970. He took a B.A. at Wisconsin, 1914-17; was a two-year medical student, 1921-23; and finished his M.D. at the U. of Buffalo in 1925. He spent parts of two years at the University of Paris, and post-graduate pediatrics at the University of Vienna. He proudly was a member of the Wisconsin Medical Alumni Association.

**George K. Kambara**, Los Angeles, continues to add items to his biography. He had a Wisconsin residency, 1945-46, and instructor in ophthalmology, 1946-48, after a residency at Stanford and Memphis EENT Hospital. He is one of the many "eye-men" in California, and they all seem to do well and to be of community service. . . . George has had several teaching posts and as chief of ophthalmology at Rancho Los Amigos he is clinical professor at USC. When the U. of California moved to Irvine he had to resign but is still professor at Loma Linda because of the chairmanship of the department at White Memorial Medical Center.

He sees **Aaron Mannis** of Chula Vista and **Ralph Stevens** in Los Angeles now and then. He and his

wife recently enjoyed the international 'eye' congress in Mexico City, and a redcarpet tour of the Expo in Japan . . . George is secretary of the eye section of Cal. Med. and past president of the Los Angeles section.

**Phil Svec**, Los Angeles (and Wisconsin 1939), has been mentioned here in the past because of his appreciative friends. No word from him, since he says "I'm interested in reading about others; I already know about myself". He now writes to correct the report that he has been a fund-raiser for his favorite hospital. He insists his part is "building and improving the California Hospital"; the fund-raising is incidental! A brochure shows the portion (named 'Svec Hall'), finished two years ago. They are adding a building to house the Southern California Cancer Center, plus four floors for pediatrics, medicine, surgery, gyn and OB, laboratories, and the diagnostic x-ray department.

We hasten to correct, to supplement, the previous reports. He sees quite a few Wisconsin locals, including **Robert Bachhuber**, **Harold Youngren**, **B. De Shazo**, and **Bill Drischler**.

Are you up to date on sophrology? We have described the career of Milton H. Erickson of Phoenix a couple of years ago (Wisconsin M.D., 1928), but it now has to be largely augmented. — 1. He is honorary president of the First World Congress of Sophrology, a term coined in Spain (where the meeting was held in Barcelona) to avoid the vaudeville image of hypnosis, and it includes medical hypnosis. 2. **The American Journal of Clinical Hypnosis** has announced two awards at the annual meeting: the 'Milton H. Erickson Awards of Scientific Excellence for Writing on Hypnosis'. 3. He has been selected as honorary vice-president for life of the British Society of Medical and Dental Hypnosis. 4. A 568-page book is just published, edited by Jay Haley, 'Advanced Techniques of Hypnosis and Therapy; Selected Papers of Milton H. Erickson, M.D.'. . . And he spends most of his time in a wheel-chair.

The Class of 1962 has a newsletter with quite a few items concerning Californians: **Robert A. Barnes** "finished an exciting year at the Los Angeles County General Hospital; passed his radiology boards; started practice at Cedars-Sinai Hospital; has two girl children; and may have visited Wisconsin by now" . . . **Edwin Larkin** of Lafayette (near Oakland and Berkeley) is at the U. of California, Berkeley, in the doctoral (PHA) program. He took his preventive medicine boards in March. His family is at the

ecological limit (2), and he hopes that alumni fund-raising and organization will keep up with mod thinking. (Are you listening Aesculapius?)

**Richard A. Lusby** is in Hanford. He is in general practice; has four (lovely) daughters; they all enjoy California with swimming, golf, skiing, and good weather. . . . **Robert L. Schmitt** is at La Mesa, just opening practice (child psychiatry). They love the San Diego area; have one child (a son); they see **Dennis Hemmingway** (internal medicine) and **Charlie Lipman** (thoracic surgery). . . . **Harley D. Sybers** finished his Ph.D. in physiology; has started work as assistant professor of pathology at the U. of California, San Diego; lives in lovely La Jolla; sees **Mark Gilmore**, **Larry Schmidt**, **Charlie Casat** (who is to go there to practice psychiatry this summer). . . . No recent word from **Carol Browning**, at Stanford in neonatology, or **Herman Wirka, Jr.** in South Pasadena. . . . No recent news from **Christine Nelson**, new intern at the Memorial Hospital, Long Beach, or **Douglas Thomson**, intern at U. of California Medical Center (UCLA). Maybe they'll drop us a postal card.

## Where Are the Simple Joys of Living?

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

MILWAUKEE — We considered the selection of an appropriate focus for our column, and reviewed our catalogue of current events in search of a suitable topic for the Fall issue of the QUARTERLY.

We tickled our file and these titles came in view:

“Academic Freedom, a Privilege or a License for Abuse?”

“All Men are Created Equal—by Law not by Genetics.”

“Defiance—Hirsuit or Sartorial.”

“Drugs, a Social Context.”

“Establishment: A Tradition or an Anachronism?”

“Government in Medicine to Fill a Void.”

“Homosexuality, Bisexuality or Unisexuality. Heterosexuality is not Modern.”

“Irrelevance to What?”

“Medical Care. Who Delivers and Who Cares?”

“Illegitimate Parents—not Illegitimate Children.”

“Planned Parenthood and Abortion.”

“Morality, Immorality and Amorality.”

“Is Poverty a Privilege?”

“Racism, Occult, Overt and Reversed.”

“Protest—Destructive to be Constructive?”

“Repression a Cure for Permissiveness?”

“Research or Teaching—Which is a University?”

“Vietnam, Cambodia, Israel, Egypt and the Campus.”

“War, a Cause, an Excuse or a Business?”

“Zoroastrianism, a New Social Cult.”

This was too much. We put our file down even before exhausting the index. This was not our mood. We knew well enough that we should be concerned, that we should be involved, that we should be part of our time, *but our very fiber ached for the simple joys of living!* Where were those joys? Certainly not in our register of deeds.

There was only one choice and that to resign from the human race—if just for a short while! Perhaps in the equanimity of detachment we could arrive at a perspective of true human values in the meaning of life. So we did.

No Editorial Column this issue. *Your Editor has gone fishing!*

## Medical Education for Primary Care

BY MARC F. HANSEN, M.D.  
ASSISTANT DEAN

MADISON—There are too few physicians and allied health workers in many areas of the country, both rural and urban. The trend to specialization has continued, and the proportion of physicians educated to assume broad responsibilities in patient care continues to drop. What is the University of Wisconsin Medical School doing in response to these facts?

The faculty does share the concern of the practitioners and public, and accepts responsibility to change the pattern of medical education to meet new circumstances. Class size will increase as rapidly as can be accomplished. Since clinical programs can expand quite rapidly through greater use of community hospitals and other clinical resources, the major roadblock will be in “basic science” teaching space and manpower.

It is unrealistic however to assume that increased class size alone will achieve solution of the distribution and specialization problems that confront us. A major fraction of the increase in manpower must commit itself to clinical practice in primary care, and practitioners must in fact go where the greatest need exists.

In 1966 the educational and clinical services, which have grown to be the Program in Primary Care, were created. The program's faculty has assumed responsibilities for creation of new educational programs that address themselves to the problems I have outlined.

The Program in Primary Care is non-departmental, by design. Faculty members of the program are members of traditional departments, but carry out their departmental teaching responsibilities within the Program in Primary Care. This organization is critical because we believe that *all* departments must accept a measure of the responsibility for creation of viable and challenging educational opportunities in primary care. Only if responsibility and enthusiasm are school-wide will enough students be recruited into primary care and family practice.

At the present time, the Program in Primary Care has two major components. The first is the University Family Health Service which utilizes the internist-pediatrician - obstetrician - nurse - family counselor group as a model of Primary Care. Dr. Ken Reeb, '63, is director of the UFHS. The UFHS provides continuing care for approximately 1,000 families, and provides educational experiences for medical students, nursing and social work, and for residents in pediatrics and obstetrics. Residents in internal medicine will be added shortly.

The second component which is now being developed is the Family Practice Program, which will offer residency positions in 1971. An experienced family physician, Dr. John Renner, has been appointed director and has recently joined the faculty. The Family Practice Program is jointly sponsored by the Medical School and St. Mary's Hospital Medical Center. A three-year residency is planned with the third year to be "in the field" at cooperating "clinical campuses" (practices) in rural or urban areas. As an academic faculty of family physicians is created, a department of family medicine will result.

There is considerable enthusiasm among medical students for practice in the primary care sector. We must offer educationally sound programs to utilize that enthusiasm. To accomplish our goals, we must join forces with practitioners, practice groups and community hospitals. Moreover, the Program in Primary Care will work closely with Post-graduate Medicine to make medical school and residency education the beginning of a lifelong affiliation between "practitioners" and "educators."

In our program there is no logical distinction between practice and education. Rather than "teachers"

and "students" we seek to have learners of different ages and experience. We invite as broad a participation as possible by the physicians of the state.

(EDITOR'S NOTE: *Dean Eichman asked Doctor Hansen to prepare this column on a topic of vast interest to the Medical Center and its delivery of health care in the space normally taken by "The Dean's Corner."*)

## A View of the 'New' Curriculum

BY DANIEL C. LEICHT  
SENIOR CLASS PRESIDENT

MADISON—With this current academic year, the first class in the "new" curriculum completes a full course through all four of its revised years of education. Few in the school seem to presently see it as innovative or revolutionary as it once seemed it might become and information collected from those



testing procedures and evaluative material available have failed to confirm the fears that a serious deficit in the biomedical background of students would develop. Tests run in comparison between ours and the previous class with questionable statistically significant results may indicate improved acquisition and retention of both

clinical and basic science information

While on hospital wards we even occasionally hear comments on the increased adeptness of our class in dealing with patients and clinical material in general—which may be no more than the usual casual praise encountered by a group of medical students beginning their clinical years.

While the curriculum revision has been accused of being little more than a reshuffling of the same

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(*This is the first QUARTERLY column by senior class president Dan Leicht. Single and a native of Racine, he was junior class president last year. Dan was graduated from St. Catherine high school, Racine, in 1963 and received his B.A. in language from UW Madison in 1967.*)

material with a condensation of it into a shorter time period, it has shown some definite advances. In the second year I saw faculty from many departments possibly for the first time beginning to work together to plan integrated presentations (which I now hesitate to judge, having been in the first class exposed to it). Even the reshuffling and condensation itself has enabled students to gain traditional basic science background while at times decreasing in-class and laboratory time by up to one-half and offering considerably more free time for pursuit of individual interests (whatever those "interests" are).

Yet in beginning to encounter patients and their physicians in more of a community hospital setting, I've begun to wonder what was inadequate in the way physician-graduates of the medical school were delivering health care that could have benefited from such a curriculum revision. It seems that while the change has helped medical education become more efficient here; that it did in fact make it more "efficiently traditional" in approach.

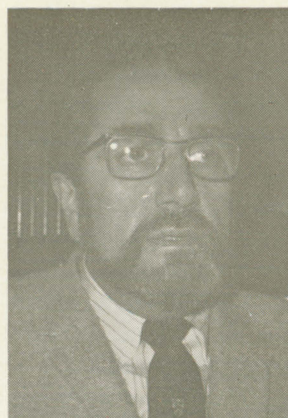
From time to time we do, however, see some programs developing in relation to community needs. These have been in the form of establishing and staffing campus and migrant worker clinics, developing extra-curricular courses in social and economic aspects of medical practice or setting up a residency training program to train family practitioners.

However, there is a lack of direct undergraduate medical curricular change in response to observed community developments and needs. This might involve making what is now extra-curricular, curricular or even evaluating what is presently in the curriculum against not what it has been traditional for a "hot shot" medical student to know but against what is shown to be a realistic medical background for a practitioner of medicine in a community of today.

## About Reunion and People and Things

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

SKOKIE—Is anybody there? Does anybody care? Last June the AMA held its annual meeting in Chicago. An alumni reunion was arranged so that we might have an opportunity to meet with old friends and relive the "old days" with oft-repeated but loveable anecdotes. The room appeared quite empty with only one-third of the expected alums



showing up. However, what was lacking in numbers was more than compensated for in spirit. Not only the cocktail hour but the dinner and the program that followed was a highly enjoyable experience.

Dr. Ovid Meyer replaced yours truly as M.C. for the evening and his collection of jokes and stories more than

proved "there is plenty or room in—the lumen—of his cerebral arterioles." When humor can satisfy an audience of all ages, it has got to be good.

Assistant Dean Sig Sivertson (whose droll humor has always captivated me) held not only the interest of the alumni, but our wives as well. His encapsulated but complete review of what has been going on in the medical school and of its future plans was most appreciated. Frequently such a report turns people off but not the way Sig presented it.

John Petersen, our president-elect, clued us in on medicine in Milwaukee and of his future plans for the association.

Assistant Dean Marc Hansen also spoke. I have been interested in his Family Health Service and Primary Care Center since I first heard him speak at the dinner honoring Dr. Max Fox, two years ago in Milwaukee. This is a part of medicine most of us know so little about. He graciously promised me the opportunity to visit with him and his department on my next trip to Madison.

A highlight of the cocktail hour was the appearance of Drs. Robert Benson, '32, and Homer Benson, '35, and Mrs. Benson, who now reside in Hawaii. They intended to drop in briefly on their way to another reunion, but stayed and chatted a while.

Clarice and I as usual enjoyed seeing old friends again. We shared our interest in antiques with Ralph Hawley. We both feel the alumni association is so fortunate in having Ralph with us not only because he is such a fine gentleman but because he is so involved. He is somebody who is there. Somebody who does care.

(Midwest Correspondent Lifson may be contacted at Suite #515, Old Orchard Professional Bldg., Skokie, Ill. 60076. He welcomes news and contributions).

## Nassau, San Juan, St. Thomas on Alumni/Faculty Retreat Itinerary

Calls at the popular Caribbean vacation ports of Nassau, San Juan and St. Thomas aboard the all-new, 3-month-old M/S *Song of Norway*—that's what's in store for participants in the 5th annual Alumni/Faculty Retreat, Feb. 13-20, 1971.

Participants will fly via Eastern Airlines jet from Chicago to Miami, where they will board the *Song of Norway*. During the seven-day cruise the physicians will partake of a well-designed schedule of post-graduate medical topics, but there'll be plenty of time for soaking up sunshine, good fellowship and sight seeing while ashore.

Cost for the 1971 Alumni-Faculty Retreat will be the same as last year . . . \$999 per couple and \$688 for an individual.

Teaching staff from the UW faculty will include Dr. Robert Barreras of gastroenterology, Dr. Ben Glover of psychiatry, Dr. James Huffer of surgery, Dr. R. O. Johnson of oncology and Dr. Claude Taylor of anesthesiology.

There will be morning sight seeing tours of Nassau, San Juan and St. Thomas with ample extra time for shopping and personal activities. The duty-free allowance at St. Thomas, V. I., is \$200 per person instead of the normal \$100.

Included in the trip will be all meals aboard ship, steamship and air transportation, transfers from the airport to the ship and return, portage at both places, port taxes and U.S. transportation tax, gratuities, the aforementioned shore excursions and airlines flight bag and a reception.

## Medical Graduate Draft May Resume

The drafting of medical school graduates may be resumed next year because of the lack of participation in the Berry Plan of draft deferment, according to a recent Defense Department announcement.

Dr. Louis M. Rousselot, assistant secretary of defense for health, said in an open letter to the medical public that Berry Plan applications were down 40% from 1969 and that there is a "six-fold increase in those who signify they will withdraw from the Berry Plan program if not selected for full delay to complete residency training." He urged those selected for participation in the Plan to accept commissions and those not receiving their choice of specialty to consider an alternate choice rather than withdrawing from the program.

Referring to the decline in applicants, Dr. Rousselot said that "the 1970 medical graduate has misread the signs of our times and may have received misinformation, misguided counseling, or indulged in wishful thinking." There were 246 physicians drafted last year and none this year.

Under the Berry Plan, initiated 16 years ago, the draft-eligible senior medical student may elect to volunteer for service so that he can plan in advance the period when he will be required to fulfill his military obligations. According to the BERRY PLAN INFORMATION BULLETIN, 1970, he may apply for one of three options: he may ask to be brought to duty (1) during the period immediately following his internship; (2) one year following internship; or (3) after he has completed his specialty training, "provided he has requested one of the specialties required by the armed forces."

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## Register Now-- 5th Alumni/Faculty Retreat

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

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

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

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

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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? \_\_\_\_\_

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