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WISCONSIN MEDICAL ALUMNI

Quarterly

Volume eight, number ~~two~~^{three} • Summer, 1968



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WISCONSIN MEDICAL ALUMNI

Quarterly

Vol. VIII—July 15, 1968—No. 3
Published quarterly on January 15,
April 15, July 15 and October 15 by
the Wisconsin Medical Alumni Asso-
ciation, Inc., 333 N. Randall Ave.,
Madison, Wis. 53706.

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About the cover

A view from the terrace — the Memorial Union terrace—for those of you who couldn't make it for Alumni Day May 25. The weather was clear the first day in two weeks — before the psychology seminar in the Union, some alums relaxed on the terrace on top of the new Hoofers' Outing Club quarters seen in the left of the photograph. The masthead letters in silhouette also belong to Hoofers.

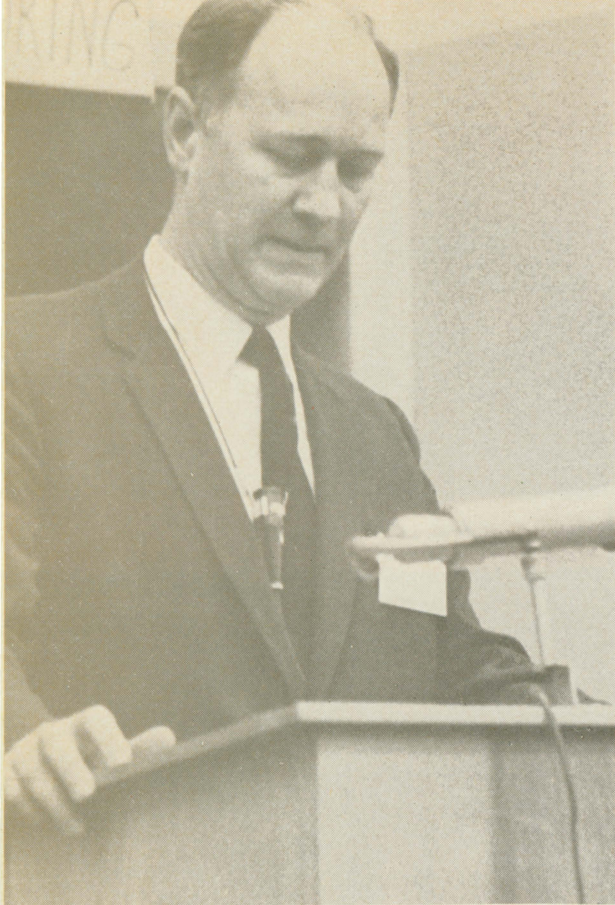
Inside art for this issue was done by Miss Benkendorf.



Medical Alumni Day: 1968



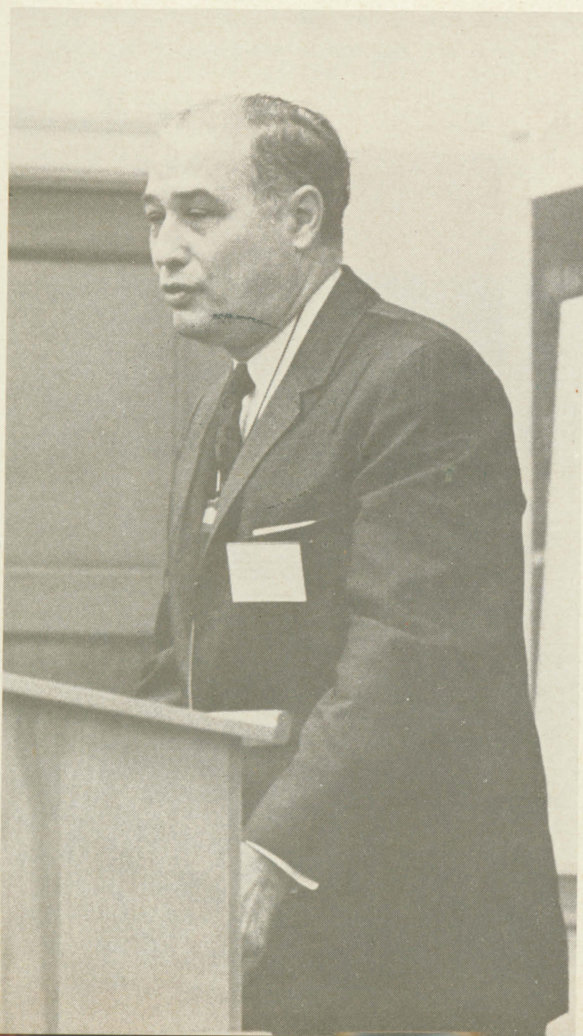
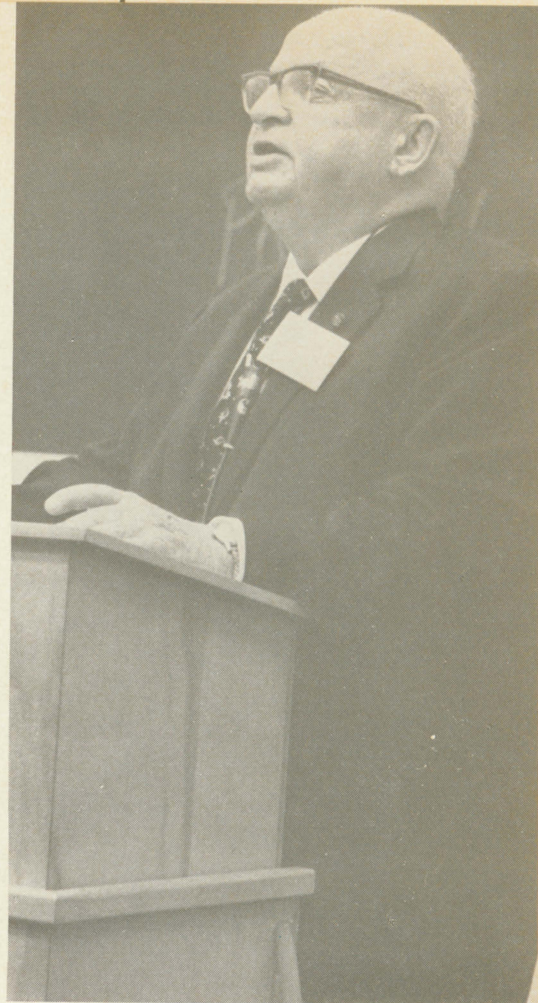
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Dean Peter Eichman (above) welcomes alumni: his report to them (following on p. 6) is a thorough appraisal of the year's activities and growth. Dr. Bernard Lifson (right) adds his own greeting, his last as president of the Alumni Association.

A standing ovation for Dr. Harold Bradley (bottom p. 1); the warmth and wit of the Hodges brothers reflected in the delighted alumni below; a reminiscent, informal movie of Dr. W. S. Miller, Bunting, Lorenz, Middleton, and others; the gift of Dr. Fred Hodges; an astute professional discussion by his brother of "Precise Alignment of X-ray beams for Stereotactic Surgery;" and the yearly chance to catch up on what fellow older graduates, and the new ones, are doing: parts of Medical Alumni Day, 1968.





"Fred J. Hodges and Paul C. Hodges, distinguished alumni and warm friends of our Medical School, we are pleased to welcome you back to our campus. Your selection for this unique dual award is in keeping with your history of significant accomplishment" Chancellor William Sewell presented the Alumni Citation at the evening banquet. Dr. John H. Juhl, chairman of radiology, welcomes his colleagues Dr. Fred Hodges, (above left) and Dr. Paul Hodges (above), University of Chicago.

Dr. Anthony Curreri accepts his new chairmanship with optimism and determination. "Morale among faculty and residents is high"



For the first day in two weeks the rain stopped and sun graced the luncheon on the medical library terrace. Tours of new facilities followed, and then the psychiatry seminar in the Memorial Union. The seminar, on family relations and problems, attracts most of the alumni and their wives: questions fielded by panel members Drs. Carl Whitaker, Milton Miller, and Seymour Halleck (below) asked why children rebel and how a parent can handle discipline problems, how simply to understand and talk to young people, why hippies become hippies, and many more. Dr. Lifson stopped discussion only to allow participants to prepare for dinner.

Dr. Richard Wasserburger, new alumni president, takes over from Dr. Lifson at the banquet, to stress the need for strong alumni support for the growing school. (see p. 7)

Dr. Herman Wirka presents Charlotte Burns with the Emeritus Faculty award for her father (far right). Dr. Wirka's scroll: "... for your keen, retentive mind; for your homespun humor; for your keen insight into human nature; for your warm human qualities; we honor you . . ."

And what reunions are all about — Dr. Karver Puestow, at his 46th Alumni Day, greets Dr. Tom Josephson, '67, and Nancy Marquilies at his first.





The brown derby and more technical remembrances
of Wisconsin and its Medical School form parts of
Leon Bohrod's painting for the Association. It should
be finished and prints ready for sale soon.



one year: disappointments and achievements

By Peter L. Eichman, M.D.

I wish to welcome members of the alumni, faculty, students and guests. This has been an exciting year in the medical school. It has been a year of some disappointment and some achievement. It shall be my purpose in these brief remarks to review some of the highlights of the year for you.

The new curriculum was implemented with the freshman class starting in the fall of '67. We are drawing to a close of the first complete year. Thus far, most of the reports on the experience have been favorable. I suspect that there will be some revisions as we gain further experience. The avoidance of extreme pressure for repeated examinations in the first year has tended to produce a somewhat different attitude in the freshman. This has been regarded by many of the faculty as a favorable effect of the curriculum. The next year will include the development of pathophysiology courses. These will be a new experience and should prove most interesting to both faculty and students. We anticipate that this will require a greater commitment of teaching hours on the part of the faculty.

We have expanded the faculty of the school moderately this year. There has been less expansion this year than in past years, partly due to the lack of space and funds. Our space problems are well known to you. The funding aspects have been headline news for a number of months and are related to the attempts to economize on the federal budgets. This will have an impact on all medical schools since we, as a group, are heavily dependent upon federal agency funding.

This year the faculty has distinguished itself in that

Dr. Clark was awarded the Erwin R. Schmidt Award for excellence in medical teaching by the Interstate Postgraduate Medical Association, and Dr. A. J. Curreri received the Wisconsin Alumni Distinguished Service Award. We also note, with regret, the retirement of Dr. Puestow, Dr. Mossman, and Dr. West from the medical faculty. They have served the school for many years and have been major contributors to the teaching effort. They will join an active group of emeritus professors who continue to participate in the affairs of the school. It is my hope that retired professors will always feel welcome and useful on this faculty.

I note with great pleasure the support the alumni have given to the school. The alumni giving program has been a great success. Much of this success is due to the fine leadership of Dr. Pohle. I am particularly pleased by the greater percentage participating in giving. This is more important than the size of the individual gifts since it reflects a more widespread supportive attitude toward our alma mater. I have been most gratified by the support of alumni in various endeavors of the school at the statewide and national level.

The attitude of the times as reflected by the young adult in our society is well known to all of you. Many of the activities of students on this campus have been reported in the national news media. The medical student is also changing. The medical student of this generation is more broadly concerned about the social problems of the day and has, in many ways, expressed a strong desire to participate in their solution. Wisconsin medical students, through their organizations, expressed an interest in the migrant work in the disadvantaged, in the underdeveloped countries and in other similar programs. I regard the development in our students as a mark of their



alumni focus: a growing school

By R. H. Wasserburger, M.D.

I am delighted to have this opportunity to greet all of the University of Wisconsin Medical Alumni, serving as your 1968-69 President.

Our Medical School is going to enlarge over the next few years to 150 students, give or take a few, and by enlarging, it is entirely possible that it will lose its identity. I feel that the primary role of the Medical Alumni Association is to prevent this loss of identification and interplay of the alumni, faculty and students.

This is done in a small measure by means of our four social-scientific meetings held each year, where we attempt to have the faculty "meet" the area alumni and to inform them of the successes and problems of the Medical School. The needs of the medical student, with the recent changes in curriculum, and enlargement of the faculty with sub-specialties, are a concern to all of us, and your Board of Directors will seek ways to breach the student-faculty gap.

Additional programs to be implemented during the next year are those of formulating a strong Bequest Program through the University of Wisconsin Alumni Foundation and an increasing emphasis on

turity and the vision of the youth of America. When student concern is translated into positive, constructive social activities such as service on the USS *Hope*, or screening clinics for migrant workers, it has a direct, positive effect on all of society.

The Wisconsin Regional Medical Program, which is now well established in the state, has shown increasing evidence of greater activity. There are fairly numerous grants now funded through this program. Some of them have direct involvement with the UW Medical School. I believe that the coming year will prove to be a crucial one for this program insofar as its general acceptance by the medical practitioners of the state and the participation of university faculty.

Last and most important is the building program. You are well aware that the governor appointed a special commission, the "Task Force," to report on medical education. This Task Force was headed by Mr. Donald Slichter. The report of the Task Force, as it relates to the University of Wisconsin, urged expansion of the school to an entering freshman class of 160 and the appropriate facilities to carry out this task. On the basis of this recommendation, we are currently re-evaluating our building program request. It is our anticipation that this will be given a hearing in the fall of '68 by the appropriate governmental bodies. Should we receive favorable consideration at that time, I can visualize a solution of some of our space problems within the next five to six years. Between now and then, some easing of the critical crowding and obsolescence of the existing facilities will be required.

In summary, the medical school has had an exciting time of it this year. In many areas we are most pleased that we have made progress; in others we are waiting with hopeful anticipation for solutions to chronic problems.

our Annual Giving Program. These monies will provide the key for a successful and harmonious Medical School, and will give meaningful identity to all alumni.

I pledge to you, the alumni, my wholehearted effort during the coming year, and I know that I am joined by the Board of Directors as well. I encourage all of you, if at all possible, to attend one of our four gatherings throughout the year. Please have no hesitancy in drafting a letter, friendly or otherwise, to this office so that we can generate new and purposeful programs within the Medical Alumni Association.

morale: the most important change

By Anthony Curreri, M.D.

I should like to begin by viewing the ideal academic department of surgery.

Such a department is an extremely complex organization dealing with education, service, and research. In accepting the position of chairman of surgery I addressed myself to assessing how the department stands in each of these areas.

In terms of education — a good department must develop in its students, undergraduate, postgraduate, and practicing physicians, a feeling that they have the basic core of surgical education to compete with their counterparts in the medical world. Such train-

ing would develop a loyalty and devotion to the University of Wisconsin Medical School and to the surgical faculty. We must also ask how often our faculty is called to participate in national educational panels, and how often our faculty are called as visiting professors at other universities. These are hallmarks of an outstanding teaching department.

In terms of service—a good department must perform outstanding surgery which is useful to the residents of the state it serves. It should also attract patients from other regional, national, and international areas because of new techniques which it develops. Another measure of strength is how often other specialists call upon its faculty for advice.

In terms of research—is the department performing unique research, or just doing work which corroborates the work of others? I would prefer the outstanding research in perhaps limited areas instead of trying to cover the spectrum of possible research.

However, there is no point in talking about these ideals without having the necessary resources in personnel, funds, and space.

The administration recognizes our problems and is willing to face up to them by providing any support which is available to them. But funds at state and national levels are markedly limited and research space is at a premium.

My colleagues in the department are loyal and their dearth in number has forced them to work beyond the call of duty. Under these conditions we cannot achieve their maximum potential, since the skeleton faculty is presently attempting to cover all facets of departmental operation.

Therefore, an expanded faculty for teaching, service, and research is urgently needed if we are to perform our appropriate role in the medical school and the field of surgery.

In terms of space, the department fares poorly.

any yardstick one might use such as the number of patients discharged weekly per student or resident, as well as the number of ward patients per student or resident. The number of beds available to us is too low for an adequate teaching or clinical research program.

Our basic research space is approximately half the square footage required by a well rounded surgical department — the department has the least such space of all Big Ten medical schools.

There must be an augmentation of space in both areas to take our proper place in the surgical field.

Some bright spots emerge.

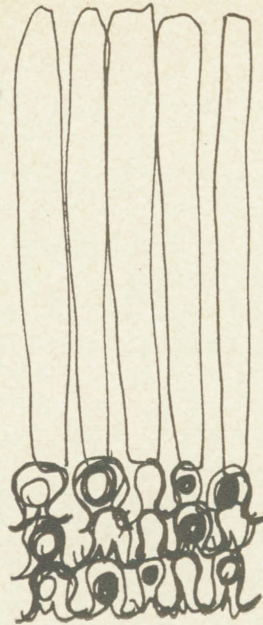
Morale amongst faculty and residents is high and everyone is accepting added responsibilities with enthusiasm.

We have reduced departmental committees to four. The administration committee consists of all the chiefs of divisions. The educational committee under the leadership of Dr. Kisken has reorganized the educational program, conferences, and seminars. The research committee, led by Dr. Wolberg, reviews new research projects, project developments, new applications, and research space. The space committee under Dr. Lemmer is studying the clinical space needs as well as the emergency room for the present and for the new medical center.

Each member of the four committees is responsible for a specific project, and may appoint others to assist him in his study. On completion of the study, he reports to the entire committee so all are aware of developments and there is no duplication.

Conferences have been reduced from 12 weekly to three. The fewer meetings are designed to provide greater depth and breadth of discussion.

Interns and residents have been oriented to their responsibilities and hopefully each will develop a clinical or basic research project.



Teaching is being organized, with the major focus on personal and intimate contact between teacher and student. Each student is assigned to a specific team for ward work and conferences. The lectures have been revised with a view to offering more basic information. We trust this program will be more exciting and stimulating to students.

Several meetings have been held among faculty, administration and other medical groups to determine how to provide better teaching here and improved service to physicians and hospitals in the state through new affiliations or the Wisconsin Regional Medical Program.

A number of faculty members serve on national educational or research panels—we hope to increase that number.

Our research program is just beginning to emerge. I cite the work of Dr. Kisken with the departments of medicine and genetics in organ transplants; the gnotobiotic laboratory for germ-free animals developed under Dr. Yale, which will become a resource for the entire university; and the efforts of the division of clinical oncology.

In summary, the most important change has been the shift in morale in the department. This, plus a nucleus of young, hardworking surgeons may lead to development of a strong department, providing reasonable resources are available.

radiology: some forty years later

After receiving part of his medical training here, Dr. Fred Hodges returned as an instructor in the new department of radiology. On this, his second return, he found the department vastly larger, and its responsibilities vastly more complex.

Like the rest of the Medical Center, radiology has grown in the last few decades. Restrained chiefly by that one problem which impedes the whole center, lack of space, the department has nonetheless grown from four faculty members in 1954 to 22 as of this July first.

Dr. John H. Juhl, department chairman, attributes this growth to several causes. "Nuclear medicine has evolved into a subspecialty of substantial importance in diagnosis and therapy. The technical advances leading to better rapid filming, cineradiography, image intensification and television monitoring have led to a significant increase in the use of radiologic techniques in the study of the vascular system. These and other newer techniques require more physician participation than ever before and necessitate staff expansion.

"With the expanding areas to be studied, we have assumed increasing teaching responsibilities: for example, post-graduate training in radiobiology and radiation physics, and an expanding residency program.

"We've also been fortunate in getting several sizable federal grants. The NIH grant for the radiotherapy center helps to support the work of Dr. Cameron, Dr. Clifton and their colleagues and that of Dr. Vermund who heads the radiotherapy center. Of course, these large projects help the whole department to grow."

The department has five sections: nuclear medicine, radiation physics, radiobiology, diagnostic radiology, and radiotherapy. The radiotherapy section was awarded the NIH grant, \$2,700,000 over a seven-year period. Together with other funds, it helped to start that research center and training facility in 1962.

Its equipment includes a 10,000 curie cobalt-60 teletherapy unit which can be used for rotational as

well as stationary therapy, a one million volt and 250,000 volt x-ray unit. The center is now installing a high energy (40 MEV.) dual beam betatron.

In 1967, a total of 1,244 patients received 19,571 treatments at the center. Some of its data are combined with those of other hospitals in nation-wide studies of the radiotherapy of cancer. The center has current research programs combining chemotherapy with radiation treatment in some inoperable cases.

The therapy section is also involved in the use of intra arterial catheter techniques for infusion of a number of tumors. Dr. George Wirtanen is in charge of this phase of the work.

Research is done with other departments to study malignant diseases treated by radiation or by a combination of radiation, chemotherapy, and surgery.

Dr. Kelly H. Clifton, working with University physicist Dr. Norman Draper, has developed a new technique for checking how effectively radiation destroys tumor cells. Dr. Clifton is section head of radiobiology.

A measured volume of either irradiated or non-irradiated tumor cells is injected into the hind leg of mice. The number of cells which survive radiation can then be determined from the length of time that passes from injection until the tumors appear.

Dr. Clifton has also participated in a study of the tumor-bed effect. Irradiation of tissues around a tumor as well as of the tumor itself seems to inhibit growth of the malignant cells.

Dr. Clifton and Dr. Halvor Vermund hope to improve radiotherapy techniques by testing theories on how the effect works and how to manipulate it.

The nuclear medicine section also finds its clinical responsibilities heavy. Last year it performed about 4,160 procedures, about one for every four patients admitted to University Hospitals.

It has recently introduced short-lived radionuclides to its clinical programs to improve reliability of studies and to decrease patient exposure to radiation. It has also just developed a radiochemistry laboratory to prepare radiopharmaceuticals.

Current research includes the use of various radionuclides as radiation sources for transmission scanning of the skeleton; excretion and distribution of iodinated hippurate in the dog; and the mechanism

of particle phagocytosis in rats.

Thermoluminescent dosimetry (TLD), the work headed by Dr. John R. Cameron, professor of physics and radiology, revived interest in a phenomenon first explained by a UW chemist 18 years ago. Dr. Farrington Daniels proposed that the light released from heated crystals could be used to measure the radioactivity in those crystals.

Dr. Cameron and his staff have developed measurement techniques for that light until TLD is the most accurate and most commonly used techniques for measuring radioactivity in many situations. For example, TLD is used frequently in the badges radiation workers wear to measure their exposure, and to measure the exposure of orbiting astronauts.

The UW Press has published the only book on the subject, written by Dr. Cameron, N. Suntharalingam, and G. N. Kenney.

Dr. Cameron is also cooperating with Dr. Raymond Chun, associate professor of neurology and pediatrics, in refining techniques of measurement in transillumination. They use this technique in passing light through an infant's head to define cranial abnormalities.

In the UW method, a small intense light beam is used. The scattered light coming from the head is measured by a photomultiplier tube, sensitive to amounts of light which the human eye is incapable of detecting. In addition, a polaroid camera, using high speed film, makes permanent records.

The new techniques eliminate the problems of unstandardized human observation and of insufficient or erratic light sources.

The diagnostic radiology section last year added a 700 MA fluoroscopic unit with an image intensifier, television monitor, and a 16mm cine camera, to help with the 65,000 examinations it carried out. Also added was a new tomographic unit and a second complete fluoroscopic unit. Currently it is getting ready to install a complete cardiovascular suite including a 35mm cine camera, a biplane rapid film changing device and a special table and tube for peripheral vascular studies.

Studies on intraosseous venography were carried out and reported during the past year. There is also a continuing study on the use of azygos venography

and vena cavography in determining operability of lung tumors and esophageal tumors.

Each section has hefty teaching responsibilities as well: radiology is one of the few clinical departments with a Ph.D. program. Radiobiology and radiation physics handle this graduate program. All five sections teach residents, postgraduate fellows, and some undergraduates and medical students.

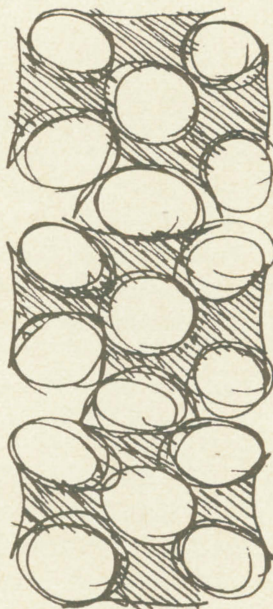
The department has definite plans and directions in which it would like to grow.

Each section hopes to increase its training programs, to meet the growing need for technicians, radiotherapists, and radiation researchers.

Nuclear medicine is going to participate in Wisconsin Regional Medical Program: its radiohippuran excretion experiments are included in work in hypertensive studies.

Diagnostic radiology plans to add specialists in areas such as pediatric radiology and neuroradiology.

The department as a whole finds itself drawn increasingly into cooperative work with other departments in research, in clinical protocols, in teaching, particularly in working on the new curriculum, and in programs for resident and postgraduate training.



ALUMNI NEWS

Class representatives meet

The Class Representatives met for their annual meeting at noon in the Wisconsin Center on May 23.

After Dr. Freeman's call to order and report on the year's activities, Dean Eichman spoke to the group. His speech was similar to the one he later gave to the whole Alumni body. However, some of the points were of special interest to the Class Representatives.

Dr. Eichman suggested that each entering class be given \$1,000 to use as they saw fit to enrich their educational experience.

Such funds could be used to support guest speakers, seminars, to purchase audio visual equipment, or to provide a solution to the severe student transportation problem between the Medical Center and affiliated institutions. The Dean added that any suggestions for use of the funds would be subject to the approval of the Student Affairs Committee.

The Class Representatives later endorsed a motion that the Board of Directors explore the feasibility of establishing such a program.

After responding to a number of questions about Medical School programs, Dr. Eichman yielded the floor to Dr. Bernard Lifson.

Dr. Lifson discussed the activities of the past year relating that the year had been productive. Meetings were well organized and well attended. Chancellor Sewell had attended the annual Homecoming meeting; the Marshfield meeting was characterized by lively discussion with the Dean and some members

of the faculty. A highlight of the winter meeting in Milwaukee was the report of Dr. Donald Slichter, chairman of the Governor's Task Force on Medical Education.

Dr. Lifson also reported that the *History of the Medical School* by Dr. Paul Clark was selling well with the publication costs regained.

He later reported that the Annual Giving Program was growing well with 1,900 alumni paying dues.

Dr. Pohle also gave a report on the Annual Giving Program and distributed a report comparing contributions by class. Last year, 467 members donated \$20,770.99; there was a substantial increase in the amount given this year with 930 donations totaling \$29,748.03.

The consensus of the group favored implementation of the following suggestions to help promote the Annual Giving Program:

1. Class Representatives should be promptly formed of contributions from their class, and they should be informed of the dues-paying members of their class.
2. The Alumni Office should prepare a brief letter of thanks for each gift to be personalized by the Class Rep and sent to the donor.
3. The printed Annual Report to be sent to all alumni should identify the continuous contributor.
4. A separate appeal should be sent to those alumni who have not contributed. This should be a concise, authoritative statement on the need for alumni support.
5. The Class Representatives of those classes with a lower than average per cent of contributions should be assisted in making a special effort to increase participation.
6. Counterparts of the Class Representatives should be appointed to handle contact with former house staff and the faculty.

Dr. Freeman urged that any additional suggestions for improvement of the program be sent directly to Dr. Pohle; and he commended Dr. Pohle for his work on the Annual Giving Program.

The slide of the painting by artist Aaron Bohrod was shown. The painting, which incorporates a number of meaningful medical and Wisconsin medical symbols, is well underway and will be given to the Medical School upon completion.

Dr. Wasserburger reported that the Caribbean Cruise seminar had maintained a close relationship between participants and faculty. He felt that the over-all result had been successful.

It was announced that plans for next year's retreat are well in order, with the date set for February 15-22 in the Bahamas. (See page 14 for more information.)

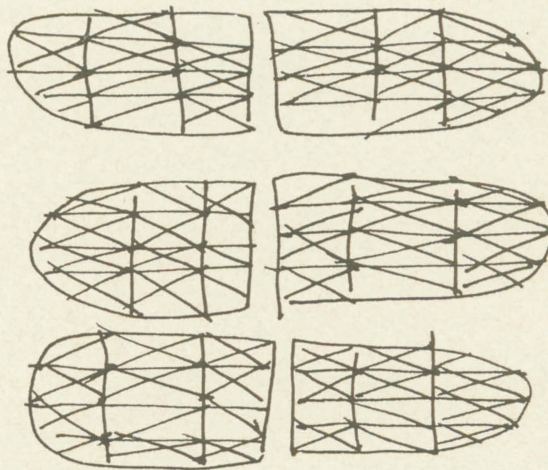
Class Reps were told that the new Alumni Directory would soon be available to all class members. Non-paying dues members would also receive the directory, but with a note explaining that ordinarily only dues-paying members received it.

President-elect Dr. Charles Benkendorf was given the task of formulating a program for having class representatives for the House Staff.

This discussion was followed by Dr. Shapiro's statement that he felt that Dr. Max Fox should receive some recognition for his unique contributions that benefited so many medical students. He suggested that an award be established and perpetuated in Dr. Fox's honor, and he pledged an initial contribution to such a fund.

Dr. Lifson suggested that the next Milwaukee winter meeting might include a Dr. Max Fox recognition ceremony.

The 24 Class Representatives who attended the May meeting were: Dr. Garrett Cooper, '35; Dr. Helen Dickie, '37; Dean Peter Eichman; Dr. D. J. Freeman, '52; Dr. William Gilmore, M '43; Dr. Melvin Huth, '33; Dr. Norman Jensen, '65; Dr. Roger Laubenheimer, '50; Dr. Bernard Lifson, '49; Dr. Herbert Pohle, '38; Dr. Robert Ramlow, N '43; Dr. William Russell, '46; Dr. Donald Schuster, '51; Dr. Herman Shapiro, '32; Dr. S. E. Sivertson, '47; Dr. Loreon Thurwachter, '45; Dr. Richard Wasserburger, '46; Dr. John Wear, '54; Dr. Eugene Weston, '55; Dr. Herman Wirka, '30; Dr. W. Wiviott, '57; Dr. Timm Zimmermann, '63.



Alumni elect new officers

Assisting Dr. Wasserburger is president-elect Dr. Charles Benkendorf, '55, Green Bay. Dr. Benkendorf served a radiology residency at the University of Wisconsin Medical Center from 1955-58. He is a member of the Radiology Clinical Faculty and has served on the Medical Alumni Association Board of Directors.

Elected members of the Board of Directors are Dr. Sigurd E. Sivertson, '47, of La Crosse, and Dr. Robert E. Laubenheimer, '50, of Milwaukee. Both will serve a three-year term.

Dr. Sivertson has been active in medical alumni affairs and is currently serving as the 1947 class representative. He is Director of Medical Education and Research at the Gunderson Clinic and a Medical School Preceptor.

Dr. Laubenheimer is serving as the 1950 class representative and has a solo dermatology practice in Milwaukee.

Mrs. W. S. Middleton memorial

Upon the death of his wife, Dr. William S. Middleton has established a memorial loan fund for nursing personnel. Monies have already been received by the fund, and friends who wish to contribute may designate their gifts to the Mrs. William S. Middleton Memorial Fund.

Wisconsin steals the show

Wisconsin commandeered this year's building session of the annual Medical Library Association conference, reports Miss Helen Crawford. Miss Crawford, head librarian of the Middleton Library, presented slides and data sheets of the library to the June 10 meeting.

Departing from the usual practice of discussing several buildings, this year it was decided to feature deeper discussion of one plan, and the Wisconsin building was selected.

An association representative visited the Middleton Library in May to prepare a critique on the problems and solutions associated with planning the building.

"The beauty of the library excited much favorable comment and criticism was mild," Miss Crawford said.

Familiar faces in faraway places

A "very successful" dinner meeting found about 30 Wisconsin alumni at the Leopard Cafe, according to Dr. Robert O. Johnson.

Dr. Johnson reported to the group on developments here: changes in personnel, retiring faculty, new chairmen, construction plans for the new center buildings, grants awarded, and the budget. Dr. William Stovall, special assistant to the dean of the medical school, discussed the training of physicians, scientific medicine in medical centers, and the ideal of a physician.

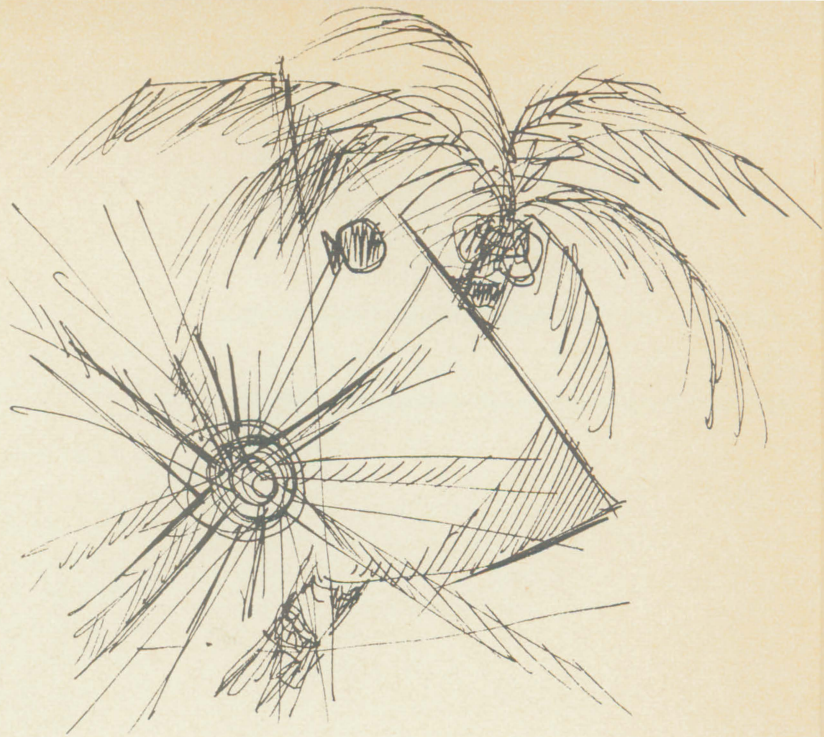
Attending alums were also treated to a showing of Dr. Fred Hodges' movie of early UW medical personalities.

Retreat south: 2000 miles

The man who said that learning has to be a tedious task has not heard about next year's Alumni faculty retreat to Nassau in the Bahamas from Feb. 15 to 20.

Leading the migration of faculty and alumni for learning and leisure will be dean and director of the Medical Center, Dr. Peter Eichman. Other faculty members who will contribute to the 16-hour lecture are Dr. James Brandenburg, department of surgery; Dr. Frank Larson, department of medicine; and Dr. John Juhl, department of radiology, a returning faculty member from last year.

After the lectures, there will be numerous activities to fill the lazy Bahamian hours. The Nassau Bah-



Hotel, where alums will be staying, has the "best entertainment in Nassau" according to Anne Johnston, coordinator of the retreat.

Right next door is an 18-hole golf course with closely cropped greens and sporting fairways. Just a few steps from the hotel are 660 yards of sunny beach washed by clear, warm waters.

Sight-seeing, dancing, swimming and shopping for free port bargains are just a few of the activities and sports that could help fill a wonderful week in February. The hotel has planned a rum and swizzle party for your arrival.

Don't disappoint them — or yourself. Make your reservations now — no later than Nov. 1. Only sixty people will be able to attend the lectures, to provide for the most effective teaching and learning environment.

The fee will cover the flight from Madison to Nassau and back; 7 nights, 7 breakfasts and 7 dinners daily at the Nassau Beach Hotel; all gratuities for doormen and bellhops for in-out baggage handling, chambermaids, dining room personnel and beach and pool attendants; and round-trip transfers from air-

port to hotel and return including baggage handling and tips for porters.

Plan now for a week's retreat of stimulating lectures and sun-filled leisure. Couples are \$999.00 and singles, \$688.00. There will be no separate mailings—this will be the only notice. There's a place in the Bahamian sun just waiting for your arrival in February, 1969.

Register Now!

Name _____ Mailing Address _____

City & State _____ Zip Code _____

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

_____ Registration

_____ Further Information

Enclosed is a check for _____ to cover:

_____ Couples Registration Fee \$999.00

_____ Individual Registration Fee \$688.00

ALUMNI CAPSULES

As a visiting professor, Dr. Robert Turell, '28, has participated in teach-ins at Cedars-Sinai Medical Center in Los Angeles, Mount Sinai Hospital of Cleveland, and University of California School of Medicine in Los Angeles. In May of this year, Dr. Turell participated in a Symposium on Cancer presented in Queens, New York.

□
Fear No Evil, a book written by Dr. John E. Leach of the class of '36, will soon go to press and be available for purchase within the next few months. Dr. Leach is currently affiliated with the Thompson Clinic in Moss Point, Mississippi.

□
Dr. John B. Wear, Jr., '54, has been named president elect of the Wisconsin Urological Society.

□
In April, the Milton J. E. Senn School and Clinic at High Meadows, Hamden, Connecticut, was dedicated to Dr. Milton Senn, '27. In 1961, Dr. Senn received the Medical Alumni Citation.

Dr. Keith Keane, '43, is one of three doctors recently added to the consulting staff of the Lawrence University Health Center in Appleton, Wisconsin.

□
The new director of Madison's VA Hospital is Dr. William R. Merchant. Formerly of Ann Arbor, Michigan, Dr. Merchant assumed his new post in April of this year. His predecessor, Dr. A. M. Gottlieb, is presently in Palo Alto, California.

□
Dr. Mabel G. Masten, '25-'27, was recently recognized for her valuable service to the crippled at the Florida Crippled Children's Commission Clinic. She was presented with a plaque signed by Gov. Claude R. Kirk, Jr., commending her for her volunteer service to the clinic. Dr. Masten taught neurology and psychology at the University of Wisconsin for 29 years after serving her internship at UWH from 1925-27.

□
Dr. Fred J. Ansfield, professor of clinical oncology at UWH, recently spoke before the Kenosha Wisconsin District Nurses Association. Dr. Ansfield discussed "New Trends in Cancer Research."

□
At a meeting of the New York Academy of Science, Dr. Nasrollah T. Shahidi described some of the effects that over-the-counter medicines can have on susceptible individuals in the way of blood-cell destruction. Dr. Shahidi is an associate professor of pediatrics at UWH.

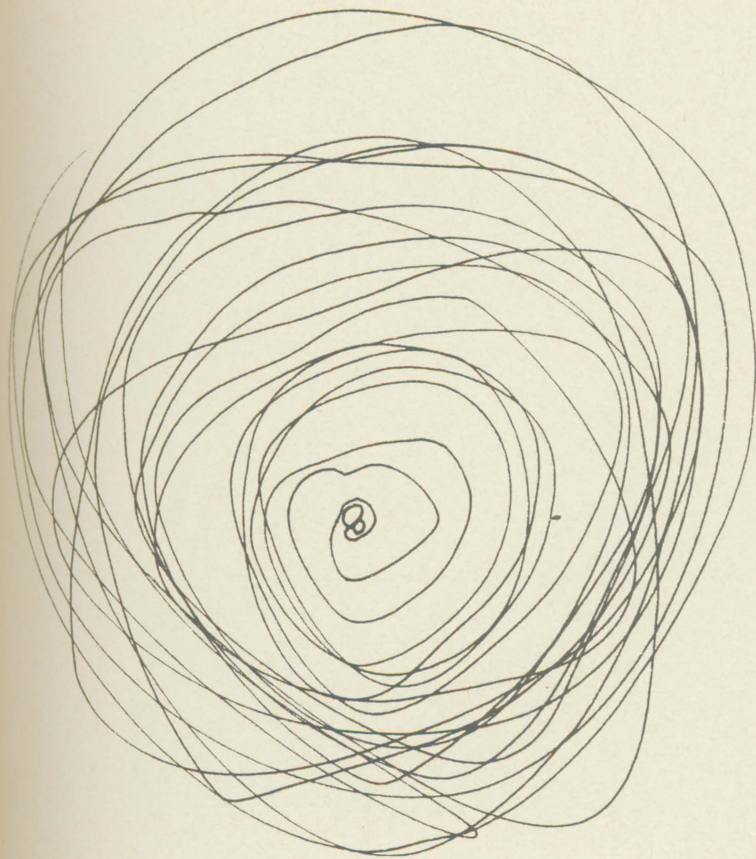
The Award of Merit from the University of Pennsylvania was given to Dr. Kendall A. Elson, '27. Dr. Elson has served as the director of the University of Pennsylvania Diagnostic Clinic, medical director of Scott Paper Company, visiting professor of clinical medicine at the UP and as the chairman of the Medical Development Steering Committee of the University of Pennsylvania.

□
Dr. Richard A. Sternbach, associate professor of psychiatry at UWH, has recently written a book entitled *Pain: A Psychophysiological Analysis*. It's being published by the Academic Press in London.

□
The new assistant Professor of Medical Care at Johns Hopkins School of Public Health and Hygiene is Dr. Paul D. Stolley, a member of the house staff at UWH from '62-'64. Dr. Stolley recently completed serving in the Office of the Surgeon-General at USPHS.

□
Dr. John A. Palese, '48, has been named Director of Medical Education at St. Luke's Hospital in Milwaukee. Dr. Palese is an Assistant Clinical Professor in the Department of Preventive Medicine at Marquette School of Medicine.

□
Oscar A. Sander, M.D., class of '27, has recently been appointed a member of the subcommittee on Hematopoietic and Lymphatic Systems of the American Medical Association's Committee on Training of Mental and Physical Health.



Dr. Edward J. Van Liere, '20, was recently inducted into the select circle of the Order of Vandalia, a group of individuals recognized for their outstanding service to West Virginia University. Dr. Van Liere is Dean Emeritus of the WVU School of Medicine.

□

The honored guest and speaker at the dinner meeting of the Kenosha County Medical Assistants Society was Dr. L. H. Lokvam, '31. Dr. Lokvam, Kenosha, had just returned from Vietnam where

he served as a volunteer physician under the AMA's program. "Volunteer Physicians for Vietnam."

□

Dr. Bahij S. Salibi was inaugurated as president of the General Neurosurgeon Society at the Society's Chicago meeting. Dr. Salibi is not only a clinical assistant professor of neurological surgery at UW Medical School, but he is also an associate professor of neurological surgery at Cook County Graduate School of Medicine, Chicago, and currently a neurosurgeon at the Marshfield Clinic

in Marshfield, Wisconsin.

□

Dr. Fritz H. Bach, an associate professor of medicine and medical genetics at the UW Medical School, recently received a fellowship from the American Heart Association to support his research toward the conquest of heart and blood vessel diseases.

□

Dr. Harold F. Ibach, '51, chairman of the Department of Radiology at St. Michael Hospital, Milwaukee, was appointed chief-of-staff at St. Michael's. He assumed his new position on April 1, succeeding Dr. John R. Evrard.

□

Regretfully, we have the following deaths to report:

Dr. George G. Stebbins, '28, Madison, Wis., June 2, 1968.

Dr. Meredith Campbell, '19, Pompano Beach, Fla., May 25, 1968.

Dr. Charles Lewis, '32, Madison, Wis., April 19, 1968.

Dr. Michael Kasak, '17, Milwaukee, Wis., Feb. 12, 1968.

Dr. A. J. Hockett, Mosinee, Wis., Feb. 26, 1967.

Dr. Willis Kraemer, '41, Knoxville, Tenn., June 6, 1968.

Dr. Cecil J. Metcalf, '34, Bangor, Me.

Dr. Ben L. Hurwitz, '30, Chicago, Ill., Nov. 15, 1965.

Dr. Placido R. V. Hommel, '16, Elkader, Ia., June 15, 1967.

Dr. John H. Rnedock, '36, Springfield, Ill.

Dr. Kenneth C. Kehl, '32, Racine, Wis.

Dr. Roscoe Vander Bie, '21, Pasadena, Calif., May, 1966.

Dr. Donald E. Nelson, '40, Safford, Ariz.

MEDICAL SCHOOL NEWS

24 hours a day

A culture pervading his entire life is what medicine has been to Dr. Karver Puestow, professor of medicine at the University of Wisconsin. After 46 years of teaching and practice at the University Medical Center, Dr. Puestow is retiring.

"A doctor should be so involved with his patients, he eats, breathes, and sleeps medicine," Dr. Puestow said. And his life is an example of such concentration.

When he came to Wisconsin, the Medical School was still an infant — its offices were on Langdon Street where the Memorial Union now stands.

Since 1922, Dr. Puestow has prodded much of the Medical School's growth. Working closely with the legislature and interested citizens, he has stimulated the building of two new wings to the Wisconsin General hospital in the 1960's and the Bardeen laboratories in 1952.

"Dr. Puestow has been our strongest contact with the legislature and with prominent people in Wisconsin in promoting the school's and the hospital's image and needs," said Dr. Ovid Meyer, professor of medicine. University dean for public service, LeRoy Luberg, added: "Many political and business leaders in professional and educational positions have demonstrated considerable confidence in Dr. Puestow's judgment."

Dr. Puestow received his medical degree from the University of Minnesota in 1921, and interned at the Cleveland City Hospital in 1921-22. Dr. Puestow began at Wisconsin as an instructor in medicine and a physician in the student health clinic in 1922. Four years later he was made director of the outpatient department, and he has continued to direct and build those clinics. His work in the outpatient clinics was conducive to teaching students — so he

did. This practical experience he gave "is remembered by medical students as one of their most effective lessons," Dr. Meyer said.

In 1932, Dr. Puestow established the first teaching clinic in gastroenterology, his specialty. Since his first position as instructor, he has progressed to full professor of medicine. He was also chief of staff at University Hospitals.

His involvement with medicine has moved far beyond the University of Wisconsin. He is a member of the American Therapeutic Society, the American Society of Gastrointestinal Endoscopy, a former trustee of the Dane County Medical Society, and certified by the American Board of Internal Medicine. For 15 years he served the American College of Physicians first as governor, then regent, and then vice-president.

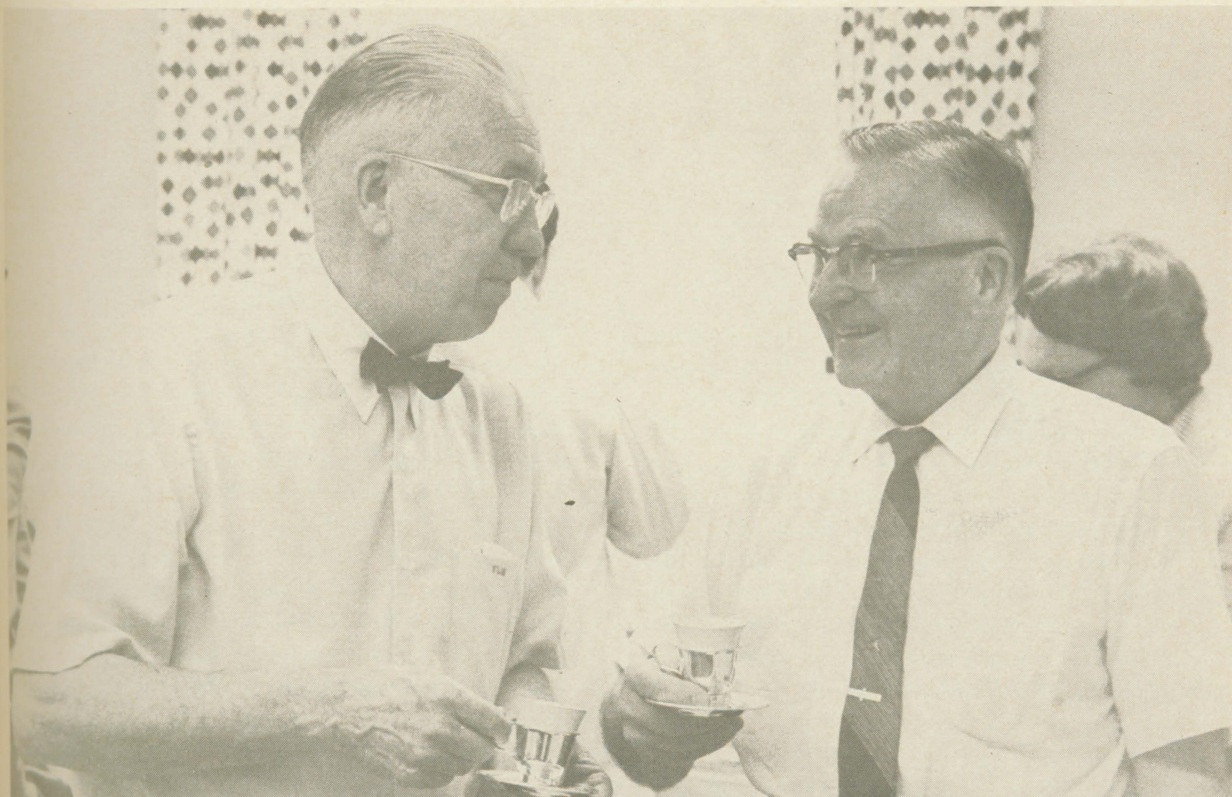
Part of Dr. Puestow's concern with medical education is the continuing tension that comes from attempting to balance the clinical and basic sciences. As a teaching clinician he has constantly tried to draw these two disciplines closer.

Playing in two leagues

What do an All-American right end and a clinical professor of medicine have in common? Probably nothing. But for Dr. Frank L. Weston both a college football career and a profession in medicine have been a way of life.

Sportswriters in the 1920's called Dr. Weston "Hoodie" but his teammates and friends called him "Hoodie" and that name stayed. As a fast end, an excellent tackle, and an accurate passer, he was an impossible player for any opponent. For his outstanding performance in 1920, "Hoodie" was made an All-American.

Dr. Weston's football days ended in 1921 when he graduated from the University of Wisconsin with



Dr. Frank Weston shows his new demi-tasse cup to Dr. Karver Puestow who, not surprisingly, had one

just like it. Both men were honored by a floor party and sets of silver demi-tasse cups by hospital staff.

B.S. degree. It was then time to tackle the field of medicine, and in 1923 he obtained his medical degree from Rush Medical School.

He returned to Wisconsin with his wife, Ruth, in 1925 to serve as an instructor on the Medical School faculty. Since this time he has progressed through the ranks to his present position as clinical professor of medicine.

In 1964-65 he was elected president of the Wisconsin Medical Alumni Association. He is treasurer of the Wisconsin State Medical Society, a position he has held since 1951. In 1966, the Medical Society presented him with its most coveted award — the Council Award.

Dr. Weston's football career has also brought him honor. In 1965 he was inducted into the Madison

Sports Hall of Fame.

Dr. Weston's time now is filled by patients and students. Every morning he arrives at University Hospitals at 6:00 a.m. to make his hospital rounds before seeing outpatients at either the procto or medical clinics. His afternoons are spent in his downtown office, but late in the day he comes back to the hospital to see patients who may not have had an appointment.

Whenever he has time, Dr. Weston also meets with both medical and nursing students to teach and explain various medical procedures.

With 6 children and 16 grandchildren, most of Dr. Weston's time away from the hospital is occupied with his family. His youngest son, Carl, is a clinical instructor of medicine at the University Hospitals,

and works closely with his father.

Dr. Weston's favorite hobby is fishing. Although he says that he is only a "fisherman by inclination, and not by skill," he is reported to have been the one responsible for depleting the supply of large Muskies in the Northern Wisconsin lakes. The basic problem with his fishing, Dr. Weston explains, is that he hasn't had time to get "anywhere near enough of it."

Colleagues will long remember the service that Dr. Weston has given to families of University of Wisconsin faculty. For he has been one of the few physicians who attends to children as well as adults and makes house calls when asked.

The right ingredients

Uncovering an old-fashioned recipe for the good life has a unique excitement. Such excitement is generated by talking with Dr. Wade R. Plater.

Dr. Plater explains of his philosophical recipe for the good living: "Happiness comes with giving. By giving to humanity more time and talent than it expects to receive, the individual also receives more comfort and more joy in life than he expects."

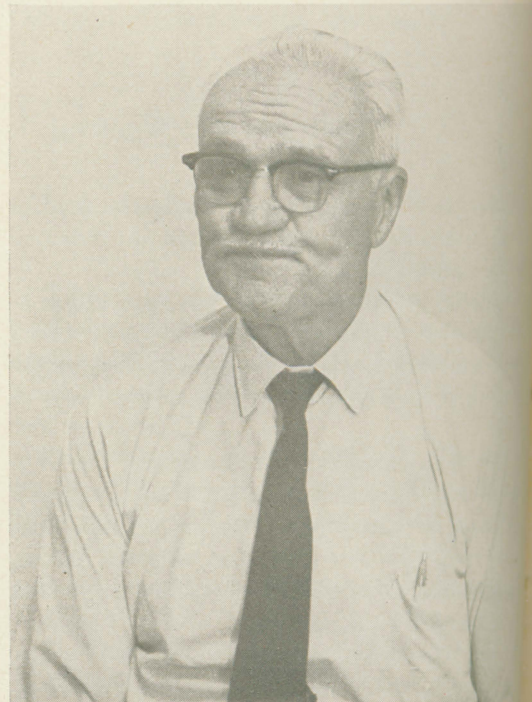
Dr. Plater's 30-year career in clinical orthodontics and the activities of his off-duty time have been aimed at implementing this philosophy.

Each summer for the last quarter of a century,

Dr. Plater has been giving to others through his clinical orthodontic work in a program sponsored by the department for crippled children. The doctor made oral examinations of the 35 young children that the department brought to Madison every summer for a 6-week therapy course. During the 25 years this program was in existence, Dr. Plater made over 1,000 evaluations of the future needs of each of these children.

These professional summer experiences have been sandwiched between the many personal activities that Dr. Plater pursues. The doctor said that his 15 years as a representative on the Hospital Advisory

Dr. Wade Plater.



Board for the State Board of Health have been very rewarding. "In such a position," Dr. Plater said, "I feel as if I can be of some valuable service to all the citizens of Wisconsin."

Enjoying his hobbies, Dr. Plater has trained two Vizsla imported Hungarian hunting dogs called Shammy and Brock, cultivated 12-foot-high castor beans in his garden, and become an excellent upland bird-hunter.

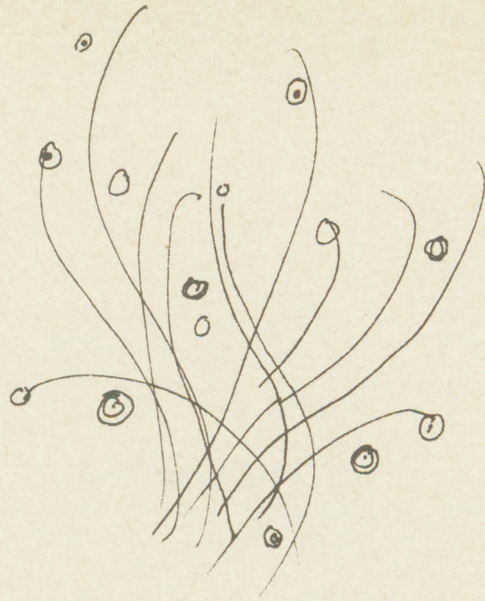
All of these activities keep him in the out-of-doors that he has loved since his childhood on an Illinois farm. He relinquished this outdoor life to attend the University of Illinois College of Dentistry, and he graduated with a degree in Dental Surgery in 1924. From 1924 to 1936 Dr. Plater taught at the Marquette University School of Dentistry. He returned to Illinois to earn a Master of Science degree in orthodontics. In 1938 he moved to Madison to begin his practice.

Dr. Plater joined the cleft palate team at University Hospitals in 1945. He has been active in promoting water fluoridation for municipal water supplies and has published an article entitled "Water Fluoridation and Its Influence on Dental Decay" in the *American Journal of Orthodontics*.

Extensive lecturing has taken Dr. Plater across the United States and to Europe. In 1964 he presented a lecture based on the film of the "Wisconsin Cleft Palate" story to the French Orthodontics Society in Paris.

The numerous citations awarded to Dr. Plater have included the "Man of the Year Award" from the State Department of Crippled Children and the Silver Beaver Award from the Boy Scouts of America.

Of his professional days Dr. Plater said, "It is most unfortunate if a man doesn't come to the end of his career with a feeling of satisfaction. Following that old-fashioned recipe has brought me just such a feeling."



Evidence of time

Statistics from the past emphasize the change that the years bring to any organization. The growth of the Medical School since 1907 can also be so figuratively explained.

In an article written by Abraham Flexner in 1910 for the "Carnegie Foundation for the Advancement of Teaching Medical Education in the United States and Canada," a census showed that Wisconsin, with a population of 2,356,874, had 2,518 physicians: 1 for every 936 residents.

The University School of Medicine then had a teaching staff of 23 of whom 17 were full time. Flexner described the entrance requirements for admission into medical school: "Two years of college work, including sciences, rigidly enforced." Only 44 students were enrolled.

The budget call in 1910 was for \$40,625 and the department was maintained entirely out of the general funds for the university.

Flexner pointed out that the medical school laboratories were complete for both teaching and research, but that "the department lacked a building which would bring its parts together."



Twenty-three students receive awards

Scholarships and awards were presented to 23 outstanding students at the Honors Convocation May 23. The recipients of the awards ranging from \$50 to \$1,000 are:

Bardeen Award: Stephen W. Rutter, Med II;
William J. Bleckwenn, Jr. Award: Robert J. Rose,
Med IV;

Borden Award: Pornchai Matangkasombut, Med
IV;

Katherine Buerki Scholarship Award: Craig G.
Stein, Med II;

Dr. Joseph Dean Award: David D. Norenberg,
Med II;

Evan and Marion Helfaer Awards: Marcia J. Stah-
mann, Med II; Daniel N. Wochos, Med II; Daniel D.
Kane, Med III; Patrick K. Keane, Med III;

Dorothy and Charles Inbusch Award: Howard P.
Gutgesell, Med IV;

Pfizer Laboratories Award: Daniel E. Hathaway,
Med III;

Lewis E. and Edith Phillips Awards: Norman E.
Cohen, Med III; Sarann Cuene, Med III; David J.
Harter, Med IV; Gerald A. Faich, Med IV;

James M. Price Award: Lynn R. Witherspoon, Med
IV;

Raŕsey Scholarship Award: Lyle R. Wendling, Med
IV;

Roche Award: Walter H. C. Burgdorf, Med III;
Theobald Smith Award: Robert M. Bumsted, Med
III;

University of Wisconsin Foundation Scholarship
Awards: Stephen A. Bernsten, Med II; Paul E. Sand-
strom, Med II;

Upjohn Award: Stephen R. Stein, Med IV;
and

Ralph M. Waters Medical Scholarship: Mary Beth
Schnur, Med III.

For their achievements

Dr. P. P. Cohen was named Harold Bradley Pro-
fessor at the last meeting of the Regents in June.
Dr. Cohen will receive \$5,000 for five years to use
as he sees fit in any area of research. The award is named
for Harold C. Bradley, first professor of physiological
chemistry at the University of Wisconsin Medical
School.

□

The Wisconsin Alumni Award for Distinguished
Service was presented to Dr. Anthony Curreri.

□

The Markle Scholar Grant was awarded to Dr.
Stanley N. Graven, an assistant professor of ped-
iatrics at the UW Medical School. The Scholar grants
have been made annually since 1948 to relieve the
faculty shortage in medical schools by giving aid to
young teachers early in their careers.

□

Dr. Cholam Malek, senior resident in urology, was
voted "teacher of the year" among the residents at
the Medical Center by the senior medical class.

□

Dr. Henry Pitot has received the 1968 award for
research from the American Society of Experimental
Pathology.

□

The Interstate Postgraduate Medical Association
conferred its Erwin R. Schmidt Award for excellence
in medical teaching on Dr. Paul F. Clark, emeritus.

professor of medical microbiology.

□

The National Academy of Sciences has presented a cash award to Dr. Jack L. Strominger for his outstanding contributions to the field of microbiology.

□

Dr. Madeline Thornton received the George Arents Pioneer Medal from the Syracuse University Alumni Association.

Distinguished teaching award

Dr. Richard E. Rieselbach, assistant professor of medicine, received the 1968 Wisconsin Medical Alumni Association Award for Distinguished Teaching. Dr. Rieselbach was chosen for the \$1,000 award by senior medical students. The presentation was made at the Medical School's honors convocation.

A graduate of the University of Wisconsin, Dr. Rieselbach received his M.D. degree from Harvard in 1958. He joined the Medical School faculty in 1965.

Dr. Rieselbach, a specialist in nephrology, has research interests in renal pathophysiology.

He is the sixth Medical School professor to win the teaching award. Previous winners include Dr. Ben M. Peckham, chairman and professor of gynecology and obstetrics, 1963; Dr. George G. Rowe, professor of medicine, 1964; Dr. Richard H. Wasserburger, professor of medicine, 1965; Dr. Arthur A. Siebens, professor of pediatrics and physiology and chairman of rehabilitation medicine, 1966; and Dr. Robert O. Burns, associate professor of medicine, 1967.

One step forward

Last month, Senator Jerris Leonard, chairman of the University Affairs Subcommittee of the State Building Commission, announced that the subcommittee had authorized the University "to proceed with detailed programming and master planning of the Medical Center on the Madison campus" and authorized the "use of the Veterans' Administration (west side) for programming and master planning purposes."

In addition, the subcommittee called a public hearing September 13, for the Medical Center to present its current programs, and long range goals, the physical facilities required by those goals, proposed phases of implementation, and proposed costs and fund sources. The subcommittee will also hear an evaluation of the adequacy of the VA site.

The Medical Center Task Force on Planning established 20 committees to develop specific programs for the new medical center.

Orientations for the committees on design strategy was provided by Ideal Systems, Inc., a private engineering firm. The orientations gave the committees a methodology to approach problem solving and innovation design.

During April, the State Bureau of Engineering employed Gorsline Associates to help develop the plans and program required for the September 13 presentation. The consulting firm has also worked on the State University of New York at Stony Brook and the University of California School of Medicine at San Diego.

In this planning process, new programs are being discussed only as areas this medical center *should consider* in the future. These program ideas have been developed by various planning groups, particularly the Executive Committee of the medical school

which for planning purposes includes the basic science and clinical science, departmental chairmen and the dean of the School of Nursing.

These programs, not fully developed, represent only potential programs for consideration in the long-range planning.

Sample programs include:

Clinical Nutrition — Recently a department of nutritional sciences was founded in the College of Agriculture and Life Sciences and in the School of Home Economics. Deans Pound and Eichman hope to work together in relating this department to the Medical Center. Joint appointments, joint graduate programs and shared facilities are highly probable.

Environmental Health — During the past year, an Institute of Environmental Sciences has been formed at the University of Wisconsin. It includes a wide range of scientists from various colleges including the Medical School, Engineering, Agriculture and Life Sciences, physical, biological and social sciences.

It is proposed within the Medical School to place this program in the department of preventive medicine and tie it in with the State Laboratory of Hygiene. Air pollutants, occupational conditions, water pollution and geographic factors will be of prime consideration.

Health Sciences Research—One of the most pressing problems in medicine today is the utilization, distribution, costs and effectiveness of the health care services.

The department of preventive medicine, with medical sociology, medical economics, hospital administration and systems engineering, would team up for a concerted study of these major problems.

Other programs which may be developed are chronic disease epidemiology, biomedical engineering as well as new public health programs and an expansion of the computer sciences program.

Medicine, Israel, and then some

The medical school curriculum has changed greatly in the last few years. But traveling in Israel for eleven weeks is not the usual method that a fourth year student follows to study in his medical quarter. On February 10, however, Brian P. Moore, a fourth year medical student, flew to Israel for an eleven-week research training project at the Tel Aviv University-Tel Hashomer Government Hospital.

Moore was one of ten students from U.S. medical schools awarded an international fellowship for the project through a new program developed by the AAMC for the Bureau of Health Services, U.S. Public Health Service.

Dr. O. A. Mortensen, liaison officer with the AAMC, explained that the purpose of the fellowship program is to give American students research and clinical experience with health problems in many parts of the world.

In a letter to Dr. Mortensen, Moore tells of his Israeli experience:

"I spent the first five weeks in a pediatric ward. My duties were mainly routine blood drawing, sputum taps, and lab work in the morning and then two to three hours of ward rounds daily.

"The next two weeks were spent in an Arab village with a general practitioner. Besides the acquaintance with a general practice, this part of the program provided an introduction to the method of social medicine in Israel, the operation of a health department (from sewage disposal to well-baby clinic) and the way of life of the Arab and Jewish populations. We were introduced to many city officials



On the home front

Two boys have traveled half-way around the world to be treated at University Hospitals. Vo Van Tho, 19, and Le Van Cu, 15, were brought to Madison for medical care by the Committee of Responsibility (COR), a national organization formed to save war-burned and war-injured Vietnamese children.

Tho and Cu are having reconstructive surgery done on their faces. Tho has undergone numerous operations to restore his nose by a series of grafts. Cu's surgery will reshape his mouth so he has some lip movement instead of the rigid, open circle that he once had.

Cu, who came in May, and Tho, who came in March, will both stay in Madison for another three months.

While awaiting more surgery or tissue build-up, Tho and Cu live with Madison foster families. Both Vietnamese youths have captivated their American parents and brothers and have become friends with the hospital staff members attending them.

Tho and Cu are excellent athletes and have participated in the summer activities of church and neighborhood groups.

The boys will return to their own families in Vietnam when their surgery is completed and healed. Tho's parents and sister live in Cangiuoc, 15 miles south of Saigon, and Cu's parents live in the Mekong Delta.

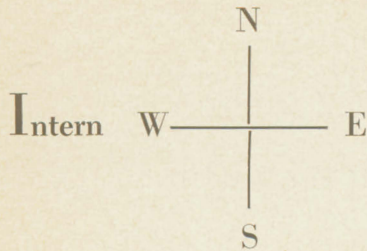
Since this project began, COR has brought more than 15 children to various hospitals in the U.S. for specialized treatment.

explained some of the 'forces that be' among various ethnic, sociologic, economic, and religious groups in town. It was generally felt among the students, and it is my opinion, that this was the best part of the program.

"I spent one week on a kibbutz with a general practitioner who provided health care for three kibbutzim and one small Arab village.

"During the last two weeks of my stay, I worked in the Department of Epidemiology at Tel Hashomer and did an epidemiology study on renal deaths in Israel from 1961-1966 with a view toward predicting Israel's future dialysis and/or renal transplantation needs."

Dr. Mortensen said that it is anticipated that this international fellowship program will continue and will expand with new projects in different foreign countries in the coming years.



The new graduating class has once again begun their internship assignments, many of them in new, unfamiliar places. Some of the newness of both place and assignment might be eased by a call, visit, or evening with an alumnus established in the area.

Printed below are the names of the new graduates arranged by state and hospital.

ARIZONA

Chayka, Thomas G.
Maricopa County General Hosp.
Phoenix

Purchatzke, Gerald D.
Good Samaritan Hosp.
Phoenix

CALIFORNIA

Beeckler, Donald C.
San Francisco General Hosp.
San Francisco

Christensen, Dennis D.
San Joaquin Gen. Hosp.
Stockton

Ferguson, Barbara B.
L.A. County Gen. Hosp.
Los Angeles

Frederick, Bruce F.
Highland Gen. Hosp.
Oakland

Kronzer, William W.
U.S. Naval Hospital
San Diego

Levin, Michael H.
San Francisco Gen. Hosp.
San Francisco

Lifschutz, David H.
L.A. County Gen. Hosp.
Los Angeles

Nelson, J. Craig
Herrick Memorial Hospital
Berkeley

Stein, Stephen R.
H. C. Moffit—U. of Cal. Hosp.
San Francisco

Storms, William W.
San Francisco Gen. Hosp.
San Francisco

Terk, Michael R.
L.A. County Gen. Hosp.
Los Angeles

Walker, Kae I.
L.A. County Gen. Hosp.
Los Angeles

Wendling, Lyle R.
San Francisco Gen. Hosp.
San Francisco

Western, Dennis W.
Riverside County Gen. Hosp.
Riverside

Yee, King F.
Highland Gen. County Hosp.
Oakland

COLORADO

Crowe, John M.
Denver General Hospital
Denver

Enerson, David E.
Presbyterian Medical Center
Denver

Mayer, David M.
Presbyterian Medical Center
Denver

Rumack, Barry H.
Colorado Medical Center
Denver

Wolf, John F.
Denver General Hospital
Denver

GEORGIA

Selkurt, Joanne A.
Grady Memorial Hospital
Atlanta

HAWAII

Fancher, Donald C.
Queens' Hospital
Honolulu

ILLINOIS

Babbitz, Allen H.
Evanston Hospital
Evanston

Catching, John D.
Cook County Hospital
Chicago

Daly, Richard G.
U.S. Naval Hospital
Great Lakes

Jacobsen, Paul M.
U.S. Naval Hospital
Great Lakes

Kehoe, Thomas J.
Evanston Hospital
Evanston

Kindschi, George W.
U.S. Naval Hospital
Great Lakes

IOWA

Riese, David C.
Mercy - St. Luke's Hospitals
Cedar Rapids

KENTUCKY

Brueggemann, James G.
U. of Kentucky Coll. of Medicine
Lexington

LOUISIANA

Witherspoon, Lynn R.
Ochsner Foundation Hospital
New Orleans

MARYLAND

Harter, David J.
U.S. Naval Hospital
Bethesda

Yount, John E.
Baltimore City Hospitals
Baltimore

MASSACHUSETTS

Faich, Gerald A.
Boston City Hospital
11 & IV Harvard
Boston

Przybylski, John L.
U.S. Naval Hospital
Chelsea

MICHIGAN

Herlache, John L.
St. Joseph Mercy Hospital
Ann Arbor

Nightingale, Michael F. P.
Wayne County General Hosp.
Eloise

Rieder, Michael J.
Blodgett Memorial Hospital
Grand Rapids

MINNESOTA

Berkseth, Robert O.
Hennepin County Gen. Hosp.
Minneapolis

Bloss, Thomas J.
Hennepin County Gen. Hosp.
Minneapolis

Johnson, Phillip S.
St. Mary's Hospital
Minneapolis

Smullen, Michael J.
St. Paul - Ramsey Hosp.
St. Paul

Wagner, Paul F.
Hennepin County Gen. Hosp.
Minneapolis

MISSISSIPPI

Van Vonderer, Vernon
Keesler Air Force Base
Biloxi

NORTH CAROLINA

Graupner, Kenneth C.
North Carolina Memorial Hosp.
Chapel Hill

NEW HAMPSHIRE

Rose, Robert J.
Mary Hitchcock Mem. Hosp.
Hanover

NEW YORK

Fox, James M.
Bronx Municipal Hosp. Center
New York

Gutgesell, Howard P., Jr.
Strong Memorial Hospital
Rochester

Gutgesell, Margaret K.
Genesee Hospital
Rochester

House, Jean E.
St. Joseph's Hospital
Syracuse

House, Robert H.
St. Joseph's Hospital
Syracuse

Lexier, Lenard J.
New York Hospital
New York

Logerquist, Allen A.
St. Vincent's Hospital
New York

Lonsdale, William J.
Strong Memorial Hospital
Rochester

Schowalter, Bruce H.
Maimonides Medical Center
Brooklyn

OHIO

Daigle, Bradley A.
Cincinnati Gen. Hospital
Cincinnati

Dreher, William H.
Cincinnati Gen. Hospital
Cincinnati

Erlanson, Jan E.
Cincinnati Gen. Hospital
Cincinnati

Hinke, Thomas D.
Cincinnati Gen. Hospital
Cincinnati

Horswill, Robert N.
Cincinnati Gen. Hospital
Cincinnati

O'Lavin, Blake B.
Cleveland Clinic Hospital
Cleveland

Scheftner, William A.
Cincinnati Gen. Hospital
Cincinnati

Schuyler, Mark R.
University Hosp. of Cleveland
Cleveland

Schwager, Verne A.
Cleveland Clinic Hospital
Cleveland

OREGON

Graebner, Robert W.
U. of Oregon Med. School
Portland

PENNSYLVANIA

Bjorksten, Oliver J. W.
Phil. General Hospital
Philadelphia

Gorske, Arnold L.
U.S. Naval Hospital
Philadelphia

Rastegar, Asghar
U. of Pennsylvania Hospital
Philadelphia

RHODE ISLAND

Lange, Thomas A.
U.S. Naval Hospital
Newport

TEXAS

Atwell, Anthony E.
Children's Medical Center
Dallas

Colbert, Richard C.
Wm. Beaumont Gen. Hosp.
El Paso

Gall, Randall J.
Parkland Memorial Hosp.
Dallas

Schoenecker, Perry L.
Parkland Memorial Hospital
Dallas

UTAH

Syverud, James C.
Latter-Day Saints Hospital
Salt Lake City

VERMONT

Renne, James W.
Mary Fletcher Hospital
Burlington

VIRGINIA

Hegge, Frederick N.
Medical College of Virginia
Richmond

WASHINGTON

Cowles, Mary B.
Swedish Hosp. Medical Center
Seattle

Ellingstad, Richard A.
King County Hospital
Seattle

Eschenbach, David A.
King County Hospital
Seattle

Minkin, Stuart A.
Children's Orthopedic Hosp.
Seattle

Moore, Brian P.
University Hospital
Seattle

Reichert, John R.
King County Hospital
Seattle

Simonson, Rolf L.
King County Hospital
Seattle

Wegman, John D.
Children's Orthopedic Hosp.
Seattle



Wickham, Clayton W.
King County Hospital
Seattle

WASHINGTON, D.C.

Pivar, Neil D.
Washington Hosp. Center
Washington, D.C.

WISCONSIN

Deffner, Norman F.
Lutheran Hospital-
Gundersen Clinic
La Crosse

Roberts, Thomas N.
Lutheran Hospital-
Gundersen Clinic
La Crosse

Ryan, Mary L.
Milwaukee Children's Hosp.
Milwaukee

Salomon, Lucy
Madison General Hospital
Madison

PANAMA CANAL ZONE

Hartmann, Robert G.
Gorgas Hospital
Balboa Heights

Rehbein, Harold M.
Gorgas Hospital
Balboa Heights

THAILAND

Matangkasombut, Pornchai
Department of Microbiology
Faculty of Medical Sciences
Bangkok

NORWAY

Reiten, Tor V.
Serving internship in Norway

COLUMNS AND EDITORIALS

Can it begin here?

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

We were in Paris visiting our grandchildren whose father is an NIH grant investigator at the Cell Pathology Institute of the University of Paris. We saw the students riot in protest of the curriculum, competitive examinations, administration, and the state of the world in general. It was an awesome sight and an ominous portent of things to come. When disciplined evolution and reasoned action are replaced by uncontrolled emotion, the spark of revolt is fanned into flames of violence.

We reasoned, perhaps illogically, that the medical community will be inherently immune to this reaction. The objectivity of the scientific mind, the tradition of medicine, the strong motivation and deep dedication of the medical scholar we assumed to be inviolate barriers to such exhibition. This was not valid.

The Cell Pathology Institute, staffed by graduate researchers of the highest selection, *did* go on strike. A delayed letter tells us that the researchers had stopped their work, held meetings at which they considered whether or not Dr. Bessis, the director of the Institute, should be allowed to continue in his position or whether a selected group should assume control. Those who did want to continue with their work had to sneak into their laboratories unseen, to find their supplies withheld and their equipment non-operational. A quote from the letter (Dr. Lawrence S. Lessin): "The students who, as you witnessed, started it all have gained very little. They have tasted

of complete freedom, and don't want to relinquish it. So in their quest for academic freedom, they have destroyed, at least for the present, academia. The Faculté de Science is in the hands of eighteen Maoists; the Faculté de Medicin doesn't exist, with students drinking wine and doing everything but fornicating in the labs and lecture rooms. I witnessed several farcical meetings of the research workers dominated by envious low-downs and dishonest researchers who want all they can without earning it."

Can this happen here? Perhaps not, but our sleep shall be uneasy — lest we do not awake in time.

Texas correspondence

BY EDWARD J. LEFEBER, M.D. '36
TEXAS CORRESPONDENT

This column will consist of a report from two Alabamians, George H. Kakaska '53, Dallas, Texan who visited the witch doctors in the Amazon this past summer, and Allen S. Plotkin '65, a more recent graduate, who gives us his experiences as a Public Health Service Resident.

Dr. Kakaska's letter:

Had an exciting vacation with the family this past summer. We went deep into the Amazon jungles in July and August and foraged across the wild piranha-infested Marojiwe River of French Guiana. We saw the prison where Dreyfus was held prisoner.

Later, deep in the Amazon jungle at night, we attended a Voodoo fire dance. I sat next to the naked village witch doctor (spooky!) and saw the natives eat fire, burning coal, etc.

I found out from my guide that there is a powder that they sprinkle on the ground around the village to keep out snakes, including the Lance-De-Fer, Bushmaster, etc. They rarely have a death as long as they use the powder. I asked where it comes from and was told it is a closely guarded secret passed from witch doctor to son. It comes from roots—who knows, maybe they have discovered DDT?

Dr. Plotkin writes as follows:

I am presently a short timer with the U.S. Public Health Service in Galveston, Texas, and anxiously looking forward to leaving the service and starting my residency in urology at the University of Iowa. I will always look back with fond memories of my service time, since I feel I have gained valuable experience in all phases of medicine.

The two-year men here in Galveston rotate through the three services, 8 months of medicine, 8 months of surgery and 8 months in the outpatient clinic. Our prime beneficiaries are American seamen, Coast Guard and their dependents and any active or retired Armed Forces personnel in the area. For a small, 150-bed hospital, we have had an unusual share of interesting medical and surgical problems. The two-year man is given prime responsibility in patient care, with internists and board surgeons on the staff.

Surgical experience was much like that of a first-year resident since plenty of minor and major cases are given to you. There was a tremendous quantity of herniorrhaphies, cholecystectomies, appendectomies, along with minor cases, as breast masses and urethroscopy, which were done by the two-year men. While we have not been primarily a teaching institution, there are orthopedic, urologic and neuro-

surgery consultations available to us, and a number of procedures in all these areas have been done, particularly in orthopedics with its trauma.

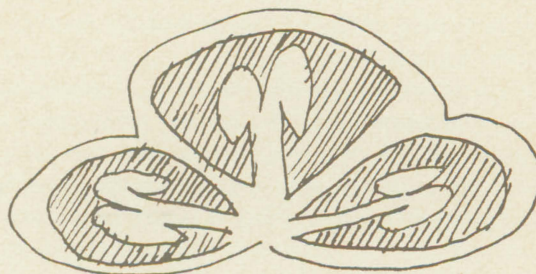
We associate with the University of Texas Medical Branch here in Galveston and make good use of their surgical pathology department, library, staff conferences, senior residence rounds and clinical laboratories for any unusual determinations.

In medicine, as in surgery, the two-year general medical officer is given complete responsibility and the majority of our patients would be those of a city general hospital with a slight increase in pulmonary problems secondary to heavy smoking encountered in our prime beneficiaries. We have had an unusual amount of carcinoma of the lung, chronic bronchitis and emphysema, cor pulmonale and tuberculosis.

The experience in the outpatient clinic is much like that of general practice in that in an average day a combination of pediatrics, gynecologic, medical and surgical problems are encountered.

Some time during the two-year hitch, each man is sent to sea aboard a Coast Guard weather patrol ship for a period of time, generally six weeks in length. While there are many enjoyable cruises such as to Bermuda with 3 to 4 days leave there, the author, unfortunately, spent his sea duty aboard a small cutter stationed in the North Atlantic not far from the Arctic Circle where he did the rock and roll for six weeks and watched day after day of fog roll in and out. At the time of this cruise, the enjoyable aspects were not fully evident, but in retrospect, it offered a rather unique opportunity to this former land-locked physician.

I have not had any contact with any other physicians other than Dr. Lefeber from Wisconsin, but do hope to resume old friendships during my residency.



Southwestern news

By JACKMAN PYRE, M.D. '37
SOUTHWESTERN CORRESPONDENT

Eddie Guilfoyle, I suspect Class of '39, called me in April from a downtown Tucson motel. He is my fraternity brother twice over — Beta Theta Pi and Nu Sig. I invited myself to lunch and met his charming wife and 21-year-old daughter. His daughter is in nurse's training school at WGH. I missed the eight-year-old son who was swimming in some friend's pool.

Eddie did General Practice in Wisconsin, then took his anesthesia residency in Denver, if I remember correctly. He gave serious thought to doing that residency back at Madison. He is in a group of eight in Denver.

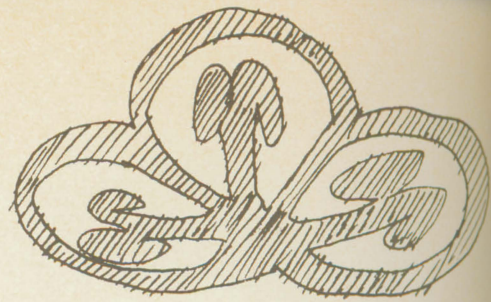
He was as calm, collected, quiet, unassuming as ever, but alas his shock of black hair was gone. He was recovering from knee cartilage surgery and I hope it looks and feels better now than it did then.

Southeastern notes

By HERBERT C. LEE, M.D. '35
SOUTHEASTERN CORRESPONDENT

News from the Old Dominion and environs is scarce. In spite of repeated requests for information concerning alumni in this prosperous area, I have had little or no response. I guess I should be a detail man so that I could go about this part of the country and gather my own news.

I remember that I promised you a column from one of my contemporaries, Dr. Hunter McGuire, whose famous grandfather was the Confederate surgeon who amputated the arm of General Stonewall Jackson. Therefore I submit this talk which he, as assistant dean, gave to the incoming freshman class last fall here at the Medical College of Virginia

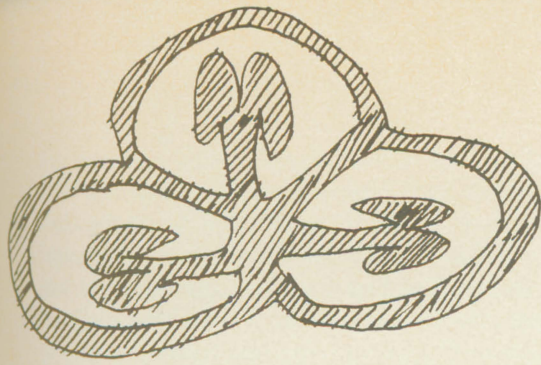


AN OVERSIGHT

"Here it is past September with class schedules published, too late to change, and I have just discovered a major defect in the medical curriculum. Something has been completely overlooked. You may have chosen MCV for any one of a hundred reasons varying from prestige to the color of the Dean's necktie, but certainly you chose it because you trusted it to teach you (or better, direct you to learn) everything you will need to become good doctors. Now with your tuition paid, I tell you we've left out something big, something you'll be repeatedly examined on so long as you practice medicine.

"Your exams in this course won't be scheduled and the grades won't be published, but believe me they will count heavily. Your first exam may come from a young man in whom you've unexpectedly found incurable cancer, when he cheerily asks, 'Well Doc what did you find and how long till I'm well again?' With no lecture notes to refer to, what do you say? The next exam may be what to say to a child with leukemia who wants to know if it hurts to die. A young wife asks why it had to be her husband to die of a coronary at 35. A patient with recurrent cancer develops intestinal obstruction. Do you operate? An old friend with a stroke remains unconscious but will not die so long as you continue nasogastric tube feedings. And the questions get tougher still. How can you argue for an autopsy? How much suffering or risk can you ask of a normal healthy person for experimental purposes? Is it right to test a patient for something unrelated to his disease?

"Sooner or later you will all be examined on these and tougher problems for which our curriculum will not adequately prepare you. There is a very sound reason, however, why we don't offer a course in ethics and attitudes. The reason is that you've already had the course. It started at birth and was mostly complete when you decided to enter medicine. The precepts by which you will answer these questions are



your own personal notions of honesty, loyalty, human dignity, compassion and God; precepts imbued in your characters by your families and your religions. No course we could offer would do much to change them.

"Ethics and attitudes, however, like knowledge and skills, need continuing refresher courses, both during medical school and during a lifetime of practice. Where can you look for continuing education in ethics? You must look again to your alma mater of ethics — to your families and especially to your religions, which you can keep with you for a lifetime wherever you go. There your already ingrained concepts of life, death, truth and love can be kept clearly in focus, ready to meet the many unscheduled examinations you have ahead. You will do well to supplement the medical curricula by selecting now an elective in your native church or synagogue. Per hour spent, it may be your most useful graduate course."

It does not fall upon all of us to teach and educate the younger members of our profession. But in this scientific age, one tends to forget the basic and fundamental facts of "being a doctor." Therefore, all of us have a certain responsibility to show our interns and residents, as well as our students, what the clinical side of medicine amounts to.

In our hospitals we are pushing a campaign to improve the manners and attitudes of our personnel, particularly of those having contact with our patients. The director of our hospitals has always stressed the fact that patients are guests in our home and that they deserve courteous attention. Thus, no one should enter a patient's room without knocking first and gaining permission to enter. No one should be discourteous or indifferent to any of our patients or their visitors. The total impression created by good manners and courtesy is probably the most appreciated phase of patient care.

There can be no substitute for or compromise of genuine, heartfelt and sympathetic treatment of patients. Good manners and courtesy, even beyond

what might be expected in our associations with those outside of our hospitals, are a prerequisite to the highest quality of patient care. Those of us who are negligent or not measuring up to the fullest in this capacity deprive ourselves as well as our patients.

I will make another determined effort to get alumni information, but so far my results are discouraging. Nevertheless, and again, please send me any bit of news you may have on any of our alumni and I will pass such news along. Best regards.

Northwestern news

BY JAMES H. DAHLEN, M.D. '61
NORTHWESTERN CORRESPONDENT

We were pleased to see Dr. Rollie Locher, Class of '61, here briefly in March on a whirlwind tour of the possibilities for budding radiologists in the Pacific Northwest.

Bev Rogers, '67, is completing her internship here at Doctors Hospital, and plans to return to Peckham's department for a residency after a year as an employed physician at Mendota State Hospital.

Al Hendrickson, '67, will be leaving Seattle in July after internship at Swedish Hospital to don the uniform of the USPHS in Salt Lake City, where he will be working on a project to determine the incidence of lung cancer in uranium mine workers.

Alan Steigerwald, '67, plans to stay here, starting a residency in Anesthesiology at the University of Washington. He also at present is interning at Swedish Hospital.

Dr. Charles Strub, pre-med at Wisconsin, Baylor '65, has returned from a tour of duty in Vietnam and is currently at Fitzsimons Army Hospital in Denver. While in Vietnam, caring for a number of Montagnards, he was faced with an epidemic of plague. His experiences in coping with the problem were prepared and submitted as a paper at an international meeting in Tokyo earlier this year.

We plan to attend the AMA convention in San Francisco next week, and hope to have more to report regarding our far west alums in our next column.

FROM THE MAILBOX

To the editor:

I wish to thank Bernard Lifson for the refreshing articles he furnished the *Quarterly* this last year. They have certainly warmed up the "Alumni feeling" for me and brought back the sense of camaraderie which medical students so commonly feel during "Basic Sciences." We would do well to file his name for future reference, should he be prepared for another stint as president.

Sincerely,
Robert Brown, M.D. '55
Casper, Wyoming

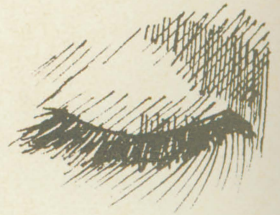
To the editor:

The article, *Olympiad*, by James Renne, Senior Class President, in the spring issue of *Quarterly*, was to my mind, foolish and not worth either the meager thought devoted to it nor the space. It could only have been used to fill space.

Having been a member of the 1968 winter Olympic team, although only a 10th place finisher, I was somewhat offended by the parody. The French were excellent hosts, we as a team tried to bring home the gold medals and personally, it was an unforgettable thrill to represent the United States in front of the world. Mr. Renne should have the experience!

Surely, more substantial contributions could be found for the magazine.

Sincerely,
David Dunn, M.D. '61
Hospital of the University
of Penna.



To the editor:

Baltimore and Johns Hopkins together have constituted a new, exciting, trying, exhausting and terrifying experience in my first month and a half here. I'm beginning to wonder if I just imagined lovely little Madison, Wisconsin, and the great state university there.

The Hopkins experience has been exceptional so far, mainly because the people here, like at Wisconsin, are exceptional . . .

The medical institutions are in the middle of East Baltimore, which is a slum area inhabited by Negroes who are very poor and who lack everything we take for granted: good stores, recreation, housing, health care, family stability and low crime rate. At first it was easy to avoid thinking about it, except you had to remember to roll up the car windows and lock the doors when driving to and from work.

Then we had the riot. I was up all night at the Hospital on Saturday, April 6-7. I went home at 4 a.m., and the streets, though smoking and littered with debris, were quiet. I came back at 2 p.m., and it seemed quiet, but I was diverted from my usual route by a fire, and came to work on a back street. I went by gangs of Negro kids who yelled "He comes one" and then raced into the street to smoo-

my car with bottles, bricks, stones and even a grate. My windshield was cracked, but nothing came through to hit me. Other "Whiteys" were seriously injured in similar incidents. I also was lucky enough not to have eggs, mustard and mayonnaise thrown on the windshield. It won't come off with the wipers—you're blinded and have to stop; then you're torn from the car and beaten. I saw a couple of victims of this; one young fellow will lose an eye because of flying glass.

Luckily, the green lights were with me and I kept driving. I would've run a red light. There were many adult Negroes driving in front of me and behind me and beside me on the one-way street. They looked sympathetic and curious. I had my visor down and the collar up, hoping to be unrecognized until I was safely through the intersections. When I got to the Hospital I stayed there until Tuesday morning. I still am very nervous when I leave to go home at night.

Initially I was enraged about it, but very soon lost that feeling and decided I had better do something to help these people. Many of the older Negroes were very loyal—reported for work in the face of threats from young hoodlums of their race. Others were

badly frightened; many sought refuge in churches and even Johns Hopkins Hospital. I'm not sure what can be done: there are obvious short-term projects to mop up after the riot, but the long-range solutions will be difficult.

Lois spent the time behind locked doors eight miles away in a white section. It was hard to realize where she was that anything was going on down here. The major effect the riot had on most of the white suburbs was to cut off the liquor supply. Lots of alcoholics suffering from delirium tremens. There is deep feeling among whites in Maryland about Negroes. They think of Negroes as they think of children. A lot of them are scared stiff, too. (So am I.) Apparently the suburban livers have armed themselves to the teeth with everything from pistols to sawed-off shotguns. People are afraid to go outside at night — to hear some of the stories — for fear of being mistaken for an interloper from the ghetto.

Paul Van Nevel
Johns Hopkins Medical
Institutions
Baltimore, Maryland

MOVING SOON?

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

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