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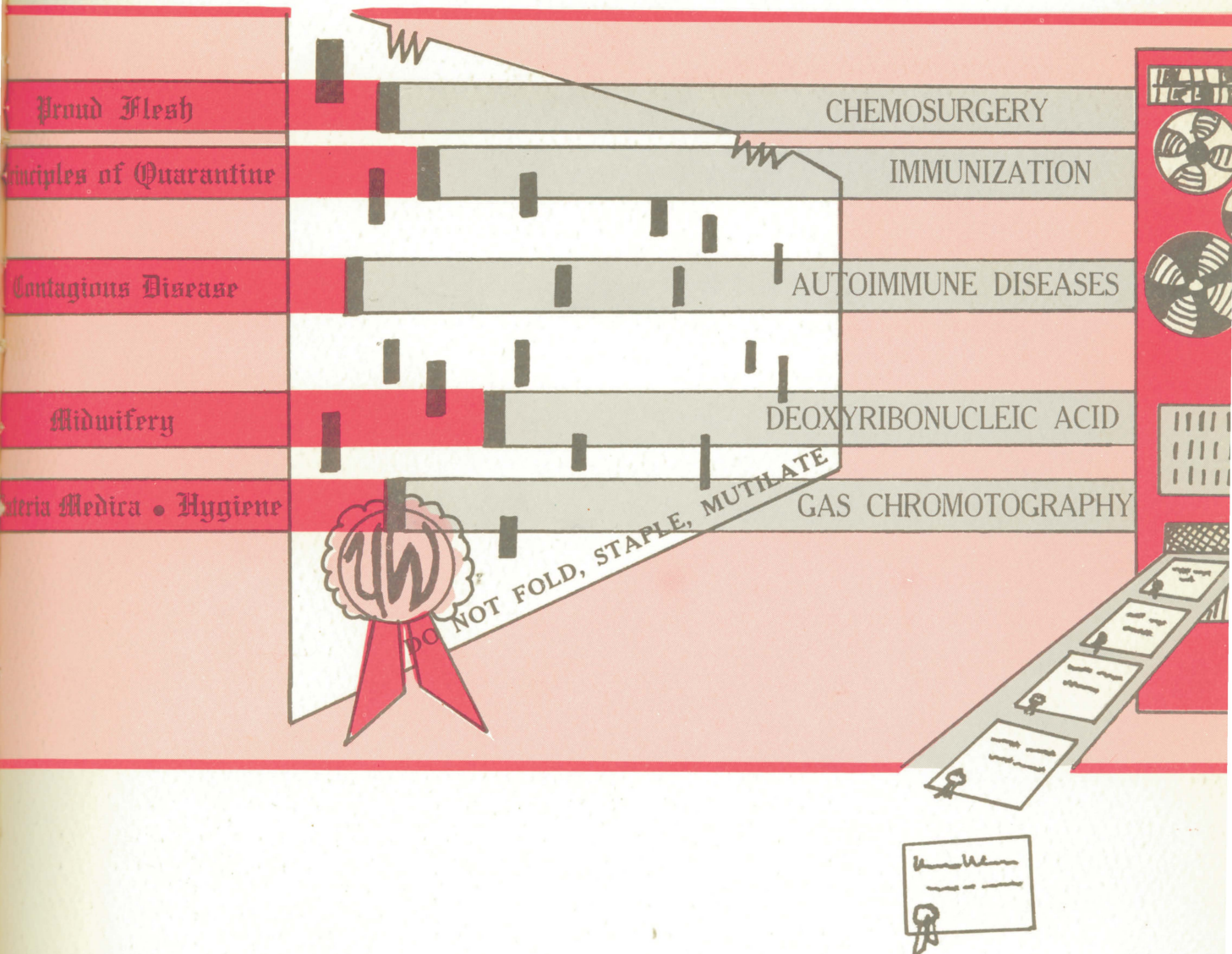
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In this issue

- 1 From the Mailbox
- 3 Columns
Pro Re Nata, *Lustok*
On Being Syntonic, *Freeman*
Dean's Corner, *Eichman*
California Wisconsinites, *Oatway*
Southwestern News *Pyre*
Northwestern News, *Dahlen*
Looking Back, *Kampschroer*
Texas News, *Lefeber*
- 12 Alumni Capsules
- 14 Alumni News
The First Hundred Years
Science and Football
Other Meetings
Class Reps
The Alumni Fund
Science and Skiing
Upcoming Meetings
Friends of the Library
- 18 Medical School News
A New Department
Curriculum Revision
Marriage on the Rocks
Marjorie Paquin
- 21 The History: A Review, *Mani*
- 24 Views on the Curriculum
Description, *Coye*
A Faculty Member's View, *Schilling*
A GP's View, *Zimmermann*
An Internist's View, *Daniels*

About the cover

On the cover this month is a drawing by Anne Benkendorf which symbolizes her view of a change from the old curriculum to the new. Representing the Medical School is a flashy IBM punch-card diploma entering a modern computer. The terms on the left symbolize the old curriculum; those on the right symbolize the proposed curriculum. A series on the curriculum proposal (page 24) also is illustrated by Miss Benkendorf, a UW sophomore and daughter of Dr. Charles Benkendorf of Green Bay.

FROM THE MAILBOX

To the Editor:

I am reporting the death of my brother, Dr. Lloyd Edward Calvy, '51, who died of gastric carcinoma October 13 at Hoag Memorial Hospital, Newport Beach, Calif.

Lloyd was a founder of the Center For Psychological Medicine in Santa Anna and was on the staff of several hospitals including Orange County General Hospital, Santa Anna Community Hospital and Hoag Memorial Hospital. He was a naval aviator in World War II, and was commissioned in the U.S. Marine Corps reserve. He received his psychiatric training and completed his residency at Westwood V.A. (UCLA) Hospital. His survivors are: Mrs. A. K. Wagner, Fond du Lac, Dr. William J. Calvy, '39, of Anaheim, Calif., and myself.

George L. Calvy, M.D., '37
Box 433
Tuxedo, N.Y., 10987

□

To the Editor:

Bernard Kampschroer's article in the fall number of the QUARTERLY makes me want to tell you how thoroughly I agree with his attitude.

From 1937 until 1948 I spent my time at the Medical School trying to help young doctors gain a grounding in the knowledge and skills required to make, what I thought to be, an acceptable specialist in the practice of anesthesiology. A very important factor in preparation for beginning the special studies seemed to me a period of three years experience in the general practice of medicine, preferably done in a remote country practice where they could learn to be independent and on their own.

Residents who had had such preliminary experience were the ones, other things being equal, who made the real successes and worthwhile contributions to the practice of medicine.

I agree with his thoughts completely.

Ralph M. Waters, M.D.
Emeritus Professor, Anesthesiology
RFD No. 3, Box 433
Orlando, Fla. 32811

□

To the Editor:

The fall QUARTERLY was a delight to read and a valuable keepsake. At the same time that I compliment you I am embarrassed by the paucity of information emanating from the Wisconsin Medical

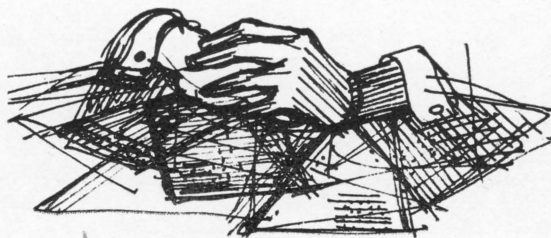
Alumni now living in the Pacific Northwest. We have been here many years but I am sure few would know our numbers or our history.

Off hand I recall that Dr. Goodnight and Dr. LeCount came here as juniors in 1930. Dr. LeCount was killed in World War II and Dr. Goodnight is practicing in Portland. In 1932 Jim Bradley and Gene Kindschi became the first exchange interns and they, too, are practicing in the Northwest. The next year Stuart Cullen and I arrived. He is now the dean of the University of California Medical School in San Francisco.

The exchange of internships has continued and many have remained to become part of the medical community. The faculty appointment includes many familiar names. Dr. Hance Haney came in 1936, as chairman of the department of physiology. He relinquished this because of his strong love for clinical medicine and his capacity as a clinician and a teacher has made him invaluable to our teaching program. Dr. Youmans took over the department of physiology for a time until he returned to Madison. Although I am not making any attempt at being comprehensive in my enumeration of Wisconsin medical alumni, I think of Dr. Frisch, who is head of the department of bacteriology and Carl Heller, who has been here for some time in endocrinology.

There have been some deaths in recent years including Harold Schneider (Misty), and Tom Matthews, and Bob Schneider.

In earlier years the dozen or so Wisconsin Medical School alumni would gather annually and would include their wives. Now the numbers have been so great as to preclude any informal gathering. We have on occasion assembled when Dean Middleton would visit in his capacity as medical director of the Veterans Administration or when one or several of the faculty members of the Medical School would come through. The last such event occurred when Drs. Stovall, Campbell and Gordon were here at the winter meeting of the American Medical Association. We



wish more such occasions would come our way.

Frank Perlman, M.D., '33
1206 Portland Medical Center
S.W. 10th Ave. and Washington
Portland, 97205

□

To the Editor:

Woe is me!

After glowing with appreciation of your treatment of my reflections in the fall QUARTERLY, I had a sudden awakening on page 22, column 2, paragraph 2.

The first sentence comes to a painful halt with the word "into." Omitted was "broader units will consolidate the educational front." Now the sentence is complete—and rounded.

The QUARTERLY is a credit to your painstaking effort for excellence.

William S. Middleton, M.D.
2114 Adams St.
Madison, Wis.

□

Dear Bill (and all others):

At long last, the manuscript for the "magnoctopus" has gone off to the printer. The University of Wisconsin

Press has been spending much thought on the design and one of their excellent editors, Mrs. Barbara Harvey, has labored faithfully with the author and his rhetorical quirks. We shall have a splashing cardinal cover, many photographs, and about 300 pages devoted chiefly to vignettes of the older early members of the faculty.

The Press hopes to have the bound volumes ready by the first of April, with the actual publication date set for our next Alumni Day, May 26, 1967. Since each one of you will wish to know what the author has written about you, your mates, and your favorite professors, and any for whom, shall we say, you had less enthusiasm, you will, we feel sure, wish to purchase your copy promptly. To meet expenses and to provide a little extra for the Middleton Library, the regular price has been set at \$10.00 with the prepublication price at \$8.50. After publication, to avoid contretemps, or what Dr. Middleton facetiously terms "the rope," as of May the first, the author has engaged passage for one of the unknown Pacific islands.

Paul F. Clark
Emeritus Professor
of Medical Microbiology

MOVING SOON?

If you plan to move to a new address in the near future, please let the Medical Alumni Association know where you are going. The association is undertaking some exciting projects, and significant things are happening in the Medical School. If we have your new address, we can keep you informed as developments occur.

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 only publish 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 Avenue, Madison, Wisconsin, 53706.*

NAME ----- CLASS -----

NEW ADDRESS -----

OLD ADDRESS -----

DATE OF MOVE -----

ANY NEWS -----

COLUMNS

Pro re nata

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

MILWAUKEE—*Pro Re Nata* is a very common term in medical parlance. A most useful instruction used freely and properly by every physician in his daily practice—yet a modality denied to the dean of our Medical School.

Administration and administrative finances of an organizational structure such as the University of Wisconsin Medical Center are massive and complex. Funds which are derived from multiple sources including state appropriations, grants from a diversity of federal agencies and private foundations, special contributions and general University resources create a fiscal structure inherent with many checks and balances. The application for such funds requires a monstrous budget which must be submitted well in advance of the utilization of the monies and often demands the judgment of Zeus, the wisdom of Solomon and the vision of the Prophet. Needs make themselves apparent after the submission of the budget as well as needs that may not fall into the narrow category of the restrictive covenants of the various funds, or needs of low priority rating often go unmet—but are no less compelling. These items are usually modest in cost but often quite significant in enhancing the larger attributes. Our dean, always sensitive to the needs of students and faculty, is on many an occasion distressed by his inability to provide these small monies—and is hard pressed to account for the unavailability of these minor accouterments within the apparent plethora of funding.

How about a p.r.n. for our dean? Webster defines *pro re nata* as “for the occasion that has arisen.” Why not create an *Alumni Fund* that would permit the dean to draw upon it for the occasion that has arisen? It seems to us to be a most worthy project for the Wisconsin Medical Alumni Association whose total commitment is in support of our Medical School, and whose special interest is in the championship of the medical student and faculty. Your Council of Class Representatives is initiating such a project by developing and encouraging annual giving to the Wisconsin Medical Alumni Association. This program deserves your most enthusiastic support.

The Curriculum: Those of us who think of our Medi-

cal School as a nostalgic and peaceful shrine on the shores of Lake Mendota where the faculty enjoys the calm and serene atmosphere of academic pursuit are due for a brusque awakening. For the past several years there has been an ever rising turmoil of inquiry—a query brought about by the challenge of critical appraisal, incisive introspection, and intellectual projection of the teaching material, the pedagogic methodology and the capacity of both the student and the faculty. Under the leadership of Dr. Robert D. Coye and his committee a new curriculum was evolved and presented to the faculty—and to us. It is indeed an exciting proposal.

We are particularly impressed with two basic concepts. The appreciation of the vast expanse of medical knowledge and the realization that it is virtually impossible to teach even the highlights within the confines of the medical school years has led to the evolution of a teaching program which will prepare the medical student for the discipline of continued medical education after graduation, rather than attempt to stuff him with an ever increasing maze of material beyond his capacity to absorb, comprehend and retain. The other concept, one which we seem to have always known as students and equally always forgotten as teachers, is the truism that a student often learns more than he is taught, and therefore must be encouraged to learn on his own initiative and allowed adequate time to do so. How delightful our first year in medical school could have been had we some *free time* from cramming the now forgotten facts upon useless facts for the pleasurable task of learning and the luxurious opportunity of just thinking!

This issue of the *QUARTERLY* presents the essence of the proposed curriculum change and some studied comments on the proposal. Not all physicians, be they alumni or faculty, and not all students share our enthusiasm. *Avant garde or just change?* What do you think?

On being syntonic

BY D. J. FREEMAN, M.D., '52
PRESIDENT

WAUSAU—Making the rounds of the various Wisconsin Medical Alumni meetings can be a very gratifying experience. The interest exhibited by the alumni is keen. They are sincerely concerned about the wel-



fare of thir alma mater and about how it can best meet its challenge of training doctors to fill the needs of today and tomorrow. This concern often results in provocative and probing discussion.

The November Eau Claire meeting was such an example. Dean Peter Eichman, LeRoy Sims and Tom Meyer were called on to field numerous questions concerning the new Medical School curriculum: Does it sacrifice bedside teaching? Is the approximate 30 per cent reduction in assigned time during the first year a luxury freshmen students are mature enough to properly utilize? Will it over-emphasize specialization? This questioning of our School's departure from traditionalism is a welcome sign of a healthy, interested alumni.

The curriculum committee has made a careful, comparative and computerized study in an effort to determine how best to train medical students. Unfortunately, in spite of this study, the best answer remains unknown. The overwhelming problem is the rapid explosion of new knowledge. This is accumulating as a parabolic curve. It has been estimated that knowledge doubled for the first time about 1700, again by 1900, again by 1950, and for the fourth time between 1950 and 1960. The methods of teaching applicable 10 to 20 years ago are no longer sufficient to satisfy this parabolic growth. As Dr. Sims pointed out, they are not "syntonic."

The aim of the present curriculum revision is to produce a harmony or syntony between teaching medical students and this vast, exploding accumulation of medical knowledge. Should the present curriculum prove unsatisfactory now, it will be revised. Should it be satisfactory now, future parabolic growth will undoubtedly produce a new asyntony dictating further revision. Although few alumni have the background or detailed information necessary to play a decisive role in planning these revisions, many might make a contribution through their positive, constructive cri-

ticism. Most importantly, however, all alumni can make a positive contribution through moral support of the faculty in their role of planning and implementing a curriculum harmonious with modern medical knowledge.

Likewise we alumni should recognize that the dollar supply and the economic needs of our "tax-supported" Medical School are not "syntonic." It is a fact that the legislature does not, can not, and will not sufficiently meet these needs. Indeed, in these days of foundations, endowments, etc., there is not too great a difference between the so-called private vs. public medical schools. Both require unbudgeted monies to satisfy the unplanned needs routinely occurring and explosively developing beneath the parabolic growth curve of new knowledge. Being below such a curve, these needs are relatively greater now than they were 10 to 20 years ago. Further more, in future years they will develop at a more rapid, unpredictable rate.

The aim of the Wisconsin Medical Alumni Fund is to produce a harmony or syntony between these unbudgeted, unplanned economic needs and the dollars available to satisfy them. Contributions to this fund will produce an enduring source of enrichment for our Medical School. If it is to keep abreast of the challenges of today and tomorrow, such enrichment support is essential. Let us all give generously now. Since these needs will continue in the years to come, let us continue to annually give our generous support to our Medical School in its effort to harmonize dollar supply with economic needs.

Dean's corner

BY PETER L. EICHMAN, M.D.
DEAN

MADISON—The most significant event within the School this fall was the approval of a general plan of curriculum revision by the faculty. The curriculum committee, headed by Dr. Robert D. Coye, labored 15 months in preparing the document. Many details remain to be worked out and there are problems evident to the faculty.

Nonetheless, we are "on our way" in the first major revision in 10 years. I know the alumni are interested, because after the presentation of some of these ideas at the Eau Claire alumni meeting in November and earlier to the preceptors, there was much lively (not all favorable) comment. This is a most encouraging response to me, because it denotes the depth of change we are considering. There will be time enough to work out the controversial areas. Dr. Coye will present some of his views at the Milwaukee meeting this

winter—it should be interesting and I hope to see many of you there.

Alumni have an opportunity, through the annual giving program, to help the Medical School reach the degree of excellence they wish it to have. In reviewing the history of our Medical School it has been the fortuitous gift or bequest that has enabled the initiation of those new programs which have become the hallmarks of Wisconsin excellence—programs beyond the traditional state supported activities.

For example, the relatively modest McArdle bequest has resulted today in the renowned programs of the department of oncology, the 11-story McArdle Laboratory for Cancer, and an annual budget of \$1 million. A name professorship for Dr. C. N. Woolsey resulted in the establishment of the laboratory of neurophysiology—a national leader in research and training in this field.

I am not suggesting that the alumni body provide \$3 million for another laboratory building like the new McArdle, but cite these illustrations to indicate the catalytic effect that “enrichment” or “seed” money can have.

Often, as dean I feel thwarted in being unable to provide a modest sum for a highly desirable expenditure which is precluded by the strictures and prohibitions of our biennial legislative budget. Some examples which would do much for student morale and benefit and for which I have not yet found the appropriate “pocket” are these:

1) The women students have approached me because of the inadequate locker and lounge facilities for women. SMI and Bardeen were not planned to provide for our current enrollment of women students.

2) The general medical student lounge in the basement of Bardeen requires additional furniture and replacement of some in poor repair.

3) Two seniors have been accepted as preceptees on the U.S.S. Hope. Transportation to Columbia for each is required—about \$800.

Looking to the future, support for alumni visiting

professors or the initial support for alumni professorships could provide that catalytic impetus to further Wisconsin's progress to excellence.

California Wisconsinites

BY WILLIAM H. OATWAY, JR., M.D., '28
CONTRIBUTING EDITOR

ALTADENA—The title could read ‘Wisconsin Californians’ but, either way, there is a tie that binds.

The QUARTERLY editors have suggested that this column be a ‘Think Piece’ now and then, or consist of a single biography-in-depth. Those ideas will be tried out in the future, but the present reporting will have to again be a few paragraphs about people and situations.

Dr. Bob Buerki, once superintendent of the Wisconsin General Hospital, great organizer in hospital association work, once vice-president for medicine at U. of Penn., and recently retired from the top job at Henry Ford Hospital, isn't retired at all. . . . He not only wrote a one-line comment that he enjoyed the May, 1966, issue, but is coming to California this month to speak and lead discussions at a huge Hospital Trustees and Administrators Institute on Hospital Planning. . . . Furthermore, he has accepted an offer of entertainment, and we will make up for missing him in Madison in May 1965 (award winner).

‘Young’ Herman Wirka (junior, that is; Wisconsin 1962) has been in Los Angeles for months as a chest surgery resident of the famous John Jones, Bert Meyer (once resident at Wisconsin in 1939-42 and 1946-49), and George Lindsmith group. We pried a letter out of the elder, original Herman, and find that Herman has been held up on a bout of hepatitis. . . . We also got a good deal of news about friends in Madison, circa 1929 to 1943. . . . A call to the good Sam. Hospital tells the good news that the hepatitis is healed and Herm is back on the job, well and full-time.

We have recently had a patient who brings back memories of an era when Wisconsin ‘Statesan,’ at Wales, was staffed and consulted by U. of W. people. Dr. Einar Daniels (long since of Milwaukee) and the late Dr. Harold Coon (subsequently administrator of W.G.H. and Milwaukee's County G.H.) were her doctors, and Dr. Joe Gale and probably Tony Curreri did a paraffin plumbage which lasted for more than 20 years . . . she enjoyed the pictures of those people which are available here, and also in the QUARTERLY and the old BULLETIN.

Dr. Jackman Pyre of Tucson (Wisconsin 1937, and student health service) is in good health after some rough surgery this summer. He produces a nearby





column, but would be too modest to mention his problems, or triumphs. He is a good internist; he has a debutante daughter; and he spends alternate summer holidays at the shore in California.

Dr. 'Rick' Jacobsen (GU. resident at W.G.H., 1938-41) is a mountain climber, a desert traveler, and an occasional Nevada visitor. One could speculate as to what he does at Las Vegas, but they call it 'investment,' not speculation.

California has one or two of the residents whose names used to confuse the staff in 1939 at W.G.H.—James L. Neller, surgeon, has been very successful and versatile in Los Angeles (as noted once in this column). . . . Now we hear a great deal about James W. Nellen, orthopedist, who is also versatile,—he is team physician for the Green Bay Packers, and is now a member of the U. of W. Board of Regents.

Dr. LeRoy Misuraca, Wisconsin 1945, is a certified anesthesiologist, and lives and works in Whittier, Calif. He also is chairman of the AAIT (American Ass'n of Inhalation Therapists) and carries a lot of influence in a new field. He was a speaker in November at the AAIT meeting in Boston, representing the Board of Medical Advisors.

Dr. James 'Mac' Wilkie (Wisconsin 1940) has promised to try to get to California, and he sent an illustrated copy of a Madison paper, describing his continuing work at Morningside Sanatorium. We know Madison is proud of him as the current president of the Wisconsin Anti-TB Ass'n.

A California tie-in with Wisconsin and Chicago was the recent visit here of Dr. Sol Rosenthal. He manufactures BCG vaccine; invented the equipment in use to give it, and more recently invented the TINE test. . . . The Wisconsin angle is that he helped the author of this column get vaccination started at Wisconsin,

and the protective results were reported by Dr. Helen Dickie six or seven years later in a premiere paper on the subject.

You can break into this column by writing a biography, or letter (or postal card) about yourself, or some other Wisconsin Californian. Help! 3900 N. Lincoln Avenue, Altadena, Calif.

Southwestern correspondence

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

TUCSON—It is interesting that Dr. Paul Sadler and Dr. Donald Howland who both had anesthetic residencies at Wisconsin General are associates in anesthesiology in Phoenix. Paul interned there in 1952 to 1953 and had his anesthesiology residency from 1953 to 1955. He skis, plays tennis and swims and, has five children. Don graduated in 1953, so may have worked on the wards under Paul. He had his anesthesiology residency from 1955 to 1957, served in the air force in Texas and England and joined Paul in 1962. He rides, swims, golfs and hunts, and also has five children.

Jack J. Herman is another Phoenecian. He graduated from Medical School at Wisconsin in 1956 and must have made a bee line for the southwest, since he has been here since that time. He was looking for an associate in his busy general practice when he answered my request for information some time ago. He owns his own office building and is vice president of the staff of the John C. Lincoln Hospital.

J. F. Moon practices in Mesa, Ariz.; if he will pardon the expression, in a suburb of Phoenix. He got his BS at the University of Wisconsin in 1922 and took his first two years of medicine there. Since the four year course was not then in existence, he finished at the University of Illinois. He interned for three years at the Methodist Hospital and Jackson Clinic in Madison and from 1927 until 1958 practiced in Baraboo. He summers at Green Lake, Wis. Dr. Moon spent many years in senior Boy Scout work. It sounds as though he may be one of those who decided to retire, moved to the southwest and couldn't stand being on the shelf, so went back to work. He says he does a little medicine and a lot of assisting in surgery.

Northwestern correspondence

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

SEATTLE—In keeping with the idea of an in-depth

interview approach, I asked Dr. James D'Amato, '66, to write an impression, at half-way point, of his internship at Virginia Mason Clinic and Hospital here in Seattle. His review follows:

About a year ago at this time I recall having been fervently involved in looking at internships. One of the perennial debates at Wisconsin always seems to be the private vs. county or university hospital issue. I'm certain that the class of 1967 is involved with that issue now just as we were a year ago. I don't pretend to think that I can give you any answers, but perhaps some of my reflections over my past six months as an intern in a private hospital can provide a little direction to your endeavor.

The greatest criticism that I've always heard about private hospitals is that "you don't have enough responsibility!" It is true that we have few patients who are solely ours, but in a private program such as Virginia Mason's, where the intern is an integral and important part of that hospital's function and patient care, I haven't found that this matters. Furthermore, I consider myself here to learn and can see no great virtue in learning almost entirely by mistakes.

Our private staff men function not at all unlike county or university attendings—they are learned and eager teachers and they supervise you in much the same way. Your relationship with them, however, differs (aside from generally being a more congenial and personal one) in that you're providing them a service—in return they contribute more actively to the teaching program. I have found this to be a directly proportional relationship, which the intern regulates according to his own ability and enthusiasm. You demonstrate reliability and they will rely on you. You demonstrate good judgment and you'll have all the opportunity in the world to use it. You are in no sense restricted nor are orders ever dictated. The opportunities I have to try out on my own "prejudices" have been comparable to those of my colleagues in

county and university settings.

I have also been impressed by the efficiency of the private hospital, as evidenced in part by the rapid patient turnover rate. In addition, there is a real ease of communication and interaction between the specialties.

Finally, there is a real feeling of "being part of the team" generated here—you are working with the attending and resident staff, not just under them. Your efforts are rarely duplicated, merely scrutinized and appropriately criticized.

The selection of an internship is strictly an individual decision. Don't discount the private program until you've taken a good look—they have much to offer.

Looking back

BY BERNARD H. KAMPSCHROER
SENIOR CLASS PRESIDENT

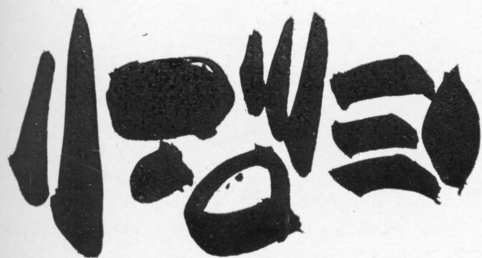
MADISON—Four years is a long time! So here I sit with a cold bottle of beer hacking out on my \$48.00 typewriter what is purported to be the career of a "typical" medical student. As senior class president, it falls upon me to relate the feelings and failings of the graduating student.

Please allow me to start this rambling piece by saying that I have enjoyed my medical school experience. Now, get me the hell out of here and let the underclassmen fight the wars. For a further description of what the wars are, please read on.

My first year in medical school could adequately be described as a cadaverous one. In fact, there was very little time to meet anyone except one's cadaver. Ten credits of gross anatomy is too much for one semester, especially when the goal of the department is not to teach the student anatomy, but to teach him how to study anatomy. The smaller course in histology was tedious, but informative. After all, the gonadotrophic release mechanism of the sperm whale is of interest to all freshmen medical students. In fairness, however, histology was (and is) a necessary and worthwhile course.

I have absolutely no comments to make about the physiological chemistry course. I suppose the fact that I could write the tricarboxylic acid cycle, fatty acid cycle, 100 simple carbohydrate structural formulae and several amino acid structures from memory and now cannot tell sphingomyelin from fructose has some bearing on my feelings.

Physiology was perhaps the most enjoyable course I took during that memorable first year. The teachers for the most part were dedicated and good. It has



been my experience in writing board and other exams since the first year, that my recall in physiology has been strikingly better than in almost any other area of the basic sciences. I think this speaks well for the methods and content employed by the physiology department.

The lesser, or smaller, courses offered during the first year always struck me as fill-ins. They were generally low pressure and enjoyable. The "big hairy" courses described above were constantly overshadowing.

At the outset of the second year, I told myself that things were now going to change. Each Wednesday we were allowed to wear our neatly pressed and starched white clinical jackets to our physical diagnosis classes. The joy of it all! I can still see myself walking through the hall carrying my Lilly-black bag, knowing that all in seeing distance would surely assume I was a full-fledged doctor. In fact, I still see myself once a week when the sophomores are on their way to their "P. Dog" sessions. I am amused and I smile. Only now do I realize that those were smiles of amusement I saw, and not of admiration.

Clinical diagnosis, or laboratory medicine, was intriguing. We learned to do many of the laboratory procedures done in the hospital. I had a great deal of fun with bacteriology, hematology and parasitology. Perhaps the thing I remember most is how I used to draw my own blood when I couldn't find my partner.

It has long been my contention that any student who does not like pathology is probably in the wrong field. Well, I liked the subject, so I feel safe that I am at least in the right ballpark. The course was not easy and not hard; not good and not bad. The textbooks are good and there is an enormous amount of pathology and medicine to be gleaned from their perusal despite the pathology course.

It would be foolish of me to discuss the pharmacology course at all. I am absolutely certain that it would get me into trouble if I let on what a stupid and poorly taught course I thought it was. Perhaps it has changed.

Medical statistics was as dull and boring as the professor who taught it.

Psychiatry was offered during the first, second and third years. The first two years seemed like hardly more than an extension or continuation of psychology 101. The experiences I had on the wards at Mendota State Hospital left me with a favorable impression, i.e., that there is a place in medicine for psychiatry and some people actually do benefit from it.

As the curriculum now stands, the third year marks the beginning of our clinical training. A revision of the curriculum is in progress and a description of the

proposals appears elsewhere in this issue.

The junior year is long and tedious, but it is a good year. We students were virgin material—eager and ready to receive anything anyone was willing to teach us. Whether it was good or bad, we gobbled it up. That year we covered medicine, surgery, ob-gyn, psychiatry, dermatology, radiology, orthopedics, preventive medicine, neurology, rehabilitation. Whoever prepared the schedules thought it was possible to attend two or three lectures each day; one or two conferences daily; make morning and afternoon rounds on the wards with the attending man fully expecting you to know what the admission bilirubin was on one of your 18 patients at the V.A., and still have time to work-up up to two patients each day and perform ward duties and procedures with zest and agility. We all complained about the above, but now that they are in the past I feel that the third year was the year of most rapid growth for most of us.

At this point, I have nothing but good to say about the senior year. Our fourth year is divided into four quarters . . . medicine, surgery, OB-pediatrics and the preceptorship.

My first quarter was taken up by pediatrics and ob-gyn. The six weeks on pediatrics includes four weeks at Madison General Hospital and two weeks at the University Family Clinic. At Madison General, the student has a chance to get involved in Medicine more acute than he saw at the University during his pediatric exposure during the third year. It is also an



excellent chance to see how pediatrics in private practice differs from university practice.

The two-week stint at the family clinic is a restful interlude of dubious value, at least in my mind. The mornings are devoted to a well-baby clinic and the afternoon sessions are specialty clinics such as allergy, endocrine and the like. Things were quite slow at the clinic during my rotation, but it may have been that my own pediatrics experience at home sensitized me to the screaming kids at the family clinic.

Obstetrics at University Hospitals is understandably slow. The most valuable training received during these two weeks definitely is given in the gynecology department. By the time the senior student finishes his rotation with Dr. Peckham's group, he has a good understanding of many gyn problems, particularly cancer of the female genital tract. For me this was a rewarding and worthwhile two weeks.

My exposure to OB came almost exclusively from the four weeks at Saint Mary's Hospital in Madison. Many of the students rotated through the other city hospitals.

I recall that when I started on OB I didn't really expect to "catch" many (if any) babies. After four or five days of working-up every patient who wanders onto the ward, regardless of the hour, and sitting for endless periods of time with brand new prima gravidas to learn the nature of her contractions and follow closely as her labor progresses through the first stage, it is one hell of a disappointment to see her physician breeze in five minutes before the second stage begins and skillfully retrieve the infant. One almost comes to expect that someone will let him "catch" one just to repay him for all the hours spent checking fetal heart sounds and doing rectals. If I recall, the second week we were all better known by the attending physicians and were allowed to deliver at least a few babies. Some of us who were saddled with the unpleasant task of sitting up with inductions most of the night never ceased to be amazed at the regularity with which the doctors started the "pit" induction at 10 p.m. and then retired and slept well because he knew there was a faithful senior student watching each microdrop of fluid as it fell.

We had good exposure to obstetrics, but it was not enough to enable most of us to tell whether or not we were interested in it as a specialty.

I have just started my rotation through the surgical quarter of this final year, so I cannot relate much about the values and/or drawbacks of the program. I sincerely hope, however, that this year's experience is better than our exposure to surgery during the third year. It is important to point out that this year we



rotate through various surgical specialties, while the junior's experience is limited to general surgery.

As far as I'm concerned, medicine is the only way to finish up the fourth year of medical school. It is a good time to review all the techniques of physical diagnosis, laboratory studies, lab values, fluids and electrolytes, etc. All the things learned earlier which were stashed away for future use should at last come blossoming out like a spring flower. Needless to say I am looking forward to my tour on medicine.

Now that we have kicked around the courses encountered during the four years, I think that a look at the nature and quality of the material covered is in order. Perhaps a comment on the attitudes of students and faculty and the relationships that exist between them might also be appropriate.

It is generally agreed that the caliber of the basic sciences at Wisconsin, i.e., the first two years, is high. The student often feels that there is too much material to cover in two years and that much of the bulk he is asked to ingest and assimilate is unnecessary. At the risk of contradicting some of my statements made earlier about the courses taken during the first two years, I will say that the groundwork laid during the basic science years is absolutely necessary before one can even begin to understand clinical medicine.

Since University Hospitals is not a large medical center, and since it is primarily a referral center, we see a good deal of chronic disease, rare diseases and diagnostic and/or therapeutic problems. One must not say this is particularly bad because as I will point out shortly, there are many advantages to such a sys-

tem. Critics are quick to point out that there is a lack of exposure to many of the common, acute problems encountered in the day-to-day practice of medicine. I am sure that this is precisely why the preceptorship program was established many years ago. Through the various preceptors and their associates throughout Wisconsin, the student is exposed to the private practice of medicine, surgery, OB, urology, general practice and any other field one might mention. I have never talked to a student who did not thoroughly enjoy his preceptorship and genuinely feel that he took a great deal away from the experience.

This might also be a good time to point out an interesting thing I learned last summer during my travels looking at internship programs. At many of the hospitals I visited there were house officers who had graduated from this university. A frequent comment from these fellows was "only now do I realize what an exceptionally good preparation I have had for the practice of medicine." This statement and others like it, came as a result of comparing themselves with their fellow interns and residents who had been trained at different schools.

After all the times I griped about the rare and unusual diseases we are expected to learn something about, I was embarrassed to hear from a house officer that it is exactly this sort of background that enables one to come away from a history and physical with not one impression, but several thoughts on what a patient's problem might be in the case of a not clear-cut disease entity. He pointed out that he was not always able to put his finger on the solution right away, but he had had a good enough background to realize that there was something more to the patient's illness than met the eye. Armed with, or spurred on by these thoughts, he was able to read about and possibly elucidate the other, more unusual, causes of the patient's picture. I was surprised to hear him say that many physicians come out of an H and P with a single impression and proceed to treat strictly on that basis. Then, only if the patient does not respond to the therapy do they try to seek a different explanation for the demonstrated signs and symptoms. In my eyes, this is an unrewarding and unstimulating way of practicing medicine!

May I dwell for a moment on the subject of relationships between students and faculty? I could dispense with the whole subject by simply saying there is no relationship other than the teacher-student situation in the classroom or on the wards. With only a few exceptions, this is where the "friendship" ends. We students do not know how physicians live and think outside the hospital. We do not know how they



enjoy themselves, spend their money or serve the community. At one time I had hopes, which I am now convinced are futile, that this situation would change. I am sure that the senior class president in the year 2000 will be saying the same sort of things I say today. When I was serving my preceptorship things were entirely different. My partner and I were treated like comrades and equals. We could speak freely and openly and our opinions were respected. We were entertained at the homes and restaurants of the town by the physicians, and I was even invited into a poker game one night.

What are the prospects for the future? I have already pointed out that the curriculum committee has proposed important revisions in the curriculum for the near future. Only time will tell whether these will be good or bad changes. The attitudes toward social intercourse between teachers and students must change also. We must have a hand in making these changes. God forbid that the changes must wait until I become a professor of medicine.

Please remember that all the material in this article is merely an expression of how I feel after completing four years of medical school. I am sure that you will not agree with some of my feelings and some of my descriptions and ideas may be inaccurate or inadequate. For the next issue of the QUARTERLY we hope to have comments and ideas collected from several students in all classes.

Texas correspondence

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

GALVESTON—The Texas Club of Internists held its annual Fall Clinical Meeting October 10-14 in Madison at the University of Wisconsin Medical School.

Among the group of 37 physicians who attended this meeting were Lu Verne Webster, '33, of Abilene.

Tex., and this correspondent. A program coordinated and arranged by Dr. Ovid O. Meyer, professor of medicine, Dr. Robert F. Schilling, '43, professor and chairman of medicine, and Dr. John Sims, professor of medicine, was presented by various members of the Medical School faculty.

Clinics by the renal, endocrine and pulmonary groups of the Medical staff were presented, and the gastroenterologists demonstrated the gastric camera. Of great interest to many members of the Club was a demonstration of a computer for the "Automated Elicitation and Recording of Medical History."

Daily at 10 a.m. came the coffee break and a change of location. This meant a walk from the University Hospital over the Hill and down Langdon Street past the Union to the beautiful new Wisconsin Center Building. Our guide for the jaunt across the campus was Dr. Sims whose pace was brisk and who was followed by a more or less energetic group of Texans and one ex-Wisconsinite who rationalized that the vicissitudes of life common to prolonged residence on the Gulf Coast, were not conducive to hill climbing.

At the Wisconsin Center, an excellent diversified clinical program included many disease categories. Research and clinical medicine were skillfully projected into a spectrum of medicine as it is taught and practiced at Wisconsin. There is not the space to mention in detail all of the subjects discussed except to state that presentations were timely, well chosen and precisely given. The entire group, as it listened to each paper, was impressed by the excellence of both basic and clinical research at Wisconsin.

Social activities of the Club included a visit to New Glarus to dine and listen to Swiss Yodelling; an afternoon's trip on the Upper Wisconsin Dells followed by a banquet at Ishnala on Mirror Lake. On Thursday night, a party was given in honor of our Wisconsin hosts. This was held in the Madison Room

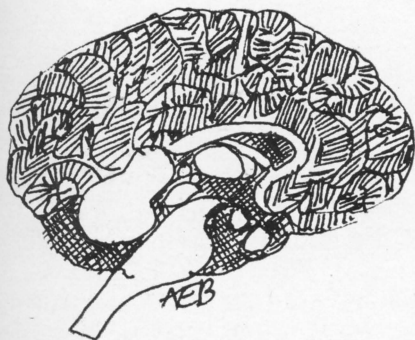
of the Park Motor Inn (an automodernization of the old Park Hotel). An evening of conviviality was enjoyed by both Wisconsinites and Texans. The group was disappointed that Dr. William S. Middleton was unable to be with us for these festivities. The evening culminated with an impromptu "sangerfest" to which the piano accompaniment of Dr. Edgar Gordon immeasurably refined the nuances of close harmonies.

This opportunity to return some three decades after graduation, to be privileged to renew acquaintances with former teachers, to experience a nostalgia as old classrooms or laboratories were revisited, to observe the many new buildings which now crowd the medical campus, to see the Middleton Library, to learn first hand of many contributions to progress of medicine made by the Wisconsin medical team, to realize that as in the old days the school now has great teachers and leaders, brought forth an understandable measure of pride and satisfaction tempered by a more cognizant appreciation of the heritage which hallmarks graduates of the University of Wisconsin Medical School.

Soon after the Fall Issue of the QUARTERLY was distributed, a nice letter was received from Robert Dancey, '37, of Dansville, Ill. He wrote he was the first graduate from Wisconsin to intern at the John Sealy Hospital, Galveston. The exchange was arranged by Dr. Joe Evans at Wisconsin and Dean W. S. Carter at the Medical Branch.

In 1938, George Oosterhaus, '38, now practicing medicine in Madison, became the second Wisconsinite to intern at Galveston. Interestingly, one of those who helped arrange the program for the Texas Club of Internists was the first exchange graduate from the University of Texas Medical Branch to intern at Wisconsin. This Texas graduate's name—John Sims, M.D., class of 1937.

Question: Would any of the alumni who live in Texas be interested in the formation of a Texas Branch of the Wisconsin Medical Alumni Association? If enough response is manifested, perhaps arrangements could be made for an exploratory meeting at the time of the Texas Medical Association Annual Meeting, Dallas, May 4-7, 1967. Please write me and express your thoughts about the idea. Furthermore, any other suggestions, criticisms or news items will be most welcome. My address is: Suite 1011 Sealy and Smith Professional Bldg., 200 University Boulevard, Galveston, Tex., 77550.



ALUMNI CAPSULES

A member of the class of 1963, Dr. James R. Poole, recently left the Army to begin a residency in obstetrics and gynecology at the University of Minnesota Hospitals. He has been stationed in Germany for the past 2½ years.

□
Dr. John Underberg, '61, reports that he moved from Martin Army Hospital, Fort Benning, Ga., where he was assistant chief of radiology, to Tay Ninh, South Viet Nam. At the time he wrote his note he was witnessing one of the largest battles of the war: Operation Attelboro.

His new address is 45th Surgical Hospital, APO San Francisco, Calif., 96256. He was board certified in June.

□
Carl and Jean Natter, both class of 1960, recently moved to 260 Bennett Ave., Long Beach, Calif., 90803. Their third son was born in November.

□
A 1965 graduate, Dr. Daniel J. Schroeder, has joined the Cornwall Clinic in Amery. He completed his internship at Maricopa County Hospital, Phoenix, Ariz.

□
Another 1965 graduate, Dr. Larry J. Malewiski, has joined the Family Medical Center in Sheboygan as a general practitioner. He took his internship at Mt. Sinai Hospital, Milwaukee.

□
Dr. John W. English, '55, writes that his new address is Marquette Medical Center 1414 W. Fair Ave., Marquette, Mich., 49855.

□
Past President Herb Pohle's European vacation in September-October turned into a memorable experience.

On the second day of the trip, while inspecting the ruins at Corinth, Greece, he stepped into a 5-foot deep, rock lined cistern and broke a leg in several places.

Dr. Pohle, '38, was hospitalized in Athens, and returned to Wisconsin in time to chair the meeting of the class representatives November 4.

□
Dr. John Hurley, '52, director of the cancer diagnostic and treatment center at St. Mary's Hospital, Milwaukee, received a \$27,000 grant from the Milwaukee division of the American Cancer Society for research on human cancer transplants.

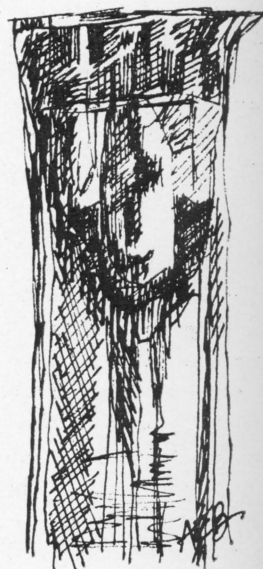
□
Dr. Edward J. Lefeber Sr., '36, visited Association headquarters in October while he was in Madison for the Texas Club of Internists meeting. (See his column). He suggests that the Association hold meetings with the Southern Medical Association convention, and with the Texas Medical Society at its annual meeting.

□
Dr. Arthur L. Van Duser, '38, was honored recently by the State Board of Health for his 25 years of service to the Board. He is director of the Board's divisions of cancer control, laboratory evaluation, and venereal disease control.

□
Dr. L. J. Warren, '62, of 103 W. College Ave., Appleton, Wis., is now engaged in the solo practice of ophthalmology.

□
Dr. John H. Wishart, '38, has been installed as president of the Wisconsin Society of Internal Medicine. He practices in Eau Claire at 314 Grand Ave.

Dr. R. W. Schroeder, '53, has joined the pediatrics department of the Beloit Clinic. He returned to Wisconsin after 10 years of practice in Marion, Ind. Another alumnus has left Wisconsin for Pennsylvania. Dr. James A. Tibbits, also class of 1953, has set up private practice in Jonestown, Pa., after 12 years in Reedsburg.



□
Dr. John W. Weiss, '58, has been appointed assistant professor of dermatology at Stritch School of Medicine, Loyola University, Chicago. He is in private practice in Skokie and Evanston, Ill., and was board certified in 1964.

□
Dr. Connie Corlett Lee, '61, recently was described as a "modern country doctor" in a full page article in the Milwaukee Journal. Dr. Lee, a general practitioner, is the only physician within 18 miles of LaFarge, Wis.

The townspeople, with the aid of the Sears-Roebuck Foundation, raised \$27,000 and borrowed another \$16,000 to build a medical

center for Dr. Lee.

□

Dr. Edmund C. Roos, '14, who lives at 1347 W. Sunset Ave., Decatur, Ill., 62522, has become a member of the Illinois Medical Society 50 Year Club. He is retired and has two sons and a daughter-in-law practicing in Colorado, specializing in surgery, pediatrics and anesthesiology.

□

Where is Dr. Chang Sup Shim, '64, wonders Dr. Thomas W. Stram, '64. Dr. Stram is at Fitzsimmons Army Hospital, Denver, Colo., 80240. He plans to enter an ophthalmology residency in 1967 or 1968.

□

Dr. Robert J. Ware, '64, has joined the staff of the Hazel Green Hospital and Clinic. He interned at Milwaukee County Hospital and was a resident in internal medicine at Columbia Hospital in Milwaukee.

□

Dr. Gilbert O. Horn, '41, is associated with the Brady Hospital, Colorado Springs, Colo., as associate psychiatrist in the group-hospital practice. He took a psychiatric residency from 1959 to 1962 under an NIMH grant for general practitioners.

His new address is 4108 Tumbleweed Dr., Colorado Springs, 80907.

□

New on the NIH staff is Dr. Robert Coifman, 3861 Porter St., N.W., Washington, D.C., 20016. He and his wife had a son in July.

□

Dr. George M. Kroncke, '54, has been transferred from Yokosuka, Japan, and is now head of the thoracic surgery department at Portsmouth, Va., Naval Hospital.

□

A 1962 graduate, Dr. Marcus Cohen, has joined the Quisling Clinic in Madison, and specializes in pediatrics and allergy.

Two alumni spent 60 days in Viet Nam late in 1966 under the AMA's Volunteer Physician's for Viet Nam program. They are Drs. Victor S. Falk, '39, of Edgerton, and Joseph Springer, '48, of Durand.

While in Viet Nam they treated wounded and sick in one of the country's 16 provincial civilian hospitals. They worked with teams of military physicians and corpsmen.

The volunteer physicians receive only transportation costs and a \$10-a-day expense allowance.

Dr. Springer is a general practitioner, and has previously served aboard the U.S.S. Hope. Dr. Falk is a general surgeon and the medical editor of the Wisconsin Medical Journal.

Dr. Falk was assigned to the Province Hospital in Can Tho which is 80 miles south of Saigon in the Mekong Delta. The hospital has 500-600 beds, serving civilian war casualties and others with tropical diseases.

□

Regretfully, we have the following deaths to report:

Dr. Raymond H. Ludden, '27, January 2, 1967, in Madison.

Dr. Harriet G. Scheid, '45, August 8, 1966, in Denver.

Dr. A. W. Burk, '37, September 6, 1966, in Marquette, Mich.

Dr. William M. Anderson, '30, in New Lisbon, Wis.

Dr. Arthur E. Baker, '14, in Peoria, Ill.

Dr. Gibson Carr Smith, '44, September 22, 1966, in San Diego, Calif.

□

Dr. David E. Goodnough, '59, an anesthesiologist, has joined the staffs of the Gundersen Clinic and Lutheran Hospital, LaCrosse. He interned at Orange County General Hospital in California, and served residencies at University of Wisconsin Hospitals, University of Washington Hospital, Seattle. He was in private practice for a year in Plattsburgh, N.Y.

□

Dr. Volney B. Hyslop, '24, received the Cosmopolitan International Club's "Man of the Year" award in Milwaukee in November. He is a Milwaukee plastic surgeon.



The first hundred years

Although it has been 63 years since Charles Bardeen arrived in Madison on the noon train from Chicago, and 119 years since the Medical School was authorized, these events can be relived in an exciting new history by Dr. Paul F. Clark, called "The University of Wisconsin Medical School: A Chronicle, 1848-1948."

The history is not a dry catalogue of facts, institutions and persons, but as Dr. Nicholas Mani points out in his review on page 21 of this issue, "it has the flavor of the past and the acting persons are of flesh and blood."

Dr. Clark, a member of the faculty since 1914, has

been an eyewitness to much of what he recounts. His vignettes of fellow faculty members are delightful; he sketches personal habits and hobbies along with professional dreams and contributions.

The book will sell for \$10 a copy after publication, and \$8.50 a copy for orders received before publication day, which will be May 26, Alumni Day 1967. The prices were approved by the Association Board of Directors at its meeting December 15.

Only 1,500 copies will be printed in the first edition. All profits on the book will come to the Medical Alumni Association, which will guarantee the cost of manufacture and the initial promotion costs. In addition, Dr. Clark has assigned all royalties to the Association.

Alumni who wish to order a copy of the history at the publication rate may use the form on the back page. Dr. Clark will autograph each copy sold before publication.

A recent aerial view of the University campus shows Camp Randall stadium with its new upper deck. The addition increased the stadium capacity to more than 77,000 seats. University Hospitals and the

Medical School are in the right center, and behind them, towering above all other campus buildings is the new Van Hise Hall, the language building.



Science and football

Nearly 100 alumni returned for the Association's Homecoming meeting November 5 for a scientific program and to watch the Wisconsin-Purdue game.

The only out-of-staters to join a large group of Wisconsinites at the program were Florian Santini, '39, of Ironwood, Mich.; George Shonat, '52, Bloomington, Ill.; Henry Conley, '24, Parkridge, Ill.; Howard Templeton, '50, Elgin, Ill.; Melvin and Sylvia Griem, both '53, of Chicago; and Gordon Kaske, '30, of Belvidere.

Many of the Medical School preceptors, who had met at Maple Bluff the night before, also attended the Homecoming program. They included Timm Zimmerman, '63, of Westby; Mischa Lustok, '35, Milwaukee; Einar Daniels, '34, Milwaukee; Sigurd Sivertson, '47, LaCrosse; M. L. Whalen, Bruce, Wis.; Richard Farnsworth, Janesville; Arlyn Koeller, '61, Ashland; George R. Thuerer, '39, Rhineland; and Robert Senty, '47, of Sheboygan.

In addition, a large group of faculty members was on hand to talk with alumni during the coffee and lunch periods. They included Emeritus Professors Paul F. Clark and William S. Middleton, Dean Peter Eichman and Professor Frank L. Weston, '21.

The program was a combination of three short presentations by Dr. Francis M. Forster, professor and chairman of neurology; Dr. Sanford Mackman, '59, assistant professor of clinical oncology and surgery; and Dr. Warner V. Slack, assistant professor of medicine.

After lunch the group watched the Badgers lose to Purdue in the expanded Camp Randall Stadium, which now seats 77,000 people, more than all but three other collegiate stadiums in the United States.

Other meetings

Alumni gathered for two other formal Association meetings in the fall. Surgical alumni met October 12 in San Francisco during the annual meeting of the American College of Surgeons, and alumni practicing in northern Wisconsin met in Eau Claire November 29.

Dr. Robert C. Hickey, professor and chairman of surgery, reports that 64 surgeons attended the San Francisco meeting. Dr. Eugene L. Yurich, '55, of Santa Cruz, Calif., handled local arrangements for the meeting.

One of the highlights of the gathering, which included dinner and a review of developments at Wisconsin by Dr. Hickey, was a continuous slide show of about 40 campus scenes, which was put together



by Homer Montague, Medical School photographer.

Plans for the next meeting of the Wisconsin Surgical Alumni are being made already by Dr. John Keeley, resident from 1933 to 1936, professor and chairman of surgery, Stritch School of Medicine, Chicago. He will arrange the meeting for the fall of 1967 at the Pick Congress Hotel in Chicago.

The upstate alumni meeting drew about 40 alumni who heard short talks by Dean Peter Eichman and Assistant Dean Thomas Meyer. One of the most interesting aspects of the program was a general question-answer period between the dean and the alumni. Dr. Herbert Aitken, '29, handled local arrangements for the meetings.

Class reps

The Council of Class Representatives, meeting in Madison November 4, unanimously approved the initiation of an annual giving program by the Association.

The 17 representatives at the meeting voted that gifts received from the annual giving campaign would not be restricted as to category of use, but that the dean, with advice from the Association Board of Directors, would decide the use of the funds.

The class representatives also unanimously approved a motion that all gifts realized in the campaign be put into a fund called the University of Wisconsin Medical Alumni Fund, and that reports will be furnished to class representatives to inform them of their classmates' participation in the campaign. In addition an annual report, listing donors, and degree of participation by classes will be prepared and published. A preliminary report on the annual giving program begins on page 16.

Dr. Herbert Pohle, past president of the Association and chairman of the Council of Class Representatives, asked Dr. Peter L. Eichman to give his views on the value of unrestricted funds and the School's need for them.

Dr. Eichman pointed out that relatively modest gifts and bequests have had a significant impact on the School. Such gifts often start something, he said. They have a catalytic effect and a benefit as "seed money" far beyond their size.

As examples, he listed McArdle Laboratory, the department of medical genetics, the department of history of medicine and the laboratory of neurophysiology, all of which were started with modest gifts or bequests.

Unrestricted funds are also important, he said, because the strictures of the legislative budget and the limitations on the uses of grant funds often do not allow the dean to answer requests for funds for special student needs.

The dean pointed out that all medical schools require broad based financial support if they are to thrive. He said the distinctions between the private and the "tax-supported" schools have all but vanished.

Both types of school are heavily dependent on federal support for research and research training activities. Both are heavily funded by foundations, voluntary health agencies and other granting agencies.

The alumni fund

The annual giving program of the Medical Alumni Association began in mid-December with a mailing to all alumni. As the QUARTERLY went to press before Christmas, 68 alumni had donated \$1,935.

Class representatives are following up the general mailing with requests to classmates to participate in the program. Shortly before Christmas four representatives had mailings out to their classes. They were Charles Miller, '62, Bernie Lifson, '49, Loron Thurwachter, '45, and William Gilmore, '43.

Association headquarters will keep the representatives informed as to participation by their classes, and at the end of the campaign will publish an annual report listing donors and class participation.

Dr. Herb Pohle, '38, who is chairman of the annual giving campaign, hopes the Fund will become "an enduring source of money for enrichment of the Medical School program."

Dr. Pohle feels that the size of each gift is not as important as widespread participation by alumni. Of the first 68 gifts received, the average amount was \$30.

A recent unrelated development emphasizes the importance of alumni support. The national Association of State Universities and Land Grant Colleges has called for a "massive increase in private support to insure quality in the nation's public colleges and universities.

That association pointed out that "tax funds general-

ly can support the basic needs of public higher education. But the ingredients for academic excellence . . . the enriching features of a sound educational program that mean the difference between good and great universities include private support.

"New and challenging courses of study, museum and library collections, continuing research, unusual equipment, student aid, competitive faculty salaries and special buildings—these represent the 'margin for excellence' which depends chiefly on private support," according to the national association.

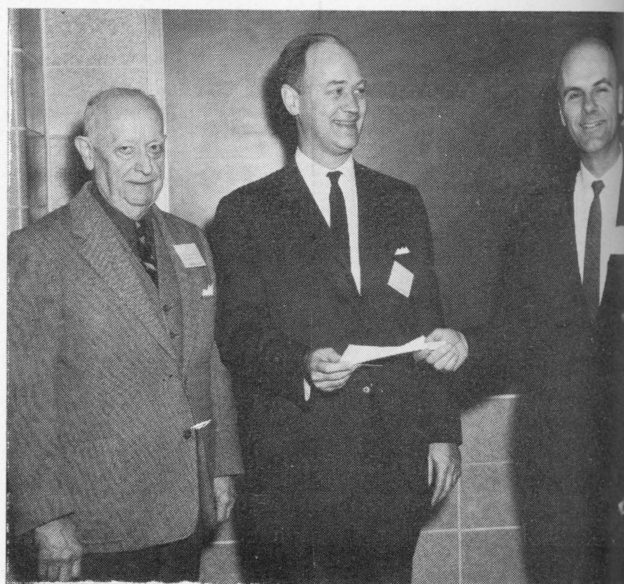
The University of Wisconsin as a whole ranked in 1964-65 third in the nation in total gifts received by state universities and colleges, as well as third in contributions from corporations and business.

In 1966-67, the estimated receipt of \$9.6 million in voluntary support, exclusive of contributions for buildings and equipment, represents about six per cent of the University's operating budget.

For 1966-67, the Medical School estimates revenue to be \$7,500,000 from gifts and grants, and \$3,724,147 from appropriated funds. However, these funds all are severely restricted as to use.

Contributions to the University of Wisconsin Medical Alumni Fund may be sent to 333 N. Randall Ave.

Dr. D. J. Freeman, '52, right, presents a check representing more than \$8,000 in medical alumni gifts to the Medical School to Dean Peter Eichman. Dean Emeritus William Middleton is at left. The check initiated the 1966 annual giving campaign.



nue, Madison, Wis., 53706. Checks may be made out to the fund.

Science and skiing

Graduates of the Medical School and their wives may now register for a seven-day retreat-seminar in Vail, Colo., leaving Sunday, April 2, 1967, and returning Sunday, April 9.

Those attending will spend six full days at the newly-constructed ski facilities at Vail. There will be five days of medical instruction for physicians, including presentations in medicine, pediatrics, orthopedics and surgery.

The registration fee of \$350 for physicians and \$300 for spouses includes transportation, lodging, meals, instruction for the physicians, and use of recreational facilities at Vail.

Faculty for the program are Dr. William C. Boake, assistant professor of medicine, Dr. Edgar Gordon, professor of medicine, Dr. Jay M. Levy, assistant professor of pediatrics, Dr. June E. Osborn, instructor in pediatrics, Dr. David T. Uehling, assistant professor of surgery, all from the UW Medical School, and Dr. Sion Rogers, chief of orthopedics at the VA Hospital, Madison.

On the social-recreational side, participants will stay at The Lodge at Vail, where in addition to ski facilities there are a heated pool, sauna baths, horse-back riding, and evening activities including folk music, sing-alongs, movies, ice skating and sleigh rides.

Vail, which is between 8,200 and 11,250 feet above sea level, has dry, light powder snow most of the year. Because of the altitude, excellent deep powder skiing is available on all slopes.

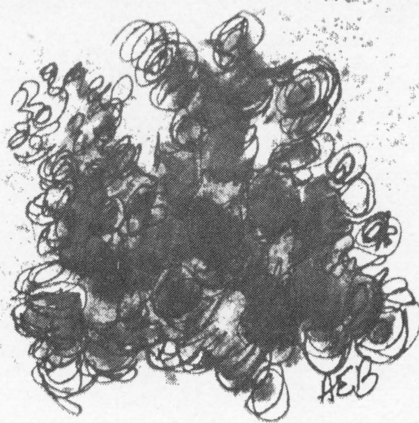
There are five double chair lifts, with fees ranging from \$6.50 a day to \$39.00 for seven days. These fees are not included in the registration cost.

Details on the scientific program, transportation arrangements, etc., may be obtained from the office of postgraduate medicine, 333 N. Randall Ave., Madison, Wis., 53706. Unless at least 20 alumni register, the program will be cancelled.

Upcoming meetings

Four more alumni meetings, for graduates living in various areas of the state and nation, will be held this winter and spring. The annual Milwaukee winter meeting will be the first and is scheduled for February 10.

Dr. Herbert Giller, program chairman for the Milwaukee meeting, to be held as usual at the University



Club, reports that the program will consist of presentations by Dr. Robert D. Coye, assistant dean, and Dr. Robert Schilling, '43, chairman of medicine, who will discuss the new Medical School curriculum proposal.

Details are not yet settled on two of the other meetings. One will be held in early May in Milwaukee in conjunction with the annual meeting of the State Medical Society. Dr. Silas Evans, '36, Milwaukee, is program chairman. The other is the annual meeting in conjunction with the AMA meeting, which will be in June in Atlantic City, N.J. Dr. Thomas Gocke, '47, is program chairman.

Both meetings traditionally include wives. The meeting with the State Society will be for lunch and informal. The meeting in Atlantic City will be for dinner, and will feature a speaker.

Finally, the Association's largest meeting of the year, Alumni Day, is scheduled for May 26 at the Medical School in Madison. In connection with Alumni Day, eight classes—1927, 1932, 1937, 1942, 1947, 1952, 1957, 1962—will hold reunions. The class of 1927 will hold its 40th anniversary reunion.

Friends of the library

A generous gift from Dr. Chauncey D. Leake has launched a new fund called "Friends of the Medical Library," and that gift has been supplemented by another from an anonymous donor.

Such a fund—which will be used without restrictions in any way that, in the opinion of the medical librarian, will further the programs of the library—has been found to be most helpful by other academic libraries.

Dr. Leake, '23, is at the University of California Medical Center, San Francisco.

MEDICAL SCHOOL NEWS

A new department

A new department of rehabilitation medicine for the Medical School has been approved by the medical faculty, and approval for the proposed department is now being sought at higher levels of the University.

When full approval is obtained a core faculty with a full-time commitment would be developed and would include physiatrists and other rehabilitation experts. Other faculty members would hold joint appointments in rehabilitation medicine and other departments.

Eleven members of existing departments have al-

ready expressed an interest. They include representatives from neurology, speech, pediatrics, medicine, surgery, nursing, social service and rehabilitation.

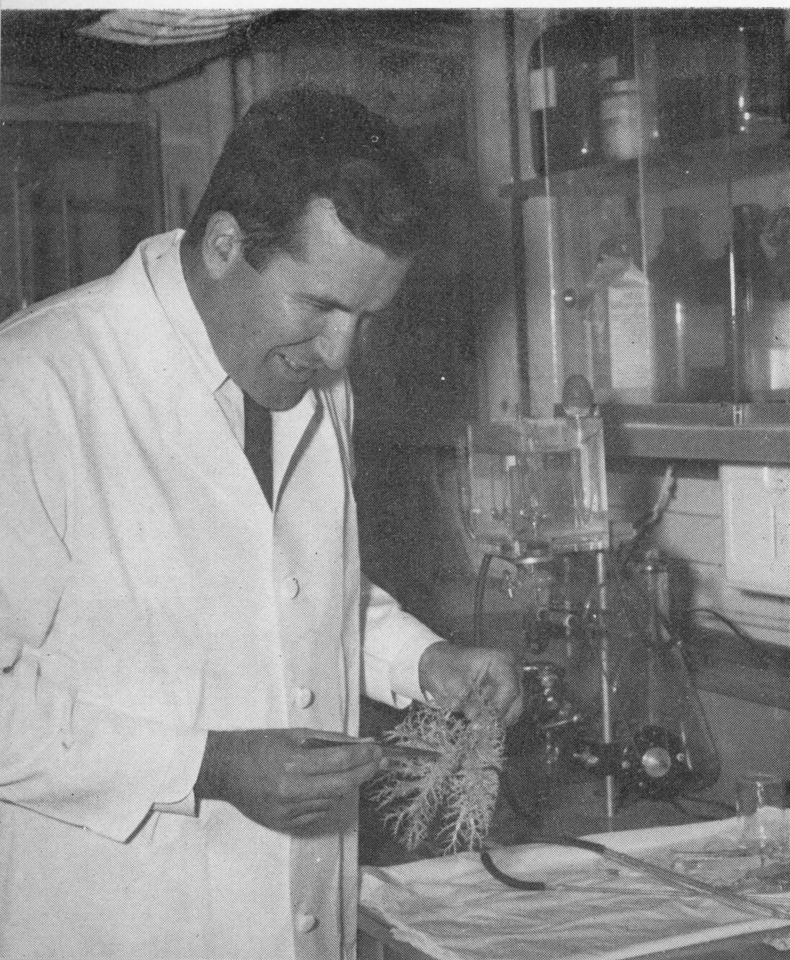
The Medical School presently has a rehabilitation center under the direction of Dr. A. A. Siebens, professor of pediatrics and physiology. Dr. Siebens has played a major role in the proposal to form the new department.

With the formation of a department, the inpatient service of the present rehabilitation center would be expanded to a sufficient size to permit a residency training program to be implemented.

The department also would foster and encourage teaching programs at other levels, ranging from undergraduate baccalaureate programs through graduate programs.

Another objective is to encourage and foster an increase in research in the field of rehabilitation and to permit greater collaborative effort between disciplines having an interest in rehabilitation.

Dr. A. A. Siebens in his laboratory.



Curriculum revision

Charged by the faculty in mid-1964 with developing a basic new curriculum which would reduce required course work and provide significantly greater elective time, the Medical School curriculum committee in late 1966 presented a proposed curriculum to the faculty, which approved its basic principles.

Chaired by Dr. Robert D. Coyle, the committee developed a curriculum which will function as a framework upon which to build. The detail of specific course content and correlation of course material between departments is yet to be determined by the faculty.

Several basic principles underline the curriculum proposed by the committee:

The curriculum is based on electives; lecture time will be reduced, since it is assumed that students will learn more effectively independently if properly motivated; the curriculum facilitates the correlation of subject material with the goals of the students and faculty; it is subject to change, and can be easily changed as needed; and it has Medical School wide focus, rather than departmental focus.

(The curriculum proposal is explained by Dr. Coyle, and discussed by three alumni in a series of articles in this issue.)

The tape library, kept in the Hospital pharmacy, is always available to physicians who need information in a hurry. A Hospital pharmacist selects a tape, which will be played to the caller on the small machine situated on the top shelf.



The committee feels that duplication and overlap have been removed from the existing curriculum with the result that the student will learn more and will use the elective time to further his personal objectives.

To help evaluate the curriculum, the committee gave this year's incoming class a special National Board Examination, which will be repeated each year so that comparisons can be made between students under the old and new curriculums.

Marriage on the rocks

Alumni stumped by their patients' marital problems are not alone. Such a tentative conclusion is at least suggested by figures illustrating the use of the Medical School's telephone-access library of tape-recorded medical information.

In the library's first six months of operation, requests for a five-minute tape titled "Marriage on the Rocks" far outnumbered requests for information on more technical problems.

Out of a total of 946 requests for information from physicians in Wisconsin and 33 other states, there were more calls for the tape on marriage than for any other. A tape on the treatment of bee stings was in second place.

The tape library, which began operation April 1, contains 88 tape recordings on a wide variety of medical problems in various areas, including internal medicine, pediatrics, radiology, psychiatry, gynecology-ob-

stetrics, surgery and neurology. The tapes, averaging about five minutes in length, were prepared by members of the Medical School faculty. A complete list may be obtained from the office of postgraduate medicine at the Medical School.

Many of the tapes cover emergency situations, but others give up-to-date information on chronic medical problems. Other tapes often requested by physicians during the first six-month period included those on the management of pregnant patients with negative Rh factor, recognition and management of delinquent child, choosing the psychiatrist, recognition and treatment of the suicidal threat, and a tape on a perennial medical problem: charley horse.

The tapes are available to physicians throughout the country, who may consult the library by dialing the proper number and requesting a specific tape. The only cost is that of the phone call.

Of the 946 calls during the initial six-month period, 682 were from Wisconsin physicians and 264 were from out-of-state. The heaviest period of the day for requests was between noon and 6 p.m., when more than 40 per cent of the calls were received. The period between midnight and 6 a.m., produced only 12 calls.

Requests were light on weekends too—62 on Saturdays and 44 on Sundays. Thursdays were busiest, with 203 requests.

The tape library was developed jointly by the Medical School and University Extension, under the direction of Dr. Thomas C. Meyer.

A random sampling of the tape recordings elicits the following medical subjects: prevention of athletic knee injury, management of acute renal failure, congestive heart failure in infants, present status of the treatment of angina pectoris, neurosurgery in Parkinson's disease, emergency use of radiation therapy, treatment of acute pneumonia, management of psychiatric problems in children, and two tapes on the birth of twins—one discussing labor, the other delivery.

The phone number of the tape library is area code 608, 262-4515. The library is in the University Hospital pharmacy, which is staffed 24 hours a day.

Marjorie Paquin

Miss Marjorie Paquin, director of nursing service at University Hospitals and associate professor of

nursing, died October 30, 1966, following a serious illness.

Miss Paquin, whose career encompassed many facets of professional nursing, began as a staff nurse at University Hospitals in 1931. She became, successively, assistant head nurse, supervisor and instructor, assistant superintendent of nurses, assistant professor, and in 1954, director of nursing service and associate professor.

A memorial resolution of the University of Wisconsin faculty said that Marjorie Paquin's "ability to bring a splendid combination of sound judgment, understanding attitude, realism, and kindness to any situation was always evident and helped to relieve many stressful moments. Above all, improvement in care of patients was her main concern and continued to be her goal even during the days when her own health problem would appear to be overwhelming."

Construction men work on the long-awaited tunnel connecting Children's Hospital with the main Hospital. A branch of the tunnel extends north (right)

to the new library. The tunnel was scheduled to be complete by January 15.



A Review

PAUL CLARK'S
HISTORY
OF THE MEDICAL SCHOOL

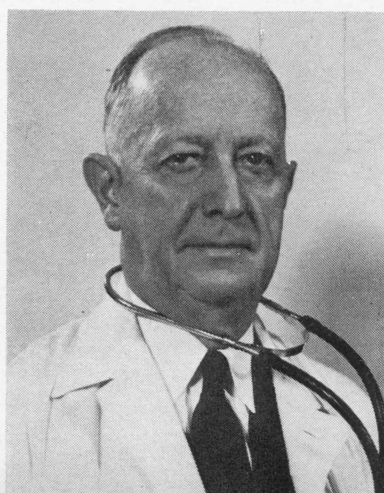
BY NICHOLAS MANI, M.D.
PROFESSOR OF HISTORY OF MEDICINE

Some time ago the alumni of The University of Wisconsin Medical School asked Dr. Paul F. Clark, emeritus professor of medical microbiology, to write a history of the Medical School "from the vantage point of personal experience and human relationship." Dr. Clark has accomplished his task; the manuscript is ready and will soon be published by the University of Wisconsin Press. The Medical School is fortunate to have a biog-

The Medical School Triumvirate:
Charles Russell Bardeen, left, Joseph Spragg Evans, center, Wil-

liam Shainline Middleton, right. Dr. Bardeen was dean from 1907 to 1935, and was succeeded by

Dr. Middleton, who was Dean until 1955. Dr. Evans was chairman of medicine, 1910 to 1945.



“...the acting persons are of flesh and blood.”

rapher of such stature. Dr. Clark is an accomplished medical historian and he belongs to the pioneers of the Medical School to which he devoted his life work. He is a keen and sensitive observer of men and he writes well. Thus his history is much more than a dry catalogue of facts, institutions and persons. His history is written *cum ira et studio*, with a passionate interest in the development of the Medical School, which he helped to shape, and in which he lived for half a century. Dr. Clark's history is living history, it has the flavor of the past and the acting persons are of flesh and blood. This is possible because the author was an eye witness of many events. Despite all the endeavors to remain fair and objective such an eye witness report must be to a certain extent subjective; but this makes out its very virtue.

Dr. Clark has reconstructed the first 100 years of the Medical School. He discusses the abortive attempt to create a department of medicine in the year 1848 when the university was incor-

porated and he shows that this enterprise was doomed to failure. The university was in its infancy, the young state hardly organized. All that did not permit the creation of a medical school at an academic level.

The actual Medical School has two main roots: the basic medical sciences stem from the premedical course established in the late nineteenth century; it led to the foundation of the preclinical two-year course in 1907. The nucleus of the clinical branches was formed by the student health service which originated in 1910. In 1924 the Wisconsin General Hospital opened and offered the opportunities of clinical teaching. The first clinical class was admitted in 1925 and the first Wisconsin M.D. degrees were conferred in 1927. Then Dr. Clark describes the growth of the school which reflects the expanding and developing medical disciplines. New departments were created, new buildings and research facilities were established and the faculty increased.



Around this institutional skeleton Dr. Clark unfolds the human forces and motives. Towering figures emerge: President Van Hise who chose and supported Dr. Bardeen, the great dean and builder of the Medical School; Bardeen who organized the preclinical course to excellency and chose many young men of promise.

The small staff of the medical sciences was of high quality. The anatomist Snow Miller, e.g., and the physiologists Eyster, Meek and Erlanger were outstanding in their fields. Dr. Bardeen steered his ship with an indomitable will from the two-year course to the four-year Medical School.

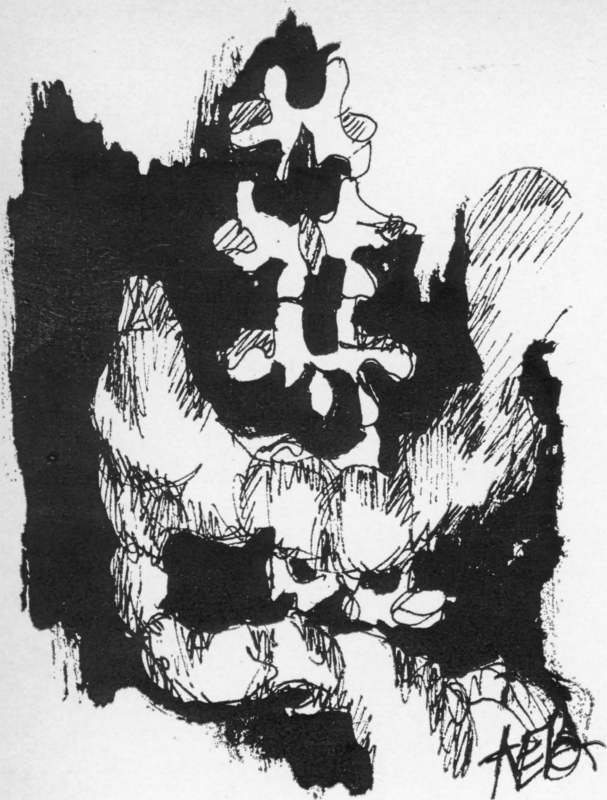
Another pillar of the young Medical School was Dr. Joseph Spragg Evans. He founded the student health service and became the first professor of medicine. He was a charming personality, a most popular doctor and enjoyed great confidence in all circles. His influence, courage and diplomatic delicacy were greatly needed when the four-year medical course was finally established

against strong opposition.

Dr. Clark also sketches the achievement of Dr. William S. Middleton, the eminent medical teacher and dean, as one person who led the expanding Medical School with calm firmness and efficiency for 20 years.

Enjoyable to read are the chapter on Madison at the turn of the century, the many masterful biographical sketches, e.g., those of Bardeen, Snow Miller, Spragg Evans, Middleton and Waters.

To write a history of a medical school with its many data hidden in the dust of archives and records is much toil and work. To write a history comprising the immediate past is a delicate and often ungrateful task. Dr. Clark deserves our gratitude for having written the factual history of the Medical School. But he did more. His subtle pen caught the very atmosphere of the past. His history breathes life. And for that Dr. Clark deserves our admiration.



THE MEDICAL SCHOOL CURRICULUM
PROPOSAL: AN EXAMINATION

THREE ALUMNI COMMENT

Description of the Proposal

BY ROBERT D. COYE, M.D.

CHAIRMAN, CURRICULUM COMMITTEE

*t*he Medical School Curriculum Committee late in 1966 circulated to the faculty a proposal for a new curriculum. Before describing the proposal and how and why it came to be, however, some implications of the word "curriculum" might be pondered with profit.

By definition, the curriculum is a program of studies leading to learning the facts, skills and attitudes required of medical graduates. Simple enough. Why then is it so difficult to change? There are several good reasons. One, the medical teacher is understandably reluctantly to jettison a curriculum which is working—a new one may not work so well, and will certainly require much energy to put into operation. Secondly, the goals of medical education are changing rapidly, and there is little agreement by medical teachers about what doctors should be educated to do. Finally, the successful curriculum not only must reflect the goals of the educational program, which in turn reflects the goals of faculty and students, but must also work toward the goals of society as well. Any of these goals may conflict with another and result in a grinding of the educational gears. The challenge is to provide a

curriculum which meshes these gears as smoothly as possible.

Our proposal grew out of a faculty mandate to the committee to provide a curriculum which would meet the following objective: reduce the amount of time in required course work so that each student would have significantly greater freedom to follow his own interests in elective programs.

*f*or two years the curriculum committee has been actively working toward this objective. The committee decided early to exclude from consideration a number of factors which are now essentially unchangeable in our situation. These included the nature of premedical education, the characteristics of the student body, the nature of postgraduate education, alterations of certifying examinations required of medical graduates for licensure, the limitations of the physical plant of the Medical School, and a number of other similar problems.

The committee formed a series of faculty working parties to study the present curriculum in each teach-

ing department. These parties, manned by 40 faculty members, obtained information regarding the existing curriculum, staff, teaching facilities and other resources. They also solicited suggestions for improvement and innovation in the curriculum.

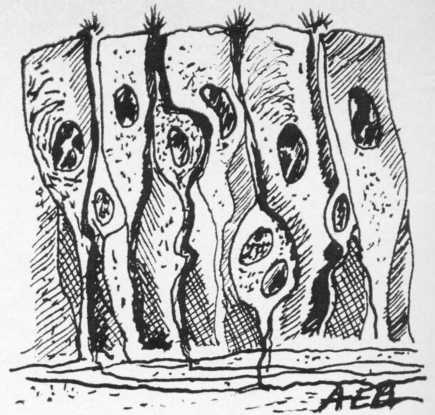
Each faculty member was asked to complete a card indicating the major subject content of each lecture he gives to medical students, and then a computer grouped the lectures according to subject and content. A study of this computer output provided considerable insight into the overall range and depth of subject material covered within the four-year curriculum.

The information obtained from these studies can be briefly summarized as follows: Our present curriculum is not heavily infiltrated with the fat of useless or obsolete information, but much of the content is duplicated, or overlapped wastefully among the departments. There is evidence that much of the material learned in one course is not retained for later use.

*i*t seems likely that learning and retention would be facilitated by relating the material presented to problems the student perceives as important to his becoming a competent physician. Correlated teaching is favored by some basic science departments and most clinical departments, as is the earlier introduction of clinical material. Clinicians stress the failure of the present program to stimulate the students to think of disease in pathophysiologic terms, and that much of the time of third and fourth year students is spent in didactic conferences which interrupt their day's work as clinical clerks. In part, this appeared due to shortages of suitable teaching cases. There are areas, particularly in aspects of social medicine, in which the present curriculum is considered deficient. Based on the foregoing considerations, the following proposal (briefly summarized) was presented to the faculty.

"First Year: This consists of a sequence of departmental courses of varying lengths which include anatomy, physiological chemistry, histology, genetics, embryology, and the general principles of physiology, pharmacology, microbiology, pathology and epidemiology, and, a course in psychologic and physical growth and development which will be taught by pediatrics, ob-gyn, psychiatry and medicine using patients extensively.

"Second Year: A one year course in pathophysiology of disease taught by subject committees composed of members of departments whose interests and abilities are appropriate to the material to be learned. Subject material is organized in blocks of time by organ systems. The instructional plan for each block is to be determined by the subject committee members, and



will be designed to acquaint the student with the problems to be solved, and the opportunity for acquiring the knowledge and techniques appropriate to solving them.

"The instruction plans will vary from subject to subject, but in general will include lectures, laboratories, patient demonstrations, etc., and will include the approaches presently included in organ system physiology, special bacteriology, special pathology, x-ray, physical diagnosis, laboratory medicine, and the correlated material now presented in the third year courses in medicine, surgery, pediatrics, neurology, ob-gyn, etc. Concurrent with this course would be a second course dealing with disorders of behavior and the techniques, chiefly interviewing, appropriate to solving problems in this area of pathology.

"Third Year: 48 weeks of basic clinical clerkships arranged so that no splitting or sharing is required: general medicine 12 weeks, general surgery 12 weeks, psychiatry 8 weeks, pediatrics 8 weeks, ob-gyn 4 weeks, neurology 2 weeks, and rehabilitation medicine 2 weeks. Daily clinics or lectures at 11 a.m. are to be divided among the clinical specialities.

"Fourth Year: The fourth-year curriculum includes an eight-week preceptorship and 24 weeks of elective time to be spent in both clinical and preclinical disciplines, and, if desired, appropriate courses outside the medical school."

*i*f accepted and implemented by the faculty, we believe the plan will have a number of favorable effects.

- The curriculum will allow the student greatly increased opportunities for selecting his own program of education in accord with his overall educational goals.

- It will also reduce the time the student is required to spend in classes and laboratories by pruning duplicated or overlapping course material. The student will be responsible however, for more independent learning

than presently, which should better prepare him for independent study after leaving Medical School.

- The course in pathophysiology should make him and perhaps even the faculty see more clearly the relationship between what he is learning and the clinical problems he will need to solve in the future.

- The third-year clerkship should provide improved learning opportunities through more extensive patient contact, since there will be no competition for general patients by fourth-year students, and greater opportunities for staff contact will exist at all levels.

- The first and second year courses in human development and behavior should provide the student with a sounder basis for understanding the patient's illness as it is determined by individual and social factors. Knowledge in this area will be developed by lectures and demonstrations, and by encouraging the development of interviewing skills with actual patient contact. This is consistent with the development of a basic body of knowledge in this field.

The basic principles upon which this proposal is based are hardly new: the advantages of correlating subject material with problems the student is motivated to solve, the value of self-education, the increased motivation of students to learn material they have elected to study. These are obvious educational principles recognized by medical teachers to varying degrees in the past. What we feel is a more important departure is the recognition of medical education as a "school" rather than a "subject" oriented function—that the sum of a series of isolated courses does not produce as desirable an educational result as a four-year curriculum planned with the overall educational needs of medical students as the foremost consideration.

Beyond these advantages of this curriculum proposal is one which in the long run probably will be of greatest value: this plan will make it much easier to make necessary changes in the curriculum than ever before!

A Faculty Member's View

BY ROBERT F. SCHILLING, M.D. '43
PROFESSOR OF MEDICINE

Curriculum revision by medical faculties is somewhat like abolishing sin. Agreement on the principle is easy to obtain while implementation is difficult.

We, like other schools of medicine, are in the process of trying to improve our curriculum. Everyone agrees upon the need for improvement but it is not easy to find a consensus favoring a change which its proponents are sure will lead to improvement.

Some of you will recall an old college term, the "blivet." In my time as an undergraduate this was one pound bag filled with two pounds of manure. The Medical School curriculum has some similarities because it is a 4 year student experience which the faculty is trying to stuff with a lifetime of facts and concepts. It has been reported that the doubling time for medical knowledge is currently about five years. The current body of facts which we are attempting to impart to students is overwhelming. The medical faculty



has agreed in principle to the desirability of a curriculum revision which would emphasize principles and reduce didactic factual offerings. The student is to be given more choice. He is to be treated more as a graduate student and will be encouraged to explore areas of his own interest in elective courses. Such a curriculum will represent a major departure for Wisconsin because in the quarter century that I have known it the basic format has changed so little that any student who enrolled in 1940 would find today's curriculum outline (not subject material) very familiar. In that same year, the dean appointed a curriculum committee and gave it a stimulating charge to diminish "spoon feeding" and to increase flexibility and choice in the undergraduate medical program. No real changes followed. Another valiant attempt to breach the monolithic curriculum was made in about 1950 but the status quo votes carried. This time, 1966-67, the situation appears to favor a substantial change.

Currently our students have so minute an opportunity for choice of academic offerings while in medical school that we graduate 90 persons with practi-

cally identical exposures. The student with an interest in psychiatry takes precisely the same curriculum as a student interested in medical research or general practice. We are delighted to receive interns from schools offering curricula very different from ours yet we insist upon intra-school uniformity rather than diversity of experience.

genetics is an exciting front in medicine and general biology. Geneticists believe that diversity is of basic survival value for a replicating species in a changing environment. Who would deny that the embryonic medico is in a changing environment? I believe diversity in this group is of value and should be encouraged.

Enough of generalities! My bias is exposed in the following. I believe that many different backgrounds, talents and personalities can be effectively used in medicine. I favor changing admission requirements to permit acceptance of students who have majored in social and behavioral sciences. We are probably excluding desirable young people by our present stringent requirements in physics and chemistry.

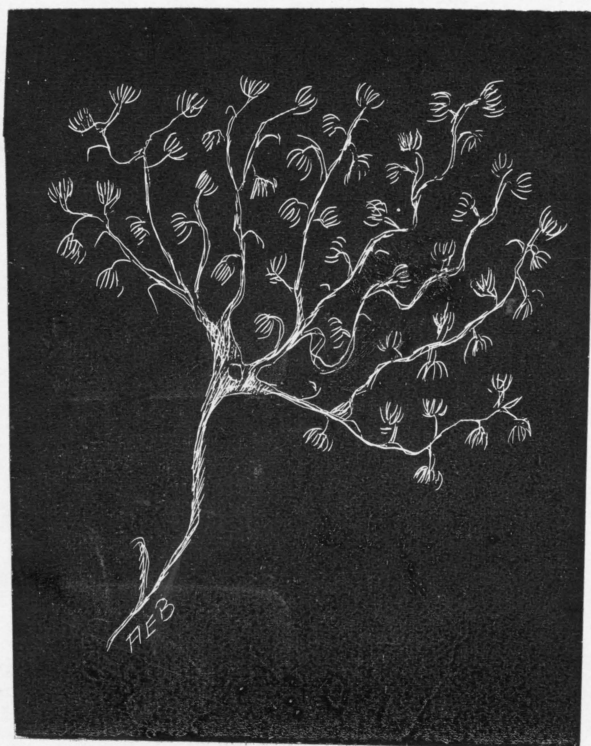
I am in favor of increasing the medical students' opportunity for choice. In a great university like this, a graduate student (our medical student) should have a chance to sample some of the courses offered outside of the Medical School.

the curriculum should include some real learning experience in family medicine or comprehensive care or continuing medical care. This will require that the school have a model family care clinic to use as a teaching unit and this will require faculty with special skills, interest, and training or experience in family care.

The curriculum can be designed to make earlier and more frequent and more scientifically sophisticated use of the patient as a stimulus to learning the pre-clinical scientific disciplines. I am convinced this can be done without "watering the soup" in physiology or pharmacology or physiological chemistry.

I am convinced that the clinical faculty must become increasingly aware of what our practice and teaching is based on: (1) scientific bed rock, or (2) the hard ground of extensive critical clinical experience, or (3) the shifting sands of style or advertising claims. Students should learn to be questioning but not nihilistic.

To provide increased student choice will require increased faculty teaching and preparation. Additional space for classes and new faculty will be required. "There is no free lunch."



A General Practitioner's View

BY TIMM ZIMMERMANN, M.D., '63
GENERAL PRACTITIONER, WESTBY, WIS.

It was not too many weeks ago, while minding my own business (general practice in rural Wisconsin), that I observed my name in the minutes of a recent meeting of the Board of Directors of the Wisconsin Medical Alumni Association. I was listed as a "working" editor of the *QUARTERLY* for a one year term. For a person of limited literary talents, the word 'editor' was bad, but when prefaced by "working" in quotation marks, it looked even worse.

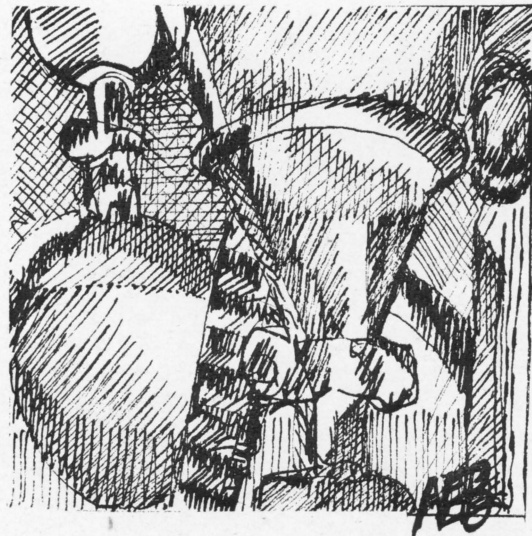
Not long after this, I received my first assignment from the chief, Dr. Mischa Lustok, to write a critique of the proposed Medical School curriculum from the viewpoint of a general practitioner. A little over a year in general practice doesn't give me a very advantageous viewpoint compared with most other men in practice. In addition, my acquaintance with the philosophy of education can be adequately described in one word, a hiatus. Therefore, to my certificate in journalism and my masters degree in education, I shall add my vast experience in general practice and comment on the new curriculum.

I do have, however, one important qualification for this assignment. I have followed the activities of the curriculum committee through the numerous written reports of their meetings and heard Dr. Robert Coye discuss the curriculum at the most recent preceptors' meeting. I have only complimentary words for this committee's work. They undertook a most difficult task with enthusiasm, diligence, and an open mind; after very thorough investigation they have proposed a curriculum which meets their primary objective of decreasing the amount of time in required course work so that each student has more time to follow special fields of interest. The curriculum also eliminates many areas of unnecessary duplication of effort, correlates teaching with actual experience for greater ease in learning, and makes room for incorporation of recently acquired medical knowledge in the curriculum.

The committee has managed to include all the basic science courses covered in the first year in a logical sequence, and has decreased the actual work

load as measured in lecture hours. In the first year course, one subject complements other subjects taken at the same time, and provides a background knowledge for subjects taken later in the year. In spite of decreasing the amount of time spent on the basic sciences, I believe the knowledge acquired by the student will be at least comparable, if not greater, because of the appropriate arrangement of the courses and the conciseness with which they will be taught, plus their concentration into one year so that inter-related facts of various subjects can be integrated by the student.

The second year course, entitled pathophysiology of disease, is a work of art. The early introduction of clinical medicine will act as a stimulus, closely following the first year, and will demonstrate to the student the importance of solid facts in clinical medicine. It will also enable the student to remember the information as a unit and as a single process—one fact based on and related to the other. The study of each





organ system in depth with interdepartmental cooperation sounds so good that I would like to enroll myself.

The extension of the third year to 48 weeks of ward clerkship, unhampered by lecture courses, leaves the fourth year free for electives and preceptorship. I think most people hearing this proposal for the first time are disturbed because they do not understand what the curriculum committee means by "elective." This does *not* mean that every student elects to do exactly what he wants. It means that the student and the faculty together selected a course of study in the fourth year which will be of greatest benefit to the student. It is *essential* that this be done on an *individual* basis, with long hours of thought and counseling by well-informed, interested faculty members. With this plan, the faculty has a chance to repair the students areas of inadequacy uncovered during the previous year, to provide a wide exposure to many areas of subspecialties for students interested in general practice, and to provide special training in one area for a student who has decided on a subspecialty, for example, extra training in internal medicine for a student interested in dermatology or ophthalmology.

I personally feel that shortening the preceptorship is undesirable for several reasons. Having been through a preceptorship and now as an associate preceptor, I feel that the student matures in medical competence in most preceptorship programs as rapidly as at the university, but in a way not open to him at Madison. The type of disease and the method of practice to which he is exposed is different and more than eight weeks is usually required to understand and incorporate this experience and to provide an opportunity to follow patients through an episode of illness. In addition, it takes several weeks for the preceptor to understand the needs and capabilities of the student and arrive

at an approach which will be of greatest benefit to the student. Also, with each student spending four weeks more in Madison the student-patient ratio there will be smaller than it is at present.

One other minor disagreement with the proposed curriculum is the provision of more "free time" in the first year. This was done primarily to provide the student more time for individual pursuit of special interests. If these special interests are medical in nature, no problem will arise. I am not quite as sure as the curriculum committee that they will be. With the condensation of all the basic sciences into the first year, it is essential that the student's time be utilized most efficiently, and I am not sure providing three full afternoons out of each five day week will aid in this. The argument that "medical students are graduate students and should be treated as such" is a fallacy. Graduate students sign up to master a certain area of study; the length of time it takes them to do this is dependent upon how hard and efficiently he works. The medical student, however, signs up for a period of time and he knows the odds are great that he will complete the training in four years. This means that he will have much less stimulus to utilize these three afternoons each week to best advantage. I know this from personal experience and by observing student activity during free time on the preceptorship.

In summary, I think the new curriculum is a substantial improvement, and as medical alumni we owe the committee a vote of thanks. The two areas of objection expressed are minor, but of *subtle* importance.



An Internist's View

BY EINAR R. DANIELS, M.D., 36
INTERNIST

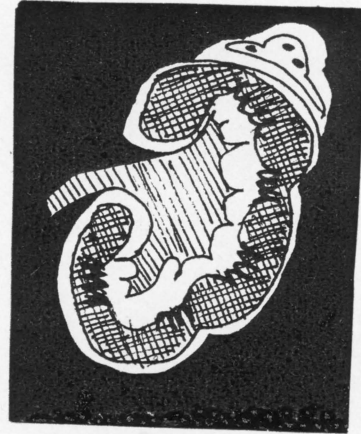
It was the privilege of the preceptors of the University of Wisconsin Medical School to hear a review of the proposed Medical School curriculum changes presented by Dr. Robert Coye. I listened to the prospective changes with interest and enthusiasm and I felt as I listened, that changes in the curriculum were in order, and that a first rate medical school must review and revise its curriculum at periodic intervals if it is going to keep up with changing concepts in medical education.

Since the report to the preceptors I have had the opportunity to review the written report to the faculty by the curriculum committee. The curriculum committee has been charged with the difficult task of revising the time allotted to subjects which are basic in the education of a medical student and at the same time permitting the student wide latitude in selecting subjects which are elective.

Dr. Coye has already familiarized the alumni with a description of the program. However certain parts are worth repeating particularly as they relate to private medicine.

Introducing the student to clinical material at an early date cannot help but fix the learning process and at the same time teach him to think of disease as a pathophysiologic process. This moves the teaching and the learning process to the bedside which as an internist and a teacher appeals to me. Early exposure to clinical medicine in my opinion is desirable and makes learning easier and more meaningful.

While the recommendation of the curriculum committee provides for a reduction of the preceptorship program from 12 to eight weeks it still leaves intact a unique program unlike any other in the country. Those of us who are preceptors feel this should be continued. Although preceptorships vary in their make-up I am sure that the implications of the curriculum survey cannot help but touch all preceptorship programs. While the purpose of the preceptorship is to enable the student to put to practical use the science of medicine which he has learned during his years as a medical student, yet the abundance of clinical



material in all the preceptorships and the quality of the preceptors as teachers certainly should continue to fix the learning process and to further in the student's mind the concept that disease is a pathophysiologic process.

It is a sign of a healthy school which will take a long hard look at its curriculum and has the courage to upset the time honored practices in teaching and in training medical students.

What is ultimately the best curriculum will of necessity be a trial and error process. I am sure that the revised curriculum will have some pitfalls which will ultimately need to be changed. This I am sure the committee expects. Good hard thinking has apparently gone into the committee's report which is a unique and exciting one.

As an internist in a private hospital which has a good teaching program and as a preceptor of the University of Wisconsin I look forward to the new curriculum with enthusiasm. I believe that the prospective changes are basically sound and will ultimately lead to more vigor in the medical school and to the training of doctors who are better fitted to take care of the sick.

AUDIT REPORT

Warren Randy, certified public accountant, has submitted the annual audit report for the Wisconsin Medical Alumni Association, Inc. In his report he states:

“In my opinion all of the disbursements

were appropriate to the purposes of the corporation as outlined in the Articles of Incorporation and as promulgated by the Board of Directors.”

The report follows:

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS

	July 1, 1964- June 30, 1965	July 1, 1965- June 30, 1966
Receipts—Unrestricted		
Dues Received	\$ 9,715.00	\$16,110.00
Sale of Middleton History Essays	690.25	2,104.50
Total	\$10,405.25	\$18,214.50
Disbursements of Unrestricted Funds		
Salary—Executive Director	2,291.53	2,708.29
Printing—Alumni Quarterly	4,099.07	7,168.31
Editing—Alumni Quarterly	—0—	600.00
Printing—Middleton History Essays	—0—	2,657.65
Printing—General Directory	—0—	3,762.20
Other Printing and Stationary Costs	400.50	758.20
Postage	1,027.06	543.08
Repairs and Plates for Addressograph	135.61	63.60
Board of Directors Meeting—Net Cost	29.36	31.93
Alumni Day, 1964—Net Cost	333.00	—0—
Alumni Day, 1965—Net Cost	934.31	442.20
Alumni Day, 1966—Net Cost	—0—	2,355.56
Other Membership Meetings—Net Cost (over)	268.68	54.70
Annual Audit	175.00	175.00
Fund Raising Expense	77.50	42.84
Insurance	181.00	—0—
Contribution to University of Wisconsin Pre-Medical Association	100.00	75.00
University of Wisconsin for Medical School History	5,500.00	—0—
Teaching Award	1,000.00	1,000.00
Personal Property Taxes (two years)	—0—	107.97
Miscellaneous	7.39	1.70
Total	\$16,560.11	\$22,438.83
Net Available (overspent)	(6,154.86)	(4,224.33)