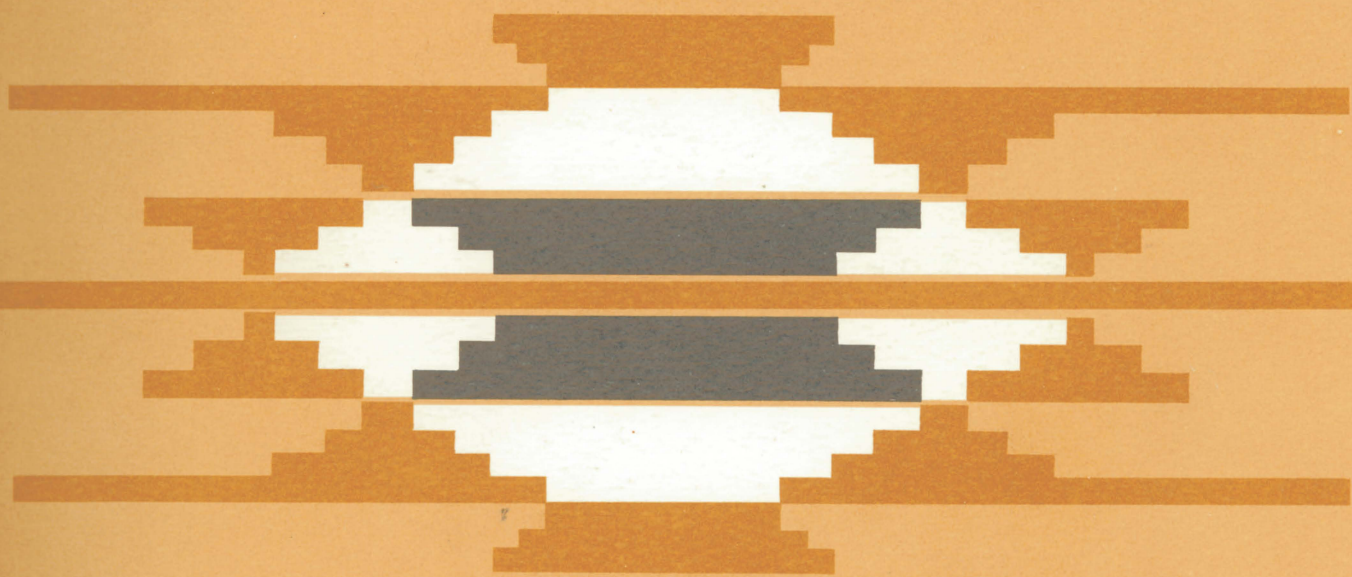


Dupo

WISCONSIN MEDICAL ALUMNI

# Quarterly

*Volume eleven, number one · Winter 1971*



## WISCONSIN MEDICAL ALUMNI

QUARTERLY

Vol. XI January 15, 1971 No. 1

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

### EDITORIAL BOARD

Mischa J. Lustok, '35, Editor  
Garrett Cooper, '35  
Einar Daniels, '34  
Robert Schilling, '43  
Donald Schuster, '51

Kurt H. Krahn  
Associate Editor

William H. Oatway, Jr., '26  
Contributing Editor

### CORRESPONDENTS

Garrett Cooper, '35, At Large  
James H. Dahlen, '61, Northwest  
Herbert C. Lee, '35, Southeast  
Edward J. Lefeber, '36, Texas  
Jackman Pyre, '37, Southwest

### ALUMNI OFFICERS

Robert F. Schilling, '43, President  
John R. Petersen, '54, President-elect  
Louis C. Bernhardt, '63, Director  
Helen A. Dickie, '37, Director  
Roger Laubenheimer, '50, Director  
Herman H. Shapiro, '32, Director  
Sigurd Sivertson, '47, Director  
Loron F. Thurwachter, '45, Director  
C. Benkendorf, Res. '55-58, Past Pres.  
R. H. Wasserburger, '46, Past President  
Peter L. Eichman, Dean, Ex-Officio  
Ralph A. Hawley, Executive Director

## In this issue

- 1 He is caring for 6,000 Apache Indians
- 4 I remember old Wisconsin General
- 7 Regents accept Med Center report
- 8 Dec. 8 Fond du Lac meeting photos
- 9 Alumni news  
Fund drives use many techniques  
Classes of '43-M, '55, '67 tops  
Memorial honors Jerome Pizer, '52  
Association financial report  
Caribbean retreat still open  
Alumnus promotes rural practice
- 13 Medical school news  
Eichman withdraws resignation  
Bernhardt named asst. dean  
The blue bus re-visited  
Prock named dean of nursing  
Coon award to administrator York  
Prof. F. D. Geist dies Oct. 18  
Sophomores start 'MD-MD' program  
Dr. Madeline Thornton is dead  
Class of '70 aids Indian fund  
Medical history to get bequest  
Dr. Duard Walker heads med. m.  
Football physician Bentley dies  
Remodeled ER opens at UWH  
Germfree dog chamber developed  
Marquette med school name change
- 22 Alumni Capsules
- 25 Columns and editorials  
Wisconsin is doing something—Co  
Setting priorities—Schilling  
Doctor/physician: the difference—  
Lustok  
Alumni active in southeast—Lee  
A southwestern vignette—Pyre  
Pacific northwest news—Dahlen  
Texas-Wisconsin reports—Lefeber

## About the cover

Given the choice for a theme on this issue's cover, artist Ann Huddleston picked Dr. Robert Kau's article about service to the Indians in Arizona. She has combined an American Indian motif with shades of brown that often signify the great Southwest and many persons. Her line drawings throughout this issue convey that same Indian flavor.

Q  
7W718  
M46  
11-14

19 Months and 1,600 Miles from Madison:

## *He is Caring for 6,000 Apache Indians*

By **ROBERT C. KAUPIE, M.D., '69**

Nineteen months after leaving UW and six months after internship in a large city referral hospital I find myself in the middle of a 1½ million acre Indian reservation. I am now in the Public Health Service at Whiteriver in east-central Arizona as one of five doctors charged with the total health care of 6,000 Apache Indians.

Medical school was never like this! There are no sophisticated lab tests, no special procedures, no new techniques, no blood gases, no electrolytes and no automated machines. There are no specialists to help out in the middle of the night. Oh, we can call Phoenix and talk to the surgeon or obstetrician on the phone, but he's 180 miles away and the patient is here with you. So there you sit, trying to recall some distant lecture or half-forgotten article, nervous as a cat, sweating blood, and trying to look calm because you are, after all, "The Doctor." Medicine here is more art than science, an art hardly taught, and harder to learn.

The pathology on the reservation is different too! I know my former medicine professors at Wisconsin won't believe this, but there hasn't been a case of lupus or polyarteritis here for a long time. We do see

infection, more than I would have thought possible; all types, sizes, shapes and forms. But the worst is a "disease of the past" . . . tuberculosis! Since July our 50-bed hospital has been averaging one *new* case



of *active* tuberculosis per *week*. Needless to say, I will be checking my PPD regularly.

In an average clinic day, I will see at least one patient with severe impetigo, one with scabies (I

had never seen that before), one with pneumonia, one with cellulitis, and one or two with otitis media. Otitis is not hard to diagnose here. By the time we see the child he usually has pus draining from one or both ears.

There are lots of diabetic Apaches, but no acidosis. I have a patient who feels great, is gaining weight, works every day and has an FBS of 650 mgm%. When I tell him to stick himself with a syringe full of insulin every morning, he tells me I'm crazy!

The pediatric portion of our practice is probably the most frustrating. We see much chronic gastroenteritis and all its attendant problems. In the first quarter of this year we had 250 admissions for diarrhea and vomiting. A fair number of those children had Salmonella, Shigella or E. Coli, poly A or B. Since being here I have seen my first cases of Kwashiorkor and Marasmus. We also see more than our share of child neglect and child abuse.

The most hectic moments come on weekends when the native alcohol consumption reaches astounding levels and with the inhibitions gone the trauma victims begin to roll in. In my first five months here there have been four murders, many attempts and much battering of a severity that has to be seen to be believed.

For a young doctor, the most ulcerogenic part of the job is operating on a shoe-string budget with a

---

*Bob Kaupie was born in Racine almost 27 years ago. He was graduated from St. Catherine high school there and took three years of pre-med at Marquette University before entering the UW Medical School in 1965. After earning his M.D. in 1969, he interned at Good Samaritan Hospital in Phoenix. Bob says Whiteriver is in the White Mountains and that the elevation at the hospital is 5,224 feet. A few miles away the mountains rise to well over 7,000 feet and there's pretty fair skiing in the area. Bob's wife is a Milwaukee native.*

chronically understaffed, overcrowded, underplied hospital. In our daily clinics we have five doctors, each with only a single examining room. There are two nurses among us . . . two nurses to get and escort patients, give injections, dress wounds, take temperatures and chief complaints. Needless to say the operation here is not a model of efficiency.

Overall, however, I am enjoying my stay. The surrounding mountains and forests with 27 lakes and over 300 miles of trout streams provide some of the most breath-takingly beautiful and unspoiled landscape in all the country. The weather is ideal and



every opportunity I explore as far as I can from back of a horse. I have turned into a real West

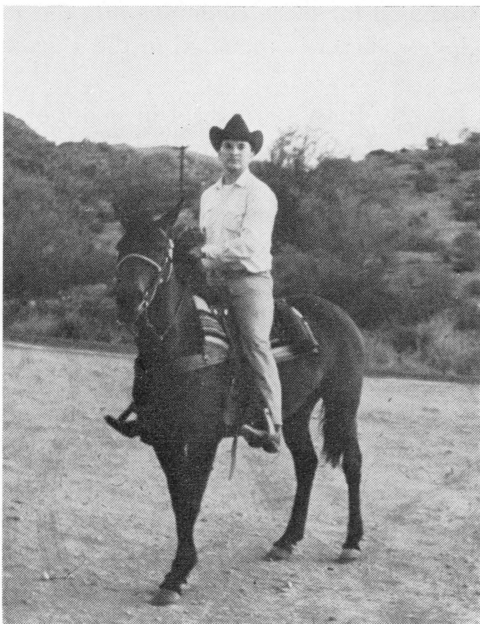
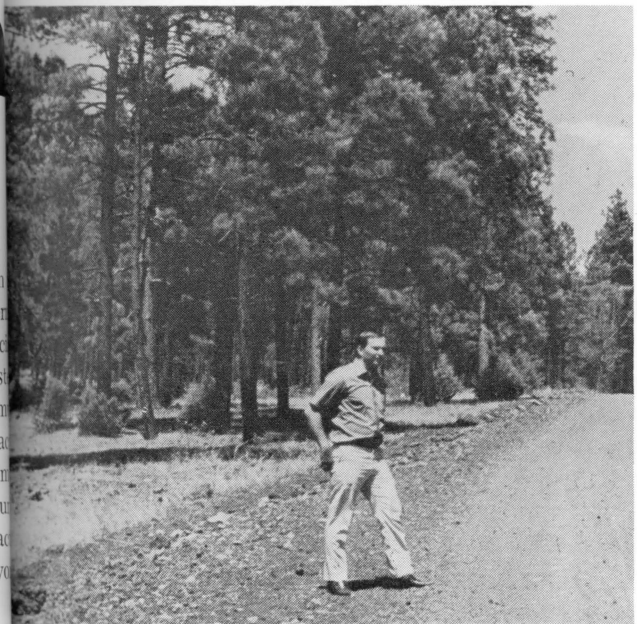
Medically, this is an experience few new physicians will have and one that should stand me in good stead for the rest of my career. Personally, there is no reward in dealing with truly sick people with untreatable and untreatable disease. The sense of accomplishment and satisfaction in helping, comforting and relieving pain and disease is still an everyday part of my life here and the one part that makes all the rest worthwhile.



These Apache women (right) are wearing their traditional "camp dresses." (Middle left) While the old-time "Wickiup" (plus outhouse in the background) is still quite common at Whiteriver, there are "more modern houses" (middle right) on the reservation, Dr. Kaupie wrote on these color slides.



(Bottom left) Beautiful long-needle pine covers Arizona's White Mountains at middle elevations. (Bottom right) A favorite companion for the Kaupie family is Bob's horse, "Cinnamon."



## I Remember Old Wisconsin General Hospital:

# "It Was A Small Band Of Young, Friendly, Energetic, Happy People"

Remember when linen tablecloths and napkins made mealtime for patients on 2 West and 3 West at Wisconsin General a formal occasion? Or when silver flatware graced each tray, silver hotplates filled with hot water kept the food warm and each patient had his own salt and pepper shaker, silver sugar bowl and creamer?

If you're a UW medical graduate of the mid-30's or before, chances are you do remember this and much more. Some may even remember when a dignitary scooped up that first shovelful of ground for a building called Wisconsin General Hospital back in 1920. Over 70 years of struggle and work made that shovel hit the ground.

On July 26, 1848, two months after Wisconsin was admitted as the 30th state in the Union, Governor Nelson Dewey signed an act incorporating The University of Wisconsin. Of the four departments assigned the new University, one was medicine. It wasn't until 1887, however, that a special science course "designed for those *contemplating* the study of medicine or surgery" appeared in the University catalog.

Much later, in June, 1907, the University of Wisconsin College of Medicine was founded. Probably the person most instrumental to this founding and the success of the new Medical School was Charles R. Bardeen, an anatomist who came to Wisconsin in 1904 from Johns Hopkins University, Baltimore. Bardeen recruited many fine men to form the new school, and they eventually staffed a new hospital

Students dubbed our first Medical School the "Attic Medical School" because classes were held in the attics of the old Chemical Engineering Building and Science Hall at the foot of Langdon Street. The medical curriculum only offered two years of laboratory training in the basic sciences, however, and students spent their third and fourth years of clinical training in medical schools around the nation.

Soon after World War I enrollment problems America's universities, and simultaneously the Medical School. In the aftermath of the war, student enrollment reached 7,000 the fall of 1919. The freshman medical school class had 150 students. Dean Charles Bardeen was encountering more and more problems in placing our two-year graduates in good schools to complete their four-year course. Bardeen informed the president and regents of the University in 1919, that it would be wise to construct a hospital so that the University might establish a four-year medical school.

### Construction Began in 1920

Few hospitals dotted Wisconsin at that time. The state hospital, said Dean Bardeen, would provide free medical care to Wisconsinites who desperately needed aid and were unable to obtain it locally.

Recognizing the need for medical assistance for the poor, but with much politicking, the legislature passed an act. On April 25, 1919, the body of lawmakers had established a four-year medical course; in May, 1919, Governor Emanuel Philipp asked the legislature to transfer the unused balance in the World War soldiers' bonus fund to a general fund and to appropriate it for construction of a Wisconsin General Hospital as a memorial to those who served in the war. (Today, two bronze plaques on either side of the Hospital's front door memorialize the veterans.)

Workers poured the foundation of Wisconsin General in 1920. Money, problems and politics caused work stoppage, however, and the foundation was boarded over for two years until 1922 when construction resumed.

Wisconsin General's site was chosen because it was midway between the collegiate campus grounds of the College of Agriculture. This provided the hospital of a good physical relationship to the university departments.



The first patients entered Wisconsin General in September, 1924. The first clinical class of 25 students was admitted in the fall of 1925, and in June, 1927, these 25 received the first Doctor of Medicine degree from the University of Wisconsin.

Because the hospital was primarily interested in the type of patient unable to pay for his hospital care, the Wisconsin legislature enacted statutes providing for equal division of care costs by the county and state. State patients were admitted after authorization by the county judge or welfare department. Each hospital medical staff member brought a limited number of private patients, but only 30% of the hospital space was allotted for this.

"Thus Wisconsin General acted more or less as a charity hospital," said Dr. William Stovall, emeritus professor of preventive medicine. "State and county patients received all services—physician, bed, care and special services—free. This was a very busy place because there was a tremendous need for and lack of hospitals in Wisconsin. In the mid-30's, the hospital was always full, and it wasn't unusual to have 900 to 1,000 patients in beds which overflowed rooms into the corridors."

And that was without the B and C wings, the lobby and administrative area.

A sprightly bunch ran Wisconsin General and laid the foundation for a fine medical school. "I remember the staff," said Dr. Stovall, "as a small band of young, friendly, energetic and happy people who enjoyed their work."

"Everyone enjoyed those early years of development," said Martin Albrecht, assistant to the superintendent.

"It was like a small community," exclaimed Mrs. Herman Shapiro, former associate director of nursing service, and Mrs. Flora Potter, 6 West nurse, "Everyone one knew everyone else."

#### **Dedication, Long Hours and Low Pay**

It was difficult to escape from the hospital atmosphere for many workers. Interns and residents lived in quarters on 5 North. Nurses lived in small houses on the hospital and neighboring blocks. Everyone ate together in the hospital dining rooms on 2 North. Nurses, in fact, lived, ate and worked together. "There seemed to be more nurses at that time," said Mrs. Potter. "When we now might staff two to three RN's some place we probably had nine to 10 then. Few nursing assistants aided the staff. We used to have 60 patients for two nursing assistants, and thus, almost all of the care was given by registered nurses."

Work was functionally assigned. For example, two nurses administered medications and treatments (such as wound irrigations); one nurse cared for pre- and post-operative patients; and some nurses gave strictly bedside care. Today health care follows the team approach.

Wages nor hours were particularly good at this time. Dietary aides worked divided shifts, said Miss Lena Smestad, who joined Wisconsin General's staff in 1928 as a dietary aide and is now a dietary supervisor. "I worked from 7 a.m. to 1 or 1:30 p.m. and returned to work at 4 p.m., leaving sometime after 7 p.m. when the work was finished. My salary? About \$45 a month," she said.

Nurses' salary? \$68.50 take home pay per month for a 52-hour week in 1935. Nurses actually earned \$80 per month, but \$11.50 was deducted for room



and board. If nurses chose not to live or eat there, the money was still deducted.

Nurses had no days off, but worked five eight-hour days and two six-hour days, a 7-1 p.m. shift. "At one time night duty lasted from 7 p.m. to 7 a.m. with a two-hour break," said Mrs. Potter. "We were also scheduled for six-week stretches of night duty with two days off at the end."

People who commuted bought bus passes for \$1 a week. If a person worked a divided shift, however, it meant using the pass four times a day (plus the number of times for which a needy friend might borrow the pass).

Probably the most outstanding quality of the times was dedication. These were depression years and personnel turnover was light because jobs weren't plentiful. If a nurse married and her husband worked, she could no longer work at Wisconsin General. This was how income was distributed during the depression. So single people mainly composed the work force.

Striking advances in inpatient care has made hospitalization very different today. Years ago patients then remained in the hospital longer and thus, the staff knew them better. Obstetrical patients, for example, were hospitalized two weeks. "Nursing reports were short," said Mrs. Potter, "because everyone knew the patients."

Wisconsin General had no central services department, so staff on the nursing units cut their own tubing, prepared their medications and fluids and even bled donors on the floor. Blood transfusions were direct people-to-people processes because no blood preservatives existed. Patients were given

tepid sponge baths to control infection (penicillin, remember, was developed during World War I) and mustard poultices for pneumonia and pleurisy. Hot blankets were wrapped around the body to alleviate polio pain.

#### WGH Now Part of a Hospitals Complex

Thus from seeds planted in 1848, Wisconsin General Hospital has grown to its present size and become one of the University Hospitals' complex. Over the years remodeling and new construction have modernized buildings which were constructed beginning in the 1920's. Today plans are to move the University of Wisconsin Medical Center to the campus Veterans Administration Hospital site.

Over the years the need for referral of patients to the University Hospitals has considerably lessened because a great number of specialists are now practicing in hospitals all over Wisconsin. These well staffed and well equipped hospitals often make it advantageous for the patient to receive care near his home. Medicare and Medicaid have made it possible for patients to select the physician and hospital of their choice.

Over 70 years of struggle brought construction of Wisconsin General in the early 1920's. Without the years of work by earnest men, the shovel that turned the dirt for Wisconsin General's foundation would never have touched the ground.

Through the years many economic and social changes have influenced policies of the Hospital but it still serves the people of Wisconsin through consultation and care for the sick and the training of medical and allied health personnel.

# Regents Accept Med Center Task Force Recommendations

A broad plan for reorganizing the UW Medical Center was approved by the University's Board of Regents at their December meeting. The changes, submitted by a nine-member task force and called a "milestone" by Regent President Bernhard Ziegler, are to be implemented "with appropriate speed."

The changes specifically include:

- **Renaming the medical center "The University Center for Health Sciences"** to more accurately represent the broad nature of present and future health activities practiced there;
  - **Inclusion in the Center of the Schools of Medicine, Nursing, and Pharmacy, University of Wisconsin Hospitals, the State Laboratory of Hygiene, the Wisconsin Psychiatric Institute and the University Student Health Services;**
  - **Creation of the new post of Vice Chancellor for Health Sciences** who would be in overall charge of the Center and who would serve as Special Assistant to the President for Health Sciences;
  - **Establishment of appropriate mechanisms to provide periodic review and evaluation of all health science activities including programs and departments;**
  - **Assembly by the Vice Chancellor of a planning and management staff for the Center** whose first major responsibility would be overseeing development of the new health science complex at the western edge of the campus.
- Other recommendations by the task force, which was headed by Vice Chancellor Irving Shain, included:
- **That the University make "a clear and substantial" commitment to development of the Center;**
  - **That a search and screen committee be established to recommend candidates for the new vice chancellorship;**
  - **That a study be made to determine the advisability of establishing a school of allied health;**
  - **That a study be made of new means to provide financial support and to provide equitable distribution of all financial resources.**
- In its report, the task force said the changes are necessary to head off an internal administrative crisis

and to enable the University to fulfill its role in providing Wisconsin residents of the quality of health care they desire. The task force said the reorganization was critical because "the Medical Center has been too long set apart from other priority and budget concerns of the total University and allowed to drift in a state of benign neglect."

Deficiencies cited by the task force included lack of understanding of the Medical Center's overall mission; a lack of participation by faculty, staff and students in setting goals and priorities; confusion of administrative roles in the Center; and limited and often difficult communication between departments in the Center.

Vice Chancellor Irving Shain, who chaired the task force selected last summer by Chancellor Edwin Young, told the Regents the Medical Center was facing a crisis, but that the changes could start an "era of excellence." He warned the Regents there were no sure and simple answers to the problems of health science and he urged "quick and definitive action."

Shain said the reorganization does not depend on funding for the new Medical Center to be built on the western edge of the campus. He pointed out that putting the head of health sciences at a vice chancellor level would make it easier for the Center to obtain funds and take part in budget decisions.

Regent James W. Nellen, M.D., '39, DePere, submitted the unanimous resolution that the report recommendations be accepted.

The Medical Center Task Force included six members in the health field: Dr. Philip P. Cohen, '38, Chairman of Physiological Chemistry; Dr. Helen Dickie, '37, Professor of Medicine; Dr. Charles C. Lobeck, Chairman of Pediatrics; Regent Nellen; Dr. Valencia N. Prock, Dean of the School of Nursing; and James W. Varnum, Superintendent of University Hospitals.

Other members included Chairman Shain, who also is Professor of Chemistry; UW Vice President Donald E. Percy; and Assistant Vice Chancellor Len Van Ess.



# Some 40 Attend Upstate Meeting At Fond du Lac

*The South Hills Country Club at Fond du Lac was the site and Dec. 8 was the date. Some 40 Wisconsin Medical Alumni from the lower Fox valley and east-central Wisconsin, their wives and guests attended the association's annual upstate meeting.*



*After a pleasant social hour and scrumptious breakfast dinner the group heard Dean Peter L. Eichman report on new medical center developments on western campus site. President Robert F. Schill '43, reported on medical school developments. John Renner, director of the family practice program and residency, described his area's involvement in health care delivery. Program Chairman Norman Becker, M.D., '43, Fond du Lac, allowed plenty of time for questions.*



# Alumni Fund Drives Use Many Techniques To Get That Green

Medical alumni associations use sundry approaches to do their graduates out of a bit of success. So you may be aware of the techniques used, some approaches have been scrutinized and categorized and are collectively presented for your protection.

In this outspoken society, medical alumni associations also have turned from the subtle hint to the flagrant admission. For instance, the low sell pitch that another "Annual giving fund will be started on such and such a day, and we would like to do better than last year, and you owe something to your alma mater, so won't you please contribute" has given way to the forthright acknowledgment that "Money works wonders."

This typical blatant approach was found to dominate the back cover of one medical alumni magazine, "We're Capitalists. Send Money." These blunt blurbs were explained by drawing a relationship between the benefits of the free enterprise system and the success of the American educational system — the latter which probably is doubtful in view of campus demonstrations against national, "establishment-type" employers like Dow, G.E. and others, and the former is questionable in a progressive tax structure.

One of the newer ploys medical alumni associations also use is termed the "innovative notions approach." This means hiding the punch line of asking for money in some sort of connived artistic creation.

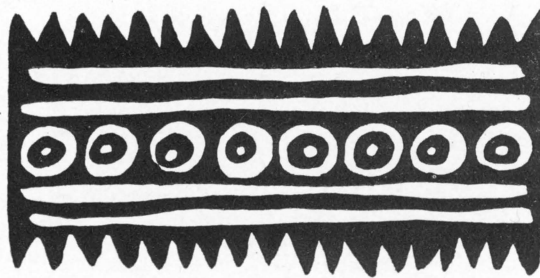
For example, one medical association had three different greeting card designs developed for St. Valentine's Day, St. Patrick's Day, and Mother's Day. The greeting inside rambled verbosely through the origin and customs of the day, and then ended with a sparsely worded plug for giving to the old school. The sentence bading farewell on the St. Pat's card was "By stickin' a bit o' the green in the enclosed

envelope, you'll convince us that some Irish luck has rubbed off on us."

This clever bit o' blarney was only outdone by the grammatical structure found on the Mother's Day card—"College and University alumni have long ago pledged their loyalty to alma mater, the 'fostering mother' from which they gained their educational foundation."

Have you ever though of The University of Wisconsin Medical School in those terms on Mother's Day?

When a small amount of money is needed fast, medical alumni associations have frequently called on the traditional "play on the emotions method." This technique relies on mailing to alums at unpredictable times a letter which carries no message but just lists an honor roll of those who have cared enough that year to contribute to their alma mater.



The alum, upon receiving this, notices that many of his friends are listed, and he feels that the omission of his name is not only obvious to him, but must be equally obtrusive to his former classmates. At this point, the conscience twitches and twinges. To alleviate this feeling of being distinguished by one's absence, and to restore some sense of pride in one's self,

the alumnus must send in a contribution. But how long will it be until a new list is compiled?

And a final example of methods used for getting money is the "catch 'em while you can" system. This technique has been employed of late by enterprising alumni, located on the scene of the medical school, who want promises of money from the 4th year class before they leave the premises. Usually the alums uncover one likely senior medical student to whom they suggest the following: "Imagine the way you would be remembered by your beloved school if you could only think of some campaign to get each of your class to now pledge \$15 per year for the next five years. What's your idea? You say, why not conduct a campaign with posters and sign-up sheets and appeal to each member to pledge \$15 per year for the next five years? That's a great idea! And you will be campaign manager? Great! You'll be remembered, boy!"

You have now been informed of various methods by which medical associations seek to unconsciously, seductively, or forthrightly take some cash from their alumns' "Trip to Europe" fund.

These approaches are being pointed out to Wisconsin medical alumni as we launch our 1970-71 fund drive so you'll be aware that when our Association asks you for money, it won't be done with any technique, method, or system in mind. Your generous contributions in the past have taught us that we only must show the need and you will help.

## Classes of 1943-M, 1955, 1967 Tops

The classes of 1943-M, 1955 and 1967 had the best records of participation in the 1969-70 Alumni Giving program, according to the annual report that was distributed recently. A total of \$69,676 was contributed by 913 alumni, faculty and friends, including \$13,611 for the Lester W. Paul Visiting Professorship Fund established by former radiology residents.

The greatest percentage of class representation in giving was won by 1943-M with 51%. It was followed closely by 1967's 50% and 1950's 48%. Honors for the largest amount of money contributed went to the class of 1955, with \$11,770. Second was 1943-M (\$3,520) and third was 1932 (\$3,245). The class of

1967 had the largest number of contributors followed by 1943-M (38) and 1950 (34).

The annual alumni giving total of \$69,676 in 1970 was \$8,155 more than the previous year if the L. W. Paul Professorship Fund is not included. This year's 913 contributions is 127 less than last year's drive but the average gift increased from \$46.32 this year's \$76.32. Included in the tally were the Wisconsin Medical Alumni Fund, AMA-ERF and Lester W. Paul Visiting Professor Fund contributions as of June 30, 1970.

Class representatives of the top participants will be honored in the near future.

## Memorial Honors Jerome Pizer, '52

A memorial fund to assist pediatrics and obstetric care has been started by patients of Dr. Jerome Pizer, '52, who died in a private plane crash near Wausau on Nov. 18, 1970. Dr. Pizer, who delivered over 4,000 babies in the southern suburbs of Waukegan, was killed with his wife and Dr. and Robert A. Rufflo, Milwaukee, as they approached for a landing at Wausau.

Proceeds of the fund will be used at Trinity Memorial Hospital where Dr. Pizer practiced. Interested persons may send gifts to the Dr. Jerome Pizer Memorial Fund, c/o Trinity Memorial Hospital, 5900 South Lake Dr., Cudahy, Wisconsin 53110.

## Medical Graffiti

A directory in the hallway at the UW Medical School administration offices informs callers where the facilities are on the third floor. Because of the location there is a space between "Medical School Admissions Unit" and "Public Information Office." Into this gap between signs some joker has scrawled the word "Generation."

# Alumni Association Financial Report

An annual audit of the Association's financial records for the year ending June 30, 1970, was made by the Madison certified public accounting firm of Ronald Mattox and Associates. His Sept. 15 report to the executive director states in part:

"In our opinion, the accompanying statements pre-

sent fairly the assets and liabilities of The University of Wisconsin Medical Alumni Association, Inc., at June 30, 1970, arising from cash transactions, and revenues collected and expenditures made by it during the year then ended, on a basis consistent with that of the preceding year."

## *University of Wisconsin Medical Alumni Association, Inc.*

**333 N. Randall Avenue, Madison, Wisc. 53706**

### STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

	Year ended June 30,	
	1970	1969
<b>Receipts — Unrestricted Funds</b>		
Dues Received.....	\$16,325	\$18,172
Sale of Chronicle.....	138	119
Sale of Middleton History Essay.....	84	48
Sale of Bohrod Paintings.....	1,535	3,650
Interest Income.....	428	0
Miscellaneous .....	120	0
<b>Total Receipts of Unrestricted Funds.....</b>	<b>\$18,630</b>	<b>\$21,989</b>
<b>Disbursements — Unrestricted Funds</b>		
Salary — Executive Director.....	\$ 2,389	\$ 2,917
Stipend — Associate Editor.....	600	0
Alumni Quarterly Magazine — printing.....	8,590	8,828
Alumni Quarterly Magazine — artwork.....	120	160
Other printing and stationery costs.....	2,071	1,448
Publication costs — Chronicle.....	16	5,717
Alumni Day — net cost.....	2,170	2,709
Audit fee.....	225	200
Board meetings.....	61	0
Other membership meetings — net cost (income).....	(6,976)	343
Royalty — Bohrod Paintings.....	364	0
Teaching awards.....	1,500	1,500
Postage.....	1,480	546
Miscellaneous .....	131	86
Bohrod Paintings — reprints and mailers.....	0	3,489
Alumni directory.....	0	4,515
Personal property taxes.....	0	51
Memorial award.....	0	240
Max Fox award.....	0	56
Student-faculty mixer.....	0	139
Residents' dinner meeting.....	0	150
<b>Total Disbursements.....</b>	<b>\$12,741</b>	<b>\$33,094</b>
<b>Excess Receipts Over Disbursements — Unrestricted Funds.....</b>	<b>\$ 5,889</b>	<b>\$(11,105)</b>

## Some Places Are Still Left On Alumni Caribbean Retreat

A few places still remain for the 5th annual Alumni/Faculty Retreat to popular Caribbean ports Feb. 13-20. Wisconsin Medical Alumni and their spouses will visit Nassau, San Juan and St. Thomas aboard the all-new M/S *Song of Norway*.

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

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

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

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

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

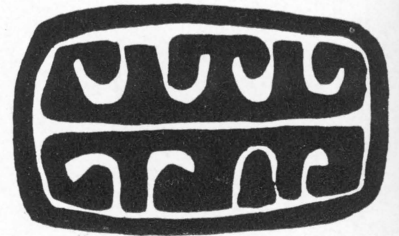
Hurry! Use the coupon below.

## Alumnus Promotes Rural Practice

Citing the shortage of physicians, particularly his section of rural west-central Wisconsin, a UW medical alumnus has outlined a plan to establish local scholarships in the area.

Dr. L. L. Sanford of Hillsboro in an Oct. 8 letter to the local newspaper placed the responsibility for a shortage of rural physicians squarely upon local citizens. In the past 75 years the 10 high schools around Hillsboro have produced only about six graduates who eventually became physicians, Dr. Sanford says.

Two of the communities raised over \$100,000 to build clinics, he noted. If they can do this, why



raise like sums for scholarships to help local boys and girls who show an aptitude for medicine, Dr. Sanford asked in his letter to the Hillsboro *Enterprise*. "There could be some gentlemen's agreement with these boys and girls to return to their home town, for at least a limited time to practice rural medicine. Furthermore, many of the group would proudly and voluntarily wish to return to their home town or nearby village in a permanent manner," Dr. Sanford concluded.

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

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

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

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

\_\_\_\_\_ Registration

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

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

\_\_\_\_\_ Couples Registration Fee \$999.00

\_\_\_\_\_ Individual Registration Fee \$688.00

# Eichman Withdraws Resignation

Dr. Peter L. Eichman told a monthly faculty meeting on Dec. 21 that he was withdrawing his resignation as dean of the medical school and director of the medical center at the University of Wisconsin's Madison campus.

He told over 300 faculty members that his reconsideration resulted from positive action upon a new Medical Center Task Force Report at the UW Board of Regents meeting the previous Friday. In that action the regents voted to reorganize the medical center, change its name to the Center for Health Sciences and place the center under a new UW vice chancellor (see story on page 7).

"Strong and stable leadership in the medical center during the search for a vice chancellor of health sciences is clearly in the interests of the University and all of us at the medical center are dedicated to these interests," Doctor Eichman said. "I look forward to continued cordial and effective cooperation with the chancellor and commit myself to moving the medical center ahead during this period of transition and restructuring."

Dean Eichman then listed his concerns for the direction in which the medical center is going. He said that public demand for the more rapid training of physicians is the strongest it's ever been. "It is coming from all quarters and we must respond to it," he said. And in so doing, he continued, some of the old ways of responding just won't work any more.

Everyone in the medical center must have a commitment to instruction, Dr. Eichman told the faculty, and more must contribute to the center's public service (clinical) role, which currently is being carried by too few.

The dean's statements were followed by a standing ovation.

Prior to the dean's announcement Vice Chancellor Irving Shain presented his task force's recommendations to the faculty and described their impact. He said that Regent James Nellen, '39, had introduced

the unanimously accepted resolution that the report listing the medical center's role and mission be endorsed as top priority within the University's broader mission, that the Madison chancellor be urged to implement with appropriate speed the major task force recommendations and that he pay prompt attention to the report's other recommendations.

During a question and answer period that followed Shain said that the next move would be to establish a search and screen committee for the new vice chancellor position. He smiled when he said a top qualification for the successful candidate probably would be the ability to walk on water.

Dr. Eichman's resignation on June 15 precipitated the naming of a task force on medical center reorganization headed by Shain, but the resignation was never acted upon. He has continued as dean and director while the Shain Committee took its testimony and made its deliberations.

## **D**r. Bernhardt Named Asst. Dean

The appointment of Dr. Louis C. Bernhardt, '63, as assistant dean for clinical affairs at the UW Medical School was announced by Dean Eichman at the December faculty meeting.

Dr. Bernhardt, who also is an assistant professor of surgery and director of the emergency room at University of Wisconsin Hospitals, will perform three major clinical tasks in the new post. He will handle the operation and development of emergency room services at the Hospitals, he will chair the operating room committee and will work with the hospital superintendent and chief of staff in coordinating internal operations relating to patient care.

He is director of the Wisconsin Medical Alumni Association.

# The Blue Bus Re-visited

By BERNARD J. MANSHEIM, Med 3

Your program entitles my presentation "The Medical Student and the Blue Bus." I assure you this will not be a grown-up version of the Bobbsey twins at the seashore. In actuality, the "Blue Bus" is a free clinic established a few months ago for the diagnosis and treatment of venereal disease.

But let me spend a minute reviewing the history of the "Blue Bus."

In the autumn of 1969 a group of medical students at the University of Wisconsin responded to an obvious need by an increasingly youthful population in Madison for medical information. It was evident that many young people, both students and non-students, had questions about drugs, hygiene, venereal disease, physical problems related to draft deferments, and many others. It was evident, too, that these people had no specific person whom they could turn to in order to get answers. I will clarify this very important point later.

At any rate, permission was granted by the medical school to use an old blue school bus which had been previously converted (using UW Medical Alumni Association funds) to a portable medical facility for summer use as a clinic for migrant workers at Wautoma. The bus now was parked nightly in a largely youth-populated area of Madison and was manned by medical students and nurses.

A number of medical school faculty members served as advisors. It became clear after a while that dispensing information was helpful, but not sufficient. Consider the following two points:

1) Any visit to the University Hospitals emergency room costs a minimum of \$12, even if a band-aid is the sum total of treatment. 2) Whether people like it or not, the generation gap is a reality. Myriads of

---

(EDITOR'S NOTE: *The accompanying article is adapted from a speech presented at a Midwest Regional Group of the Medical Library Association meeting in Madison on Oct. 24, 1970, and concerns a campus activity in which the Wisconsin Medical Alumni Association has a stake. Mr. Mansheim is active in the "Blue Bus" work and spends several nights a month there as a volunteer. Mr. Mansheim is a native of La Crosse and has a B.A. in English from the U.W.*

young people are very skeptical about visiting what is called "establishment doctor," where they often receive the benefit of impersonal expensive care accompanied by a condescending unfriendly attitude. Whether or not this is universally true is irrelevant. The fact remains that many young people are distrustful of the existing health care system, and, as a result, lacking in medical treatment.

Our goal, then, became the eventual establishment of a free clinic where treatment did not depend on one's ability to pay or his ability to endure the tape of a contemporary medical clinic.

It is no secret that VD is at epidemic proportions. I just read yesterday in the *AMA News* that second to the common cold, VD is the most common communicable disease in the USA. New cases of gonorrhea reported to the Wisconsin State Board of Health totaled 1,000 in 1969 in the age group 15-25 and 1,000 in the age group 25-35. It is estimated that approximately 15% of all cases are reported. We were informed last spring that the University Health Service was being overwhelmed with cases of VD and was having much difficulty with the essential "contact" followup which is so important in the prevention of the disease.



rhea reported to the Wisconsin State Board of Health totaled 1,000 in 1969 in the age group 15-25 and 1,000 in the age group 25-35. It is estimated that approximately 15% of all cases are reported. We were informed last spring that the University Health Service was being overwhelmed with cases of VD and was having much difficulty with the essential "contact" followup which is so important in the prevention of the disease.

aspect of VD treatment. And what about the students who couldn't afford the \$12 emergency service???

ence, with the help of Dr. Frank Weston, Dr. Amour Halleck and Dr. J. D. Kabler, the present "Blue Bus Free VD Clinic" evolved.

It was established in September 1970 as an outgrowth of the "Blue Bus" information center. We now have a permanent facility with two examining rooms, a laboratory, and a large waiting room. We are presently equipped to treat VD, but often find ourselves treating other genito-urinary complaints. The clinic is staffed by a physician who is present whenever the clinic is open, medical students, nurses, technicians, and clerical personnel, and is open three nights a week. Many jobs at the clinic are performed by members of the youthful community we are serving.

The clinic is directed by a community board, consisting of a doctor, a medical student, a nurse and members of the community. Medical aspects are directed by a medical board consisting of the physicians who volunteer their service.

We are established as a teaching unit of the medical school and thereby receive money from the University of Wisconsin. This includes malpractice insurance. We also receive funds from the Dane County Board, the Wisconsin Student Association and various donations from drug companies. The information center, also manned by medical students nightly, is located in a room adjacent to the clinic.

As of December 15, 1970, we have had 650 visits, many of which are return appointments. We are already beginning to feel a need for expansion, since many complaints involve non-genito-urinary problems, and at present must be directed elsewhere. Part of the information center's effort involves directing patients to community physicians who are willing to treat them for reduced fees, as well as accepting samples of drugs to be analyzed by the university police for the presence of such impurities as strychnine.

In closing, I wish to say a word about the concept of a free clinic. There are many political and social problems involved in changing our relatively inefficient present non-system of health care delivery. We are not interested in taking sides in a conflict where we would doubtless prove ineffective. We are interested, as young members of the health team, in providing comprehensive care for those who need it, regardless of their way of life or their ability to pay.

## Prock Named Dean of Nursing

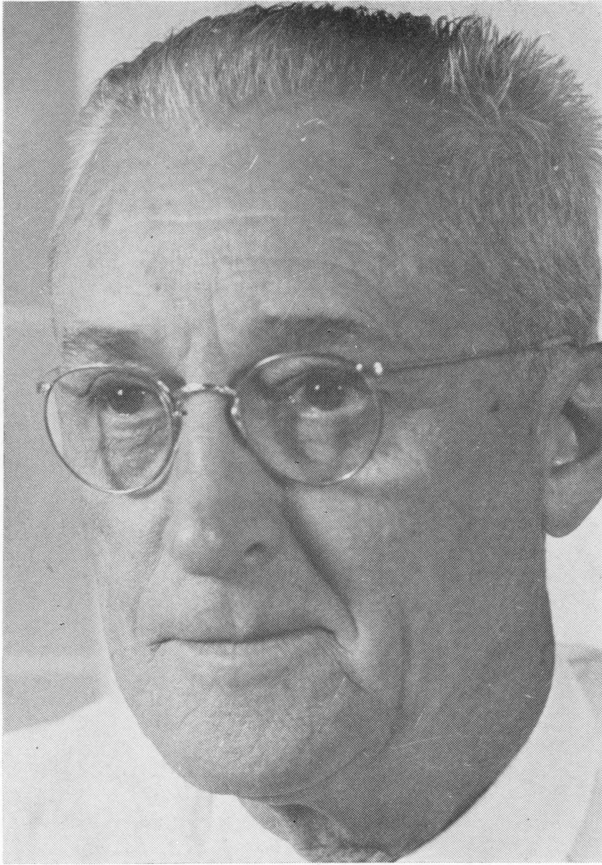
Valencia N. Prock, Ph.D., selected in October by the UW board of regents to be the fifth dean of the Madison campus' school of nursing, has a wide background of experience for the job. And while she has taught nursing and developed the nursing aspects for out-patient care at University Hospitals, her particular interest is rehabilitation and nursing care of the elderly.

A native of Cleveland, Ohio, Miss Prock received her nursing diploma in that city and was an operating room and a public health nurse before joining the army nurse corps late in World War II. She re-entered public health nursing in Cleveland, advancing to acting director. In 1954 she became an assistant professor of nursing and associate in public health nursing at Western Reserve University's medical school.

After earning B.A. and M.A. degrees in nursing at Western Reserve, Miss Prock received her Ph.D. from the University of Chicago in 1965, specializing in care of the aged.

Dr. Prock joined the UW-Madison nursing faculty in 1965 as an associate professor of public health nursing. She headed the public health nursing area, was responsible for curriculum development and assumed the overall responsibility for nursing in University Hospitals' outpatient department. She was advanced to full professor in 1968 and at the same time was named assistant dean in charge of the nursing graduate programs. She also holds a joint appointment as professor of nursing in the department of rehabilitation medicine.

The new dean is a member of the Madison campus task force which is studying organization of the medical center and of a university committee that is looking at Wisconsin's needs for allied health professionals. Dean Prock serves on the State Advisory Comprehensive Health Planning Council and the U.S. Public Health Service's Review Committee on Research in Nursing in Patient Care.



*Frederick D. Geist, M.D.*

## **C**oon Award to Racine Administrator

Karl H. York, administrator of St. Luke's Hospital, Racine, was named recipient of the Harold Macomber Coon Award by the Wisconsin Hospital Association at its annual meeting in October. York is a past president of the association. The award is given in honor of the late Dr. Coon, who was superintendent at University of Wisconsin Hospitals from 1941-1956 and later administrator of Milwaukee County Hospitals. It recognizes outstanding service to hospitals and patients on the part of a hospital administrator or administrative resident.

## **P**rof. F. D. Geist Dies Oct. 18

Emeritus Professor Frederick D. Geist, who at the time of his retirement had served longer on the medical faculty than anyone else, died at a Madison hospital Oct. 18 after a short illness. The former associate professor of anatomy, who received our association's seventh Emeritus Faculty award in 1961, was 75.

Doctor Geist's specialty was neurology and anatomy and throughout his 41 years of teaching he stressed practicality. "What I have tried to do in addition to teaching basic anatomy, is to give medical students the practical applications of what they are learning," he once said. In addition to teaching Dr. Geist did research on bones, nerve cell injury and the nervous system of the monkey.

A native of Pittsburgh, Dr. Geist was a 1920 graduate of Tufts University Medical School and came to Wisconsin that same year as an instructor. He was promoted to assistant professor of anatomy in 1928 and associate professor in 1937. In 1942 he joined the 48th Surgical Hospital, served in North Africa for 18 months during World War II, and returned to Tufts University in 1946.

When Dr. Geist retired in 1961 after 41 years as a faculty member, he had served the longest period on the medical school since 1907.

The citation on his Emeritus Faculty award in 1961 honored him "for 41 years of devoted, incisive and stimulating teaching of human anatomy, for building the bridge of anatomical knowledge which unites the studies of the beginning student to the skills of the mature physician."

Dr. Geist is survived by his wife, two physicians and six grandchildren. Burial was in Madison.

Dr. Gerald C. Kempthorne (left), representing the Sauk County Medical Society, presents a \$500 check as the first contribution to a new student-organized fund to aid deserving students at the UW Medical School to Dean Peter L. Eichman. Goal of the fund is to help more rural and inner city students enter the medical profession. At right is Brian Kanter, Med. II, Milwaukee, one of the program organizers.



## Sophomores Start 'MD-MD' Program

The 23-member Sauk County Medical Society in December contributed \$500 to start a new student-organized program to help finance deserving students at the UW Medical School. Shortly afterwards a second contribution of stock was received from Dr. David Ruf, '59, of Darlington, Wis.

The program, entitled "More Doctors from the Minorities and Disadvantaged" (MD-MD), was organized last fall by six sophomore medical students. Its goal is to help future medical students from disadvantaged, minority groups in rural and inner city areas using two approaches.

First, a fund raising drive to provide much needed scholarships for these students who might never enter medical school without such aid. Secondly, a pro-

gram of personal interest, contact and encouragement between medical students and disadvantaged undergraduates. Through this facet capable, qualified and interested undergraduates would be identified and encouraged to attend medical school. The Wisconsin Medical Alumni Association will accept contributions to the fund and coordinate ac-

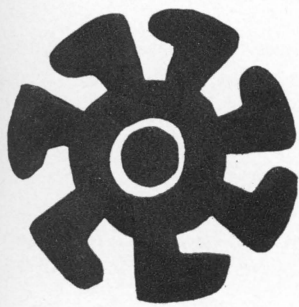
activities, causing donations to be tax deductible. Funds will be distributed by a 9-member committee of medical students and non-students following the primary criteria of financial need as determined by the UW Office of Student Financial Aids, Wisconsin residency and degree of "disadvantagedness" of the undergraduate.

UW medical students are actively soliciting contributions from county medical societies, foundations, firms and individuals. Contributions may be sent to the UW Medical Alumni Association, 333 N. Randall Ave., Madison 53706, and should be labeled "MD-MD Fund."

"We need all the help we can get," said student committee spokesman Mike Bowman. "First, we need help in identifying disadvantaged students with interest and potential for medical school. If you know of high school or college students who would qualify, please pass their names along to "MD-MD" in care of Mr. Hawley at the Medical Alumni Association.

"Please mention our program to your friends and colleagues and if you can make a financial contribution, we would greatly appreciate it. In starting this program we have tried to help others and to improve the shortage of doctors in Wisconsin. We ask your support and good will. We also seek your questions, ideas and suggestions."

Sophomore medical students who launched the program are Bowman, Jasper Fullard, Phil Hamilton, Brian Kanter, Dave Nichols and Gary Oftedahl.



## **D**r. Thornton, OB-Gyn Pioneer, Dies

Madeline J. Thornton, M.D., a pioneer obstetrician and gynecologist who was a member of the UW medical faculty for 39 years, died of cancer at University Hospitals on Oct. 8. She was 69.

A native of Schenectady, N.Y., she received an A.B. cum laude from Syracuse University in 1923 and was awarded her M.D. at Johns Hopkins in 1927. After interning in Baltimore, Dr. Thornton came to Madison in 1929 as a resident in Ob-Gyn at University Hospitals.

In 1929 she was one of the few women doctors to ever be on the staff and also one of few to be in surgery. For years she was on call 24 hours a day, and once said she had many nights when she caught only a "couple hours' sleep." In addition to her clinical work Dr. Thornton advanced to associate professor in Ob-Gyn and also taught in the school of home economics. She was single.

Dr. Thornton was noted for her early research in the use of oral contraceptives and the use of vaginal tampons. She also did research on tryptophane metabolites in pregnancy. A fellow in the American College of Surgeons, she was a diplomate of the American Board of Obstetrics and Gynecology, a member of many professional societies and a director of the Family Service Society of Madison.

Survived by a brother and a sister, Dr. Thornton was buried in Lake Forest, Ill.

The Family Service Society in November passed the following resolution: "Because of her quiet, effective way she gave strength, courage and healing to those whose lives she touched; because she brought the joy of new life to so many mothers whom she served; because she gave imagination and scholarly achievement to the tasks of science which she undertook; because she gave wise and understanding counsel to those of the community in which she worked:

"Therefore, be it resolved that the members of the Family Service Association of Madison, Wisconsin, acknowledge with affection and appreciation the contributions of Doctor Madeline Thornton during the past decade to the accomplishments of the Association, and extend their sympathy to the members of her family and to her colleagues."



*Madeline J. Thornton, M.D.*

## **C**lass of '70 Aids Fund for Indians

A contribution by the UW Medical School Class of 1970 in December has pushed a college scholarship fund for Indians in Arizona past the \$100,000 mark. So reports Dr. Timothy G. Fleming, Internist '69, who is managing the memorial to his late father, Dr. Sally, who also interned at UW Hospitals in 1960.

Two students already have received aid to Northern Arizona University in Flagstaff, Dr. Fleming writes. Choice of that college was made because of its proximity to the Navajo and Hopi reservation. Education among minority groups was a keen interest of Dr. Sally J. Fleming, who died last January after an auto crash in southern Colorado.

Interested persons may contribute to the Dr. Jack Fleming Scholarship Fund, % Dr. Timothy G. Fleming, PHS Indian Hospital, Drawer #40, Flagstaff, Arizona 86047.

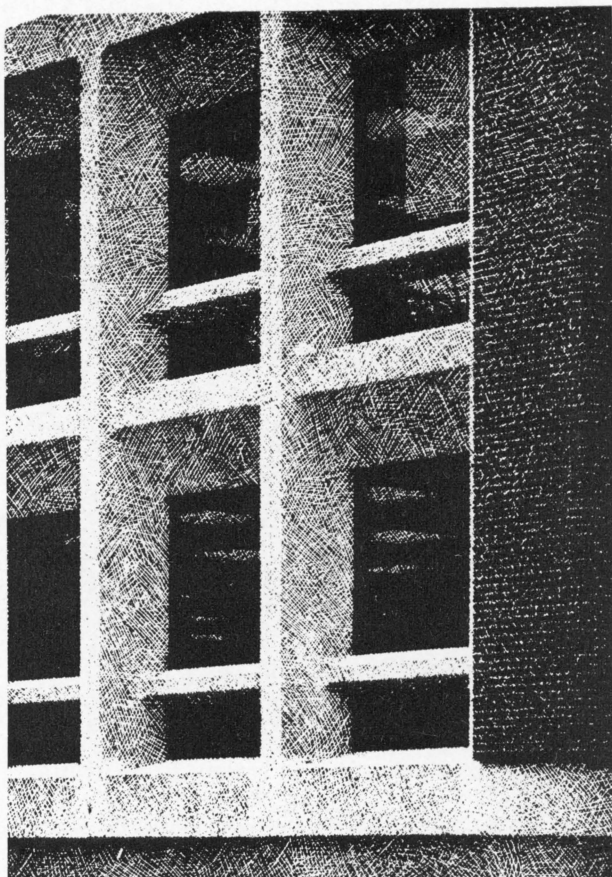
## Medical History to Receive Bequest

The UW Medical School shortly will receive a substantial bequest for the History of Medicine Department and for support of fellows in the history of medicine from Dr. Maurice L. Richardson, '13, who died in East Lansing, Mich., Nov. 4.

Dr. Richardson said his interest in medical history was developed and nurtured while at Wisconsin through the seminars initiated by anatomist Dr. William Snow Miller. (The William Snow Miller seminars continue to this day.) Dr. Richardson has been a generous contributor to the Middleton Medical Library at Wisconsin, giving books in the history of medicine and also significant sums for the acquisition and maintenance of such books.

He has been a frequent visitor to the library and a regular correspondent with medical librarian Helen Crawford. Dr. Richardson's bequest will amount to 15% of between \$400,000 to \$500,000.

A native of Turtle Lake, Wis., Dr. Richardson attended Menomonie high school and received his B.S. and M.S. degrees at Wisconsin in 1910 and 1911. He served as a graduate assistant in anatomy. Two years of medical education were completed at Wisconsin before a four-year program existed. Dr. Richardson transferred to Johns Hopkins and earned his M.D. degree there in 1913. He was a radiologist in East Lansing.



*William S. Middleton Medical Library*

## Dr. Walker Heads Med Microbiology

Selection of Duard L. Walker, M.D., as chairman of the medical microbiology department at the University of Wisconsin Medical School was announced in October by Dean Peter L. Eichman.

Dr. Walker, a professor in the department, has been on the faculty since 1952. He received his medical degree from the University of California at San Francisco and in addition to experience at Wisconsin has worked at the Naval Medical Research Institute at Bethesda, Md.

Dr. Walker replaces C. V. Seastone, M.D., who asked to be relieved of the medical microbiology chairmanship for health reasons.

**Have**  
you paid your 1970-71  
Medical Alumni dues?  
Alumni dues bring this  
magazine to you.



*Dr. Louis C. Bernhardt, director of emergency room services at UW Hospitals, shows the new trauma rooms to a Madison fire-rescue driver during an open house in December. New x-ray facilities can be seen through the door at left.*

## Football MD Bentley Dead at 77

John E. Bentley, M.D., '17, emeritus associate professor of medicine and former associate director of student health, died Dec. 22 in Madison. Burial of the 77-year-old former physician for the University of Wisconsin athletic teams was in Portage. Dr. Bentley attended every UW football game since 1936, except during World War II when he was a medical officer with the 44th General Hospital in the South Pacific.

Dr. Bentley was associated with the student health service from 1936 until he retired from the medical school in 1963. During his career, Dr. Bentley's duties had been the medical care of students at the UW with the additional assignment of the medical supervision of athletes.

A native of Portage, Dr. Bentley received his B.S. degree from Wisconsin, took two years of his medical training at UW and in 1917 received his M.D. from Pennsylvania because at that time clinical training could not be obtained in Madison. He served in the Medical Corps during World War I and in 1920 set up practice in his home town, where he also served as city health officer.

Dr. Bentley remained in the Army reserves and held the rank of colonel. His last assignment was selective service officer, adjutant general's staff of the Wisconsin National Guard. Surviving are his wife, a daughter, two sons and eight grandchildren.

## Remodeled ER Opens at Hospitals

Newly remodeled emergency room facilities at University of Wisconsin Hospitals were opened Dec. 17 after they were shown to fire rescue, police, sheriff and other Madison and neighboring community officials the previous day. Included in the modernization were a covered ambulance receiving area with automatic doors, two completely equipped trauma rooms, x-ray facilities, three examining rooms, a cast room, a nursing station and a waiting area. The \$150,000 project began last summer and completed while cases were treated in an adjacent area.

The new facilities, which are virtually a self-contained department, are designed for the treatment of multi-system trauma cases like auto crashes, industrial accidents and farm mishaps, as well as medical cases like heart attacks, says Dr. Louis C. Bernhardt, '63, director of emergency room services at UW Hospitals. "This is why we have invited police and firemen and other people who face trauma cases daily to see our facilities and talk with our physicians, who staff the department 24 hours each day."

Said UW Hospitals Superintendent James W. W. num, "We feel that this remodeling of emergency room facilities is an excellent way to prove our department can participate in Madison and south central Wisconsin everyday health care problems." The remodeling is the first step in long range plans to obtain a regional trauma center at University Hospitals, according to

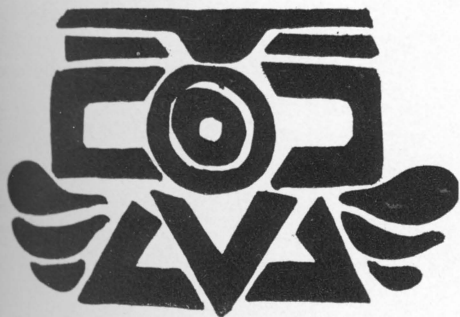
Dr. Bernhardt, who also is an assistant professor of surgery, and along with Dr. Charles J. Johnson, '59, assistant professor of surgery, chairs the department's emergency room committee.

University Hospitals' emergency room facilities had a total of 13,355 visits during the past year.

## Germfree dog chamber developed

Dr. Yale's dogs will never have fleas. They don't even have germs.

Dr. Charles E. Yale, assistant surgery professor at the UW Medical Center, has built chambers to raise germ-free dogs. "Germ-free dogs used to be very expensive medical curiosities that could only be kept a short time," Dr. Yale says. He has reduced operating expenses by using labor saving devices that reduce maintenance time. Eight feet wide and three feet



high, the stainless steel isolator houses two beagles in adjoining cages. Observers watch the dogs in their 4-foot-long cages through two glass windows.

Fiberglass filters clean the warm, dry air pumped through the system. Water and waste tanks are at the base, outside the cages. The animals' sterilized food is stored in a container between the tanks. The dogs can be handled and examined through two rubber gloves that extend into each cage. "The animals were dry, clean, bright-eyed and playful during their stay in the system," Dr. Yale reports. "They contrasted with the wet, dirty, cramped and miserable looking dogs we saw in other systems."

Larger isolation chambers similar to Dr. Yale's may also help burn victims. According to Dr. Yale, infection kills most burn cases that die after surviving the

initial shock. "And why should they die?" he asks. "The body is intact; only the covering is damaged." He says that isolation from environmental bacteria could save many burn victims.

Isolation chambers could also help organ transplant cases. Transplant patients are given drugs to reduce the body's rejection processes, but these drugs also decrease the ability to fight infection. They might also be used to isolate patients with highly contagious diseases such as smallpox or typhoid.

## Marquette Med School Changes Name

The Medical College of Wisconsin is the new name for the former Marquette University School of Medicine in Milwaukee. The college's board of directors voted the change effective Sept. 24, 1970, to give the school a clearly identifiable title and delineate it as a free standing institution. The name change came three years after the medical college severed its corporate ties with the university, but changed its name only slightly to the Marquette School of Medicine.

## Beware . . . the Celery Stalks

From one of those popular question and answer columns, this one in a Milwaukee newspaper:

"I have often heard it said that people actually turn orange if they eat too many carrots, as a result of a substance called carotene. I eat a large, almost addictive quantity of celery. Is there a possibility that I may turn green because of a similar substance?"

"Answer — The Medical Society of Milwaukee County is unable to unearth any cogent information on this subject. Is it possible that you are trying to pull our cogent leg?"

## ALUMNI CAPSULES

**Dr. Weldon D. Shelp, '61**, has been named director of medical education at Methodist Hospital in Madison. He also is an assistant professor of medicine at the UW and will serve as director of the community hemodialysis center to be opened at Methodist in January.

St. Petersburg, Fla., is the new residence of **Dr. David D. Hill, '62**, who opened a new ENT office there after finishing his residency in Boston.

**Michael F. P. Nightingale, M.D., '68**, joined the University Health Service at UW on Sept. 1. He is greatly interested in amateur "ham" radio, should have his license shortly, and would like to hear from other alumni interested in this hobby.

**David P. Werner, M.D., '69**, is on a two-year tour of duty with the U.S. Public Health Service and currently is stationed at a one physician bush clinic at Aniak, Alaska, on the Kuskokwim river about 100 miles from the Bering sea. He and wife Joell are enjoying the beautiful country, good hunting and fishing. Travel is limited to plane. The nearest big hospital is 250 miles away with two mountain ranges in between.

**Dr. Nathan J. Smith, '45**, was named a special assistant to Assistant HEW Secretary Dr. Roger O. Egeberg in September and will coordinate the federal government's nutrition programs. A former chairman of pediatrics at

UW, Dr. Smith in 1965 became professor of pediatrics at the University of Washington, Seattle.

**G. Stanley Custer, M.D., '42**, Marshfield, recently assumed the presidency of the American Association of Medical Clinics. He is a charter member of the organization and also is president of the Wisconsin Medical Examining Board.

**Dr. Curtis J. Lund, '35**, chairman of Ob-Gyn at the University of Rochester Medical Center, Rochester, N.Y., in July was elected president of the American



*Curtis J. Lund, M.D.*

Gynecological Society for 1970-71. He has been at the University of Rochester since 1952.

Two alumni are officers of the Milwaukee Academy of General Practice. **Dr. Eugene J. Usow, '42**, is president and **Dr. Doris Roob, '61**, is secretary.

**Dr. Loren Driscoll, '55**, ly became associated with McDonald clinic in Winneconne, Wis. For the past 14 years he has practiced in Oconomowoc.

**Emeritus Dean William Middleton** on Nov. 10 was appointed a Distinguished Alumnus of the Veterans Administration. Distinguished Physician available on a VA-wide basis as consultants, lecturers and in teaching capacities. Doctor Middleton was the VA's chief medical director from 1955 to 1961.

Recently discharged from the Air Force where he saw duty in the Far East was **Dr. Thomas Mockert, Jr., '64**. He has joined **Drs. Fred P. Nau and Christopher A. Graf, '54**, and **Dr. Marvin Pointer, '57**, and **Dr. Marvin Pointer, '58**, in Sheboygan, Wis.

**Dr. Rhoda E. Johnson**, in September married Dr. W. L. Lorton (U. of Chicago). Both are psychiatrists practicing in Milwaukee.

**Dr. Eugene L. West** of Baraboo, Wis., has been named to represent the State Medical Society of Wisconsin on the special services advisory committee of the State Department of Health and Social Services. The committee advises on old age assistance, AFDC and other service programs.

**Alf J. Borge, M.D., '52**, who served as a medical mission director in Madagascar the past nine years, has been named director of special services at Concordia College, Moorhead, Minn.

"Still doing anesthesiology," writes **Dr. William F. Co**

'39, "and now am at the Desert Hospital in Palm Springs, Calif."

□

Dr. Jerry Petasnick, '62, has joined the diagnostic radiology department at Presbyterian-St. Luke's Hospital in Chicago as director of the urologic roentgenology section.

□

William E. Scheckler, M.D., Res. '65-'68, recently joined the Madison East Clinic after serving as acting chief of the hospital infectious section, PHS epidemic intelligence service at the National Communicable Disease Center in Atlanta. Now a UW clinical faculty member, he was an intern at UW Hospitals in 1964 and a resident in medicine, 1965-68.

□

Re-elected chief of the medical staff at Divine Savior Hospital, Portage, Wis., last summer was Wallace G. Irwin, M.D., '42, of Lodi.

□

Dr. Robert L. Seward, '66, has just begun a residency at the Virginia Mason Clinic in Seattle, Wash.

□

Two 1955 classmates are chief and vice president, respectively, of the medical staff at the Mercy Medical Center, Oshkosh. Robert F. Douglas, M.D., Neenah, is chief and John B. Hughes, M.D., Oshkosh, is vice president.

□

Dr. Charles B. Larkin, '49, after a three year psychiatry residency at Patton Hospital, Patton, Calif., in July will complete a two year residency-fellowship in neurology at the U. of Southern California Medical Center. He will head the neurology section at Patton Hospital beginning July 1971.

Stanley G. Cupery, M.D., '67, has joined Medical Associates in Beaver Dam, Wis. After interning at St. Luke's Hospital, Duluth, he served in the Navy, heading the dependents' clinic at NAS Glenview, Ill.

□

Named president-elect of the Wisconsin Heart Association at its annual meeting was Dean A. Emanuel, M.D., '47, a Marshfield



Dean A. Emanuel, M.D.

cardiologist. He is known for work on "Farmer's Lung," Maple Bark Disease and pulmonary embolism.

□

Three alumni head the Dane County Medical Society in Madison this year. Edwin C. Albright, M.D., Int. '47-'48, is president. Gerald J. Derus, M.D., '52, is president-elect, and Laurence G. Crocker, M.D., Int. '55-'56, is vice president.

□

The United Nations Church Center Chapel in New York City was the setting for the wedding of Dr. Thomas W. Madland, '67, and Miss Barbara Gearey. The couple will live in San Francisco, where Dr. Madland will be a resi-

dent at the U. of California Hospitals.

□

Dr. Philip P. Cohen, '38, professor of physiological chemistry at UW, in November was appointed to the National Advisory Arthritis and Metabolic Disease Council. Appointed to a four year term, Dr. Cohen previously served the NIH on several other boards.

□

A Baraboo, Wis., alumnus, Dr. G. Thomas Phaeher, '66, recently was appointed staff psychiatrist at the Sauk, Juneau and Richland Counseling Center.

□

Dr. Allen T. Segal, Peds Int.-Res. '62-'65, finished a pediatric allergy fellowship at the University of California, San Francisco, and entered private practice in pediatric allergy in Dallas, Tex., in September, 1969.

□

Rolf S. Luloff, M.D., '67, interned at the University of Utah and currently is a resident in orthopedic surgery at University Hospitals, Madison.

□

Named president-elect of the Wisconsin Society of Internal Medicine in September was Dr. John M. Irvin, '45, Monroe. The annual meeting was planned under the direction of ACP Governor Herbert W. Pohle, M.D., '38, Milwaukee.

□

Dr. Richard M. Newton, Res. '58, in 1968-69 completed a fellowship in cardiology at the U. of Virginia, Roanoke, and is now on the clinical faculty there.

□

Four alumni are officials in the Wisconsin Society of Anesthesiologists this year. Dr. Philip Hoffman, '57, Madison, was named

president-elect at the September annual meeting. **Dr. Ruth A. Stoerker, Res. '54-'56**, Madison, was re-elected secretary; **Dr. Frederick J. Carpenter, '53**, Wauwatosa, is on the board of directors and **Dr. Loren F. Thurwachter, '45**, Milwaukee, is a delegate to the American Society of Anesthesiologists.

□  
**Marek J. Hann, M.D., Res. '64-'68**, has joined the Mental Health Associates in Madison and will continue as a staff psychiatrist at the Columbia County Health Guidance Center, Portage, Wis.

□  
Three alumni also are officers of the Wisconsin Radiological Society. **Harold Ibach, M.D., '51**, Milwaukee, is president; **Andrew Crummy, Res. '58-'61**, Madison, is vice president and **Robert Douglas, M.D., '55**, Neenah, is secretary-treasurer.

□  
**Dr. Robin C. Buerki, '17**, Detroit, on Nov. 4-6 participated in a meeting of the University Hospitals Executive Council at UW Hospitals, Madison. He was the first superintendent at UW Hospitals in 1920.

□  
Residents of Cross Plains, Wis., honored **Dr. W. F. Lapple, '34**, at retirement ceremonies Jan. 16. Dr. Lapple was a general practitioner in Cross Plains 29 years.

□  
**Howard Baker, M.D., '65**, presently is the chief resident in psychiatry at Philadelphia General Hospital as part of his program at the U. of Pennsylvania.

□  
Spurred by an alumnus, **Dr. James Albrecht, '47**, and a massive letter writing campaign by his church in Jackson, Wis., Presi-

dent Nixon designated Oct. 21, 1970, as a National Day of Prayer. Dr. Albrecht has practiced in Jackson since 1948.

□  
**Dr. Patrick J. Dowling, '65**, is assistant professor at Tulane University, New Orleans. He previously served a pediatric internship at Johns Hopkins and a general psychiatric residency at Menninger's.

□  
**Dr. Adrian H. Scolten, '31**, would like to hear from his classmates and early '30 graduates. He is recuperating from an accident and pneumonia at his home, 32 Deering St., Portland, Me. 04101.

□  
Serving as a dermatologist in the Army in Japan is **Dr. Jon Hanifin, '65**. After completion of his three-year tour in 1972, he plans to practice in Wisconsin or the Mountain States.

□  
Three alumni practicing in Wisconsin were inducted as fellows in the American College of Surgeons in October. They were **Dr. Charles J. Johnson, '59**, Madison; and **Drs. Charles W. Christenson, '43**, and **Marvin W. Nelson, '48**, both of Racine.

□  
**Blake B. O'Lavin, M.D., '68**, writes from Cleveland that he is in the second year of a neurology residency at the Cleveland Clinic and that he and his wife, Elizabeth, have a new daughter born on Nov. 11.

□  
Since July **Dr. Charles Ihle, '65**, has been in the Far East as part of a two year Navy tour of duty. Prior to that he completed an orthopedic surgery residency at UW Hospitals, Madison.

## Necrology

It is with regret that we report the following deaths:

**Dr. Pearl M. Stetler, '13**, 27, 1970, in Chicago.

**Dr. Maurice L. Richardson**, Nov. 4, 1970, in East Lansing, Mich.

**Dr. Frederick D. Geist**, Emeritus Professor of Anatomy, 18, 1970, in Madison.

**Dr. John E. Bentley, '17**, Emeritus Associate Professor of Medicine and former Associate Director of Student Health, Dec. 1970, in Madison.

**Dr. Joseph F. Shimpa, '21**, 15, 1970, at Boscobel, Wis.

**Dr. Edwin H. Altschwager**, Oct. 19, 1970, at Tonica, Ill.

**Dr. Madeline J. Thornton, '29-'33** and Associate Professor of Obstetrics and Gynecology, Oct. 8, 1970, at Madison.

**Dr. Eugene B. Schuster**, Oct. 3, 1970, in Pittsburgh.

**Dr. George W. Dean, '34**, 21, 1970, in Milwaukee.

**Dr. W. H. Cassels, Res.** Post-doctoral Fellow in Anatomy, died of a heart attack, Nov. 1970, in San Mateo, Calif.

**Dr. Selmer M. Feld, '37**, 26, 1970, in Milwaukee.

**Dr. Jerome A. Pizer, '52**, died in a private plane crash Nov. 18, 1970, near Saukville, Wis.

**Dr. Jerome A. Grossman**, Oct. 26, 1970, in Brentwood, Calif.

**Dr. Robert L. Andersen**, April 19, 1970, in Tucson, Ariz.

# COLUMNS AND EDITORIALS

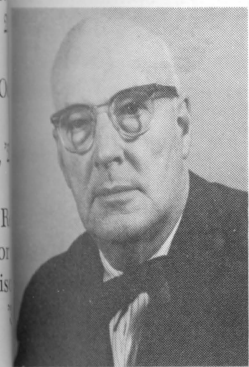
## Wisconsin Is Doing Something

By GARRETT COOPER, M.D., '35

MEMBER, EDITORIAL BOARD

MADISON—There has been much concern of late about the increasing shortage of family practitioners in small communities and the rural sections of our country. Our state of Wisconsin is well known for many educational ideas and innovations, and one of the more recent ones, implemented in cooperation with several medical organizations, is doing something about the problem.

A recent *J.M.A.* educational number cover shows a student assisting a physician in examining his pediatric patient. The caption indicates or suggests early involvement of students in clinical medicine as an "in-trend" in medical education.



The Family Medicine Club of the University of Wisconsin Medical School is encouraging students completing their freshman year in medical school to enter such a 10-week clerkship with

a family physician in Wisconsin. This was done through a physician-student educational program initiated this past summer. The 10-week summer clerkship gave students an opportunity to gain primary health care experience at the family and community level.

Med II students were given the opportunity to be with the sponsoring physician day and night—a "live-in situation." The student in some cases actually was able to live in the physician's home and become part of his family. In other instances he lived in a nearby rooming house and a few stayed in a hospital room.

The student went with the physician on his hospital rounds, worked with him in his clinic or office and accompanied him on house calls. In addition he very often attended to various office procedures like

answering the telephone, arranging payments, doing some of the bookkeeping and some of the laboratory procedures.

One of the most important parts of this clerkship was to become acquainted with the doctor-patient relationship and to see its importance in the delivery of health care. This was particularly significant inasmuch as it was carried out within the confines of the doctor's office and not in an institution.

The summer program is sponsored by the Charitable Educational and Scientific Foundation of the State Medical Society in cooperation with the Family Medicine Club Committee of the Wisconsin Academy of General Practice and the Family Medicine Club at our University of Wisconsin Medical School.

A \$7,500 basic grant was given by the Wisconsin Physicians Service Blue Shield Plan of the State Medical Society. Additional contributions from physicians and other professional and private sources helped make the project successful. Each participating student received a fellowship grant of \$750 from the Charitable Educational Scientific Foundation.

Now, when there is a shortage of physicians, particularly in the rural communities, a program like this is particularly meaningful. The student can obtain a concept of what constitutes family practice and will tend to augment the formal medical training present in the curriculum of the medical schools and that presented under large hospital conditions.

This program also benefits the physician sponsor. He gets an opportunity to teach and to discuss and explain procedures to the student. Many physicians found this a most stimulating experience and it is reciprocal . . . the physician learns what is being taught in medical schools today.

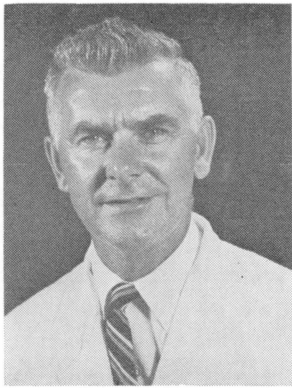
A quote from one of the many student letters received by the State Medical Society stated: "The information that I gained this summer will certainly make my second year of medical school most enjoyable and more understandable. I am sure the knowledge that I gained is not printed in any textbook and I have gained a good insight into the role of the physician in his community and his relationship to his patient."

This program is certain to produce more practicing physicians for smaller communities where the need is so great. It is a worthwhile idea whose time has come.

## Setting Priorities

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

**MADISON**—My headline is today a commonplace in politics and planning. Medical care and medical education are hardly exempt from the requirements of setting priorities. Whenever I participate in a polemic on this topic, I recall the biblical advice, of which my opponent obviously is ignorant, "Thou hypocrite, first cast out the beam out of thine own eye; and then shalt thou see clearly to cast out the



mote out of thy brother's eye." And I wouldn't be surprised if he is thinking, "All the world's queer save thee and me, and even thou art a little queer."

For too long our profession accepted, even sought, the role of attempting to be all things to all people. We devoutly decreed that Americans were recipients of

the finest medical care in the world. It may be that some Americans do receive the finest medical care in the world, but the statistical measures of health in our country suggest either that the finest medical care has little to do with chances for survival or that changes in the medical care system might very well improve our health.

Only recently the American medical profession abandoned the claim that very good medical care was available to all of our citizens. The nonsense of this pious platitude is now too evident. Data further illuminating the shortages and inadequacies of care for significant segments of our society continue to accumulate.

The decibel level of the clamor for more doctors is reaching such heights that it will soon be transformed by political magic into a financial carrot to be pursued and plucked by those schools willing to substantially enlarge their intake of students. Wisconsin is willing.

Estimates for the number of additional graduates "needed" by 1975 or 1980 are impressively large.

Practitioners of nearly every category of medicine have claimed there is a shortage of physicians in their group. Who will take the larger view and decide, for example, that there are too few family physicians and psychiatrists and too many obstetricians or general surgeons or hematologists?

Presently there is an excess of opportunities for specialty training in most of the major specialties—witness the large number of foreign graduates serving as house officers in the programs. There should be a broadly representative national commission to gather data on which to base an intelligent estimate of the future need for various types of medical specialties. (I include family physicians in the category of specialist.)

So long as the prestige and opportunities for working conditions appear more attractive in specialties than family practice, the number of graduates choosing family practice will continue to decline. Medical schools ought to provide an academically sound opportunity for students to learn by doing a family practice comprehensive care type of experience.

I do not necessarily mean that medical students should spend substantial amounts of time with general practitioners. Rather they should be exposed to a learning situation in a family practice setting where the teachers have time to spend with the student and where time is available to explore the ramifications of the problems presented by the patient.

As examples of major priority decisions to be made by the public and the profession, I invite your attention both to the recent call to conquer cancer and the previous recommendations of a high level advisory group concerning chronic renal failure. In both instances the experts, as might be anticipated from the composition of the group, recommended that the federal government spend truly substantial amounts of money directed toward a specific goal. With a limited number of federal health dollars available, how will they be utilized most effectively for the benefit of our people?

Early in this essay I placed quotes around the word "needed" in reference to projections for physicians. By what criteria and for what kind of work are they needed? Clinical applications of the explosive growth of biomedical knowledge and of the new technol-

have greatly increased the ability of physicians to temporarily prolong the life of hospitalized patients.

Tremendous medical resources are sometimes invested for a relatively small gain in length and quality of life. If desire and need for medical care are equated, if medical purchasing power continues to increase, if the public's awareness and expectation are expanded, and if the growth of biomedical knowledge continues at present pace, the "need" for physicians may be impossible to satisfy.

If we were to add to the medical budget \$1 billion per year for the next 10 years, how would it be most intelligently invested? Would you create, by the funding carrot, a large department of family practice in all willing schools? Would you establish 20 more medical schools and give extra money to schools enlarging their enrollment? Would you generate a Manhattan-type project to attempt to conquer cancer or arrest atherosclerosis?



One hears the claim that diverting funds from medical research would have the two desirable effects of getting the hordes of doctors out of research retreats and of adding significant funds to the medical care budget. Even a cursory analysis will reveal the short-sightedness and inaccuracy of such a course. Progress in the understanding of health and disease is generated mainly by research, much of which is performed by non-physicians who do not treat the sick.

Our society is committed to finding better ways to prevent and treat cancer, atherosclerosis and other major diseases. The total annual medical care expenditure is about \$70 billion. The biomedical research budget is well under \$2 billion. Does anyone think that adding \$1.0 billion to the expenditures for care would have an important effect? Removing that \$1.0 billion from the medical research budget would almost certainly deprive our citizens of benefits reasonably to be expected from continued research.

The success of the large biomedical research effort since World War II has contributed to our medical care problems. The public has become increasingly aware of the benefits of special care and facilities for certain types of illness: myocardial infarctions and renal failure are two common examples.

The successes in heart surgery, coronary care, artificial kidney and cancer chemotherapy are glamorous and very newsworthy, but I would not judge any of them as important as two other results of research in the past quarter century: The development of antibiotics and of viral vaccines. Any physician whose professional life goes back to the time when tuberculosis and poliomyelitis were rampant can't help but agree with that evaluation.

We cannot be confident that any of the above choices would be helpful in correcting the shortage of physicians in ghettos or rural areas. The surest way to improve health care for people in the ghetto is to eliminate the ghetto. The desire of rural and small town residents for nearby, on-call, primary medical care may best be fulfilled by physicians' assistants or specially trained nurses. It seems unlikely that young people who have spent 7-8 years in a university and two or more years as house officers will increasingly elect to reside in small communities "needing" one to three physicians to supply their primary medical care.

Recall a portion of that old medical aphorism which advises that experience is fallacious and decision difficult.

## Doctor/Physician: The Difference

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

EDITOR

**MILWAUKEE**—I am no longer embarrassed to tell the story. It happened 35 years ago, but I remember it well. I was an intern then at the old Wisconsin General Hospital. The house staff was a small and intimate group. We were billeted on 5 North, an adequate but by no means spacious domicile. Living under the same roof with your patients created an aura of involvement.

During the first weeks of my service, a particular patient received much of my attention. Of course there were attendants and residents on the service with greater responsibilities than mine, but nevertheless he became my patient. He was a young farmer from an upstate county who was facing death, and knew it. I no longer recollect the nature of his illness but it seemed wrong and unfair. I was depressed and resented my professional impotence in changing his unjust fate.

My patient's wife took a room in Madison and brought her children with her. They visited the hospital every day and I got to know them well. We talked of many things but never of what we already knew would come with the waiting. I guess she just wanted to have someone to talk to and I was there. Perhaps I, too, needed to talk to her and in her acceptance receive the reassurance of the worthiness of my profession.

My patient died. We were all there, the wife and mother, the children and I. They accepted their portion with equanimity and cried softly. I cried with them.

The next day my unseemly and presumably unprofessional conduct came to the attention of the Chief. I was called to see Dr. Joseph Spragg (Joe) Evans in his office on 4 North. Dr. Evans was a formidable figure before whom the medical students stood in awe. He had personally intervened in my support



some years before when my career selection challenged (that is yet another story) and I told him perhaps better than my peers. Ruthless when he felt the precepts of medicine were being violated, he was a kind and gentle man with a deep sense of understanding, empathy and compassion. If I had indeed done a wrong, I felt doubly guilty before him knowing that my alleged transgression would be dealt with justly, but not excused.

Looking over the top of his pince-nez, Dr. Evans heard out my story. When I finished, I made a plea for pardon and a promise to disengage myself from personal involvement with my patients in the future if only he would permit me to continue in my career.

It was then that he interrupted my confession. I remember his comment: "With experience you will become calloused to human pain and no longer moved by human suffering, in which case you will be an efficient *doctor*. On the other hand you will continue, in spite of your efforts, to feel the anguish of the sick and to castigate yourself for your failures in which case you will become a worthy *physician*. Now go back to your work."

It was many years later that I fully realized the magnificence of that lesson and what Uncle Sam meant by wedding the science and the art of Medicine. It meant to be the difference between a doctor and a physician.



## Alumni Are Active in the Southeast

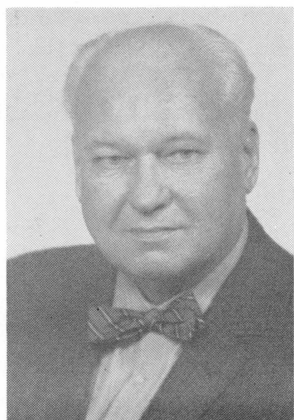
By HERBERT C. LEE, M.D., '35

### SOUTHEASTERN CORRESPONDENT

RICHMOND—As this is being written the Christmas season is already underway and by the time you read this, the holiday season is well behind us. We hope that everyone had a most happy holiday and that all endeavor to keep the Christmas spirit in our actions and deeds throughout the year.

In this era of campus unrest, bombings, disregard for property and human life, it is most difficult to

keep one's perspective—particularly as it relates to the entire field of medical practice. We are forced, by necessity, into changing our thoughts, ideals, and, with the help of the government, to change our entire way of practice. No one who has practiced over the past 30 years can fail to realize what has happened to our profession. One



often hears how sad it is to contemplate these changes, and how sorry they feel for the graduates of today.

But when one realizes that it takes about 10 people to do the work that one did 25 years ago, that it takes five or six teachers to teach one branch of medicine when one man used to do it much better, and that the student of today is indoctrinated by this method of teaching, only then do we realize that the changes are here to stay and that the students of today will probably be most happy with this way of life. They won't know any better, and they won't care, which is the worst part. It is like parents who say to their teenage children, "Things were much better in our day." This is a useless assumption, because no one will pay any attention to it—neither the students nor the younger faculty members.

We are all, of course, gratified to see the honors to our former professors at Wisconsin and also grateful to see the beautiful new plans for the west campus medical school. This goes along with what I have been saying . . . progress breeds more progress, em-

ployees more employees, and this most probably supplies better medical care, although this is debatable.

It is said that there will be 30 paramedics to every doctor by the end of the 1970's. Hence the alleged shortage of doctors will be supplanted by an increasing number of paramedics, and this latter field is just getting started as an important part of the hospital and the office practice of medicine. Most of us remember that our salaries rose to \$50 a month as residents after five years of study. Now it seems that the typical salary for the *first-year* resident is \$8,000 and in some big cities, many house officers get stipends of more than \$12,000. No wonder that medicine is still an attractive vocation and a possibly lucrative one at that.

When I noticed that 15 doctors in Wisconsin had been honored by the 50-Year Club, I took great pride knowing that Gunnar and Sig Gundersen were two of those cited. I so enjoyed my internship with them in 1935 that I relish any good that comes to any of the Gundersens. I also was delighted to read about the enlargement of their clinic and how their staff has grown with the third and fourth generations now taking an active part. Someone should write an article or a book about the Gundersens. They are one of Wisconsin's great families.

Alumni news is still scarce and I guess it always will be. People are too modest—particularly doctors. I still plead with all graduates in this part of the country to write to me and make my task much easier.

We have news of the following, however, and will try to gather more of recent graduates.

I was proud to hear about Duane L. Larsen, '54, last year (winter issue). Duane interned here in Richmond and his wife worked in the admissions office. When he left here, he went back to Madison for the surgical residency and is now chief surgeon at the burn institute of the Shriners' Hospital for Crippled Children in Galveston, Texas. When he spoke at the Zor Shrine's ceremonial in December, 1969, I am sure he enjoyed being back in Madison and that many of his friends were glad to see him.

Emmett V. Richardson interned at Wisconsin in 1930-31 and is now practicing ENT in Marion, Va., along with his son, Emmett, Jr., who is in general practice. He says that he has not been in Madison since 1931. Lyle E. Delap, '41, is with the Celanese Fiber Co. at Narrows, Va. He is married and has four children.

William Burton and his wife both interned at University of Wisconsin (1955-56). Bill has his internal

medical boards and is practicing in Nassawadox, Va., on the beautiful Eastern Shore. He and Mary Ann have five children. Vernon Cofer, who interned in Madison in 1949, is now practicing internal medicine and hematology in Norfolk. He passed his boards in 1958, and is now forming a group with three of my former students here at MCV.

Herbert F. Sudranski, '33, is practicing ophthalmology with the VA in Salem, Va. Married and with three children, Herb is an FACS and belongs to many other societies. L. W. Johnson, '67, is a general medical officer in the U.S. Naval Reserve and is stationed at the Navy Shipyards, Portsmouth, Va. He and his wife and two children live in Chesapeake.

Last Fall news of the following class of 1964 members came to hand. Not all these graduates are in this part of the country, but news about them might be of interest to their classmates.

Dr. Judith A. Boone interned at St. Luke's Hospital in New York City and then took a residency there in pathology. She recently traveled in the Soviet Union but had no particular plans for the future when last heard from.

Dr. William S. Brennan, 45 C Clarkson Avenue, Brooklyn 11203, is married and has two children. He took a residency in surgery at King's County Hospital, Downstate Medical Center, State University of New York. He also had two years in the Air Force at Kinchloe AFB and hopes to specialize in pediatric surgery.

Dr. William R. Levis, 10400 Rockville Pike, Rockville, Md., is married and also has two children. After serving an internship at King's County Hospital in Seattle, he took a residency in dermatology at the University of Oregon.

Dr. Reginald D. Williams, 13218 Georgia Avenue, Silver Springs, Md., is married and has one child, interned at Brooke General Hospital and served a residency in orthopedics at Walter Reed. A major in the Army, he was headed for Viet Nam when last heard from.

Dr. Chang Shim, 3555 Bruchner Boulevard, Bronx, N.Y., says he has a wife and too many children. He took his residency at Bellevue 1st Medical Service and a fellowship in pulmonary diseases at Bronx Municipal Hospital. Doctor Shim plans to stay on the staff on Einstein Medical College.

Dr. Roger W. Sherman, Goucher College, Towson, Md., is married and has two children. After interning in Honolulu, he went through a residency in psychiatry at Johns Hopkins. He spent two years as chief

medical officer at the USPHS Bureau of Prisons, Marion, Ill.

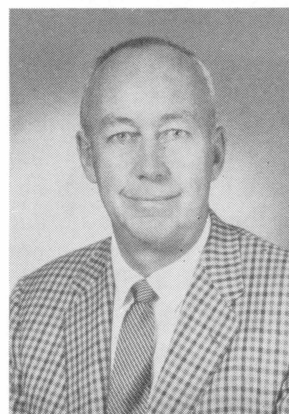
Dr. A. C. V. Elston, III, 4776 Chatford Ave, Baltimore, also is married and has two children, interned and had a pediatric residency at the Gundersen Clinic. He is now in pediatric cardiology at Johns Hopkins, and is a captain in the National Guard in charge of orthopedics (typical Army assignment) and plans to return to the Gundersen's pediatrician.

Dr. Alan S. Bensman, 14611 Westbury Road, Rockville, Md., is at Walter Reed, but is going back to Minnesota as an assistant professor in physical medicine and rehabilitation dealing with the rehabilitation of children. He and his wife hate to leave Washington, especially since their son is on the swim team.

## A Southwestern Vignette

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

TUCSON — Your Southwest correspondent is a little discouraged this month and feels that he has allowed himself to deteriorate into a Tucson representative only. If someone in Phoenix, perhaps Mills or Ben Axel, or someone in El Paso or some-



in the smaller Southwestern towns, perhaps Herby, a trick, could shove the names and addresses of new or old Wisconsin faces in their areas, something of broader interest could very well come of this effort. All the people I have contacted apparently surprised anyone would care or be interested in they are doing. In when I called a couple of lads in Phoenix a y

## News from the Pacific Northwest

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

two ago they sounded as though I were about to try to sell them something or ask them for a donation.

Having gotten the above off my chest I must say that I enjoyed talking with Helen Van Derveer Gruhl, who has been in Tucson for almost two years, but whom I have never met. I intend to. Perhaps you who knew her don't know she was born in Baraboo in 1917 and that her father was secretary to Al Ringling of the Ringling Brothers Circus in his younger years.

Helen attended Miss Brown's School of Business in Milwaukee — worked a couple of years to get enough money to go to the University of Wisconsin and did her undergraduate work in dietetics. Incidentally, she worked for Prof. Bean the state geologist for three years while going to school. She was admitted to University of Wisconsin Medical School in 1941—became Mrs. Gruhl in 1942, started her family in 1943 and after the first two years withdrew from medical school and became a "house frau" for seven years.

Helen really must be a tenacious gal, because she re-entered medical school in 1950 and graduated in 1951! She interned at Milwaukee Hospital in 1951-52 and was employed by the out-patient clinic at Milwaukee County Hospital from 1952-1968. She has now been employed by Southern Arizona Mental Health Clinic (she is not a psychiatrist). Since her arrival here she also works in Tucson's Carl Hayden Community Hospital in the medical clinic and is on emergency call!

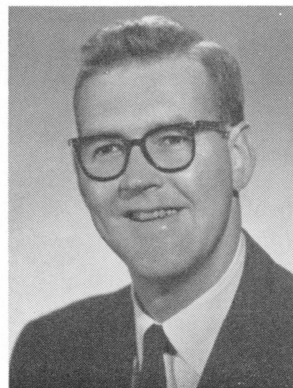
How's that for a gal of 53 whose husband, Alfred, rose to president and then chairman of the board of the Wisconsin Electric Power Company? He has since retired and is attending the astronomy school of the University of Arizona as a graduate student.

Along the way she has acquired three sons. All are graduates of Massachusetts Institute of Technology and have gone on to more education and the kind of jobs MIT graduates seem to get. Helen says she enjoys gardening, music and corresponding with her sons and is "hoping to continue to fill a place in medicine which might otherwise take some of the time of a full-time medical person."

(Doctor Pyre may be reached at 601 N. Wilmot Rd., Tucson 85711.)

**SEATTLE**—The column has been delayed partly because of a trip to Portland for a post graduate meeting on gynecologic endocrinology. We stayed over with Phil, '61, and Karen Trautmann. Phil is part-time at the U. of Oregon, and in child psychiatry. His mate is in the coronary care unit of St. Vincent's Hospital as an R.N. Their home is 1,100 feet above sea level, a reaction to five years in Topeka while at Menningers.

Our guest speaker at a recent AAGP meeting was Robert Parker, '48. He is head of the department of therapeutic radiology at the U. of Washington Hospitals. In



exchanging reminiscences, he mentioned being a roommate of Bob Johnson (department of surgery at University Hospitals, Madison) in their medical school days.

Enjoyed a visit with Robert Atwood, '62, now with the Washington State Health Department in Olympia. Since internship and a year of residency in Seattle, he and Greta have been at Rosebud, S.D., in the Indian hospital system; at the University of Hawaii pursuing the M.P.H.; in Guam as Public Health Officer; in Oregon as a county health officer, and now have returned to the Evergreen State.

Lawrence Duckler, '50, is a general surgeon in Portland, at 5055 North Greeley Ave. The Ducklers have five children ranging from less than one to 17 in age.

Steve Aron, '65, is in a psychiatry residency in Seattle; his wife is a psychiatry R.N. from Cornell.

George Voelz, '50, is at Idaho Falls, Ida., where he is director of Health Services Lab. of the U.S. Atomic Energy Commission, covering 6,000 employees. He is also doing research on radiation problems and environmental studies in nuclear plants throughout the country.

Jerry Vergamini, '65, is at Malmstrom AFB, Great

Falls, Mont., after internship in Denver and a year of psychiatry residency at Wisconsin. He hopes to practice in the Denver area after his service.

Had occasion to visit with George Whittkopp, '70, while operating at Swedish, where he is taking his internship. Colin Drury, '70, is also an intern there.

John Drye, '65, is in general practice in Plains, Mont., following internship in Spokane and a year of residency at Denver General.

Norman Janzer, '50, is in psychiatry at the Medical-Dental Building in Portland. His two sons are now 19 and 17.

Our office days were again brightened this Fall by a second year student from the U. of Washington Medical School. Their Division of Family Medicine now has a director in Ted Phillips, who came to Seattle from a similar position at Rochester following five years in practice in Sitka, Alaska. The family practice pathway has proven popular with the frosh, as 26 of their number are included in what has been termed "show and tell" preceptorships the first two quarters this year.

(Correspondent Dahlen may be contacted at the Northwest Professional Center, 1570 N. 115th St., Seattle 98133.)

## Texas-Wisconsin Reports

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

**GALVESTON**—One afternoon this past summer a package was delivered to my office from Moss Point, Mississippi. Upon opening, there was a book bearing the title, "Fear No Evil" (Vantage Press, New York, 1969). The author's name—John E. Leach, M.D., '36, Captain M. C., Retired. With much curiosity I rapidly glanced through it and then had to temporarily lay the book aside until the afternoon's patients were cared for.

Later, in the quiet of the evening, I began to read the book which is so beautifully written that it was not laid aside until the last page was finished. John has dedicated his work to both the School of Journalism (he was a journalist before he succumbed to the study of medicine) and the Medical School faculties at the University. He narrates his experiences as a medical officer in the South Pacific

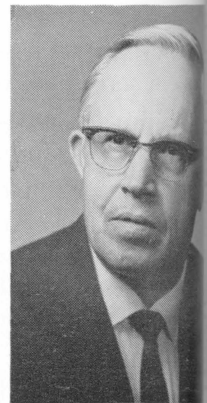
during World War II and how, during the time of Luzon (Philippines, 1945) he became a casualty himself — mowed down by a rickettsial or a viral encephalitis.

A lengthy mental illness followed and it is of this experience with mental illness and the ensuing struggle to regain health that he writes with frankness, lucidity and discernment. For the layman this book well fulfills the author's hope that it may offer solace to the troubled mind. For the physician perusal of its pages can but lead toward clearer sight and a deeper empathy in the management of those with emotional illness.

I note in the Nov. 15, 1970, *Texas Times* a feature story dealing with cingulotomy, a psychosurgery project conjointly underway by the University of Texas Medical Branch (Galveston) psychologists, psychiatrists and neurosurgeons. Dr. Glenn A. '60, happens to be the neurosurgeon member of the team which has performed this procedure during the past three years on 27 patients suffering from chronic severe mental illness. He is enthusiastic about the results and undoubtedly much more data will be forthcoming.

I tattle from a newsletter put out by the University of Texas in 1965 the following: Tim Harrington, '65, is presently a resident in internal medicine at Parkland Hospital, Dallas. He has a two year fellowship in immunology and renal disease at the University of Texas Southwestern Medical School, Dallas. Previous experience includes two years at Massachusetts General Hospital and two years with the NIH at Bethesda, Maryland. He is married. There are two sons and one daughter. For recreation he plays tennis and strums the guitar. His wife reads extensively, trains horses, and intends to return to school. Eventually he plans to go into academic medicine.

From the same source, I note that Allen P. '65, an ex-Texas-Wisconsinite and former Galvestonian by virtue of two years spent at the USPHS Hospital, is now a resident at the University of Texas. There is further information that he plans to practice in the Southwest after his residency.



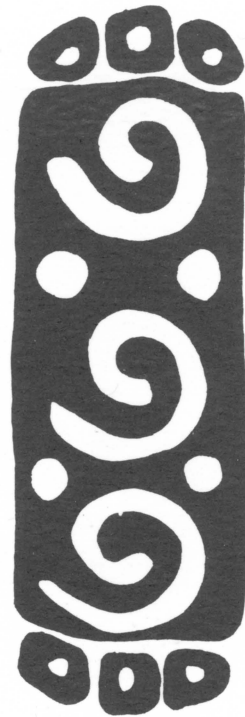
I was most pleasantly surprised to receive a letter from Richard W. Weber, '69. Last Spring I wrote him and other members of the class of 1969 interning in Texas Hospital for news about themselves. His reply did not reach me in time for the Summer issue of the QUARTERLY. He served an Army internship at Brooke General Hospital, San Antonio, which was completed in August, 1970. He then decided to fulfill his obligated time in the Army before beginning a residency. Thereupon, he was assigned to Germany where he is at present a general medical officer in a large dispensary.

In my letter, I asked for comments about his internship and, of course, about Texas. He replied that his internship was a rotating one. He was well pleased with the variety of patients he dealt with and he felt the Army offered a very good program. I am sorry to report, in response to my second question, that his answer was not of the anticipated "Hook 'em Horns" fervor. He writes that while he and his wife found San Antonio a pleasant city to live in and the beaches of Corpus Christi enjoyable, "the rest of Texas (that we saw) did not do much for us—I think we are basically Northerners and like it cold." To be honest, after all of these years in Texas, there remains within me grains of sand from the shores of Mendota and remembrances of crystals of snow past.



One Friday afternoon late in October over the call box in my office I heard "A Dr. Gray is calling long distance." To my pleasant surprise the voice on the other end of the line was that of Jim Gray, '36, a classmate with whom I last spoke many years back on graduation day. He was in the Houston International Airport waiting for his plane to fly him home to Roseburg, Oregon, where he is the county health officer. He had attended the public health and preventive medicine meetings held in Houston this past October 26-30. We had a most enjoyable conver-

sation. Afterwards, I dug out my old alumni directory and, lo and behold, I found that Jim is an ex-Texan. In the 1947 directory, he is listed as a pedia-



trician living in Beaumont. Somehow he strayed and joined the U.S. Air Force where he served until he decided to become one of the watch dogs of our faltering ecology.

Luverne J. Webster, '33, Abilene, and your correspondent were among some 36 Texas internists who enjoyed an October visit in Honolulu and the scientific program presented by the good doctors at the Straub Institute for Medical Research associated with the University of Hawaii School of Medicine. Although the opportunity did not occur to contact them, I note in the 1969 alumni directory 17 doctors now practicing in Honolulu, have studied medicine at Madison. On the faculty of the school of medicine at Hawaii are several others who have done post graduate work at the University. The only two graduates of The University of Wisconsin Medical School who held faculty appointments were Robert D. Bart, Jr., '63, who is a pediatrician, and Arno J. Mundt, '52, in the department of obstetrics and gynecology.

(Doctor Lefeber may be contacted at Internal Medicine Associates, 200 University Boulevard, Galveston 77550.)

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

U. S. POSTAGE  
Non-profit Org.  
**P A I D**  
Madison, Wis.  
Permit No. 1046

Helen Crawford  
Medical Library  
Linden Drive

FL

# ANY NEWS OR MOVES?

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

NAME \_\_\_\_\_ CLASS \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF MOVE \_\_\_\_\_ ANY NEWS? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---