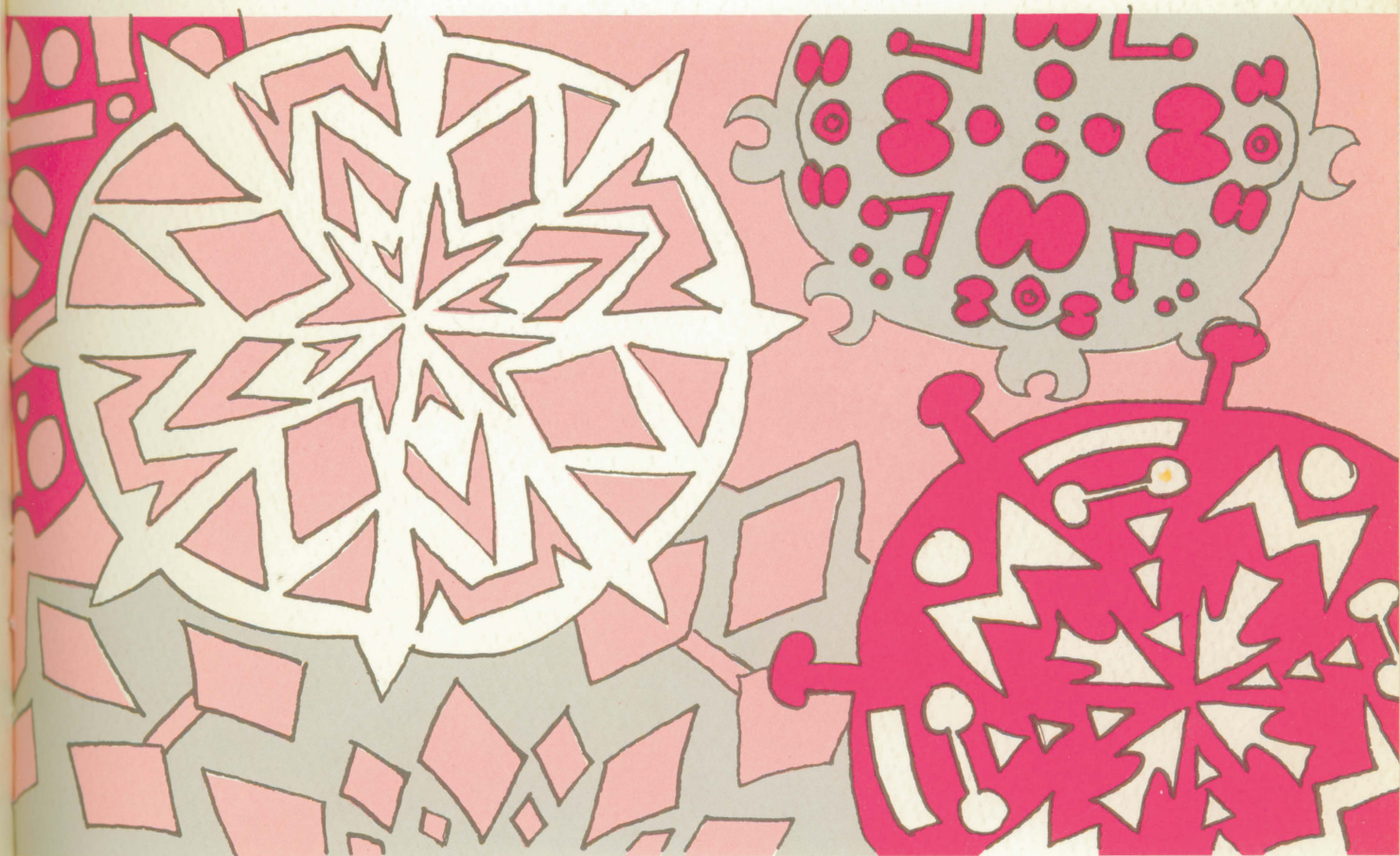


WISCONSIN MEDICAL ALUMNI

Quarterly

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WISCONSIN MEDICAL ALUMNI

QUARTERLY

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About the cover

Just like people, each is different; and if you look closely, each is interesting in an infinite number of ways. Like people, they're beautiful . . . very beautiful. When too many are in one place at one time, like people, they cause problems. The more one thinks about it, we can draw many parallels between people and snowflakes. Winter in Wisconsin means snow, so we asked artist Anne Benkendorf to come up with some flakes for the cover of this Winter issue of the *Quarterly*. She's also provided some to powder several inside pages.

FROM THE MAILBOX

To the Editor:

I thought you might be interested where your last *Alumni Quarterly* went. As you know, Dr. Lustok, I am interested in the medical school at Tulane University in New Orleans and have given two scholarships and a chair in epidemiology there. I recently read in the "Tulanian" that they wanted to start a medical alumni magazine, so I sent the copy you have been sending me to Dr. John J. Walsh, the dean. He said that it will be put to good use.

Normally, after I am through with the *Quarterly*, it goes to a young medical student friend of mine.

Dr. Gordon Stewart, who occupies the chair at Tulane, has just completed some research on penicillin and has discovered a protein substance in synthetic (pure) penicillin which causes allergy. He has developed techniques for removing the substance. Isn't that a wonderful report?

Sincerely,

Mrs. Charles E. Inbusch
1121 E. Bywater Lane
Milwaukee, Wis.

(EDITOR'S NOTE: Mrs. Inbusch and her late husband also are faithful supporters of the University of Wisconsin Medical Center. Contributions include the Dorothy and Charles Inbusch Award for students doing meritorious work in medical research and the John Ortin Watkins faculty fellowship in pediatrics.)

To the Editor:

I am going to be a consulting plastic surgeon for the CMRI in Saigon, Vietnam, leaving here on November 23, and arriving in Saigon two days later. I will be there for a total of six weeks and will be the consultant for the plastic and reconstructive surgery pilot unit which was opened in July, 1968, after 1½ years of careful preparation. This facility in Saigon brings to the war-torn country for the first time a complete plastic and reconstructive surgery unit capable of beginning to aid civilian war victims and others in need of care.

The pilot unit is completely equipped with modern equipment and supplies for general plastic and reconstructive surgery. The pilot unit will continue in operation until a new \$500,000 surgical facility now under construction is completed on the grounds of the Cho Ray Hospital, South Vietnam's largest civilian medical complex. Operating as a teaching hospital, the pilot unit has already made significant achievements and is illustrating to the Vietnamese people that modern surgical and hospital technique can be achieved in their own country. The civilian medical problems in South Vietnam are massive and will not be solved for years, even if peace does come. The CMRI pilot unit offers hope that some day these problems can be dealt with effectively.

Incidentally, while I am there, I will probably be visiting as a consultant at the civilian-military complex in my position as one of the directors of the Educational Foundation of the American Society of Plastic and Reconstructive Surgery.

I hope to have a very interesting story for you upon my return from Saigon, some time in the middle of January.

Sidney K. Wynn., M.D., '39
536 W. Wisconsin Ave.
Milwaukee, Wis.

To the Editor:

Under the heading "What's Dr. Kurtz Up to Now?" in the Fall 1968 *Quarterly*, you mention what Gen. Douglas MacArthur said of old soldiers that they never die, etc. I have a saying which goes as such: "Old Medics just *wither away*, on the winged Staff of *Mercury* (Caduceus)." Having plastic arteries in both of my legs, I don't get around as much as I did. This was done in 1959, so I feel very lucky to be able to do what I can, which is not very much. The Medical Alumni *Quarterly* does bring me much needed information which I could not get from any other source.

Sincerely yours,
T. J. Kroyer, M.D., '34
Walworth, Wis.

To the Editor:

Hello dahr. This is old man Sanford up in the sticks whom you have undoubtedly forgotten. But to the point: I have a couple of oil paintings which relate to medical subjects, to-wit — "Population explosion" and "Transplant." The first is semi-abstract and the second is complete abstract hard edge. It is my desire to offer one or both for *Quarterly* cover material. One is 19 x 24, the other 30 x 42. Modesty forbids that I mention the artist but the initials are L.L.S.

If you care to view them, I would try to send you a colored photo of each. If your staff would then feel they are usable material, I would be happy to contribute them to the cause. Please advise.

Cordially,
L. L. Sanford, M.D., '36
Hillsboro, Wis.

Mr. Ralph Hawley
333 N. Randall
Madison, Wisconsin 53706

Dear Ralph:

I regret that I will be unable to participate in the Postgraduate Retreat to the Bahamas. I wish you would make it known to those who are participating that they may contact me if they have occasion to come to Miami. I would be happy to do anything I can to help them with any local arrangements they care to make. As you can well imagine, I go to the Bahamas not infrequently as it is thirty minutes from Miami.

My best to everyone.

Sincerely yours,
Solomon Kann, M. D., '47
Seaboard Life Medical Building
1451 N. Bayshore Drive
Miami, Florida 33132

Bohrod U.W. Medical School Painting Order Form

Executive Director
Wisconsin Medical Alumni Association
333 N. Randall Avenue
Madison, Wisconsin 53706

Please reserve _____ true color reproductions of U.W. Artist-in-residence Aaron Bohrod's Medical School painting. I understand that the reproductions will be three-quarter size (approximately 18"x24" plus border) and are suitable for framing. A limited quantity will be numbered and autographed by the artist and will sell at \$25 each. Please send me: (Please Print or Type)

_____ Bohrod reproduction(s) at \$15 each..... \$ _____
(number)
_____ reproductions, numbered and autographed at \$25..... \$ _____
(number)
Total enclosed..... \$ _____

Name _____

Address _____

City and State _____ Zip _____

(Please make checks payable to Wisconsin Medical Alumni Assn. Painting)

Bohrod painting Is presented At homecoming

An oil still life painting by UW Artist-in-residence Aaron Bohrod was presented to the Medical Alumni Association at homecoming, November 2. The painting (left) is one of Bohrod's largest and melds about two dozen items peculiar to medical education and the UW Medical Center into a single piece of art.



Participants in the presentation (right) were (L to R) Dean Peter L. Eichman; Alumni President Richard Wasserburger, '46, Madison; Past-President D. J. Freeman, '52, Wausau; and Mr. Bohrod. The 24"x32" painting, which took Bohrod some three months to complete, will be hung in the Middleton Medical Library. Alumni may reserve color reproductions of the painting by using the order form at the left.



Mr. Bohrod (gesturing) describes fine points about the painting to (L to R) Emeritus Professor Paul F. Clark; Dr. Warner Bump, '24, Rhinelander; UW Chancellor Dr. H. Edwin Young; and Dr. James Nellen, 39, Green Bay, a UW Regent.

Admission to medical schools And medical manpower—

The national picture

BY DAVID T. GRAHAM, M.D.

PROFESSOR OF MEDICINE

CHAIRMAN, ADMISSIONS COMMITTEE

There has recently been, as almost everyone is aware, much concern about shortages of physicians and corresponding pressure on medical schools to increase their outputs. To increase the number of graduating M.D.s would require, of course, admitting more students to medical programs, losing fewer of those who had been admitted, or both.

Nationally, the number of entering medical students has risen steadily from 7,000 in 1949 to an estimated 9,700 for 1968. This is the result of an increase both in the number of medical schools (from 79 in 1949 to 99 in 1968) and in the sizes of entering classes in existing schools. There has been no consistent trend in attrition of medical students; about 10% of those in the U.S. who begin medical education never obtain the M.D. degree. There may be reason for cautious optimism that this figure will be improved now that medical schools are more aware of this problem.

It has been pointed out that if each school reduced its losses by only one student per class, the effect on the output of physicians would equal the effect of establishing one entirely new school and would be much less expensive to accomplish. It appears that, in general, schools are considering ways in which curricular and other improvements might reduce loss rates, and also ways to improve selection of students.

Competition for places in entering medical school classes is now increasing slightly but not at the rate that current myths would suggest. Indeed, if one uses the ratio of number of applicants to total places as an index, competition in the years immediately following World War II was much keener than it has been

since, or is likely to be in the near future. For the class entering in 1949, there were nationally 3.5 applicants for every available place. This ratio dropped to 1.9 for 1953 and to 1.7 in 1960; since then it has been rising slowly. It was an estimated 2.1 for the 1966 class and will be about 2.3 for the 1969 class. Whether protection from the military draft by medical student status will have any effect on this ratio is not clear. It would have been expected to rise in any case because of increasing numbers of college students resulting from the post-World War II baby boom.

It should be mentioned that almost all applicants seek a place in more than one medical school and that the average number of applications per person is increasing (it was five in 1967). Therefore, the number of applications reported by any single school will give a grossly distorted impression of the true competitive situation.

The caliber of the average applicant probably has been gradually, though not spectacularly, improving. The combination of this trend with the increasing ratio of applicants to places will undoubtedly mean that some persons who would have been admitted 10 years ago will not find places now. There is little support for any belief that large numbers of obviously well-qualified applicants are suddenly being turned away. It may be, however, that some have been rejected in the last 20 years, especially in some sections of the country. This introduces the vexatious question of what a "qualified" applicant is.

Perhaps the only way to tell really whether anyone is qualified to study medicine is to allow him to enter medical school and see whether he successfully completes it. This obviously would be a very expensive course for a school since many persons with low probabilities of success would be admitted. The attrition rate would rise steeply with consequent

of a large part of the educational investment made by the school in each entering class.

American schools have chosen to be selective in admissions and hope that each entering student will graduate. Rational discussions of expansion in medical school enrollments, therefore, must include estimates of the upper limits of acceptable attrition

rates, as well as consideration of possible changes within the schools. These changes do not necessarily imply lowering of standards for graduation. There is almost certainly room for adjustments that would make the medical educational experience more satisfying to some desirable students who have in the past dropped out of medicine.

Admission to medical schools And medical manpower—

Admissions to Wisconsin

BY DAVID T. GRAHAM, M.D.

The University of Wisconsin Medical School offers 104 places in each freshman class. It received 772 applications for the class entering in September, 1968. Some applicants withdrew before we decided about them, and some of those whom we accepted decided not to accept our offers. We therefore ultimately offered places to 190 applicants. Nevertheless, it is obvious that we had to disappoint many applicants, and will have to disappoint many in the future.

Selection Factors

We are required to grant preference to residents of Wisconsin but welcome applications from non-residents with good undergraduate records, and some are accepted each year. We have never accepted a non-resident who was displacing a well-qualified resident; as more well-qualified residents have applied, the number of non-residents accepted has necessarily been reduced.

The UW Medical School does not discriminate on the basis of race, sex, or creed in its selection pro-

cedures. We are developing methods and programs to insure sound judgment of the qualifications of applicants from disadvantaged groups.

Our admissions committee recognizes that no medical school has final answers to the problems involved in selecting men and women best suited for the study of medicine. All criteria used are, in fact, highly fallible, and there is no selection procedure now available that does not lead to mistakes. We know that some persons are admitted who, unfortunately, drop out of medical school for academic or other reasons. Surely we reject some who would, if admitted, have completed the medical curriculum without difficulty, and gone on to successful careers in medicine.

An important selection complication is that many different kinds of careers are open to graduates of medical schools. The criteria used for selecting

persons likely to go into one of these should probably not be the same as those for selecting persons who will ultimately go into another. However, in order to keep our problem within manageable bounds, and to be able to study the effectiveness of our procedures, we evaluate our performance in terms of the proportion of admitted applicants who successfully complete medical school.

In order to reduce the number of our errors, we use certain guides that research has shown to have some validity as predictors of success, or that seem to us for other reasons to be important.

We must frequently use our best judgment about the importance of some factors even when hard data are lacking. In an effort to improve its performance, the admissions committee has for two years been doing research to identify and quantify useful variables that are not ordinarily considered, or at least not formally evaluated.

One characteristic known to be of consequence is an applicant's age. We therefore scrutinize very carefully applications from older candidates although there is no absolute cut-off age. However, anyone over 30 is in such a high-risk group that we have to be extremely careful about accepting him.

The undergraduate academic record is known to correlate with performance in medical school and we therefore consider it a very important variable. We lay somewhat more stress on the grades received in science courses than in others, but also very seriously consider the performance in the latter. We try, if the relevant information is available, to allow for the level of difficulty of courses taken and to make adjustments for the differences in grading standards among undergraduate institutions.

Since it has no hard and fast rule about an acceptable grade point average, the admissions committee wishes to be careful not to make it appear that it does. Nevertheless, in order to avoid empty generalities, we can say, as a very *rough guide*, that an undergraduate grade point average of 3.0 (i.e., "B" level work) in both science and non-science courses, at a college known to have reasonably high academic standards, will in most cases lead us to accept a resident applicant.

Chances of acceptance fall off rather sharply for applicants with grade point averages lower than that, but we always have some entering freshmen in that category. Conversely, even a grade point average of 4.0 ("A") does not absolutely guarantee admission. In general, candidates who wish admission after only

three undergraduate years need grade point averages close to 3.5 to have a good chance of acceptance. We look carefully at the trend of the academic record so that a bad freshman year may be redeemed by good work later, even though the overall average is not impressive.

Another important single item is performance on the Medical College Admission Test. Because this test is known to be unsatisfactory in many ways, we usually require only that an applicant obtain scores reasonably close to the national averages for all applicants. We lay most stress on the score in the science section.

A score in any of the four sections that is more than one standard deviation below the average, unless some of the other scores are correspondingly high, is a serious, though not necessarily fatal, handicap. Similarly, outstanding high scores may significantly help an applicant who appears doubtful in other respects.

The evaluation of an applicant by faculty members who know him deserves special mention. We always examine such evaluations carefully. In many cases they do not materially alter the judgment made on the basis of other information. Nevertheless, we like to get an idea, however imperfect, of what the applicant is like in ways which do not show very clearly in the more standardized parts of the applications.

Further, and this point needs to be stressed, there are times when applicants who appeared otherwise not attractive have been admitted because of enthusiastic recommendations, and others who appeared acceptable have been rejected because faculty members have told us that they had serious defects.

Each applicant is asked to write a brief essay on any subject he chooses. We hope in this way to





a little additional insight into the applicant as a person, and into his ability to express himself.

On very rare occasions, serious doubt about an applicant's health forces his rejection.

Personal interviews have been a less important part of our admission process than is true of many schools. We are not convinced that the brief contact of an interview could add much to information we get from persons who have known the applicant over a semester or more. We therefore usually ask to interview applicants only when there are some special problems in evaluating their records. We are, of course, always glad to see any who wish to talk to someone at the school.

We have been particularly struck in reviewing the records of the last few years, that there are certain characteristics of applicants that materially increase the risk of dropping out (for academic or for other reasons) of medical school. The most important of these is evidence of difficulty in sustaining pursuit of long-term goals. It is shown by such things as frequent changes of undergraduate schools, many shifts in major field of study and repeated academic irregularities of one kind or another. We are now very seriously concerned with such evidence in making our decisions and think that some of our past mistakes could have been avoided by paying more attention to it.

Procedure

All decisions are made by vote of the full committee, which we hope minimizes the effects of possible prejudice or caprice. The committee is composed of seven faculty members representing both clinical and nonclinical disciplines. All information about every applicant is before us on a printed list at every meeting to prevent accidentally overlooking something of importance, or erratically changing our standards over time.

Advocacy

It may be well to say a few words about statements from our medical school faculty, medical school alumni, or other physicians, in support of particular applicants.

We are always glad to receive additional information about applicants and are also glad to let any faculty member know the status of an application

in which he is interested. There appears, however, to be some feeling occasionally that the fate of an application can be influenced by producing enough inquiries from faculty and alumni about it. Often individual faculty members are not aware that others have been also involved. In such cases, it sometimes seems that one is dealing not with genuine additional information, but rather with pressure.

We assume that the faculty, the alumni, and the people of this state would not really wish us to allow our decisions to be influenced by such pressure. If they were, the unfairness to applicants who do not have family friends through whom they can muster such support, would be obvious. Because the ratio of applicants to medical school places is steadily increasing, with consequent increased rejection rates, we can probably expect an increase in the numbers of special requests to faculty members in connection with applications.

The stress in such communications is usually on the applicant's fine personal qualities. The fact is, that most of our applicants have fine personal qualities. We are therefore choosing from among such persons, those who have good academic qualifications as opposed to those who do not. Certainly there is only one conscientious and rational way for an admissions committee to act in such a situation.

It is vital to remember that every accepted applicant is displacing someone else. Therefore, urging acceptance of someone with doubtful qualifications implies urging rejection of another applicant, who may actually be better qualified.

We are always happy to discuss our admissions procedures with interested alumni. We think it is important that they know, and that other persons know also, that there are no secret influences on our decisions.

Human bone marrow Is transplanted At Wisconsin

The apparent successful transplant of human bone marrow from a donor to a patient who had been prospectively watched for tissue compatibility was done for the first time at the University of Wisconsin Medical Center on Sept. 27. Subsequent to that, two other university hospitals revealed similar transplants, both using tissue matching tests developed at Wisconsin by Dr. Fritz H. Bach, assistant professor of medical genetics and medicine who conducts research in the department of medical genetics.

Dr. Bach's mixed leukocyte culture test tells whether the tissue of a prospective transplant recipient will reject the tissue of a prospective donor. (Editor's note: An article describing the mixed leukocyte culture test appeared in the Fall 1968 issue of the Wisconsin Medical Alumni *Quarterly*.)

Should results of the experimental treatment continue to be successful, Dr. Bach feels that bone marrow transplantation may have a potential value in treating leukemia and other deadly blood diseases. It could offer a new way to attack cancers and possibly permit organ transplantation without the need for dangerous drugs to fight rejection. It offers hope for the first time that it may be possible to effectively treat hemophilia and a host of genetic blood diseases which have, until now, been incurable.

The bone marrow transplant at University Hospitals in Madison involved 2-year-old David Zeissett of Chatham, N.Y., who suffered from an inherited disorder called Wiskott-Aldrich syndrome. Women carry the genetic defect but do not get the disease, passing it on to sons who die in early childhood. David was seriously ill when he arrived at UWH in August. He suffered from infection, two brain hemorrhages and bled easily and uncontrollably. He required transfusions of platelets, the blood cells essential for clotting that his bone marrow could not manufacture, almost every other day. He also was unable to produce antibodies necessary to fight infection.

David was referred to Dr. Bach by Dr. James A. Wolff of Columbia University Presbyterian Medical Center in New York City, who knew of the Wisconsinite's research and of his intention to apply the mixed leukocyte culture test in marrow transplantation. Dr. Wolff thought it offered a chance to save the boy's life.

Dr. Bach's tests suggested that the tissue of David's 8-year-old sister, Barbara, should be accepted by her brother, so far as major tissue components were concerned. For the transplant, Dr. Bach sought the help of Dr. Mortimer M. Bortin, an internist and researcher in immunology and head of the research lab at Mount Sinai Hospital, Milwaukee. Dr. Bortin and Dr. Edward C. Saltzstein at Mount Sinai have developed a technique for preparing bone marrow and other tissue cells that eliminates complications that sometimes have been lethal. The method is now used by researchers throughout the world.

Dr. Patricia Joo, '61, assistant clinical professor in pediatrics and a specialist in blood disease, using an enlarged hypodermic needle, took some healthy bone marrow from Barbara Zeissett's hip bone. Dr. Bortin



Fritz H. Bach, M.D.

and two research assistants prepared the marrow at University Hospitals before it was injected into her brother's veins in late August. Dr. Richard Albertini, '63, who carries on research with Dr. Bach under a National Institutes of Health grant, assisted in the operation.

The August transplant attempt failed, either because there was no place for Barbara's marrow cells to attach themselves and multiply since David's marrow was defective but took up all the room in his

bones, or, more likely, because David's cells could reject even these carefully matched cells.

Dr. Bach now decided that David's bone marrow would have to be destroyed. Animal experiments showed that this technique could be successful, and five weeks later in late September, a destructive dose of cyclophosphamide, a cell toxic drug used in leukemia and cancer treatment, was given to David. His sister's bone marrow cells again were injected, and this time they migrated to the interior of the bones and there was room for them to attach and multiply. Barbara Zeissett's marrow cells quickly replaced those removed from her brother. The transplant apparently was successful.

Almost immediately, David began showing the ability to make antibodies, and except for the first day after the transplant, he needed no more platelets. The active youngster fell in play at Children's Hospital and cut his lip. Anxious nurses watched and happily saw the small wound clot normally.

Dr. Bach and his associates continued to observe the Zeissett boy. The bone marrow graft apparently had "taken" and David was not rejecting his sister's cells. On the other hand, they also watched for the graft versus host syndrome, poor functioning of the transplanted marrow, bleeding and consequent infections as well as other possible problems.

On November 9, 1968, scientists at the University of Minnesota performed a successful bone marrow graft on an infection-prone 8-month-old infant. The matching technique used at Minneapolis was the same developed by Dr. Bach and the news wire serv-

Another UW Contribution

DR. BACH'S WORK

Dr. Fritz Bach has written the most recent chapter in the record of major contributions to humanity by the University of Wisconsin.

It was announced over the weekend that he led a team of scientists which performed the first successful human bone marrow transplant. A youngster doomed by a disease — David Zeissett, 2, of Chatham, N.Y. — has apparently been effectively treated and there is hope that he may have a normal life. The new transplant development promises a good chance, according to Dr. Bach, that studies may lead to widespread use of the technique.

The point to be made is that this is the kind of thing going on at the University. Only a few weeks ago Dr. H. Gobind Khorana was named a co-recipient of the Nobel Prize for his work in "breaking the code of life." Sometimes a Peter Pan nudity show or the antics of a rebellious student minority group clouds our memory about what the University is all about.

It's about people like Dr. Bach and Dr. Khorana and what they are doing.

— Editorial, *Wisconsin State Journal*, 11/13/68

ices said it was used in the only other successful marrow transplant, performed in Madison. Later, a 33-year-old woman with leukemia received a successful bone marrow transplant from her brother at Johns Hopkins University in Baltimore.

Dr. Bach and his colleagues were working on a technical paper describing the transplant the Sunday morning that stories on it appeared throughout the nation. A factual and conservative statement by Dr. Bach was issued the following morning. It concluded by saying:

"It is now six weeks post-transplant and we would think that there are unlikely to be any acute day-to-day changes in David's status. He is currently stable, playing and eating well. It should be stressed that while the prospective matching by the same technique used in the kidney transplantation program at Wisconsin may have shown itself to be valuable in averting this one complication of early acute graft versus host disease, there are many other potential problems whose solutions will require a great deal of basic research and much more patient experience."

Dr. Bach's research at the University of Wisconsin was sponsored by the National Institutes of Health,

the Public Health Service, the Office of Naval Research and the American Heart Association.

David Zeissett returned home to upper New York state on November 26. Dr. Bach reported earlier that



David Zeissett sits happily with his parents a few weeks after his bone marrow transplant operation.

David is now a chimera; his white blood cells have been identified by chromosomal analysis as female. Whether his red blood cells will be female, his own or a mixture, cannot yet be determined.

The Madison, Minneapolis and Baltimore human bone marrow transplants are not the first, but they are believed to be the most successful to date involving persons who are not identical twins. They represent a major achievement in overcoming the rejection problems that threaten the survival of all tissue transplants, particularly those of bone marrow.



Alumni Association is Solvent

Financial records for the Wisconsin Medical Alumni Association, Inc., were submitted to Warren Randy, a certified public accountant in Madison, for an annual audit. His Nov. 13, 1968, report states in part:

"In my opinion all of the disbursements were appropriate to the purposes of the corporation as outlined in the Articles of Incorporation and as promulgated by the Board of Directors." His report:

**University of Wisconsin
Medical Alumni Association, Inc.
Madison, Wisconsin
SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS**

| | July 1, 1966 to June 30, 1967 | July 1, 1967 to June 30, 1968 |
|---|-------------------------------------|-------------------------------------|
| Receipts — Unrestricted | | |
| Dues Received | \$17,155.00 | \$18,365.00 |
| Sale of Chronicle..... | 5,783.10 | 753.50 |
| Sale of Middleton History Essays..... | 126.00 | 84.00 |
| | <u>\$23,064.10</u> | <u>\$19,202.50</u> |
| Disbursement of Unrestricted Funds | | |
| Salary — Executive Director..... | \$ 2,499.96 | \$ 2,291.63 |
| Stipend — Paul Van Nevel..... | | 1,200.00 |
| Printing — Alumni Quarterly Magazine..... | 6,528.21 | 7,312.18 |
| Art Work — Alumni Quarterly Magazine..... | | 205.00 |
| Publication Costs — Chronicle..... | 1,947.80 | 236.74 |
| Other Printing and Stationery Costs..... | 2,204.84 | 4,067.29 |
| Repairs and Plates for Addressograph..... | 33.90 | 22.85 |
| Postage | 516.65 | 1,818.45 |
| Other Membership Meetings — Net cost or (over)..... | 373.42 | (277.60) |
| Alumni Day — 1967 Net Cost..... | 2,021.98 | |
| Alumni Day — 1968 Net Cost..... | | 2,395.77 |
| Annual Audit | 225.00 | 225.00 |
| Bonding Insurance | | 205.00 |
| Teaching Awards | 1,590.95 | 1,500.00 |
| Personal Property Taxes..... | 43.62 | 44.38 |
| Library Dedication | | 876.00 |
| Design — Medical School Symbol..... | | 85.00 |
| Contribution to University of Wisconsin Premedical Association..... | 125.00 | |
| Miscellaneous | 78.50 | 101.42 |
| Gift — Dr. Clark..... | 125.00 | |
| | <u>\$18,314.83</u> | <u>\$22,309.11</u> |
| Net Available (overspent) unrestricted funds..... | <u>\$ 4,749.27</u> | <u>(\$3,106.61)</u> |

Not reflected above are the printing costs of \$5,668.92 paid by the University of Wisconsin for

which the Association has agreed to reimburse the University.

ALUMNI NEWS

February meeting in milwaukee next

The University Club will be the site, Milwaukee the city and Friday, February 7, the date for the Wisconsin Medical Alumni Association Winter meeting. A highlight of the meeting will be the honoring of Dr. Max Fox. Drs. John Petersen, '54, and Roger Laubenheimer, '50, are the program chairmen. The Alumni Office is now taking reservations for the event.

In other forthcoming alumni events:

A full complement of Wisconsinites will visit Nassau, February 15-22, for the third annual Alumni/Faculty Retreat. Dean Peter Eichman will lead the contingent, who will stay at the Nassau Beach Hotel. Twenty hours of educational instruction by four faculty members are scheduled for the seven-day trip. The *Quarterly* hopes to have retreat photos in its next issue.

Alumni Day is scheduled for Friday, May 23, in Madison. The program committee promises a day that will offer a broad, intellectual appeal to alumni and their spouses. Suggested topics, which will be determined shortly at a board meeting, include the pros and cons of competitive sports for children and the benefits and hazards of contraceptives. Classes ending in four and nine will hold reunions and space has been reserved at the Park Motor Inn for those wishing to hold meetings.

Class representatives from the following will be contacting members about their reunions:

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

The planning committee includes President R. H. Wasserburger, '46; Dr. Robert Schilling, '43; and Dr. Sigurd Sivertson, '47.

Future Wisconsin Medical Alumni Association Board of Directors meetings include February 7 in Milwaukee and April 11 in Madison.

Alumni board meeting highlights

President Richard H. Wasserburger called to order the Wisconsin Medical Alumni Board of Directors meeting at 6:30 p.m. on Nov. 1, 1968. Present at the Madison Club session were the following alumni officers or chairmen: Doctors D. J. Freeman, L. Kindschi, R. Laubenheimer, B. Lifson, H. Pohle, F. Santini and F. Weston; Dean Eichman and Mr. Hawley. The mesdames Kindschi, Laubenheimer and Santini were guests.

Dean Eichman reported that UW Artist-in-Residence Aaron Bohrod will present the Medical Center oil painting, valued at \$7,000, to the Medical Alumni Association and the University at Homecoming ceremonies November 2. Concerning reprints of the painting the Dean said cost estimates for high quality reproductions are being obtained. The Board favored an initial order of 2,000 prints of an approximate 18 x 24" size and agreed that Dr. Freeman and Dean Eichman would work out the details.

Deferred Giving Program Chairman Dr. Frank Weston reported that he is working with Mr. Robert Rennebohm of the UW Foundation in preparing a brochure for medical alumni that will list the various options and advantages of deferred giving.

Dean Eichman suggested a sum of money be made available to the Student Affairs Committee that could fill requests to support medical student activities. This, he said, would build a bridge between the alumni and students. The committee is a faculty committee that has student representation. Its use would



insure a meaningful evaluation of the requests. The Board unanimously accepted the suggestion with a proviso that the committee would report on use of the funds before an additional amount is granted.

The Board voted to appropriate \$150 to the Pre-Medical Society to defray costs of a student-advisor dinner.

Dr. Pohle described the proposed annual giving program for 1968-69 and read suggested letters to be used. The initial mailing, which is a report on last year's campaign, a letter and a remittance envelope, is in preparation.

Class representatives will be contacted by Dr. Lifson prior to the Holidays and will be reminded of services available at the alumni office that will help them in their role.

The February 15-22 Third Annual Alumni/Faculty Retreat-Seminar to Nassau in the Bahamas will shortly be opened to all physicians and medical alumni in the state. Wisconsin Medical Alumni have had the first opportunity to register and have been exposed to several instances of Retreat-Seminar promotion.

Dr. Kindschi described the December 6 downstate meeting in Monroe and the Board favored inviting wives to attend. The February 7 winter meeting in Milwaukee was explained by Dr. Laubenheimer. Governor Warren Knowles and Congressman Melvin Laird of Marshfield will be asked to participate.

President Wasserburger asked Dean Eichman to report on the Medical Center building status. The Dean described the critical space shortage which precludes program expansion and threatens program quality. Faculty morale is low because of delays in

resolving the problem. The State Building Commission asked for planning consultants to again review expansion routes, and the experts have concluded that expansion on the current site would be more expensive. The consultants recommended that the new Medical Center be accomplished on a site adjacent to the Veterans Administration Hospital on the west edge of the UW campus over a long period of time at a pace the state can afford.

The great majority of the faculty support the move, said Dean Eichman, and additional space is necessary not only to correct existing deficiencies but to enable the Medical School to increase its responsiveness to the state's needs and to expand new "out reach" programs.

Following discussion and questions on the new Medical Center, the meeting was adjourned at 10 p.m.

Alumni directory available shortly

A new 1969 directory of Wisconsin Medical Alumni will roll off the presses and shortly be sent to members. It will be a new size and have a new format and be the largest directory ever published in the Medical School's history.

The 1969 directory will contain pages that are a computer "print-out" which have been reduced to regular 8½x11 letter size and printed on an offset press. Its 194 pages will contain both an alphabetical and a geographic listing; previous directories only had an alphabetical list. Since alumni records are on data processing cards, the listing will be simpler to correct and bring up to date.

The last UW Medical School Alumni Directory was distributed in 1965. The new listings are current up to November 1968.

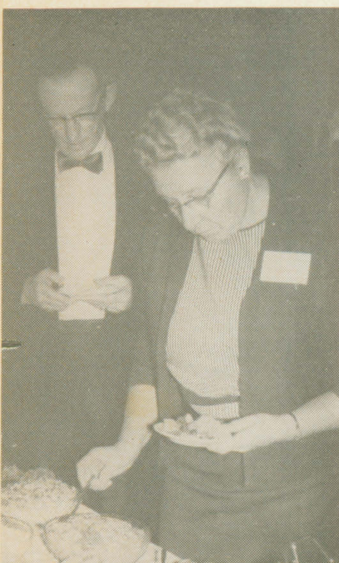
Southern Wisconsin Meet at Monroe



Some 40 alumni, faculty, staff and their wives got together December 6 at the first downstate meeting near Monroe, Wisconsin. They had an opportunity to informally talk with each other (above) before dinner in the Swiss-motif party room decorated for the holiday season. (Left) Speakers were (L to R) Host Leslie G. Kindschi, M.D., '35, Monroe, and an alumni association director; John Rankin, M.D., '45, new chairman of preventive medicine; and Associate Dean Ben M. Peckham, M.D.



(Right) Presentations by Dr. Peckham on current Medical School developments and by Dr. Rankin on proposed new environmental health programs were well received. After that, the audience and speakers participated in a lively question and answer session. (Lower right) These informal shots prove what a wise move it was to invite the gals. Conversation and food (below), especially the sumptuous table of appetizers (lower left), were very important contributions to the program.



Film on '30-'31 faculty offered

The film of UW Medical School faculty members in the 1930-31 era that was shown at last year's gathering in San Francisco is now available. The unique film contains candid shots of many of the legendary figures during the medical school's initial clinical years—a young William S. Middleton and Joe Gale; debonair Bill Stovall; Hans Reese looking like a matinee idol; Doctors Van Valzah, Bunting, Evans, Hodges, Lorenz and many others.

A gift of Dr. Fred J. Hodges, '19, now in Ann Arbor, Mich., the film was presented to the Association at Alumni Day on May 24, 1968.

Three copies of the 16mm black and white, silent film are available for loan through the Alumni Office in Madison. Reservations should be made as far in advance as possible.

Bohrod painting will be available

Wisconsin medical alumni will have an opportunity to purchase three-quarter size color reproductions of the painting which UW Artist-in-residence Aaron Bohrod presented to the Association at homecoming 1968 (see page 3). The painting is being reproduced by the Meridian Gravure Co., one of the world's finest lithography firms whose specialty is artwork. Many art galleries rely upon the firm for prints of original masterpieces which they sell.

During negotiations with artist Bohrod, it was agreed that for both clarity of reproduction and other reasons, the best size would be 18"x24" plus several

inches of border on each side. Mr. Bohrod will approve reproduction proofs to assure their true color and will autograph a limited quantity, which will be numbered.

Alumni may reserve their copies of the Bohrod print by sending the order blank found on page 2 of this issue to the Medical Alumni Association offices in Madison. Price of the reproductions will be \$15 each and any surplus above expenses will go to the Medical Alumni Association. Autographed, numbered prints will be \$25.



ALUMNI CAPSULES

Carroll W. Osgood, M.D., '27, who this year completes 35 years as a member of the medical staff at the Milwaukee Psychiatric Hospital, was honored by fellow staff members and friends at a recognition luncheon on August 16.

Thanks from a flight surgeon in Vietnam was printed October 11 by the *Milwaukee Journal* for its weekly "Dear Joe" column of local and state news to servicemen. The letter was written by Capt. David L. Weinberg, '66, who said that "only one away from home realizes the importance of 'Dear Joe'." Dr. Weinberg is at the 163rd Medical Detachment, APO 96238, San Francisco.

Dr. Kenneth P. Bertelson, '64, is one of 18 physicians who began residency training as first year fellows in the Menninger School of Psychiatry, Topeka, Kansas. Dr. Bertelson interned at Menorah Medical Center, Kansas City; served in the army at the Womack Army Hospital; and recently was a staff physician at the Kansas Reception and Diagnostic Center, Topeka.

Thirty Wisconsin graduates and former residents attended a reception and dinner held by the Department of Surgery, October 16, at the American College of Surgeons meeting at Atlantic City. Dr. A. R. Curreri, '33, chairman of the department, served as host.

A speech by Dr. Clifton R. Brooks, '46, at last spring's American Association for Clinical Immunology and Allergy received

wide circulation in the Feb. 15 *U.S. Medicine* and March issue of *Pediatric News*. Dr. Brooks is at the D.C. General Hospital pediatrics department and teaches at Georgetown University School of Medicine.

Dr. Melvyn L. Grossman, '65, has been awarded the bronze star for combat service as an aerospace medical officer while in Vietnam. Released as a Captain in the Air Force, he is now a resident at Children's Hospital and the Adult Medical Center in San Francisco.

Richard Wm. Garrity, M.D., '34, was appointed associate clini-



Sen. Lister Hill of Alabama (left), recipient of the 1968 Abraham Flexner award for distinguished service to medical education, is applauded by Dr. John Parks, '34 (right), president of the American Association of Medical Colleges and dean of the George Washington University School of Medicine. The presentation was made in Houston, Nov. 3.

cal professor of surgery, Division of Neurosurgery, at the University of California Medical School in San Diego on August 1, 1968.

Recently named director of the alcoholism treatment unit at Winnebago (Wis.) State Hospital was Dr. Mary King Kubiak, '54. She also recently was featured in an Oshkosh paper after serving mentally ill patients at Winnebago for 13 years while being a homemaker and mother of five.

Dr. Roger C. Cantwell, '20, Shawano, Wis., physician for 47 years, was honored in November as the city's outstanding citizen of 1968 at a chamber of commerce dinner.

Also at the Menninger Foundation in Topeka, Kans., are Phillip R. Trautmann, M.D., '61, who began a two-year fellowship in child psychiatry in July, and Dr. Larry Schmitt, '62, who is completing his two-year child psychiatry fellowship.

Sidney K. Wynn, M.D., '39, was promoted to the rank of clinical professor by the Marquette School of Medicine in Milwaukee on October 21.

Capt. David M. Jaecks, '64, currently is stationed in Hanau, Germany. Shortly, he plans to return to the Seattle area, he says in a letter announcing a Class of '66 gathering at Alumni Day, May 21.

Dr. Richard F. Yee, '60, recently was certified by the American Board of Obstetrics and Gynecology. He has been in solo private practice in Belvidere, Ill., since completing his Ob-Gyn residency at the U. of Illinois in 1966.



— Oshkosh Northwestern Photo

Mary K. Kubiak, M.D.

Lawrence C. Davis, M.D., '29, has retired after over 26 years with the Veterans Administration, the last 12 as director of the VA Hospital at Erie, Pa. Dr. Davis' retirement home is on the Homosassa River, Homosassa, Fla. 32646.

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Dr. Albert J. Miller, '45, and his partners at Physicians Clinical Laboratory on December 3 held an open house in their new facilities in Lafayette, Ind. The organization serves as a reference laboratory for 10 small hospitals and as coroners' pathologists for 10 counties in and around Lafayette. Dr. Miller recently participated in an exhibit on "Temporal Bone Tomography" at the fall American Academy of Ophthalmology and Otolaryngology in Chicago.

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Dr. John E. Steinhilber, '45, of Atlanta, was elected president-elect of the American Society of Anesthesiologists at its October meeting. Also a post-doctoral fellow in pharmacology, a resident in anesthesiology and a faculty member at Wisconsin, he is now professor and chairman of anesthesiology at Emory University Medical School.

After five years at the University of Lagos, Nigeria, Dr. Robert D. Wright, '35, has returned to his home base as professor of international health at Johns Hopkins School of Hygiene and Public Health, Baltimore. While at Lagos, he founded the department of community health and assisted in developing the new medical school. Beginning with his wife Helen and himself, the department grew to 71 persons, had its own new building in the hospital complex, a teaching program and a research program in population and family planning and child protection. Dr. Wright will continue his association on a consulting basis, returning to Africa for a month in January.

Necrology

We regret to report the following deaths:

Dr. Edith T. Fisher, '23, in Crestline, Calif., October 3, 1968.

Dr. Roland A. Jacobson, '24, September 28, 1968, Arlington Heights, Ill.

Dr. Sarah Morris, medical advisor to women students at UW from 1911-31, at the age of 89 in Reading, Pa., September 30, 1968.

Dr. Rowe G. Baker, '23, June 19, 1968, in Tomahawk, Wis.

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

Dr. Sidney P. Hurwitz, '41, in Milwaukee August 24, 1968.

Dr. Joseph W. Gale, professor of surgery and faculty member since 1927, October 26, 1968, in Madison.

Dr. Elmer E. Bertolaet, '31, September 18, 1968, in Ann Arbor, Mich.

Dr. Harry E. Kasten, '21, in Beloit, Wis., September 28, 1968.

Dr. M. Alexander Krembs, '39, November 19, in Milwaukee.

Following his tour of duty in Vietnam, Dr. Howard E. Michaels (Howard Milkowsky), '66, is completing his military obligation at Ft. McClellan, Ala. He will then return to the Chicago area for a radiology residency.

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On December 1, James S. Close, M.D., '62, joined the Wheaton Eye Clinic in that western suburb, but retains his teaching appointment with the U. of Illinois ophthalmology department in Chicago.

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Dr. Benjamin W. Lyne, '53, recently joined Methodist Hospital, Madison, as chief pathologist. He was associate pathologist in Evergreen Park, Ill., before returning to Madison.

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Elected to the Board of the Arthritis Foundation of El Paso, Texas, recently was Capt. William R. Austad, '62. After completing his Army duty at the William Beaumont Hospital, Dr. Austad will return to the Monroe Clinic, Monroe, Wis.

MEDICAL SCHOOL NEWS

Dr. Gale dies october 26

Joseph W. Gale, M.D., a member of the UW Medical School faculty since 1927 and senior thoracic surgeon at University Hospitals, died in Madison Oct. 26. He was 68.

Doctor Gale was professor of surgery and in 1966 was the first surgeon to receive the annual Distinguished Service Award of the Wisconsin Anti-Tuberculosis Assn. Certified by the American Board of Surgery and the American Board of Thoracic Surgery, Dr. Gale pioneered in Wisconsin the use of resection surgery—a procedure which revolutionized the surgical treatment of tuberculosis and other thoracic diseases.

Dr. Gale founded the division of thoracic surgery at the University of Wisconsin Medical School, and was instrumental in formation of the cardiovascular unit. In making his significant contributions to the surgical treatment of tuberculosis, Dr. Gale made weekly trips to the state sanatorium at Wales, Wis.,

Joseph W. Gale, M.D.



taking surgery to the patient. He was accompanied by a whole team, including an anesthetist.

With Dr. Ralph Waters, professor of anesthesiology, he aided in the development of an intubation technique for anesthesia through the normal lung, allowing the diseased lung to rest so that surgery could be accomplished. His skill in surgery soon made him a leader in thoracic surgery and he published many papers on surgical treatment of pulmonary disease.

He was one of three faculty members named to run the Department of Surgery for a time following the retirement of Dr. Erwin Schmidt, who had been chairman for 35 years. He was long recognized as an educator, lecturer and author.

A veteran of both wars, Dr. Gale served as chief of surgery in the 44th General Hospital, the Wisconsin Medical School's own unit. Upon completing military duty, he was a consultant to the Surgeon General's office.

Born in Milton, Iowa, and reared in St. Joseph, Missouri, Dr. Gale received his A.B. and M.A. from Missouri, and earned his M.D. from Washington University in St. Louis in 1924. He served his internship at Barnes Hospital, St. Louis, and was a resident in surgery there until coming to Wisconsin. His wife, Marion, preceded him in death in 1965.

Dr. Gale is survived by two daughters and two grandchildren.

A memorial resolution was prepared for the Board of Regents by the department of surgery last month.

Memorial contributions are being accepted by the Medical Alumni Association to purchase books covering Dr. Gale's special interests, and these will be placed in the Middleton Medical Library.

Dr. Clark is in a 'second retirement'

Ask what Dr. Paul Clark, emeritus professor in microbiology, is up to now, and you'll get any number of answers.

For one thing, he's moved. He left his familiar SMI office stuffed with volumes of books, journals and memories and moved to office number 8 in the basement of the Middleton Medical Library on the Medical Center campus in Madison. Copies of the *Wisconsin Medical Alumni Quarterly*, *Wisconsin State Medical Journal*, and the *Journal of Virology* are all that line the fluorescent-lighted shelf of his new office.

"I decided to make room for the younger men in the department," Dr. Clark said, "and that is as it should be."

Dr. Clark says he's really trying to relax now that he's in his "second retirement." The first came in 1952 after more than 40 years at the Medical Center. Since that time, he has written several papers and published two books, *Pioneer Microbiologists of America*, in 1960, and the well-known history, *The University of Wisconsin Medical School, A Chronicle, 1848-1948*, published in 1967.

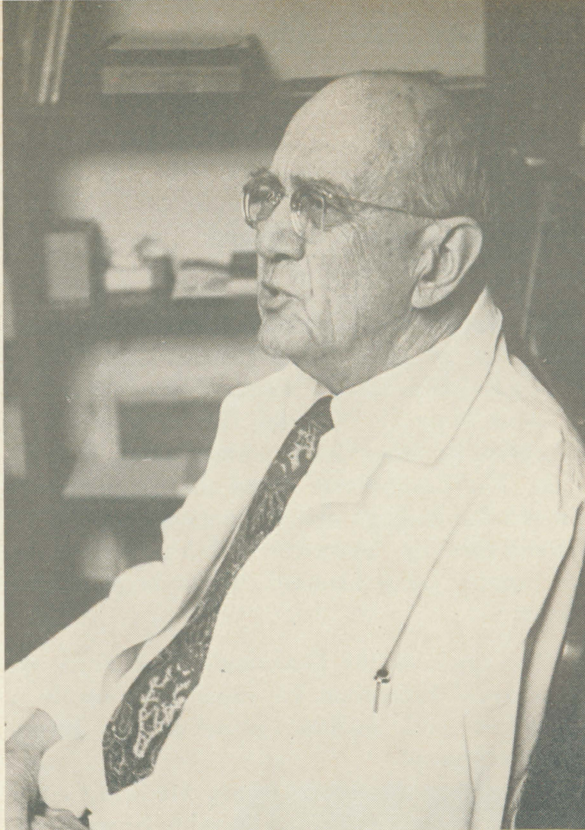
Professor Walter Agard, emeritus professor of classics, and I are having a race as to who will make

COPIES ARE STILL AVAILABLE

EDITOR'S NOTE: Copies of Dr. Clark's excellent history, *The University of Wisconsin Medical School: A Chronicle, 1848-1948*, are still available. The book, whose royalties Dr. Clark has donated to your alumni association, may be obtained for \$8.50 per copy postpaid from the Wisconsin Medical Alumni Assn., 333 N. Randall Ave., Madison, Wis. 53706.

the better loafer now that we've retired," Dr. Clark said, "and at this point, I think perhaps he's winning.

"Mrs. Clark and I still delight in each other," said our professor. "We're both 87 now, you know. And of course, our children and grandchildren keep us up



to date." Last summer, Dr. Clark's children and their families all gathered on the old Clark Farmland in Maine. "It was amazing how they all managed to get away from their work at the same time," he said. "And we sat around the old Franklin stove and talked of any number of things."

The doctor has several writing projects up his sleeve to fill his retirement years.

He'd like to do a series on epidemiological geography, tracing the history of diseases from their first appearance to their arrivals around the globe. "I think I'd like to try my hand at writing little stories about medical men of the past much like Elbert Hubbard did with his *Little Journeys to the Homes of Famous Men*," he added.

His twinkling eyes moved to a print of Erasmus lying on his desk. "I think I might attempt to follow the footsteps of that great man and his work 'In Praise of Folly,'" Dr. Clark muses, "and write something called 'In Praise of Banterology'."

Still willing to sit and share his memories and his wisdom, Dr. Clark speaks as a man contented, full of peaceful thoughts and possessing an obvious concern for his fellow man. His discussions in one hour range from early medical men to the problems of the migrant workers to the lack of waiters in many restaurants.

What's Dr. Clark up to now? He's up to keeping informed and involved and it would appear, thoroughly enjoying his second retirement.

Med school needs are heard

"Development of the Medical Center on the west campus site, adjacent to the Veterans Administration Hospital, took another significant step forward," said Dean Peter L. Eichman, following the Wisconsin State Building Commission meeting, December 20. The Commission heard and unanimously approved the findings and recommendations of its Subcommittee on University Affairs, chaired by State Senator Jerris Leonard. The subcommittee's findings:

- A. The goals of the Governor's Task Force on Medical Education for expansion provide a proper and realistic guideline for future development.
- B. The University of Wisconsin Medical Center facilities are obsolete and need to be replaced.
- C. It is not feasible to build on the present site and the Medical Center should be moved to the west campus site.
- D. Present severe space shortages in the Medical Center are severely retarding programs. Since added space in a new center cannot be available for many years, it is advisable to seek temporary space solutions.
- E. The recommended preliminary planning analysis is sound and should provide the basis for the development of the Medical Center.

Following the findings, four major recommendations were approved:

1. Approval in concept of the preliminary planning analysis (described in the Fall 1968 *Quarterly*: Editor) as the basis for the development of the Medical Center through incorporation of a statement of intent in the statutes relating to the Building Commission.
2. Approval of \$1.5 million in the 1969-71 budget for programs and architectural planning needed to bring phase I of the project to the construction stage by early 1971-73 biennium.
3. Approval of \$385,000 in advance planning funds in this biennium to permit completion of the master site plan.
4. Approval of the release of the balance of \$742,905 in building trust funds previously allotted to the Medical Center. These funds would be issued to provide equipment in temporary space to be leased to meet interim needs until the Center

is constructed. Equipment purchased will be usable in the new Center.

The statement of intent approving the concept will be considered by the legislature and the request for \$1.5 million for architectural planning will be included with the building commission request to the joint finance committee.

Study and preparation for the commission's deliberations have been the result of several years work. Effort was intensified this past year under the leadership of the Medical Center Task Force on Planning and the consulting firm of Lester E. Gorsline Associates. Task force members included Miss Judy Bancroft, school of nursing; Roswell K. Boutwell, Ph.D., oncology; William F. Fey, Ph.D., psychiatry; Wayne Herhold, Medical Center planning; Merlin Redfern, campus planning and Arvin B. Weinstein, M.D., medicine.

Statement of intent

One of several significant recommendations made by the Wisconsin State Building Commission during its December meeting was a proposed statement of intent approving the concept outlined in the long-range plans of the Medical Center. The statement, which will be referred to the legislature, read:

"The legislature of 1969 finds and determines that the University of Wisconsin Medical Center on the campus at Madison must be provided with new facilities to properly carry out its mission. The present facilities, located on 11 acres in the center of the campus, are inadequate for the Center's needs and largely obsolete for medical teaching, research and service. Its location precludes logical, efficient, economical expansion. The legislature of 1969 therefore concludes that the Medical Center should be moved to new facilities to be constructed on the 42.5 acre campus site immediately adjacent to the Veterans Administration Hospital. The development of these facilities should be carried out based on plans prepared for and adopted by the State Building Commission in December, 1968."

Dean Peter L. Eichman stressed that legislative approval would substantially enhance the Medical Center's ability to secure federal support by demonstrating the state's commitment to the general concept of the long-range development plan.

The New Faculty

Featuring surgery

The *Quarterly* continues this New Faculty series, begun in the Spring 1968 issue, in order that alumni can become acquainted with members of the teaching staff. This issue highlights newcomers in the Department of Surgery.

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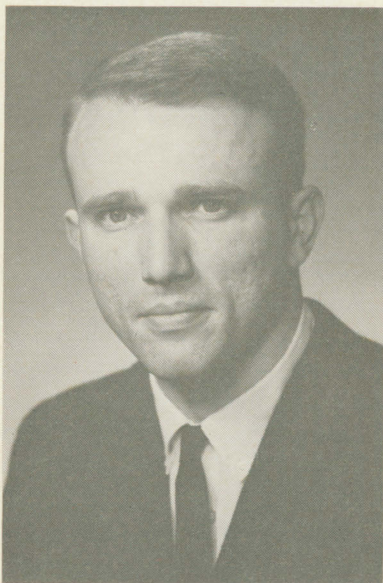
Dr. Andrew A. McBeath, '61, joined our faculty as an assistant professor of surgery in September 1968. A Madison native, he received his M.D. from Wisconsin in 1961, interned at Hartford Hospital, Hartford, Conn., and held a general surgery residency there. After a three-year orthopedic surgery residency at the University of Iowa, Dr. McBeath served two years in the Air Force, completing it as chief of orthopedic service at Mather AFB, Calif.

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A Kansas native, Dr. Francis P. Cossman, earned his M.D. at the University of Kansas and served his internship and general surgery residency at the Kansas University Medical Center. After

service with the Navy Medical Corps, Dr. Cossman held a residency in urology, was an instructor in surgery at the Kansas University Medical Center and surgical consultant at the Kansas City VA Hospital. In Kansas, he was a member of the dialysis and transplantation committee and investigator of the surgical adjuvant bladder study group. Dr. Coss-

Andrew A. McBeath, M.D.

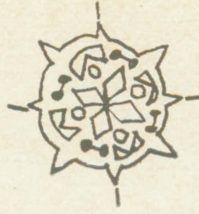


Francis P. Cossman, M.D.

man joined the faculty as an assistant professor of surgery in September 1968.

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Dr. Hugh L. Davis, Jr., did his undergraduate work at Stanford and received his M.D. from the University of Chicago School of Medicine. After interning at the University of California Medical Center, San Francisco, Dr. Davis served in the Army and then was a resident in medicine at San Francisco General Hospital. He



practiced in internal medicine at the Kaiser Foundation Hospital in Honolulu before coming to



Hugh L. Davis, Jr., M.D.

Wisconsin as an assistant professor in clinical oncology.

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Another Wisconsin addition to the faculty is Dr. Louis C. Bernhardt, '63. A Milwaukee native, he received his B.A. at Oberlin College in Ohio before earning his M.D. at the U of W in 1963. He interned at Mount Sinai Hospital, Milwaukee, and completed his residency in general surgery at UW Hospitals last year. Dr. Bernhardt was chief resident in 1966-67 and chief surgical resident in 1967-68. He was a precep-

tee at St. Mary's Hospital, Madison, in 1961, and had done intra-arterial infusion clinical research since 1964. Dr. Bernhardt became



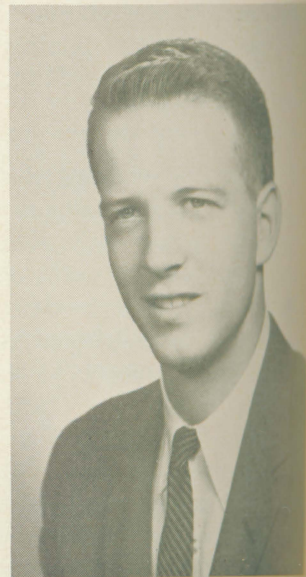
Louis C. Bernhardt, M.D.

an instructor in surgery in July 1968.

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Intern and resident service at UW Hospitals is included in the experience of Dr. Richard K. Dortzbach, who joined the faculty in September 1968 as an assistant clinical professor. After earning his B.A. at Princeton, Dr. Dortzbach received his M.D. from the University of Pennsylvania. He interned in mixed

medicine at UW Hospitals and served a residency in ophthalmology here. Early last year he was honored with a fellowship in ophthalmic plastic surgery.

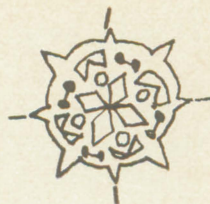


Richard K. Dortzbach, M.D.

and in 1966 he received the Aesculapius Award of the State Medical Society of Wisconsin.

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Dr. Franklin L. Myers was appointed instructor in surgery in January 1968. He received his bachelor and M.D. degrees from the University of Iowa, served his internship at Highland Alameda County Hospital, Oakland, Calif., and a residency in ophthalmology at UW Hospitals. Dr. Myers is a special National Institutes of Health Fellow in retinal disease at Wisconsin, 1968-69, and he



Franklin L. Myers, M.D.

published seven articles on eye diseases. His experience includes several years of general practice in Sheldon and Charles City, Ia.

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A new instructor in the Department of Surgery is Dr. Mary Van Horn Pratt, '61. After a B.S. at Westhampton College, University of Richmond, she earned her M.D. at Wisconsin in 1961. Dr. Pratt interned at Rhode Island Hospital in Providence and took a residency in ophthalmology at UW Hospitals. Since her residency, she has been ophthalmologist at the Monroe Clinic, Monroe, Wis. Dr. Pratt joined the UW Medical School faculty in January 1968. She is married to a fellow faculty member.

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Dr. Arvey C. Sanders is a specialist in microbiology. He joined the faculty as an assistant professor of surgery in November 1968 after 27 years of service in the Army, including such posts as bacteriology chief at the Walter Reed Army Institute of Research and commanding officer of the Army's research office in the Far East. Dr. Sanders received his B.S., M.S. and Ph.D. degrees from the University of Maryland. He is responsible for some 20 papers and articles, especially on shigella and venereal disease.

Arvey C. Sanders, Ph.D.



□
Appointed an assistant professor of surgery in July 1968, Dr. Charles J. Johnson, '59, is a specialist in plastic surgery. He received his B.S. from Wisconsin and his M.D. from the UW Medical School in 1959. He interned at Strong Memorial Hospital, Roch-



Charles J. Johnson, M.D.

ester, N.Y., and held residencies in surgery and then plastic surgery at the University of Pennsylvania Hospitals. Dr. Johnson has been an instructor in physiology, surgery and plastic surgery at the University of Pennsylvania School of Medicine for four years prior to returning to Wisconsin.

Kabler heads uw health service

The appointment of Dr. J. D. Kabler as director of the University of Wisconsin Health Service was approved by the University's Board of Regents as the *Quarterly's* copy deadline neared. Commonly known as "student health," the service is responsible for the medical needs of the Madison campus' more than 33,000 students.

Dr. Kabler, associate professor of medicine at the UW Medical Center, received his A.B. and M.D. degrees from the University of Kansas. He served as an intern and a resident at University of Wisconsin Hospitals in the early 1950's before joining the faculty as an instructor in 1956.

He held an NIH fellowship in hematology, was certified by the American Board of Internal Medicine in 1958, and in 1964 was a visiting professor of medicine at the University of Missouri School of Medicine.

His sub-specialty is psychosomatic medicine, and he has done teaching, patient care and research in psychologic and physiologic correlates of pain syndromes in the head and neck areas. Most recent projects include work on psychologic correlates in the separate headache mechanisms and drug evaluation in migraine.

In addition, since July 1967 he has been assistant and program coordinator of the Wisconsin Regional Medical Program in Madison.

UW developing a space virus test

A test being developed by University of Wisconsin virologists could help prevent future outbreaks of virus infections similar to those that plagued the Apollo 7 astronauts last fall. They believe the test will determine in 24 hours whether a disease-causing virus is present in a person. Conventional tests now in wide use require about a week to make the same determination.

Dr. Elliot C. Dick, associate professor of preventive medicine at the UW Medical Center and an expert on the common cold, is developing the test under a grant from the National Aeronautics and Space Ad-

ministration (NASA). Co-worker on the project Dr. Donn J. D'Alessio (intern-resident, 1960-62) assistant professor of preventive medicine.

Dr. Dick, who has conducted lengthy studies on how colds are transmitted and "caught," feels conventional means of screening astronauts for presence of virus colds before symptoms appear are not good enough for space mission needs. "There are about 55 different rhino-viruses we know to cause common cold symptoms and we suspect there are 20 to 40 more. Incubation lasts one to three days and symptoms three to five days. Right now, all we can do is isolate the astronauts from their families for about three days, and survey throat swabs from both them and their families for antibodies to these viruses that would indicate current or previous infection.

The Apollo 7 astronauts all came down with the common virus cold during their 11-day mission in October. Astronaut Walter Cunningham is believed to have caught the cold before the flight and passed it on to the other crew members. NASA flight surgeons were seriously concerned that the sinuses of the astronauts would become blocked by mucus and that this would result in serious ear damage during re-entry.

Although Dr. Dick's test was not ready for the Apollo 8 lunar flight that was scheduled for December, NASA officials reportedly were considering placing the astronauts in semi-isolation for two to three weeks prior to blast-off to prevent reoccurrence of the colds.

The Dick test for viruses uses a fluorescent stain containing an antibody that reacts with an antigen—in this case, a virus. The stain is mixed with a tissue culture taken from the person being tested. After 24 hours, if a particular virus is present, the antibody of the stain bonds itself to the virus in a reaction visible under ultra-violet light.

But with the nearly 100 viruses believed to cause the common cold, the problem now facing Doctors Dick and D'Alessio is the development of stains specific for each of these cold-producing viruses as well as others causing other diseases. When perfected, the technique could have wide application in public health programs, Dr. Dick says. The test could quickly determine the virus responsible for a disease and doctors could move against the virus. The technique may become especially important in the 1970's when astronauts embark upon long trips to the planets. Then, detection of viruses prior to take-off will be crucial.

COLUMNS AND EDITORIALS

The president's notes

By RICHARD H. WASSERBURGER, M.D., '46
ALUMNI PRESIDENT

MADISON—The holiday season—the season for giving—has come and gone, leaving in its wake a rash of untimely bills, most of which we don't even remember charging (we didn't, of course). Before paying all of them, which hopefully should be accomplished in time to handle our income taxes, I hope that each and every one of you will take a few moments and write a check payable to the Wisconsin Medical Alumni Association for our annual giving program. The amount you give is not the critical factor; the fact that you give is. This is true because we, as individual alumni, must become personally involved in the growth of our medical school. I can assure you the school is going to need both the moral and financial support of all of us.

Enough of the world of high finance; I should like to relate several items of general interest.

The Medical Alumni Downstate meeting held near Monroe, Wisconsin, in early December provided a delightful and exciting evening for all. Associate Dean Ben Peckham flawlessly "fielded several blue-darters" from the audience on what the medical school was doing, or not doing, or planned on doing in assuring the placement of physicians in private practice in the state. Although the solution obviously is not at hand, the office of the dean is keenly aware of the problem, which, after all, is a healthy beginning. This well-motivated question and answer session was most meaningful and well accepted by all. It should help to result in larger alumni participation at all future sectional meetings.

The Bohrod painting of our medical school is about to enter the scene, as prints will shortly be

ready for sale. Although I have not seen the colored print, I know that copies will be of high technical quality, and will be sought after by each and every one of us.

The Third Wisconsin Medical Alumni/Faculty Retreat to Nassau is entering its final stages of readiness. The faculty assures us that this will be a most worthwhile session, and attendance is again expected to be at capacity. I would suggest anyone who might yet desire to take advantage of this educational and social retreat to contact Anne Johnson at the Post-Graduate Education Office.

In closing, let us all make our own personal effort to take a special interest in our Medical Alumni Association in the year 1969. You will find that it will be a most rewarding experience, and I believe a necessary one.

Two farewells and a hello

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

MILWAUKEE — "COMES THE REVOLUTION . . ."

This pronouncement greeted your editor at each alumni meeting and upon each return visit to our school. Have you wondered why? Well, now the story can be told.

Dr. Joseph Gale was a kind and gentle man who masked his sensitivity behind a façade of gruffness and presented a first impression of brusque pugnaciousness to those who faced him. To those of us who learned to know him, he was revealed as a competent surgeon and dedicated teacher who was intolerant of mediocrity and who demanded a full commitment of himself as well as his students to the best professional effort in patient care.

Dr. Joseph Gale was a hard taskmaster. A pioneer in thoracic surgery, he was a meticulous operator, indefatigable, and prone to a long surgical schedule demanding of a full day. Your editor, as an intern in the old Wisconsin General Hospital (fondly remembered as the "old Whiskey General"), drew the doubt-

fully envious assignment of assisting Dr. Gale in surgery. Two degrees in physiology and a hard won medical degree, after four years of intensive study, qualified me for the vital function of pulling the scapula out of the surgical field, and rewarded me with the status of an immovable object at the end of a retractor.

During a particularly long and arduous day, after pulling on the scapula for hours upon hours in case after case, your editor was no longer physically able to satisfy the full requirements of immobility at the end of the retractor. The operation was not progressing as smoothly as Dr. Gale had desired, and quite obviously, someone was responsible — the intern with the retractor!

Instruction, correction, reference to incompetence and stupidity, and some selected words reserved only for interns, simply added to my anxiety and stress with the expected decline of dexterity and compliance. Equanimity was not the order of the day!

No one talked back to Dr. Gale in the operating room—ever. Or anywhere else, for that matter. Later in the long and arduous day, while enjoying a brief respite in the doctors' dressing room as the next case was readied, your editor sought empathy from fellow interns similarly waiting their turn to enter less critical areas of the operating suite.

Sympathetic understanding bolstered our courage and recharged our fractured ego, and ultimately detonated an act of rebellion. Your editor spoke out in a loud voice for all to hear in the seemingly secure intern sanctuary:

"Comes the revolution and Joe Gale will hold the retractors and I will do the surgery!" The imperturbable Dr. Joseph Gale was right behind me. The ex-

plosion was heard all over 6 North and reverberated throughout the whole hospital. Somehow we survived the day.

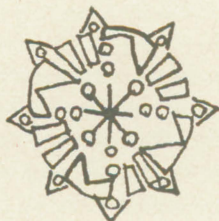
By the next morning the inopportune remark became the clarion call for all of the oppressed, abused and maligned house officers. Faculty members sensed the humor of the situation and its therapeutic benefit of release and played the game. Like many similar spontaneous utterances that were unwise but given at the right time in the right place, it became a symbol of the prevailing mood and in connotation, lost its original limited intent. With time it assumed a nostalgic coat and became a greeting on every occasion of return: "Comes the revolution . . ."

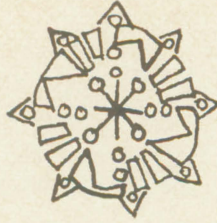
On October 25, 1968, at the age of 68, Dr. Joseph Gale was laid to rest. His person, his character, his teaching, his dedicated efforts to mold his students into sincere and capable physicians, his total commitment to patient care still live in those of us who were touched by his involvement. To those few of us who were fortunate to have seen him through his mask of gruffness and to have felt his kindness, gentleness and sensitivity, the heritage is particularly poignant.

"Comes the revolution . . ." A grand memory, a rich inheritance and an unrepayable debt to a magnificent person and an exemplary teacher — Dr. Joseph W. Gale.

□

In the last issue of the *Quarterly* we presented the "new faces of the class of 1972." But are all the faces really new? We noted in the second row the face of Richard Hurwitz. We have known him since





of a face that was new in 1937. His face, young as it is, is not new to us. We see it as a single facet in a continuous flow of dedication to the care of the sick, the commitment to the highest traditions of medicine, and the promise of scholarly achievement that is the well-established hallmark of the University of Wisconsin Medical School.

We have made a covenant not only with a profession, but with a way of life. To this we welcome all the faces of the class of 1972.

The dean's corner

By PETER L. EICHMAN, M.D.
DEAN

MADISON—Members of the Medical School administration and faculty returned from the annual meeting of the Association of American Medical Colleges uniformly impressed by the sense of urgency communicated for medical schools to be more responsive to society's needs.

We are urged to expand enrollment; to be innovative in structuring our curriculum — desirably to shorten the time required to secure an M.D. degree and to give increased emphasis to the social sciences; to become directly involved in dealing with the general social and health problems of society; to respond to the strong student desire for greater involvement in the educational process; to critically evaluate cur-

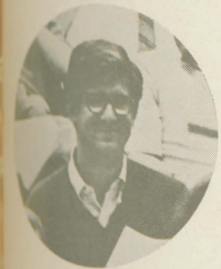
infancy. As a boy he was well-mannered, as an adolescent he combined athletic ability with scholastic achievement, and as a young man he developed maturity and sincerity of purpose with academic excellence. But can we say his face is new to Wisconsin?

His father, Dr. Sidney P. Hurwitz, was our dear and good friend. Reared in a modest, nonaffluent environment, his scholarship and intellectual capacity brought him to Wisconsin. There he successfully combined athletic and academic interests and received both a major W letter in sports and scholastic honors. He was graduated from the Medical

School in 1941 at the top group in his class and was elected to A.O.A. He returned to the UW Hospitals for post-graduate training in urology. After certification, he entered private practice in Milwaukee and soon became an outstanding member of the profession, distinguished among his peers, and a significant contributor to the structure of his community.

On August 24, 1968, at the age of 52 and in the prime of his career, Dr. Sidney P. Hurwitz suffered a fatal heart attack. Ironically, he did not live to see his son start, three weeks later, on the path he cleared towards the goals he outlined.

A new face in the class of 1972? We do not think so. The line is unbroken. Richard Hurwitz came to the Wisconsin Medical School in 1968 with the heritage



Med 4 meanderings

BY CARL E. OLSON
SENIOR CLASS PRESIDENT

rent patterns of delivery of health services; to respond to the need for family physicians; and to give improved access to medical education to the lower income and disadvantaged groups.

In reviewing this impressive charge I am most impressed by the fact that all of these key issues have been under discussion by segments of the faculty and administration for some time and positive steps have already been taken to implement programs dealing directly with many of them.

We are on record that we will expand our freshman class from 104 to 160 as rapidly as the necessary facilities and operating funds permit. Enrollment in the Allied Health Professions, graduate students and interns and residents has been expanded and will expand further when space is available. We have revised our curriculum to provide opportunities for different rates of achievement and varying career goals.

Consideration of a plan to assist the disadvantaged student at the pre-medical and medical school level is in process.

Funds to establish a Health Services Research Center for the active study of the health care system in Wisconsin were requested in our biennial budget.

A Family Medicine Program is ongoing and is oriented toward education of the physician, the nurse and allied health professional.

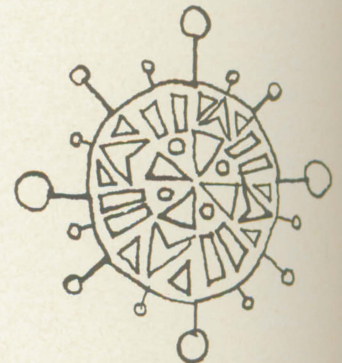
A summer project among migrant workers was initiated by some of our medical students in 1967 and 1968. It is clear that our School is moving responsively with the times. However, this cannot be a basis for complacency or smugness. This new era will place great stresses and strains on the faculty, administration, alumni and practitioners in the state.

It is imperative that we be flexible, open-minded and participative.

MADISON—There always seems to be a void when I sit down to fabricate this column, so if readers see well-thought-out gems here, they need look no further. But if you're interested in dreams, I'd like to share some of mine from the last few nights (or perhaps days, since we just finished a week of preventive medicine).

Monday night I remember dreaming that I was practicing medicine in a small northern Wisconsin town with two doctors I had never met. It wasn't a very realistic dream because we were being forced to administer to the sick by someone we knew only as "Uncle Sambo." I recall how disenchanting we were with the locale, not only because we missed the polluted air and hum drum of the big city, but because the rural folk for whom we were caring kept trying to get us to come to their homes when they were sick.

In the dream, this all seemed absurd to us. The motto was, "If they're too sick to make it into the office, they're too sick to treat." Then this "Uncle Sambo" dropped in for a visit and made it clear that



if we wouldn't treat all the people, he wouldn't let us treat any.

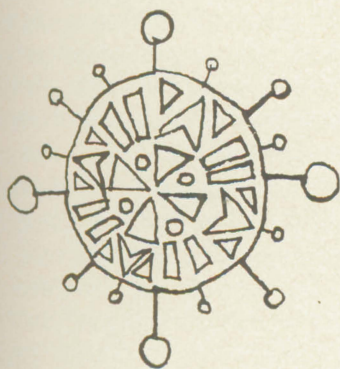
When I awoke, I knew for certain that I had been dreaming because no doctor would ever have been that callous and no one would ever tell us where and how to practice medicine . . . right?

Wednesday night I dreamed about internships. Now, there's a subject in itself, but I'll just give you the highlights of my dream. I was applying to a hospital because it guaranteed no scut work or night call, and offered a cool 10 grand for my services. Also included in the contract was a five-room suite overlooking the city and a three-month paid vacation. They also guaranteed that there would be staff men present 24 hours a day and they would assume all responsibility. I wasn't to worry about malpractice insurance because none of their interns had treated a patient for over five years.

When I awoke, I was aware of what it means to be bought, rather than taught. When fourth-year med students find themselves many thousands of dollars in debt, I'll admit the impulse is there.

Thursday night was really wild. I dreamed that our whole class had the option to elect two years of active military duty or spend the same amount of time as a GP in a medically sparse area of the United States. Now there's a dream I wish would come true!

I won't try to interpret these dreams because I believe dreams are meaningful only as individuals interpret them for themselves. And remember, sometimes they have no apparent meaning at all.



A virginia-wisconsin profile

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

RICHMOND—This pleasant chore of column writing is again at hand, and I send greetings for the New Year from all of us in this part of the country. This entire area is saturated with Wisconsin-trained physicians, yet I hear from very few of them. Most of us are in touch with each other, one way or another, yet others are completely isolated. In the medical profession there is little time for frivolity, outside activities or various other pursuits, and this may be one reason why communications are so poor.

To date I have not received the first letter from any of our alumni, other than those previously mentioned. There must be many reasons for this paucity of information, but they really elude me. It can't be that all Wisconsin alumni are too bashful, too successful, or too unsuccessful, or that they haven't been invited to participate in these columns.

Some of the greatest bores are those who threaten their guests with a showing of their movies of recent travels, or their children or grandchildren, or who talk incessantly about themselves and their doings. One of our esteemed professors used to list these people with those who wear dark glasses indoors, or who watch television until "sign off" every night. For fear of being classified in any of the above groups, and before I get to the point where I get a letter from some of our alumni, I will admit that I am forced into a more or less personal column as we start off 1969.

It could be that our alumni are so well known that I should have much information at hand, or it could be that my efforts are not worthy of these contributions. I have no desire to play the martyr, nor do I wish to offend anyone, but I would still like to hear from everyone in this area so that the column would be of more general interest.

When I last wrote, I was recovering from surgery. In July, I had two more operations, and I can tell you

Four head men

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

that the "pearly gates" aren't pearly! During my convalescence, I ended up in Milwaukee for a rest. I became ill again and my brother, Howard, '30, had me hospitalized at Columbia under the excellent care of Robert Pohle, '38, and Elwood Mason. While in intensive care, I saw Wilson Weisel, '38, a local chest surgeon; Gorton Ritchie, '27, the chief of pathology at Columbia; and Dave Glassner, '53.

During my stay, I was also visited by Morry Schroeder, '33; Fred Madison, '24; George Owen, '31; and Fred Gaenslen, '40. They and some of their wives combined to make my visit here more enjoyable. Columbia, near the expanding University of Wisconsin-Milwaukee campus, is an excellent hospital and I couldn't have obtained better care anywhere. Hospitals, at best, are lousy places, especially to meet old friends, but it is nice to know that wherever you may be, you get as good or better care than you like to see given in your own hospital.

I heard much news of various other people who are alumni, but many of the facts need clarifying. I'll submit them next time around. It was most pleasant again to see the Badgers play football—even on TV, to see the new covering at Camp Randall, and to be surrounded by the doings of the Green Bay Packers. Life in Wisconsin revolves about their exploits—as it should.

I am now back home and recuperating, so if anyone has any news for me, I'll have plenty of time to read it. From all of us in the Southeast, we hope that 1969 will bring you the best of everything and a renewed faith in the Spirit.

(Dr. Lee's address is: 120 Broad St., Richmond, Virginia 23219.)

TUCSON—There are four erstwhile Badgers practicing psychiatry in Tucson. All are affiliated with the Palo Verde Psychiatric Hospital and Center. Warren S. Williams is the medical director. He received his medical degree from Wisconsin in 1948 and married Jane Pederson, a Theta, somewhere along the line. They have two children, Peter Severin and Elizabeth Scott. Warren interned and had his residency at the University of Texas Medical Branch in Galveston and was instructor in psychiatry there until he moved to Tucson in 1959 to become the medical director of the hospital when it opened in 1960.

He has been prominent in both such professional and community activities as president of the Tucson Psychiatric Society from 1962-64, and alternate representative in the American Psychiatric Association from 1968-70. His hobbies are children, photography, music, cocktail parties, political action and sailing. Don't ask me where he sails!

The other three psychiatrists are Joe Green, Leland Reek and Jack Marks. Joe originated at Mt. Holyoke, took his pre-med at Wisconsin from 1946 'til 1948 before going to medical school at Northwestern. He then spent six years at Menningers. He was clinical director of the Kansas Treatment Center for Children from 1953-59 and then returned to Madison where he taught psychiatry at the University from 1959-60. Joe has three children.

Leland K. Reek graduated from the University of Iowa Medical School in 1944 and practiced in Madison for 11 years at the Child Guidance Center. He also was an instructor at the UW Medical School. His residency was at Menningers. His hobbies are fishing and family activities. This is good, since he has seven children. Leland came to Tucson in 1963.

The fourth Badger in this group is Jack Marks, whose career at the University of Wisconsin, Menningers, etc., was publicized in a previous communication.

(Dr. Pyre's address is 601 North Wilmot Road, Tucson, Arizona 85711.)

By GARRETT A. COOPER, M.D., '35
MEMBER, EDITORIAL BOARD



MADISON—The other night it was my privilege to hear the University of Wisconsin Tudor Singers. This group has been performing on the campus since 1933. Eight students started this group so that members might sing the old madrigals at Christmastime and the present Mrs. Ray Dvorak was one of them. Since that time, the program has become so popular that it has been repeated for a dinner concert in the Wisconsin Union at each Christmas season.

Presently the group has grown to 40 and it recently has acquired costumes of the Elizabethan period. Yes, some of the members even have beards, moustaches and long hair. During the dinner troubadours go among the tables singing their songs. This idea was developed by the students and makes for a very colorful scene. The students were so enthusiastic and apparently enjoying themselves so thoroughly, that was a joy to watch.

There is still another group of some 30 University students, the Wisconsin Singers, who organized to sing folk songs. This group is lively, enthusiastic and in the current mode. Its singing has become so popular that it has been requested to put on programs in several cities and at a number of Madison service clubs. This group particularly helps to overcome some of the unpleasant impressions that have been produced by a minority of the University students.

Those of you who attend the football games must be really impressed by the performance of the band. The perfection that it has attained is the result of practice night after night, warm or cold, and sometimes under floodlights. I often notice its diligence on my way home.

On the eve of the Homecoming game, while fraternity and sorority societies were decorating their houses, the varsity band assembled informally and paraded down Langdon Street playing "On Wisconsin" and "Varsity." Thousands of students were attracted to the area and in an orderly manner joined in singing and demonstrating the true spirit of Wisconsin.

Late at night as one passes the dormitories and proceeds through the University laboratory section,

the lights are still burning in many of these areas. The students are at work either with studies or their own research.

These are examples of voluntary student activity on campus far akin from that of the dissident minority group. It represents sincerity and the spirit of this majority group and the desire to develop other talents and give pleasure to others. Why, now, should we permit others to attempt to destroy the very atmosphere which has produced such men as Steenbock, Elvehjem and, in our own Medical School, Price, Heidelberger, and Bach, and Khorana, who just recently received part of the Nobel Prize?

The fall issue of our *Quarterly* tells of the medical students who worked in the medical bus which was put together by themselves and University Hospitals personnel. This bus was taken to areas where migrant workers were employed and helped in making diagnoses and to arrange for sick migrants to have proper medical attention. This was all done on a voluntary basis.

In the summer issue of our *Alumni Quarterly* Mischa Lustok wrote about the uprising among students at the Cell Pathology Institute of Paris. Let us not have such a situation arise here. The work of the scientists was interrupted and in many instances even destroyed . . . and nothing was gained.

Each year the freshman class brings us new, enthusiastic, dedicated students who work hard to learn the intricacies of medicine. They will follow in our footsteps. Let not this progression be interrupted by total chaos. Changes must always come, but total disruption loses much more than it gains. It is to be hoped that the spirit of the majority will conquer the noisy minority.

Texas news notes

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

GALVESTON — Wisconsin alumni in the Houston area held "A Night for Medicine" on November 8, 1968, at the Doctors' Club, Jessie Jones Library Building, Houston Medical Center. Dr. and Mrs. Al Leiser and Dr. and Mrs. Willson J. Fahlberg were the co-hosts. The program consisted of a cocktail hour, dinner and guest speaker.

Dr. Bob Bloodwell, a member of Dr. Denton Cooley's heart team at Baylor Medical School, talked about Houston's first human heart transplantation. Slides and a movie were shown. The singing of *Varsity* and *On Wisconsin* concluded a most enjoyable evening. This correspondent found too few of the medical school alumni in the Houston area among those present.

Al Leiser, '46, is an endocrinologist with the Kelsey-Seabold Clinic, Houston. Willson J. Fahlberg, Ph.D., '51, is a professor of microbiology at Baylor Medical School whose interests are in the fields of allergy and infectious disease. Joe Weycer, '61, the only other medical school alumnus present, now practices his specialty of otolaryngology with the Kelsey-Seabold group.

Several of the non-medical school alumni there had just returned from the Badger Mediterranean Holiday—1968. In talking with Norman Guerke, one of these travelers, I discovered that we had a mutual acquaintance, Dr. Walter J. Rein, '35. Walter and his wife made the Mediterranean tour also. It is a small world, indeed, for Walt and I drove to Richmond, Virginia, in 1936—he to begin a residency in ophthalmology and I to start my internship at the Medical College of Virginia Hospital. He has remained in Richmond to practice and teach ophthalmology.

This correspondent concludes by wishing all a most happy 1969.

(Dr. Lefebber's address is: c/o Internal Medicine Associates, 200 University Blvd., Galveston, Texas 77550.)

Coastal happenings

By JAMES H. DAHLEN, '61
NORTHWESTERN CORRESPONDENT

SEATTLE—We enjoyed a trip down to San Francisco for the AMA convention in June, and while there spent an evening with Beverly Thomas, '61, who is in general practice at Pacifica. Also spoke briefly at the meetings with Dr. Richard Normington, '60, now in psychiatry in Woodland, Calif. We did not attend the Wisconsin dinner there, but assume our California correspondent did.

Talked to Major Dennis Hemingway, '61, just prior to his leaving Madigan Army Hospital near Tacoma. He was being transferred to Fort Mead to become chief of medicine there, and hopefully to pursue his interest in work with radio-isotopes. He and Carol have two boys (ages 6 and 5) and a daughter, 2.

Received an early Christmas card from Bob Block, '62, now on Guam for a portion of his MSW out of the University of Hawaii. He, Greta and little David are enjoying their island stay.

We lunched with Bob Block, '61, and envied his two-month camping safari through the western U.S. after finishing his medical residency at the University of Oklahoma. He is primarily interested in cardiology and was returning to Wisconsin to hang out his shingle. If he keeps the beard he was wearing in August, the transition to colder climes may be easier. His wife, Bonnie, and little Tim appeared to be holding up well under the travel schedule.

I plan to check out the Wisconsin house staff members in this area prior to my next deadline.

We, Nola M. Moore, M.D., '58, and I, have recently moved our office closer to home. As you may know, Dr. Moore is my wife. Our address is 107 North 115th Street, Seattle, Wash. 98133.