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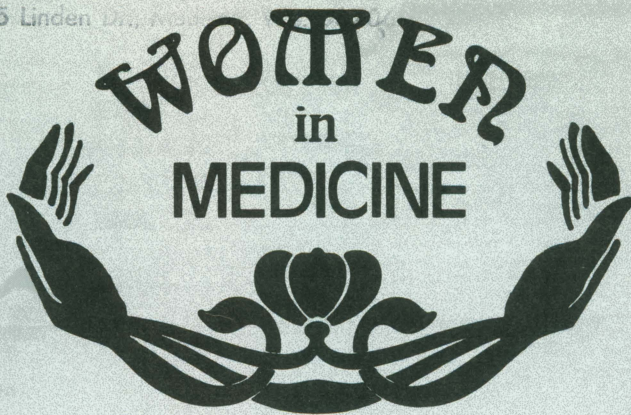
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COVER — Yesterday and today. A biology class in Science Hall, c. 1900, and today's
medical student.

Best Copy

Available



by Ann Arnold, M.D., '21

Dr. Ann W. Arnold, '21, who died last summer at the age of 80, had presented a speech on "Women in Medicine" at the American Psychiatric Association annual meeting in Toronto, Canada, two months before her death. Her daughter, Dr. Nancy C. A. Roeske, professor of psychiatry and director of the undergraduate curriculum at Indiana University School of Medicine, recently sent us a copy of that speech. Parts of it are excerpted here.

....I decided to become a doctor when I was ten years old. As I look back I'm sure that setting my mind at such a young age blinded me to many of the obstacles that existed for any woman trying to become a professional in those days. My family wasn't surprised as one might expect and, in fact, willingly supported me. My mother idealized our family doctor, Charles Hebard. In her eyes he could do no wrong. Doctors were her angels from heaven. Her high regard for the medical profession combined with the fact that his daughter Sue Hebard became one of the few women M.D.'s in the area greatly influenced my decision.

My undergraduate education began at the University of Wisconsin in 1915. There were approximately 30 pre-med students in the class. I was the only woman and I can honestly say that I was treated as a member of one large family.

In 1919 I entered the University of Pennsylvania Medical School where women students had been recently admitted for the first time since it was founded by John Morgan in 1765.

After receiving my M.D. degree from the University of Pennsylvania I was accepted as an intern at Philadelphia General Hospital. It was here that I lived through one of my most unforgettable experiences peculiar to women physicians.

One night when I was in charge, I was summoned to the bedside of an elderly man with prostatic obstruction. He was in terrible agony! In medical school women were not allowed in classes teaching about diseases of the male genitalia. Nevertheless, there I was, the sole person in command of this painful situation.

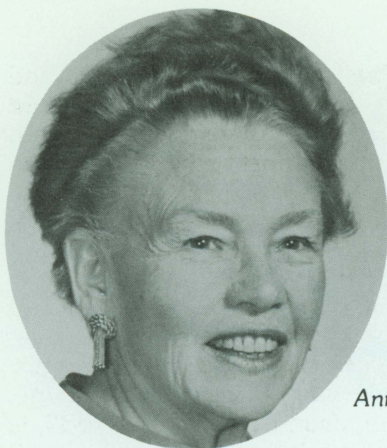
With the help of the night-nurse I forged ahead even though I had never seen or done a catheterization. When I was through the man cried in relief and thanked me. The man in the next bed was also fervent in his thanks.

Upon completion of my two years at Philadelphia General Hospital I decided to continue in obstetrics and diseases of women. I was the first woman resident to enter the Woman's Hospital in New York City. It was there that I met the second woman who greatly inspired me in my pursuit of a medical career. Dr. Lillian K. P. Farrar, a staff member at Woman's Hospital was one of the most facile, gentle, and accurate surgeons I have ever seen. Technically she was brilliant. She introduced the use of radium in the treatment of cancer at Woman's Hospital.

I returned to Minneapolis to study at the University of Minnesota's Outpatient Clinic. There I remained until I married Dr. Duma Carroll Arnold and we began practicing together in Min-

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Ann Arnold, M.D., '21

I see the future for women in medicine as being full of all the hope and excitement that a stimulating medical career can bring.

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neapolis. Shortly after our marriage my husband became a part-time staff man in the Department of Gynecology and Obstetrics at the University of Minnesota Medical School, but I wasn't eligible because I was his wife! Very few women were admitted to the University medical faculty under any circumstances. My choices as a woman doctor were very limited. I had little alternative but to build up patients through my private practice and in that way gain entry onto a hospital staff. The Methodist Hospital in Minneapolis took us in without question. I suspect it was because the head of the hospital was a woman!

Upon arrival in Minnesota I became interested in a project that was especially challenging and rewarding to me over the next 30 years. The Martha Ripley Maternity Hospital in North Minneapolis was ahead of its time in providing a much needed service for women. Patients were given care regardless of their ability to pay. The hospital offered accommodations for unmarried mothers in a building attached to the hospital....

My forte in gynecology was the treatment of sterility and the hospital gave me the opportunity to develop my skill further. I established a fertility clinic at the hospital and ultimately received the Harold S. Diehl Award for my achievements in this area. It was one of the low points in my career and a great loss for women in the community when the Martha Ripley Maternity Hospital was closed for financial reasons in 1956....

In pursuit of continuing education I had the opportunity to personally experience one of the great medical breakthroughs for women. In 1944 I went to New York for a post-graduate course in gynecology where I heard of Dr. George Nicolas Papanicolaou and his discovery of the cells that represent cancer and his method of diagnosis without surgery....

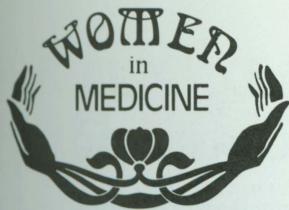
I was so excited when I returned to Minnesota that I immediately went to the Head of Pathology at the University of Minnesota Medical School and told him that the book was available and I thought we should start using the method as soon as possible. I will never forget his reply. He leaned

back in his chair, looked at me and said "Well, I think the methods we've been using are adequate. It won't be necessary to take on this Papanicolaou's smear."

I got up and left. I was, needless to say, quite upset. I never forgot his attitude towards my suggestion and have wondered many times whether his reply would have been different if I had been a man. I think you know the answer.

I must add that I have known male M.D.'s that have been a great help to me in my career. Several times their recommendations gained me entry into schools and hospitals where few women had been before me. I have known men who were doctors that I have greatly respected, and, in turn have received respect from them. I have also seen the other side of the coin. I have known the frustration of having my professional opinion ignored largely because I was a woman doctor. But, I accepted most of these attitudes because, as all women my age, I learned early in life to "know my place." At the time I practiced medicine, women accepted the limitations placed on their careers as the natural course of events. But attitudes are changing and it has been very rewarding for me to witness those changes however gradual they are. Today women doctors no longer have to struggle for acceptance on hospital staffs and are taken into medical schools on their academic merit alone. Recently, I talked with several young women medical students at the University of Minnesota. They felt that discrimination against women is disappearing and that women students are learning to be more aggressive and overcome their past role of acquiescence. In some way, we earlier practitioners may have helped this come about.

I see the future for women in medicine as being full of all the hope and excitement that a stimulating medical career can bring. Doors are opening and professional choices are increasing. For myself, I can say that in my retirement years I look back with joy on the privilege of giving oneself with all one's heart to the noble art and science of medicine. **Q**



Women in medicine never go on to use it — Dean Charles Bardeen, 1929

Women at the U.W. Medical School

Material now being prepared for a book *University Women*, edited by Marian Swoboda, director of the U.W.'s Office of Women, shows that women have had mixed success over the years in gaining entry to the medical school.

Information about women students has been gathered by Rima D. Apple, a graduate student in history of medicine, and Judith Leavitt, an assistant professor of women's studies and history of medicine. Their sources were the university archives, alumni documents and a questionnaire sent to 370 women graduates and house staff. Approximately 66 percent responded to the questionnaire.

When the University of Wisconsin Medical School opened its doors with a two-year preclinical program in 1907, three women matriculated in a class of 26. According to the study by Apple and Leavitt, one physician remarked about her early years at the University of Wisconsin that "the University of Wisconsin was very much ahead of most medical schools in their admission, support and treatment of women." (1916) Apple and Leavitt report that this perception "accurately reflects the views of the majority of women who studied at the University of Wisconsin before the 1960s."

For that first half century the Apple and Leavitt study found the following information:

In June, 1927, the medical school conferred its first four-year medical degrees on six women and 19 men. Nationally, women constituted only 4.5 percent of graduating classes, so Wisconsin, at 24 percent, appeared significantly different. After the first four-year class in 1927, however, the percentages of women graduates at UW dropped dramatically. In 1928, no women graduated; the class of 1929 produced five out of 44 (11.3 percent); the class of 1930, two in a class of 38 (5.3 percent). Not until the war years, 1947-51, did women again attain levels significantly above 10 percent. This erratic pattern

needs more examination. During the 1950s and 1960s the numbers of women students fluctuated widely and in the 1970s the percentage of women medical graduates rose almost to the height of the 1927 class.

"The number of women graduates depends on how many women apply, are accepted, and decide to enter the first year class. Through the last half-century women have applied to medical schools in increasing numbers." (See Table 1.)

However, admissions committees traditionally questioned women's commitment to medicine. Dr. Charles Bardeen, dean from 1907 to 1935, is quoted as saying in 1929 that "women in medicine never go on to use it," and that "the state couldn't afford to train them if they weren't going to use their medicine because there were good men who wanted to go into it."

Worries about women's dedication to medicine still plague UW admissions procedures. Apple and Leavitt report that "recent women graduates complained that interviews were often 'required of all women — optional for men.' Admissions committees asked women applicants if they 'planned to get married and would that cause me to drop out' (1966) and 'about boyfriends, marriage plans and felt as though I should have taken an oath of celibacy.' (1971) Although studies have shown that women physicians do not 'drop out' of medical practice at any greater rate than male physicians, the belief that they are a higher risk group persists. Only three of our sample of UW graduates had not practiced."

TABLE 1
Women Applicants

Year	Univ. of Wisconsin Medical School			United States Medical Schools		
	Applicants	Acceptances	%	Applications	Acceptances	%
1926	10	8	80%	684	304	44%
1927	16	10	62	765	318	42
1928	18	16	89	868	377	43
1929	7	4	57	801	344	43
1969	26	11	42	2289	952	42
1970	30	16	53	2734	1256	46
1971	30	16	53	2734	1256	46
1971	49	25	51	3737	1693	45
1972	96	32	33	5480	2315	42
1973	121	56	46	7202	2743	38

Sources: *Journal of the Association of American Medical Colleges*, various issue, 1927-1930 and the statistics from the Admissions Committee of the University of Wisconsin Medical School.

Continued on following page



Sarah Isabelle Morris, Medical Advisor to Women and Instructor in Clinical Medicine, 1911.

M.D./M.D. Wife A Contemporary View

by Ann Bardeen Henschel, M.D., '45



Ann Bardeen Henschel, M.D., '45

TABLE 2
Applicants and Acceptances
University of Wisconsin Medical School

Year	Total Resident* Applicants		Total Resident Acceptances		Percent Accepted	
	Female	Male	Female	Male	Female	Male
1970	30	324	16	143	55.3	44.1
1971	49	371	25	144	51	38.8
1972	96	390	32	135	33.3	34.6
1973	121	481	56	169	46.3	35.1
1974	148	549	55	156	37.2	28.4
1975	140	489	48	149	34.2	30.5
1976	147	465	50	136	34	29.2

*Since 1970, there have been only a limited number of non-residents admitted to the medical school.

Source: Statistics from the Admissions Committee of the University of Wisconsin Medical School.

Apple and Leavitt report that the number of acceptances of women applicants at the UW has tripled between 1970 and 1976, from 16 to 50. (See Table 2) In 1977, 51 of the 159 first year medical students are women (32 percent).

Apple and Leavitt report that "in recent years women's positions within the University of Wisconsin Medical School have been increasing and improving. Between 1964 and 1974 the number of tenure-track faculty increased by 95 percent. Women faculty increased 176 percent from 17 to 47 and men faculty 87 percent from 194 to 366. But the disparity is still enormous and women are still more likely to hold non-tenure track appointments than their male colleagues." **Q**

Would I do it again? My answer is 'You Bet.'

Someone asked me the other day about my reactions as a physician married to a physician.

At first acquaintance people often gush about how wonderful it must be to be able to talk about the same things. Well, that 'ain't necessarily so.

In fact, life is much more peaceful if our conversation stays out of medicine, allied health and individual professional commitments. Once we almost came to blows over a steak dinner, when we merely compared training philosophies — whether it was better in a training program to limit types of equipment for safety, or to have diversity to provide exposure to a variety of commonly use devices.

With my husband and I being in the same department of anesthesiology, he as chairman and I as associate professor, different interests have prevented clashes, i.e., administration versus record keeping, recruitment versus supervising residents in the operating rooms, staff secretary versus search committees, and so on. Priorities do have to be sorted out, especially timewise, but with enough forethought, things can be arranged with a little give and take.

Two features are worth mentioning: the effect

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on our two daughters, now both in their twenties, and the comparison between the attitudes toward women in professional life in Europe and the United States.

When the children were small, we lived with my folks and had a baby sitter while I was at work. Anesthesiology permits part-time substitution in various hospitals, and therefore the ability to say no at inconvenient times, such as vacations and trips. I was not able to spend as much time as I would have liked with the girls during daylight hours, although a five month "vacation" in 1965, the longest ever, spent at a Girl Scout Day Camp, was almost too much togetherness.

The reaction of the girls is not one of resentment, and they appreciate their independence and have a certain respect for our judgment, which, however, they feel free to ignore. They are both capable cooks, but neither would touch medicine as an occupation with a ten foot pole. They say my husband and I are too much involved, and perhaps we are, but basically, we enjoy our chosen vocations.

I personally would not encourage a girl to go into medicine today unless she were sure that she could stick it out. There are obstacles, both obvious and obscure, psychological and physical, real and assumed.

The second point on which I would like to enlarge is the position of professional women in Europe. In contrast to the U.S., working hours are more defined, so that one does not have professional and scholastic obligations over dinner, in the evening, on weekends, and so on. This means greater freedom to pursue off hours as one wants to, whether for family, friends, or just relaxation. One's circle of friends cuts across many occupations, and intellectual stagnation is prevented by discussions in a wide range of interests. Because of the more set hours, a professional person can manage well with a housekeeper, which is considered a respectable profession in Europe, so that good managers are easier to get and keep.

It is taken for granted abroad that a woman will do all that a man, in the same job, is expected to do, and still remain a lady. Competition abroad is keen, and one must be truly superior to get and stay at the top of the heap, regardless of sex, and thus election to executive positions for a top woman is easier and appears to be less of a token matter than here.

To return to my original subject, tolerance and cooperation from all members of the family group are essential features of making a go of it.

Would I do it again?

My answer is "You Bet." While I can't say the path has no stones, it is well worthwhile to have the satisfaction of living up to one's capacity. **Q**

Way Back When... The First Preceptorship at Wisconsin

by Jeannette Munro, M.D., '27

The following article is part of the "Proceedings of a National Workshop on Medical Preceptorships," held in Madison, Wi., Oct. 26-28, 1977. (See page 19) Because it relates so closely to this issue's theme of "Women in Medicine" it is excerpted here.



Jeannette Munro, M.D., '27

We were the first women doctors (hen medics) ever seen at La Crosse and we took care not to complain ever about anything.

This article is based almost entirely on memory, my memory — I have had enough experience to make me appreciate that memory going back 50 years is not invariably accurate. The general facts and the feeling should be right, however—.

It was exactly 50 years ago that Ruth Anderson and I from the University of Wisconsin Medical School, found ourselves, as part of our fourth year curriculum, joining the staff at the small hospital at LaCrosse, Wisconsin. It was a first preceptorship — a first for the hospital and a first for us. We were there to get practical training and experience under skilled practitioners and did we get it! We had not yet received our MDs, but were addressed as doctor and treated as such, in itself an exhilarating and sobering experience....

The hospital of 146 beds was attractive, modern and overlooked the lovely upper Mississippi. It was staffed by the Gundersen family and clinic. There were only four doctors not bearing the Gundersen name. One of them was Dr. Martin Sivertson,

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the father of one of our present day Deans, Dr. S. E. Sivertson, who directs the Preceptorship Program now. The senior Dr. Adolf Gundersen had been trained in Norway. His American sons had graduated from Harvard Medical School. All had had graduate training in various fields — general medicine, general surgery, eye, ear, nose and throat, pediatrics, urology. This was before the day of specialization and certification, but the Gundersens had seen the writing on the wall.

Rounds in Norwegian

The clientele of the hospital was about 95 percent composed of old Norwegian farmers and their wives with their American children and grandchildren. When we followed Dr. Adolf Gundersen on his morning rounds we sometimes found that the whole procedure was conducted in Norwegian....

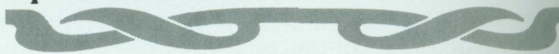
We were the only interns at the hospital at that time, but there had been others as witness the evidence of our quarters. We women had a long narrow room off the medical staff sitting room. The staff were, of course, all men. As we entered our room there were two bunks, upper and lower, on one side; rows of hooks along both walls; practically no furniture. The long tail of the room grew lower and lower as it approached the eaves and it ended in a sort of closet, which was full of discarded tennis rackets, old, stiff stethoscopes, tattered copies of out-of-date textbooks and ancient valises. We had no bath only a toilet off the staff room. I think the staff expected us to complain about our quarters. We were the first women doctors (hen medics) ever seen at La Crosse and we took care not to complain ever about anything....

6 After dinner that first night we were plunged immediately into our new role. The youngest Dr. Gundersen, Alf, (we never thought of calling any doctor by his first name) introduced us to three patients who were to have gall bladder x-rays the next day. Each was to have an injection the night before and the young doctor demonstrated the technique on the first victim. Then, under his

direction we, each in turn, plunged a large syringe full of contrast medium into an elusive vein. One patient got a little bit faint as one of us worked on him but Dr. Gundersen was not at all worried. Next evening there were four "gall bladders" waiting for us and we were alone. No one fainted, no one fell over dead. Already we began to get a certain confidence, even feeling of developing skill.



There were always the older nurses... they knew that doctors to be looked up to were men.



Life and Death

This was a good sample of the methods by which we were taught at La Crosse. We had no didactic lectures but lots of things to observe and procedures to follow. For the first time the responsibility of life and death was in our hands. The gist of our first lesson that first night was that you had to be tough and resolute if you wanted to become a doctor. Get that dose into that vein safely or else!

That first evening we had a second lesson just a little less awe inspiring in its implications but interesting and important enough. We learned that what we had been taught in our prestigious medical school was not necessarily so.

This was during prohibition. We had had it driven into us that alcohol had absolutely no medical value except as a rub. At the University Hospital the interns prescribed dozens of sedatives every night. At La Crosse every adult patient got a nightcap of port. We wrote the prescriptions and we measured out the doses. We witnessed the enthusiasm with which those old Norwegians received their sleeping potions and saw them settle down happily for the night. Very few sedatives were resorted to later.



Dr. Jeannette Munro was one of the six women and nineteen men who were the first to receive University of Wisconsin medical degrees in June, 1927. Her class celebrated its fiftieth anniversary last year.

She retired from private practice in 1964 and now lives at Meadow Lakes, Highstown, New Jersey.

I must add that in some mysterious manner there was always a small dividend left over after the doses were meted out. This was not supposed to put us to sleep but to give us strength to tackle regularly recurring evening chores — writing out of histories on late admissions, the addition of our evening notes on each old chart, the conversations with anxious relatives.

I shall never forget one of the most poignant experiences of my whole training. I did not cover myself with glory but I survived.

I was called on in a panic, to see a seven month old baby who was having a convulsion. I had read of convulsions but had never seen one. I had learned on rounds that the baby had miliary tuberculosis, a condition which was then completely hopeless, and that she was due to die any moment. The knowledge did nothing to mitigate the horror and fear I felt when I saw the little thing unconscious, blue and shaking in her mother's arms. The two were surrounded by young nurses as appalled as I was — but I was supposed to take charge.

Something vaguely remembered from earlier reading told me to get her warm if possible. I sent a nurse to get a heated blanket from a special warming closet. Then I stepped into the corridor and called the baby's own private doctor. He, as I remember, said there was really little one could do. Why not try giving an enema?

Sometime later when the little girl had regained consciousness and knew her mother, I shall always remember that the mother threw her arms around me and said, "Oh doctor, I'm so grateful. The minute I saw you I knew you would know what to do." That was in essence the responsibility I had taken on when I aspired to be a doctor. Would I ever be able to live up to it!

I think we probably gained most from those experiences in which we had to use our own initiative, which taught us how we had to act if we were to be accepted as doctors.

Grant Wood Figure

During my first week at La Crosse I saw my first patient die. I chose to see that one. An ancient Norwegian patriarch was lying in a coma fighting for every breath. My memory tells me he had pneumonia which Osler called "the friend of the aged." But where was the oxygen tent? Of course, it was probably not in use in 1927. The old man's plain elderly daughter sat at his side, a grim figure right out of Grant Wood. I followed the old man's doctor into the room and heard him explain gently and sympathetically to the woman that there was no hope, that her father was unconscious and would slip away painlessly very soon. She gave no sign of emotion, just got a little bit stiffer.

When the older doctor had gone I asked the daughter if she would like me to stay with her for a while and she nodded "yes." We sat quietly, wetting the blue lips occasionally, feeling for a pulse. Then slowly, imperceptively he ceased breathing. I listened for a heartbeat. I did not have to say anything and neither did she. As I rose indecisively to report the death to the nurse in charge the daughter said to me "thank you," then hurriedly, "you'll see they put his false teeth in won't you?" We had gone directly from stark tragedy to the bumbling considerations of every day.

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Accurate Picture

As I try to recreate the feeling of these and other poignantly remembered episodes, I realize that, as written, they may give the impression that we were always able to cope — at least to seem to cope — and that those about us expected us to be effective and cheered us on. This is hardly an accurate picture. There were always the older nurses. They knew very well we were not doctors. Also they knew that doctors to be looked up to were men. They never gave us orders but they were always hinting delicately as to what we should be intelligent enough to do without being told.

One episode in which I did not cover myself with glory was that of an enormous daughter of the Norseman who fell and broke her hip. Somehow she was got into an enormous plaster cast. Next morning she was found dead in her cast and the head nurse intimated that it was my place to get the cast off. She brought me a couple of tools, a large hammer and a large chisel. I knew from the first that I wasn't even going to try to do the job, especially at the behest of that nurse. I made a couple of forceful taps with the hammer on the chisel. The plaster did not fall apart. Just a little powder rose from the hard surface. Then I went down to the cast room and asked a viking there how to proceed. He was very condescending — "Why girly you can't handle that! It took three of us to get it on." In this instance I did not really feel that I had failed as I hadn't even tried. But I was ashamed of having used my feminine weakness to get out of what I recognized as an impossible job.

Vivid Experience

There is one experience which stands out especially vividly in my memory because it showed me that, in La Crosse, the prestige of Dr. Adolf Gundersen and probably of his sons as well overrode all the medico-legal precepts we had learned in our courses at Madison.

Dr. Adolf Gundersen called me on a Sunday to tell me he was sending in an old Norwegian housewife for an emergency operation. I was to arrange for a private room for her and to get the operating room "prepped."

The patient arrived on a stretcher carried by two strapping sons. The nurses were already busy and the nurse anesthetist hovered in the wings.

I left the room to see to some last minute details. Then the anesthetist came flying out telling me agitatedly that the patient refused to have the operation. I went in and found the old lady proclaiming that if the Lord wanted her to die he should take her. She knew He would not stand for her being cut up. The sons and a daughter were weeping and trying to calm her but it was no use.

Without Consent

I went to the operating room and found Dr. Gundersen already in a gown and scrubbing up. Without a word to me he took his hands out of the water, held them up dripping before him and marched into the patient's room in a cloud of disapproval. He stood grimly while the old lady met him with a stream of explanations and expostulations which quickly died down. Then he fixed her with a fishy eye and said, "What is this foolishness? Put on the ether." The operation proceeded. The patient recovered but I knew instinctively that, even if she had died, no one in La Crosse would ever have thought of suing Dr. Gundersen for malpractice just because he had operated without the patient's consent.

There are many less striking but still instructive episodes I remember from my La Crosse days. I had learned at the University Hospital how important it was to have post mortem examinations in all fatal cases, particularly in those where the diagnosis was in question. In one such case I persuaded the family to allow an autopsy. I found that the surgeon who had operated on the patient was much upset as the examination disclosed a condition not even considered in the differential diagnosis. He blamed me for being a busybody — and of course I was one....

These episodes are only some of the more dramatic experiences we had at La Crosse. The three months of preceptorship at La Crosse in the Spring of 1927 are engraved on my memory as one of the most fertile learning experiences of my whole medical career. It was a transition period and a period of maturation. At last I was beginning to learn to be a doctor.

I am deeply grateful to Dr. Bardeen who sparked the idea of the preceptorship and to the doctors Gundersen who made the experience so memorable.

Q

The Woman in Medicine, 1977

by Diana Kruse, M.D., '77



Diana Kruse, M.D., '77

In recent years there has been much written about being a woman in medicine, focusing on the difficulties and "discrimination" that these particular women faced both in training and in practice. This was during the time that the percentage of women in practice and in training was eight percent of the total physician population. Now the percentage of women in medical school across the country is 25-30 percent. I was a member of one of the first classes (outside of the World War II years) at the University of Wisconsin Medical School that consisted of 25 percent women.

The gist is that it is no longer unique to be a woman in medicine. Many of the pressures that women faced are no longer functional. It is gradually becoming an accepted fact in our society that women should work and that women can be as their male counterparts.

This is not to say that women in medicine do not face problems. Rather, their problems are the problems that all medical students face as they go through the process of professionalization. The metamorphosis from first year medical student to competent physician is a stressful one, including learning to deal with life and death, with the concept that being a physician is not an eight hour/day job, with the realization that responsibility to the patient does not necessarily end when one goes home for the evening.

In some respects, male physicians in training are undergoing a new series of stresses. Society is questioning its "workaholic" nature. As Wisconsin Governor Martin Schreiber emphasized in a recent commencement address, our society does not need another generation of workaholics. Instead the well-rounded individual with an interest in family, friends, community and government can potentially contribute much more to our society. Many newly trained male physicians are grappling with a problem that women physicians have dealt with over the years: seeking some balance between their personal and professional lives.

I have said that being a woman physician is no

....a problem that women physicians have dealt with over the years: seeking some balance between their personal and professional lives.

longer unique. However, there are still certain specialties which have a paucity of women, including the surgical specialties. Many reasons have been postulated for the lack of women in the surgical specialties. The paramount explanation is that the training period was long and rigorous and not amenable to the woman physician with a husband and/or family. I predict that the number of women applying to and accepted for surgical residencies will increase over the next several years, partly because the numbers of women graduating from medical school is greater and because of the increasing tendency of professional women to marry later and have children later or not at all. This is reflected by the number of females in University of Wisconsin surgical residency positions now, including the first female general surgery, plastic surgery and orthopedic surgery resident and the second female urology resident in the history of the training program.

What has my experience been as a medical student and as a beginning orthopedic surgery resident? Overall, as long as I have performed adequately and competently, I have been respected as a medical student and now as a fledgling physician. I certainly had my doubts prior to entering the male dominated specialty of orthopedics, but desire overcame doubt. In my first several months of training I have found my male associates more empathetic than I had anticipated and overall they have been very supportive, whether knowingly or unknowingly, and I thank them for it.

I'll close by paraphrasing Marilyn Monroe. I may be functioning in a man's world, but despite this, I hope to remain a woman. **Q**



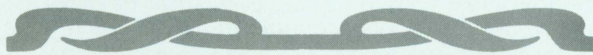
Two Professionals A Retrospective View

by Elsa Edelman, M.D., '23

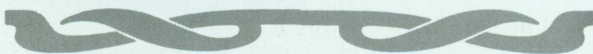
Elsa Edelman, M.D., '23

A two a.m. telephone call awakened me — the bete noire of my existence. I got up groggily and answered the telephone, located in the dressing room. A secondary hemorrhage was the problem, which meant a trip to the hospital, surgical set-up, and an anesthetist.

My husband got up and began to dress. Being married to a doctor with a specialty in ear, nose and throat medicine and surgery had its drawbacks. But he always preferred to drive me to the hospital in the middle of the night, rather than stay home worrying and wondering if I had had car trouble when it took longer than expected at the hospital.



The fact is we all must give up something and compromise.



I protested this extra tiring work for him, but he always insisted. It was just one of the ways that we worked together in a two-professional marriage, starting in the twenties long before Feminists and consciousness-raising sessions. The crux for us was compromise and mutual understanding of each other's needs, whether emotional or professional.

My husband was an electrical engineer who worked on plans for early atomic power plants. I tried my best to understand some of the more obvious facets of engineering. I listened but never really comprehended much. I never got beyond page five in the Smythe Report. The same thing was true of my husband's understanding of medicine. Yet, his care and interest were always visible. And that was the important thing to me.

Of course, I would never have thought of treating my husband, but once I had to. I had a philo-

sophy about treating patients and human tissue. It was so easy to be rough and destroy tissue. So I made it part of my treatment to be extremely gentle. That came in very handy when my husband had a secondary hemorrhage on the fifth day after a tonsillectomy. A young assistant surgeon came to stop the bleeding, who was rough and couldn't get it stopped. So my husband said, "Would you let my wife try?" I was able to do it and, after the surgeon had gone, he said, "Darling, you are so much more gentle." That pleased me.

When we were discussing marriage in Paris, I committed myself to living any place in the world where he had a position. In return he promised never to interfere with my practice of medicine. After some years of marriage, my husband was asked to go to Paris on business for his company. He was to spend an indefinite time there. I decided at once to go with him. I told the company power that my attractive husband would not pound the pavements of Paris alone. So I closed my office and spent four and a half months with him in Europe. It was a great time, and I have never regretted having to close my office temporarily. I was able to make arrangements for my patients during those months, and they all survived well. I wouldn't change one minute of that trip. The fact is we all must give up something and compromise. If I hadn't gone with him, think what would have had to give up in having him go alone.


There is in every marriage the problem of the "other woman" or the "other man." A thing of that importance must be talked out, not hidden. Jealousy is corrosive acid.

My husband had endless women who thought he was the answer to their prayers and needs. In one episode I remember especially at a cocktail party, a relaxed female guest said to me, "What would you do if I made a play for your husband?"

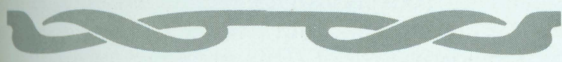
"Cut your throat and watch the blood drip."

said, semifacetiously.

Shortly, I went over and told my husband that the woman was going to make a play for him. He smiled and said, "Relax, Darling. She's too scruffy and doesn't bathe enough."



... all the little things that go into being together... are just as important to people in two-professional marriages as they would be to anyone else, no matter their circumstances.



I had a few episodes with men which made me uncomfortable, including a letter from one of my husband's friends and colleagues. It happened during World War II. The friend developed pneumonia in a hotel room in San Francisco. I did what I could for him medically. He recovered and was grateful, but he also decided that he was in love with me and wrote me a letter spelling his feeling out. Wartime and illness with no personal family around had done strange things to his emotions. I knew the only thing to do was to read the letter to my husband and get it out in the open. He sat silently while I read. Then I destroyed the letter and that happily was the end of it. I never saw the man again.

Both of us had quite different abilities and interests. Since I was terrible when it came to handling money, investments, or paying bills, I was delighted to put all those matters on my husband's desk. As an engineer and a "math" genius, he paid them without fuss. He also bought stocks and bonds. He would take a certain amount of money and invest half of it in his name and a similar amount in mine. It was comforting for me to have someone take charge of that end of living.

I remember my husband asking from time to time whether I needed spending money. Once I

remember saying, "See what's in my purse." He opened it and said in a shocked tone, "You've only got \$3.31." I suggested that he put some additional money in to carry me over, which he did. He was always watching out for me in this way, and I appreciated it since I could never remember to replenish my funds or make my checkbook agree with the bank statement.

Religion and philosophy of living are also important for marriage, whether two-professional or not. A formal go-to-church-every-Sunday was not part of my pattern of living. Fortunately the same philosophy applied to my husband. However, if formal church services had been necessary for complete happiness, there is no question in my mind that I would have attended if it would have been important for him. And I'm sure he would have done the same for me if it had meant something to me.

My advice to anyone planning to be married is that the woman should never say "no" to sex, and the man should never push a sexual desire if his wife is ill or consumed with worry over a problem. Frankly, my husband would indicate his desires and feelings in the car driving home. In the house he would say, "Do you want a cocktail now or later?" We would tear off our clothes and have a gorgeous, satisfying interlude that left us calm, relaxed, happy and hungry.

I was a lousy cook, but this didn't bother my husband or me. We often ate out or we would take a steak out of the freezer and my husband would broil it in the fireplace.

Yet in spite of being totally different and having been trained in two completely different professions, we did make it in marriage as well as in our professions. Part of it may be all the little things that go into being together, or the touch of a hand, or the softness of lips, the feel and smell of someone you love. The light in eyes when you meet across a crowd in an airport, concert hall, or at a convention. All these things are just as important to people in two-professional marriages as they would be to anyone else, no matter their circumstances. **Q**

The President's Column

Bernard H. Kampschroer, M.D., '67
President

What's Happening?

This may well be the shortest column ever written on the President's page. The reason for this is not, however, neglect to prepare for this quarterly privilege. I have been quite aware that the deadline for this issue was December 10th. In fact, after the fall issue, my cortex was full of wonderful ideas.

What was happening? I could put ounces of ink into the business end of the WMAA. Why aren't there more dues payers? Just over 50 percent isn't so good! How about class representatives? I could have extolled the accomplishments of the dedicated individuals and made a plea for filling vacancies where they existed. Medical School admissions?... always a great item. Town and Gown drivel? That's old hat.

Other topics I toyed with included the comradery experienced at out-state meetings of the alumni; CME; Medical Alumni Student House (MASH); how to get the internship reinstated; etc.

The dilemma was obvious, but the solution was obscure. Must every article be a profound discussion of important issues? Must there be a moral to every story? Couldn't I as the president exercise the prerogative to write whatever I chose? Of course. So, I did! Please read on.

The WMAA is my friend. Its members are my peers and my colleagues. There is a refuge to be found herein which is not commonplace today. I enjoy the meetings, the discussions, the feeling of accomplishment after completing a challenging project. Pleasure describes how I feel when a fellow alumnus does a good job and gains recognition. It's fun to help the students. They unquestionably provide a stimulus for me each time I rub shoulders with them.

Many of us are busy, bored or just uninterested. This is my invitation to you to "come on back." You might just like what you find in the Alumni Association.

If this article smacks of sentimentalism, philosophy or possibly senility, that's OK. Today I turned forty. **Q**

Our Medical School: An Amalgam of Spirit

Mischa J. Lustok, M.D., '35
Editor

For more than half a century our medical school has had many outstanding leaders. Some were in attendance at birth, others nursed the fledgling along steadying its early faltering steps, still others assuaged the growing pains of adolescence. Ultimately, all contributed in some measure of their very singular talents to the maturity of its stature.

The charism of generalship is fleeting, but even a brief encounter leaves an indelible imprint. Our school evolved from a mosaic of many minds and a checkerboard of ideas. Bricks and mortar compounded into a structure of impressive architectural design create a showcase of building complexes, but do not invent a medical school. People generate a school. Brilliantly creative minds, patient and ever curious scholars, professionally skilled workers, innovative technicians, and above all, excited and exciting teachers are the essence of a medical school. This amalgam of spirit can be molded and shaped by the leadership, but the corpus remains inviolate.

We are again in the business of recruiting a new dean. To those of us of long memory it seems to be a periodic exercise. We were witness to them all. Some were generated by inevitable attrition, others were temporary at the initial concept. At times mundane political considerations were paramount to the change, on occasion it was simply a game of academic musical chairs. Whatever the mechanism was that created a vacuum at the top of the pyramid, it was an unsettling experience both worrisome and insecure. It need not be.

It is the broad base that supports the top, albeit it is the pinnacle of office that has the greatest visibility. The human resource of our school is a solid foundation and its academic growth secure in its promise. The vitality of our faculty is both body and soul. We do not deny the importance of enlightened leadership in unifying the command and charting the course, but a sound ship sails on even when the captain has left the bridge.

We can take comfort in the stability of our medical school, its ability to carry on its mission, and its capacity for continued accomplishment while we patiently await the selection of a new guide and the appointment of a new dean. We need no pause on our journey while preparing a welcome. **Q**

BOARD ROOM NOTES

DATE: October 21, 1977

PLACE: Madison, Wi.

Progress Reports

LaCrosse Meeting — Dr. Richard Hong, professor of pediatrics, the major speaker on November 10. Drs. Sivertson, Curreri, Sims, Berkhoff and other members of the faculty attending.

Milwaukee Meeting — Program Committee is W. Wiviott, F. Gaenslen and B. Zimmermann for this meeting at the University Club on February 3. Cocktails are at 6:00 p.m.; dinner is at 7:15 p.m.

Fox River Valley Meeting — Planning Committee of Drs. P. Gohdes and F. Lamont to determine a time and place.

UW-MCW Women Medical Students and House Staff

Approximately 75 women medical students or physicians attended a lakeside picnic in Oconomowoc last summer hosted by Dr. Ann Bardeen. The function was well received and may serve as the beginning of a regular program bringing together women physicians and medical students and, possibly, fostering interaction by students and house staff of the two medical schools.

Alumni Day Plans

The Alumni Day Planning Committee will present a recommended format for the day to the Board at its February meeting. Members are Dr. John Brennan, Chairman; Dr. J. Hoyer; B. Zimmermann; President-elect W. Hein, ex-officio.

General Medical Alumni Memorial Fund

In addition to major, significant memorial funds the Association receives many designated memorial contributions which will never be of sufficient size to accomplish anything meaningful. With a single medical alumni memorial fund to which countless memorial gifts and bequests could be added, it would be possible to bring a major project to fruition. Nothing will be done to interfere with the continuance of established memorial funds which are already serving worthy purposes.

It was moved, seconded and approved that the Medical Alumni Association take appropriate action to create a Medical Alumni Memorial Fund to which will be added existing memorial funds not now being used productively to which future memorial gifts and bequests will be added to support projects of the U.W. Medical Alumni Association. **Q**

California News-Notes

W. H. Oatway, Jr., M.D., '26
California Correspondent



This column said in the Spring issue 1977, "California Correspondent Seeks More Mail," and ended with a rousing "needle." It worked, with far more items than usual. Hooray!

It is great to get news of **W. Philip "Phil" Corr** of Riverside, Cal., '23. He has retired, after 50 years of practice, and in 1976 was made an "Honored Professor" (the only one at that date), as well as an "Honorary Alumnus" of Loma Linda School of Medicine. He and his wife Betty were on the trip to Hawaii which the "Billy" Middletons made in April 1975... Phil's earliest practice was two years in Juneau, Wi., followed by an instructorship in pathology with the "incomparable Dr. Bunting," 1927-28. (This columnist was instructor, with Gorton Ritchie, in 1924-25, same Dr. Bunting, and Dr. Edgar M. Medlar)... Phil tells us of **Hobart M. Kelly**, '32, a Mayo-trained ob-gyn specialist, who is retired to Rancho Bernardo, San Diego area, after being one of three founders of the Riverside Medical Clinic in 1938, which now is a group of 30 members.

Q

Robin Smith, '45, has practiced pediatrics in Canoga Park (Los Angeles County) for the past 22 years. Her special interest is in Afghanistan, where she has a daughter and family living in Kabul, and where she visits every few years and makes rounds and lectures at the Avicenna Hospital. She has been a member of the Los Angeles Physicians Art Society, and notes that Jim Neller was its president in a recent year.

Q

A sad note for old-time California friends of **Maurice "Mo" SeEVERS**, who died in April 1977, after being emeritus professor of pharmacology at U. Mich. He was a fine teacher and researcher at U. Wis., and continued a great career with work on narcotics and as consultant for W.H.O. and for Japan, Thailand and Australia.

Q

Christine Nelson, U. Wis. '70, continues her Southern California career. She had her internship and residency in this area, and is assistant pro-

Continued on following page

Oatway *Continued*

fessor of pediatrics at U. Cal. Irvine since 1974 in "Ambulatory Pediatrics." She lives in Garden Grove, but will be assigned this year, by U.C.I. to be a pediatrics education coordinator at the Children's Memorial Medical Center in Long Beach... She mentions that **Roberta Alder**, '71, is in pediatric practice in Anaheim, and that **Kurt Osborn**, '70, is finishing a neurology residency at U.C.I., and will practice in northern California.

Thomas Y. Fung, U. Wis. 1960, and U. Wis. medical 1964, writes from Hayward, Cal. He interned at San Joaquin General Hospital, took his residency in internal medicine at Harbor General Hospital, Torrance and at Highland General Hospital, Oakland. He is a diplomate of the American Board of Internal Medicine and chief of medicine at St. Rose Hospital, Hayward. Dr. Stephanie Fung is a licentiate of the Royal College of Physicians (and Surgeons), Edinburgh (and Glasgow). Tom says there are other Wis. alumni around and he will urge them to write. Hooray!

The great **Chauncey ("Sarge") Leake** lost his lovely wife, Elizabeth Nancy (Wilson) Leake in San Francisco, in June 1977. They were married in Wisconsin when Sarge was on the faculty there 55 years ago. He continues his editing, with a "Review of Reviews" for the *Annals Rev. Pharmacology and Toxicology*, 1977.

The Wisconsin and ex-Wisconsin people who attended the American Lung and American Thoracic meetings in San Francisco in May, 1977, included **Helen Dickie** of Madison, **Donald Olson** of Portland, Or., **Frank Maresh** of Milwaukee (world traveler), **Bill Little**, Racine, and others. Great to see them.

Jerry Shaw, two years at U. Wis. (then Harvard, then a W.G.H. medical residency, then the American Hospital in Paris, etc.) called from his office on Wilshire Blvd., Santa Monica, Ca. He does two half-days in practice per week; is consultant for Conn. General Life Insurance Co.; is a U.R.C. member in his hospital; and helps in a free clinic for the elderly... He also tells of others in Santa Monica, — **Bert Meyer**, in Jerry's office in ob-gyn; **Paul Reinsch** and **Bob Skeels**, internist in the Shelton Clinic.... He also reminisced about "**Muz**" **Hardgrove** of Milwaukee and, of course, told several **Middleton** stories.

Alvin Robinson, '61, now of the Southern California Permanente Medical Group in Los Angeles, has an idea for an ex-Wisconsin (medical) social group. He suggests that "it would be wonderful" if they could have their own "convention for physicians (from Wisconsin) who practice in California." The only Wisconsin gatherings in the past have been either non-medical ones, or Wisconsin rallies when national medical groups meet in San Francisco or Los Angeles.... The idea sounds good at first glance, especially when people here

can rarely get back to Madison for the fall or spring sessions.... We will now wait for word from the locals, and from the alumni organizers.

This note is about an Arizona family, but the reunion took place in California. **Jackman Pyre**, who had a wonderful time at his 40th in Madison last spring, spent 10 days in Oceanside, Ca. in September, with his wife, three daughters, four grandchildren, his brother Gus, and this author (and his son Bill). In addition to reminiscing about Madison and Tucson, 1920 to 1946 to 1977, Jack scuba-dived off Catalina and San Clemente islands for three days!

Another old friend gets another accolade. **Daniel Goleman**, in *Psychology Today*, writes a three-page laudatory article on **Milton Erickson** '19, "The Grand Master of Clinical Hypnosis" in the U.S. and world, though he is color blind, is tone deaf, had polio and has arthritis.

Dermont W. (Bill) Melick has moved back from the U. Arizona Medical School in Tucson to Phoenix, where he will re-start his practice of cardiovascular-thoracic surgery. After early education at the U. Arizona and Pennsylvania, he was instructor in surgery at Wisconsin. He was professor of surgery at U. Arizona, plus three other coordinating jobs.

The name of **Karin Lindsay** was misspelled here last spring (as "Karen"). So **Marek J. Bozdech** wrote to tell us so, and about his progress. Marek (as he writes it) was an intern and resident at U. Wis. from 1972 to 1975, and Karin was on his medical rotation at the VA Hospital. Now he is at U. Cal. San Francisco as a fellow in hematology-oncology and will continue there as an NIH fellow for at least the next two years. He works on electron microscopic histochemistry of leukemic and other cells. He and his wife have had a child, aged two; they love California, but still dream of Wisconsin seasons, and the lakes, hills, campus, capitol, State Street and the hospitals.

We have just received a news note due to our "persistence, tenacity, and general good humor," it says here! **R. Larry Schmitt** writes from beautiful LaJolla and we are glad. He graduated from U. Wis. in 1962; interned at the Philadelphia General Hospital; did two years with the USPHS, caring for Alaskan natives in Juneau; and then completed general and child psychiatry training at the Menninger Clinic before moving to the San Diego area. Larry made contact with **Otto Mortensen**, whom he read about in the *QUARTERLY* and who lives in Menlo Park.

Again, we say (and even plead), a postal card all you need!

W. H. Oatway, Jr.
146 Monarch Bay
S. Laguna, Ca. 92677

Dr. Sprague Starts On a New Path

At 77, Dr. Lindley V. Sprague is still surprisingly reluctant to hang up his stethoscope and take down his shingle even though he has a young man's curiosity about many things and a hatful of hobbies to claim his leisure time.

"I've had the most pleasing, rewarding existence a man could ever have," he said in summing up his 52-year medical career. "Every moment has brought me joy."



Lindley V. Sprague, M.D.

“Every moment has brought me joy.”

The compassion he brought to his patients and the dedication he brought to his profession were the focus of conversation during his retirement party Oct. 28 in Madison. The event was hosted by his fellow physicians of East Madison Clinic where he's practiced for the past nine years.

The UW Emeritus Clinical Professor of Medicine chose to be a family practice physician because he wanted to care for the entire family. In his half-century practice, families extended into three generations.

He said that for a time it looked like the emergence of the medical specialist might spell the end of general practice, except in rural areas. But now family practice is a specialty in itself. The value of the family doctor relationship has again been recognized.

"I confess to spending too much time with each patient, but we had a lot to talk about. They're my friends," Sprague said.

Lindley Sprague was almost destined to be a doctor. There have been 30 doctors in his family in three generations. And the one non-conformist made **Who's Who** for his accomplishments in four unrelated fields.

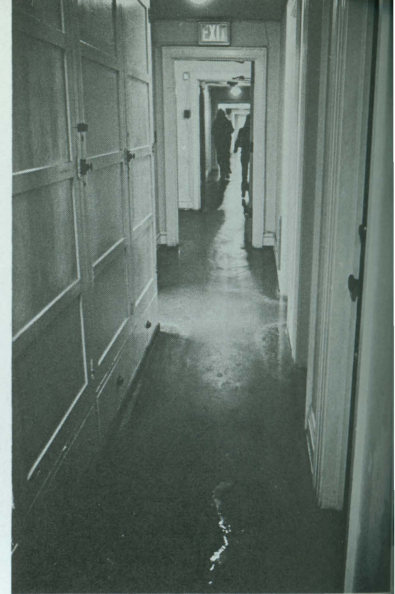
After earning his MD at Detroit College of Medicine and Surgery, now Wayne University Medical School, he interned at the City of Detroit Receiving Hospital.

He then came to Madison to work in the Student Health Department and as a resident of the U.W. General Hospital. He taught full-time until he opened a private practice over a drug store on East Washington Ave. Then, he saw patients at night and taught part-time during the day.

Dr. Sprague taught clinical medicine until 1970. His prescription for a good diagnosis is "touching, listening, observing, using the sense and common sense." **Q**



Nurses are First Occupants of Clinical Sciences Center



Spiffy new classroom contrasts with old facility, where there were water puddles in hallways.

During November's chilling weather, the School of Nursing became the first occupants of the new U. W. Clinical Science Center, leaving behind a cramped 1926 building that was once a nurses' dormitory.

No longer having to contend with crowded conditions and borrowed classroom space, the nursing staff relish the size of their new school. Taking up most of the first and second floors in two of the Center's northeast towers, the school increased its space from 16,000 square feet to more than 37,600 square feet. The nursing department will also share additional classroom space and other facilities located in adjoining floors and towers.

The Clinical Science Center, located on the far west edge of the Madison campus, resembles a complex organic molecule. Its over one million gross square feet is built in a series of multi-level towers. In addition to the School of Nursing, the facility will house University Hospital and its clinics, the Wisconsin Clinical Cancer Center and the clinical departments of the UW Medical School.

A computerized labeling system (one that will be used by all moving departments) enabled the nursing administration and its Instructional Media Center to move quickly and efficiently on Nov. 28-30. The rest of the school, its faculty and instructional equipment moved Dec. 27-30, following the completion of first semester classes.

Members of the nursing faculty and staff are ecstatic about their new setting.

"It's just beautiful," said Dean Valencia Prock. "The school has double the space, individual faculty offices, modern teaching quarters and new research labs."

According to Dean Prock, a lack of clinical resources has limited enrollment since 1974 to between 900 and 1000 students. "The ceiling will be lifted now as the Center's new laboratories and classrooms permit an expanded graduate

program," she explained.

She admitted the new building seemed "a little strange" at first. "The nursing staff initially felt a growing 'sense of nostalgia' for our old place," she believed.

"The old school will always be sentimental to me," Jill Bendixen said, administrative secretary to the Dean. "I guess it's the nature of the building — being so old and small. Even though we were cramped, we all shared such a good rapport. I hope it doesn't change."

While Prock, Bendixen and others admit the 51-year-old building has charm, they also point to its many drawbacks — the peeling paint, the cramped media center, faculty members doubling and tripling up in converted dorm room offices and steam pipes in the walls that made the building uncomfortably hot.

To celebrate and tour the new quarters, the nursing school held a Dean's Tea for students, faculty and alumni the afternoon of Dec. 14.

Second semester registration was conducted at the new building and instruction for over 1,000 students began at the new site on January 23.

The present schedule for occupancy of the Clinical Science Center by other departments is as follows: library and teaching space, Jan. 1978; Wisconsin Clinical Cancer Center and research Animal Resources Center (Module 1), Feb. 1978; Medical School research labs, March 1978; Research Animal Resources Center (Module 2), Aug. 1978; and University Hospital and Clinical and Medical School clinical departments, March 1979.

Begun in 1973, the Clinical Science Center is the largest public building project undertaken in the state's history and one that will have important implications for the future of health care in the state and nation. **Q**



New Sights at Homecoming

Left: Medical alumni tour group stands at one corner of the skylighted University Hospitals' outpatient lobby. Round "port-holes" are lights; windows between rows of lights look out of surgery department offices. Right: UW architect Merlin Redfern points out features of new Clinical Sciences Center reading room. Windows above mezzanine area of room look out of medicine department offices. Open area where group is standing is skylighted.

Homecoming 1977 provided more than an exciting football game for Medical School alumni on October 22. In addition there was a chance for a look at two spots that are becoming familiar to today's medical students.

One is an old place with a new name and face: the Medical Alumni Student House (formerly the Phi Chi House), where a post game reception was held. The sprucing up of the old place and why it was done is fully described on page 22.

The other is a brand new place: the Clinical Science Center (CSC), which recently became home for the UW Nursing School (see page 16) and soon will be home for UW Hospital, the clinical years of the Medical School, the Wisconsin Cancer Center, and new animal quarters.

The guided tour of CSC for alumni groups took in only a small fraction of the facility's one million

plus gross square feet. Highlights included a few inpatient units, outpatient clinics, library, classrooms, conference rooms, lecture hall and cafeteria. The use of "interstitial space" in construction make this hospital one of only six or so in the country that have a total flexibility to meet any changes in medical practice and teaching in the future.

The building will be closer to completion on Medical Alumni Day, May 26, and many of that day's activities will be held there.

By the way, the Wisconsin Badgers ultimately gave Michigan State the edge at the Homecoming game, 9-7, before a sellout crowd of 79,000 fans. But a good time was had by all the nearly 300 grads and medical students who attended the pre-game brunch at Union South.

Q



Thomas C. Meyer, M.D.

Thomas C. Meyer, professor of pediatrics and chairman of the department of continuing medical education, is chairman-elect of the National Group on Medical Education. He was elected at the American Association of Medical Colleges (AAMC) meeting in Washington, D.C., Nov. 6-10. He will take office as chairman following the AAMC meeting in November, 1978. At the Washington meeting Dr. Meyer participated in a Research in Medical Education symposium entitled, "Alternative Mechanisms to Assess Educational Needs in Continuing Medical Education."

Howard L. Stone, director of the Office of Educational Resources and associate professor in the department of continuing medical education, presented two papers at the American Association of Medical Colleges meeting in Washington, D.C., Nov. 6-10. They were part of the Research in Medical Education conference and were entitled "The Evaluation of Teaching Effectiveness: the Myths about Student Ratings" and "Factors Influencing Internship/Residency and Practice Location: Implications for Public Policy."

Q

Dr. Lloyd Guth, University of Maryland, presented the annual Otto A. Mortensen Lecture on Monday, Nov. 28. The title of the lecture was "Spinal Cord Injury and Paraplegia — History of Paraplegia Research." The lectureship was established and is being maintained by contributions of the 1963 class (Don Riegel, Class Representative) in honor of Emeritus Professor **Otto Mortensen**, '29.

Thousands of alumni recall Otto fondly as "our Mr. Chips." For over 40 years he was always available as counselor and father confessor to medical students as well as effective chairman and gifted teacher of anatomy and Associate Dean for Academic Affairs and Admissions. Since his "retirement" Otto has been a full-time teacher of anatomy at Stanford University Medical School.

Q

HEW Secretary Joseph Califano has appointed UW-Madison cancer researcher **Dr. Elizabeth Miller** to the President's Cancer Panel.

Dr. Miller, who is also associate director of McArdle Laboratory for Cancer Research at UW, is one of three persons on the panel.



Elizabeth Miller, M.D.

According to Dr. Miller, the panel will meet monthly to advise the director of the National Cancer Institute on policy matters.

Q

Dr. Thomas P. S. Powell, an outstanding neuroanatomist from Oxford University in England, delivered the third **Woolsey** Lecture in the Neurosciences on December 13, 1977.

The lecture, entitled "The Basic Uniformity of the Neocortex," highlighted Dr. Powell's recent work which indicates that the various parts of the neocortex may be more fundamentally similar than has been previously thought.

According to Dr. Powell the cytoarchitectural differences between cortical areas depend primarily upon the relative proportions of the numbers of fibers in the subcortical and cortico-cortical pathways and not upon the absolute number of types of nerve cells in a "cylinder" of cortex. Thus, powerful generalizations regarding neocortical function may now be possible. Q

Dr. Bach is First Recipient of Milwaukee Award

Fritz H. Bach, professor of medical genetics and surgery, was the first recipient of the Milwaukee Academy of Medicine's Distinguished Achievement Award.

The award presented Dec. 6, honors Dr. Bach as Wisconsin's outstanding physician-scientist. The recognition is for his pioneering laboratory work and his translation of laboratory results to clinical use.

Dr. Bach, who is director of UW's Immunobiology Research Center, has advanced the matching of organ transplant donors and recipients. The basic findings which resulted from his work have contributed greatly to the present day success of kidney transplantation.

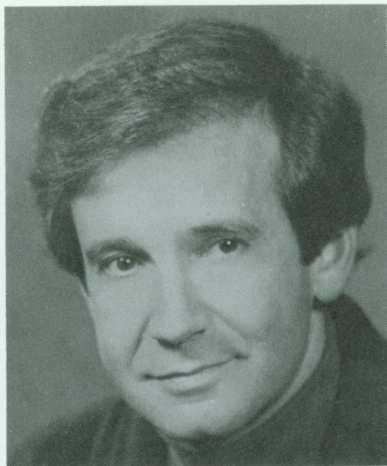
In 1968 he headed a medical team at the University of Wisconsin-Madison which performed the first successful bone marrow transplant. Bach's patient, David Zeissett, celebrates the tenth anniversary of his historic transplant this year. **Q**

A New Era of Preceptorships

Medical school faculty members from around the country converged on Madison to attend the National Workshop on Medical Preceptorships sponsored by the University of Wisconsin Medical School Oct. 26-28.

The workshop marked the 50th anniversary of the Wisconsin Preceptorship program. The program, established in 1926, was the first of its kind in the country.

UW Medical School faculty members Dr. Sigurd E. Sivertson



Fritz H. Bach, M.D.

and Dr. Thomas C. Meyer were co-chairmen of the workshop. The three day program included sessions on funding, evaluation and new directions in preceptor programs, as well as the "nuts and bolts" of running them.

"We're moving into a new era of preceptorships," said Dr. Sivertson. "There's renewed federal interest in preceptorship programs as a way of attracting physicians back into primary care."

Dr. Sivertson pointed out that alumni questionnaires evaluating the preceptor program always came back positive, and about 90 percent of the former medical students agree that preceptorships should be mandatory at Wisconsin.

In Wisconsin, 21 physicians currently serve as preceptors for 160 senior medical students. Students select the type of experience (family practice, general surgery or group practice) and time of year they want. Each spends two months working with their preceptor in daily practice.

From the beginning preceptors haven't been paid. "Their value can't be estimated," says Dr. Sivertson. "That type of attitude and commitment doesn't have a dollar value."

Attending the conference were seven Wisconsin precep-

tors: Dr. Eugene Eckstam, '43, Monroe; Dr. Roger Bender, '43, Beaver Dam; Dr. Thomas Haug, '47, Rhinelander; Dr. D. A. Jeffries, '47, Shawano; Dr. Herbert Sandmire, '53, Green Bay; Dr. Larry Johnson, '67, Lancaster; and, Dr. John Henningsen, Rice Lake.

When asked why he became a preceptor, Dr. Bender remarked that "preceptorship was a major part in my medical development. I wanted to share that experience with students." Dr. Johnson added that he "enjoyed watching the students develop as doctors, and their constant questioning."

The role of preceptorships in influencing students' practice choice may be overestimated but many of the Wisconsin preceptors agreed that it is one of the best learning experiences students have. After all, working with patients is something you don't learn from a textbook. **Q**

Anesthesiology, 50 Years After

September 10-11, an event "50 Years After," commemorating the jubilee of academic anesthesia in the United States, was sponsored jointly by the Wisconsin Society of Anesthesiologists and the University of Wisconsin Department of Anesthesiology. This marked the anniversary of the 1927 appointment of Ralph M. Waters, MD, to the faculty of the University of Wisconsin, the beginning of a new era in anesthesiology.

During his two decades at Wisconsin, Dr. Waters was the vitalizing influence for the rapid development of this specialty in the United States and abroad. The meeting recognized these contributions and celebrated 50 years of academic anesthesia at the University of Wisconsin and in the United States,

Continued on following page

Faculty News

Anesthesiology Continued

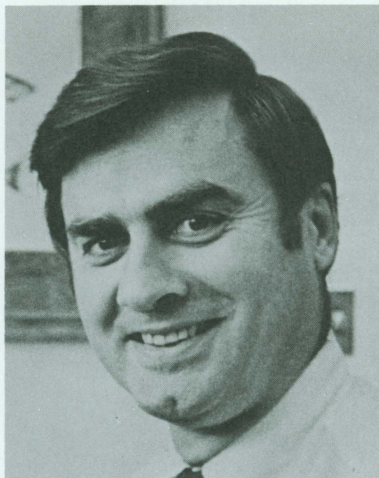
it also explored how the specialty will be influenced in the future by changes in technology, pharmacology and society at large.

Following the keynote address by Betty J. Bamforth, MD, '51, the group considered the future of anesthetic agents and techniques and the role of the physician anesthetist. Discussion was directed by Edward Brunner, MD, Chairman of the Department of Anesthesiology at Northwestern University School of Medicine. Participants included Edmund I. Eger, MD, of the University of California-San Francisco and Henrik Bendixen, MD, of Columbia University.

In the afternoon, John Steinhilber, MD ('45), former resident and faculty member of the Department of Anesthesiology, chaired the discussion. Theodore Cooper, MD, former Assistant Secretary for Health, Department of Health, Education and Welfare, discussed medical practice and social goals and E. S. Siker, MD, presented his views on "Personnel and Training Programs in Anesthesia: Has the Future Arrived?"

On Sunday morning, Richard Friedman, MD (faculty), was the chairperson for a look into the future. Homer Warner, MD, of the University of Utah, discussed "The Role of Computer Prompting in Patient Care." Jerrold Maxmen, MD, Einstein College of Medicine, looked to the future with his topic "Anesthesiology in a Post-Physician Era." **Q**

Dr. Bernard Nelson is Acting Medical School Dean



Bernard W. Nelson, M.D.

The UW System Board of Regents has named Dr. Bernard W. Nelson acting dean of the Medical School. UW-Madison Chancellor Irving Shain has named a search and screen committee to seek qualified candidates for dean of the Medical School. Closing date for applications/nominations is February 15.

Concurrent with Dr. Nelson's assuming the acting deanship, Chancellor Shain announced that he has formed a small committee of senior Medical School faculty to review personnel recommendations on behalf of the acting dean. Committee members include: Profs. Paul Carbone, oncology; Ben Peckham, gynecology and obstetrics; and Joe Wilson, medical microbiology.

The appointments were

made necessary following the resignation of Dr. Lawrence G. Crowley. Dean of the school since 1973, Dr. Crowley left the UW to accept the position of deputy dean at the Stanford University School of Medicine.

Dr. Nelson, '42, came to Wisconsin in 1974 when he was appointed associate dean for academic affairs of the Medical School. Before being named to that position, he served as associate dean for medical education and assistant professor of medical education and assistant professor of medical microbiology at the Stanford University Medical School. He received both his undergraduate and M.D. degrees from Stanford.

A past chairman of the board of National Medical Fellowships, Nelson has been active both nationally and at the UW in promoting greater medical educational opportunities for minority students.

Members of the newly-formed search and screen committee include: Peter L. Eichman, neurology (chairman); Catherine De Angelis, pediatrics; Perry A. Henderson, gynecology and obstetrics; Harry J. Karavolas, physiological chemistry; Dennis G. Maki, medicine; John R. Marshall, psychiatry; John R. Pellet, surgery; Henry C. Pitot, oncology and pathology; Glenn S. Pound, dean, College of Agricultural and Life Sciences; Margaret Ryan, medical student; Roberta Wallace, health systems engineering; and Richard C. Wolf, physiology. **Q**

Link Renewed with 44th General Hospital



Dr. Donald Fullerton, left, associate dean of clinical affairs, with past and present Commanders of the 44th General Hospital. Front row, left: Dr. James Brandenburg, otolaryngology chairman and current Commander; previous commanders Dr. Bruce Longley, associate professor of surgery; Dr. Leroy Sims, professor of medicine. Back row from left are past Commanders Dr. Frank L. Weston, emeritus clinical professor of medicine; Dr. Herman H. Shapiro, emeritus clinical professor of medicine; Dr. Anthony Curreri, professor of surgery; and Madison dentist Dr. C. A. Gjertson.

Late last summer the University of Wisconsin Medical School renewed its affiliation agreement with the United States Army Reserve 44th General Hospital Unit.

Like many other army hospitals and medical schools, the initial agreement was made in 1953. However, its links go back to 1940 and the efforts of Dean William S. Middleton. In those early war days the professional personnel for the hospital unit was picked from the medical school faculty and its statewide preceptorial staff.

The hospital was activated as a complete unit in 1943. After initial training the group was sent to Australia and a year later was moved to Leyte in the Philippine Islands. There Col. F. L. Weston became Commanding Officer of the 44th.

Unlike most general hospitals, the 44th functioned both as a hospital and combat outfit from

mid-November to mid-December 1944. During this period the Japanese made a parachute invasion of Leyte, which 44th hospital officers and corpsmen helped repulse.

The unit was officially deactivated on April 15, 1946, but reactivated as a reserve unit in 1948 as trouble brewed in Southeast Asia. The reservists included a small nucleus of the inactive World War II group, including one nurse, Lola Reddemann, Dr. E. R. Daniels, practicing in Milwaukee, Dr. C. A. Gjertson, a Madison dental officer, and Drs. J. L. Sims, H. H. Shapiro and A. R. Curreri of the Madison faculty. In 1976 Dr. Gjertson ended his term as commanding officer, the last of the World War II 44th personnel.

The 44th, however, remains the bulwark of Wisconsin's contribution to medicine's citizen soldiers.

Q

MEDICAL STUDENT NEWS

M.A.S.H.

By Paul Apyan, MED II, and
David Hansmann, MED III

The Medical Alumni Student House, MASH, is an old three story brown brick apartment house built shortly after the turn of the century. From the 1950's until March 1977 it had been the home of the Phi Chi Medical Fraternity. However, this past winter Dr. Joseph Lulich, acting for the Phi Chi Board of Directors, donated the house to the Wisconsin Medical Alumni Association.

The objectives of MASH are four:

- To provide clean and economical housing for medical students.
- To provide both a good academic and social atmosphere while attending the University of Wisconsin Medical School.
- To provide housing for visiting students from foreign and domestic medical schools.
- To remain financially sound.

With its conversion to MASH, the house underwent a face lift during the past summer. Professionals came into the house to put in new lighting, paneling, wallpaper, carpeting, install a new kitchen, repair floors, porches and the roof. Added to this is, new dining room and recreation room furniture, curtains, color TV and a homemade bar! Throughout the process we've tried to preserve the natural woodwork, leaded glass bookcases, and beveled glass windows.

We have permanent residents from each medical school class along with visiting students. It's a co-ed house providing a cooperative living environment for 21 residents. Our common kitchen is available for use by anyone in the house. Each permanent member has a specific job to be done



The face hasn't changed much, but it has a new name: the Medical Alumni Student House.

each week to maintain house upkeep. Overall it's very comfortable here with both the convenience of a private room and the good times of a big group. There is mixing between all four years at the house so that underclassmen are always picking up pointers about the next thing around the corner in medical school.

Each person pays a social fee and with some of that money we provide ourselves with two parties each semester. We have lots of cold beer, munchies, and dancing music for both students and house staff. Also, after all home football games beer is provided on the front porch for your enjoyment so be sure to stop by; it's becoming a tradition.

Long-range plans call for the MASH house to become a medical alumni center with a new location near the new hospital/VA center. We plan to play a big role during significant weekends in the school year such as homecoming and graduation to create better relationships between students and alumni. The house has a great deal of potential, and we invite you to visit us and see for yourself.

Wayne Kubal, Senior Class President

Many members of the fourth year class are taking one or more elective months of training abroad. The medical school has an ongoing project in Nicaragua in community medicine. Students may sign up for this elective just as they would for any other fourth year course.

Many students choose to devise their own programs with assistance from the Office of International Health Affairs. Electives taken outside the United States may be approved for credit by the Clinical Years Committee. Each case is considered individually, but the following is required of all students to obtain approval for credit:

- a) statement of personal educational goals
- b) orientation prior to departure
- c) summary report at conclusion
- d) evaluation of the experience by student and overseas advisor

The system works well because the student reports are on file, giving the next year's students a description of some available programs. Gary Herdrick is going to Adelaide, South Australia in the same program that Dawn Fubruian had attended the year before.

The most popular foreign country is Great Britain. Deborah Kass, Dennis Barcz, Merle Hunter and Russel Welch will be going to Edinburgh. Margaret Behrens, Rich Jefferies, Judy Pruski and Scott Sunde will go to Newcastle while John Ziemer goes to Dundee and Becky Hawkins to London.

Several students have chosen to experience medicine as practiced in the underdeveloped countries of Africa. Rick Biersdorf goes to Ghana, Mike Cummins to Tanzania, and Sandra Sessious to Zaire.

The Caribbean area is popular especially during our winters. Fred Cruz-Urbe goes to Guatemala, Dale Jacobson to Barbados, and Pete McKenna to Antigua.

It is possible to do several overseas electives. Vicki Gutgesell will spend time in Western Australia and in Malagasy.

Most students finance their programs themselves, helped now by the low transatlantic airline rates. One of the most generous scholarships available is funded by the Reader's Digest. Dave Port was awarded 75 percent of his airfare to Kenya where he will study medicine. Kent Kapitan went to Antarctica on an expenses-paid elective studying virology. (See page 00.)

(Ed. note — Richard Immler, a University of Wisconsin-Madison senior medical student, received a MAP-Reader's Digest International Fellowship

for next year. He will work in West Africa from March to May 1978. Made possible by a grant from the founder of Reader's Digest, the program provides three-month assignments to rural mission hospitals and clinics in remote parts of the Third World.)

Most of us would agree that it is professionally enriching to learn how the art of medicine is practiced in several different locations. Students who take out of state electives or who leave Madison for their residency training are beneficiaries of this sort of enrichment. The student who ventures farther afield is more likely to find personal enrichment as he encounters a new culture.

Here is a marvelous opportunity which should be seized because for physicians who wish to practice in the USA residency training abroad is impracticable, and after debts fall due and social obligations increase, it is very difficult to go to Africa for two or three months. Certainly each of the students with whom I spoke felt his overseas experience to be a very positive one. **0**

A Profile of This Year's Medical School Freshmen

Of the 159 students in the first year class, 51 were women, 16 are students from disadvantaged backgrounds and 151 are Wisconsin residents.

The students, ranging in age from 20 to 42, represent 34 of Wisconsin's 72 counties. Approximately half of them were undergraduates at UW-Madison or UW-Milwaukee. Biology, zoology and chemistry are their most common undergraduate majors, but some students majored in art, education and language.

A total of 592 Wisconsin residents applied for the 151 resident places in UW Medical School's first year class. Although the number of applicants was less than in previous years, it's not necessarily getting easier to get into medical school. Statistics show that the average grade point average and Medical School Admissions Test scores have increased slightly each year.

UW Medical School selects students on the basis of academic record, recommendations, employment experience, extracurricular activities, and an interview.



Preventive medicine professor Elliot Dick, left, and Kent Kapitan, MED IV, study samples from their recent Antarctic trip.

Studying Colds in — Where Else? — Antarctica!

Waking up to frosty minus 58 degree temperatures and an icy landscape would send shivers down most peoples' spines but Kent Kapitan, a fourth-year, UW medical student, says he loves it.

Last summer, Kent traveled to Antarctica with Dr. Elliot Dick, a UW professor of preventive medicine, to study the transmission of colds. The experience counted as a fourth year research elective.

Kent stayed at Scott Base, a New Zealand installation, and charted how colds spread among the 21 residents. This involved some detective work in finding out who each person had contact with and for how long. He also served as the base physician and cultured nose viruses of those with colds. Dr. Dick worked at the nearby U.S. research center, McMurdo Station, which housed about 150

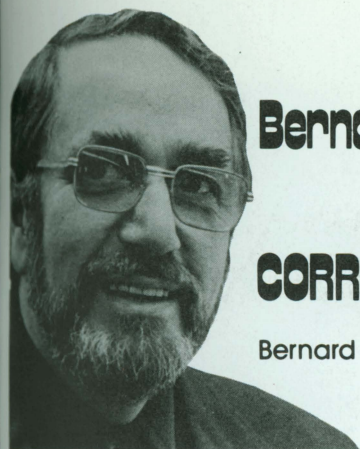
U.S. naval personnel.

Antarctica seems a likely enough place to study colds, because of its chilly temperatures, but Kent says that has nothing to do with their study. "Antarctica is an ideal place to track cold transmission because of its isolation."

He explained that a detachment of men from "outside" (some with colds) joined the year round Antarctica residents in late winter, which is our summer. Then everyone was isolated another five weeks until the summer research season began and new personnel flew in. In Antarctica, outside sources of colds are eliminated.

Kent plans to write a research paper on his Antarctica work. He says he hopes to specialize in internal medicine.

Q



Bernard i. Lifson

**MIDWEST
CORRESPONDENT**

Bernard i. Lifson, M.D., '49

How Many Pages?

An article in a recent issue of *Medical Economics* tells of a patient who asked her psychiatrist to please see her young married daughter who was having marital problems. An appointment made had to be cancelled when the young woman told the psychiatrist she would need more time to prepare for her interview. Several weeks later she appeared with 14 pages of complaints against her husband.

I thought this subject might make an important case study for a scientific paper, so I approached Clarice to see if we might co-edit a research project in an "objective" manner. For those of you who are new readers of the **QUARTERLY**, I should mention that for 25 years now Clarice has been my wife, mentor, department chief and guru in residence. I, therefore, felt it appropriate to pick her brain on this matter. It took some time to get her attention since she was shoveling out the snow-covered garbage cans.

After reading the article, she remained silent for some time. I thought she was contemplating. She said she was thawing out.

"How many pages could you fill if you were to list your complaints these past 25 years," I asked. Her look of response gave me a curious feeling. I felt I needed to thaw out.

"Do you think you could fill a page?" I asked. Further silence, then a slow smile.

"What kind of complaints are you interested in?" she questioned.

"Anything, anything you may have felt irritated or annoyed at or thought unfair. Anything you might have felt unhappy about." Again there was a prolonged silence.

"You see, I knew 14 pages was exaggerated and impossible." I began to think there was no need to further pursue this issue. There would be no paper.

Then Clarice asked, "What about the time we returned from our honeymoon and the apartment you had rented for us was not available?

We had no place to live and had to go to a motel. Remember?"

"No, that doesn't count. That was circumstances."

"Then there were the times you compared my cooking to your mother's."

"I'm not talking about that. That was your rookie season as a wife. I'm asking about things that really annoyed you."

"I remember when you used to call me by your former girl friend's name when we first were married."

"But that was a mistake, Honey."

"You mean that wasn't a Freudian slip?"

"No — just a mistake. Now come on," I said seriously, "I'm talking about things that really bothered you, not these minor episodes of little importance. Things that really annoyed you."

"I can remember when friends would always say that being married to Bernie must be a happy, laugh-a-minute, twenty-four-hour day. Yet every time I had to discuss something with you, you were in the bathtub with your newspaper and cigar. Remember when I called your office to make an appointment with you so we could have time to talk and I got a recorded message from your answering machine?"

Now I was really irritated. I was attempting to discuss a serious issue and Clarice was responding with inappropriate matters that had no relevance. I restated my purpose in bringing up this matter and clarified that if she had no complaints in our 25 years of marriage, she should just say so.

"Take your time, think carefully, try hard to see if you can come up with anything."

Now put to the test, she responded in rapid-fire succession.

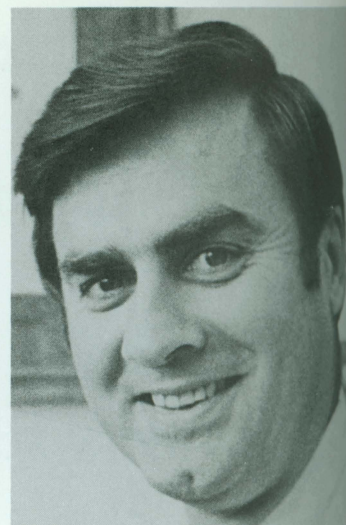
"Leaving your clothes on the chair, chewing ice, putting up the screens in September, not calling when you're late for dinner, piling papers on my desk, not hearing me when I speak to you...."

I finally had had it. I would try once more. Masking my annoyance I slowly asked, "If you were to make a list of things I have done that irritated or annoyed you, how many pages would you fill?"

In her own quiet, yet articulate manner she slowly turned toward the door and as she was about to exit asked, "Single-spaced or double-spaced, Bernie?" **0**

Bernard W. Nelson, M.D.
Acting Dean

the dean's column



In a search for solutions to the problems of physician maldistribution in the U.S., the federal government has endorsed a major expansion of the National Health Service Corps (NHSC). The number of medical students awarded scholarship grants providing for payment of tuition and living expenses increased this year to over 2,000 students nationally. The program is anticipated to grow in future years until one of every five students enrolled in medical school will be a recipient of a National Health Service grant. For each year of financial support the student receives while in medical school, they obligate themselves to a year of service in a medical setting designated by the federal government as a "physician shortage area."

The NHSC has been in existence for approximately ten years. A number of physicians in Wisconsin are now practicing in communities because of the existence of this program. One of the questions that is now being asked is the impact of the NHSC program on the physician maldistribution problem in Wisconsin.

The geographical maldistribution problem is of two types: rural and inner city. In Wisconsin most of the attention has focused on the shortage of physicians (and other health care personnel) in rural areas.

The last five years have seen the development of a number of different efforts by the state and medical school intended to encourage more medical school graduates to practice in rural areas of Wisconsin. These have included: the development of residencies in family medicine; the selection of preceptors with practices near underserved areas; the development of the statewide clinical campus; and alteration in admissions policies to favor students who appear to be more willing to practice in rural areas.

A strikingly high percentage of the family practice residents have not only stayed in Wiscon-

sin, but many have settled into small communities in Wisconsin as well. The affect on redistribution of our graduates from the development of the statewide clinical campus and changes in admissions policies and the preceptorship program is more difficult to predict. These may not have a measurable affect for many years.

The potential now exists for the federal expansion of the NHSC to come into conflict with the efforts being undertaken by the state. Underlying this conflict is the potential that more Wisconsin students will be enrolling in the NHSC program than the number of available practice locations in the state. Under the new legislation that now governs the NHSC, the student who signs up for the Corps is required to repay three times the amount they have received in benefits (tuition and living expenses) plus accrued interest all within one year if they elect not to practice in the NHSC. For students enrolled in the Corps for four years, the potential payment is in excess of \$120,000. Wisconsin students who do not find positions in Wisconsin will be forced to leave the state in order to satisfy their obligations. This may nullify efforts by the state, which now pays the majority of the student educational costs, to effect a redistribution of physicians to rural areas.

Physician maldistribution problems exist nationwide and occur in both developing and developed countries worldwide.

The types of efforts that will be necessary to ensure that people in rural areas have access to needed medical care service will not cease with the steps described above. No simple solution to the problem is likely to yield the desired results. The development of the NHSC, particularly the criteria for designating shortage areas, will have to be monitored carefully to avoid conflict between the federal initiative and the needs of the State of Wisconsin.

Q

Earlier in his career he spent 22 years in China as a medical missionary.

Q

P. J. Leinfelder, '29, retired last July after 47 years with the University of Iowa (UI) College of Medicine's Department of Ophthalmology. Professor Emeritus Leinfelder was honored Nov. 10-11 at the International Workshop on Neuro-ophthalmology in Iowa City. He was cited as a pioneer in neuro-ophthalmology and as the initiator of that specialty at UI's College of Medicine in the Department of Ophthalmology.

Q

Carlos Vollenweider, '29, has retired from active practice in Buenos Aires, Argentina. He invites correspondence from classmates and friends at: Sarmiento 799, Martinez Prov., Buenos Aires, Argentina, South America.

Q

Oliver E. Tjoflat, '29, has retired from active practice in St. Louis, Mo.

Q

Harold L. Hauge, '32, recently visited classmate Bob Benson and his lovely wife, Ruth, in Hawaii. Dr. Hauge is retired and living in Ft. Lauderdale, Fl.

Q

In his recent note to members of the class of 1938, class representative **John V. Berger, Jr.**, notes a number of classmates he has seen recently. They include: Hugh Kennedy, practicing in Corpus Christi; Jim Miller, who is retired from his practice of orthopedics and planning a trip with his wife to

the Caribbean; fellow Madison ophthalmologist George Oosterhous; Johnnie Dorsch, who is practicing out west; Herb Pohle, who practices internal medicine in Milwaukee; and Bob and Chuck Poser, who are at the Poser Clinic in Columbus.

Q

The 1939 class representative, **V. S. Falk**, reports recent contact with classmate Harold Werbel, who retired in July, 1976, from the practice of internal medicine in Delavan, Wi. Since that time Dr. Werbel has done a great deal of traveling around the world. Dr. Falk also notes that Oscar (Pete) Foseid, who retired from thoracic surgery at the Jackson Clinic, Madison, has been doing some volunteer work over the long holiday weekends. He and his wife (an RN) fly with National Guard helicopters out of Madison over the interstate highways to cover emergencies.

Q

Phillip H. Seefeld, '39, has retired from the practice of medicine in Mequon, Wi.

Q

Karl Beyer, '43, (also Ph.D. Physiology from Wisconsin in 1940) visited the Medical School and toured the new Clinical Sciences Center in late October in company with longtime friend Emeritus Professor of Medicine Karver Puestow. For many years Dr. Beyer directed the research program of Merck, Sharp and Dohme and made many fundamental research discoveries relating to the various corticosteroids.

Q

Robert W. Bedinger, intern '48-'49, wants to have a thir-

Continued on following page

Karl Menninger, '17, received the first American Psychiatric Association (APA) Founders Award at the APA Annual Meeting in Toronto last May. In October he testified before the U.S. Senate subcommittee on juvenile justice. Dr. Menninger is currently writing numerous articles and giving speeches on such subjects as corrections and juvenile justice. He is chairman of the board of The Villages, Inc., a group home center for youth in Topeka, Ks.

Q

Joseph William Steckbauer, '20, retired March, 1976, from his practice in Manitowoc, Wi.

Q

Harold E. Henke, '25, retired from practice in Montebello, Ca., in January, 1977. He had practiced there since 1954.

Alumni Capsules *Continued*

tieth reunion in Madison in the fall of 1978 for the 16 to 18 '48-'49 interns.

All '48-'49 interns associated with Dr. Bedinger are urged to communicate with him at 7702 Parham Rd., Richmond, Va. 23229 or with the Medical Alumni Office.

A life member of the UWMAA, Dr. Bedinger ranks his internal medicine experience at U.W. as the cornerstone of his professional career. He recalls fondly Helen Dickie, Bob Schilling, LeRoy Sims as well as the late Ovid O. Meyer and Edgar S. Gordon. His collaborating on a study with Ed Gordon was terminated by Ed's untimely loss in a snowstorm in Yosemite Park three years ago.

He reports that the annual medical alumni receptions in conjunction with the annual A.C.P. meetings are delightful and urges that they be continued.

Dr. Bedinger credits a Virginia classmate, Gerald Mueller, a professor of oncology at Wisconsin, as a major influence on his decision to seek post-graduate training in Madison.

Dr. Bedinger reports that Dr. Richard L. Glazier, who completed his internal medicine (hematology) training at U.W. in 1975, is in practice in Richmond and carrying on the Wisconsin tradition of excellence.

Q

John B. Wear, Jr., '54, is vice chief of staff at University of Wisconsin Hospitals and chairman of the Section of Urology. Dr. Wear is also chairman of the U.W. Medical School Faculty Advisory Committee and a member of the Task Force for the U.W. Center for Health Sciences.

Q

Loren H. Amundson, '56, is co-class representative with

Diane Dahl of Minnetonka, Mn. Dr. Amundson was a major participant in a national workshop on medical preceptorships held in Madison, Oct. 26-28. He is a member of the faculty of the Department of Community and Family Medicine, University of South Dakota (USD) School of Medicine. Dr. Amundson came to U.W. in 1954 from USD, establishing a "South Dakota Connection" that lasted for approximately twenty years.

Q

Hugh D. Riordan, '57, is now serving as director of the Center for the Improvement of Human Functioning and the Biomedical Synergistics Institute. Both are nonprofit organizations. The latter will be sponsoring the Second International Conference on Human Functioning Sept. 15-17, 1978, in Wichita, Ks. (three days of CME available). The Riordans have six children. The oldest, Mike, is a Langsdorf Scholar at Washington University, St. Louis. Wife Jan is now a nurse educator at the University of Kansas Medical School, Wichita.

Q

Richard W. Biek, '58 intern, has left the Wisconsin Department of Health and Social Services in Madison after eight years to accept the position of superintendent of Community Health Services with the City of Milwaukee.

Q

George P. Bogumill, '59, was honored at a retirement ceremony at the Uniformed Services University of the Health Sciences, Bethesda, Md., Oct. 27. The professor of surgery (orthopedics) has served as acting chairman of the department of anatomy for

the first two classes of medical students at the new university. Dr. Jay P. Sanford, Dean of the School of Medicine, presented Colonel Bogumill with the first Oak Leaf Cluster for his Legion of Merit Award, which he received in 1973. Dr. Bogumill was an 18-year-old clerk-typist when he enlisted in the Army in 1947. During his last year of medical school he re-entered the Army, where he has served as a medical officer for the past 19 years. Before coming to the University he was chief of the orthopedic surgery service and hand surgery section at Walter Reed Army Medical Center.

Q

George M. Kopf, '61, is a Fellow of the American Academy of Ophthalmology and Otolaryngology and of the American College of Surgeons. He is a past president of the Ohio Ophthalmological Society. As of January 1, 1978, he became president of the medical staff of Good Samaritan Medical Center, Zanesville, Oh. Prior to that date he was vice president of the staff.

Q

Frederick A. Fosdal, '64, was inducted as a Fellow of the American Psychiatric Association at the Annual Meeting in Toronto last May. Dr. Fosdal is in the private practice of general and forensic psychiatry in Madison, Wi.

Q

Howard Baker, '65, along with his psychologist wife, Maggie, is running an ongoing series of seminars on the modern two career marriage. They are being given throughout the U.S. as a part of the continuing education program of The Institute of the Pennsylvania Hospital and the Univer-

sity of Pennsylvania Department of Psychiatry. He is currently Director of Drexel University's Student Mental Health Service. The Drs. Baker live in Central Philadelphia, a few blocks from Independence Hall with their 14 month old son, Nicholas.

□

D. E. Zimmerman, '65, accepted a position in January, 1977, with Southern Illinois University School of Medicine in Springfield, Ill., as clinical assistant professor in emergency medicine and in the Memorial Medical Center Emergency Room. He and his wife Nancy have three children, Kate, Joe and Nick.

□

Richard E. Silberman, '66, moved his practice last March. He is now in the solo practice of cardiology in Milwaukee. He continues his teaching association as associate professor with the Medical College of Wisconsin. On October 16 he and his wife Linda had their first child, a girl.

□

Robert G. Hartmann, '68, has been transferred from Naples, Italy, to the U.S. Naval Hospital at Long Beach, Ca.

□

Marshall B. Segal, '69, (also M.D.) of Chicago has pointed out an omission in the current Medical Alumni Directory. He reports that there is an American College of Emergency Physicians with over 5,000 physician members. Boards were scheduled to exist for Emergency Medicine by late 1977, and there are over three dozen recognized residency programs in emergency medicine.

Marcia J. S. Richards, '70, has changed from the position of assistant professor of human oncology (division of radiation oncology) to private practice of radiation oncology in Milwaukee. Her major site of practice is St. Mary's Hospital. She also practices at St. Luke's Hospital and Trinity Memorial Hospital. Her associates are **Carl E. Olson** ('69 and UWH resident), **Kenneth Klein** (UWH resident) and **Alan Fidler, '46**.

□

Loren Rosenthal, '71, began private practice July 1, 1977, with West Cedar Medical Associates, neurologists and neurosurgeons, Poughkeepsie, NY.

□

Scott Mubarak, '71, returned to San Diego with his family after completing a one year fellowship in pediatric orthopedics at the Hospital for Sick Children, Toronto, Canada. He is an assistant professor in pediatric orthopedics in the Division of Orthopedics, University of California, San Diego, Medical School.

□

Necrology

Dr. Ann W. **Arnold, '21**, in Minneapolis, July 19, 1977. (See page 1)

Dr. Arthur J. **Connell, '23**, Gainesville, Fl., August 10, 1970.

Dr. Margaret **Craighill, '23**, Southbury, Ct.

Dr. Kenneth D. **Hannan, '35**, Baraboo, Wi., December 10, 1977.

Dr. Otto V. **Hibma, '39**, Madison, Wi., October 7, 1977.

Dr. Knut H. **Houck, '22**, Woodland Hills, Ca., December, 1975.

Dr. John H. **Kieraldo, Jr., '56**, Palo Alto, Ca., October 27, 1977.

Dr. Raymond L. **Schulz, '12**, Los Angeles, Ca., March 6, 1976.

Dr. Robert M. **Wylde**, resident '44-'47, Sedona, Az., in Phoenix, Az., October 27, 1977.

□

Dr. Siebecker Dies

Dr. Karl L. Siebecker Jr., former chairman of the UW anesthesiology department, died unexpectedly October 19 while attending the annual meeting of the American Society of Anesthesiology in New Orleans, La. He was 66.

The Madison, Wi., native earned both his B.S. degree in 1938 and his M.D. in 1940 from the University of Wisconsin. Before returning to Wisconsin for his anesthesiology residency he interned at Los Angeles County Hospital, served as an Air Force flight surgeon during World War II and practiced in Tujunga, Ca.

He joined the anesthesiology faculty in 1955 and served as its chairman from 1965-69. He had recently served as a consultant to the Bird Corporation, Palm Springs, Ca.

A memorial service was held for him December 4 in Barden Hall. Speakers included Dr. Betty Bamforth, UW assistant medical school dean and professor of anesthesiology, and Dr. Richard Kraemer, a former UW faculty member in anesthesiology and pharmacology and currently professor of pharmacology at the University of Colorado, Denver.

Contributions in his memory may be made to the Middleton Medical Library, c/o UW Medical School, 610 Walnut St., Madison 53706. □

Ψ SOUTHWEST Ψ CORRESPONDENT

Jerome Szymanski, M.D., '57

Howdy Pardners! (Note lingering midwestern accent.) The metamorphosis takes time but the transformation is inevitable. The bolo tie is now up front. Pointed cowboy boots stir the dust. Levi's. A Stetson on top. A 4x4 stands in the driveway. CB in hand, I say, This is KAMP 2697, Ski Tiger, with a letter — "The Southwest is still here. Where are you?"

Alumni meetings and greetings have zigzagged across the country from Oregon to Phoenix to Wisconsin to Wichita.

Q

Recently Tom Martens, '57, called from downtown Phoenix. He was on official business and was about to return home. Tom has been setting bones in Oregon for the past eight years. Tom was one of the Fearsome Five at Marshfield in, '57-'58.

Q

Last summer Scottsdale Memorial Hospital offered a strictly Arizona CME one-day course on summer emergencies. Subjects covered included spider and snake bites, scorpion stings, and desert survival. Well, would you consider a winter visit?

Q

Vernon Kores, '36, a one year Wisconsin man, was one of the registrants. He went on to Marquette and pediatrics. Vern is now Chief Medical Consultant with the Phoenix Disability Certification Office. Vern retired in 1971. This is a part-time practice.

Q

At the same meeting, I met a ZZ. Jerry Helland '44 is here! He told me he has been hiding from the IRS. I believe he was joking. He can be reached by calling Arizona State University, Student Health Services. The Directory no longer lists him as a ZZ: Jerry Helland, 4950 Miller Road, Scottsdale, Az. 85251. Telephone: 602-949-7340.

Q

Leonard Stein, '60 spent last April homesteading in Tucson and Phoenix. He was one-half of a training workshop team. The workshop was entitled "Psychosocial Survival for the Aged and

Chronic Psychiatric Client." Lennie was a co-developer of the Training in Community Living Program of the Mendota Mental Health Institute.

Q

There was a mini APA conference in Madison last June. Karen and Lennie Stein hosted the event. The get-together was for old friends and included the Links, Koeneckes, Mannis, '60, Miezius, '60, Pizers, '59, Harlan Smiths, '63-'67, Thurrells, '54, and the guests of honor, the Szymanskis, '57. All presentations were received well. Thank you, Karen and Lennie.

Q

Harris Murley, '64 vacationed in Wisconsin in August. He was able to make contact with Fred Fosdale, '64 and Gerald Gehl, '64. He was also able to track down Ed Orman, '57. Ed, moving west to east across Wisconsin, is in Green Bay.

Q

On our return to Phoenix we stopped in Wichita, Hugh Riordan Country. Hugh, '57 and wife, Jan, have been there since internship. Hugh is Director of the Center for the Improvement of Human Functioning. He is also Director of the Biomedical Synergistics Institute, an educational organization.

September 23-25, the Institute with Hugh as Conference Coordinator, put together a most unique and challenging conference, the First International Conference on Human Functioning. The focus was on clinical medicine and the modalities which determine levels of health within an individual's genetic framework. Subject areas discussed include behavior, nutrition, and environmental factors. For those unable to attend, all speakers are video-taped and recorded.

Q

10-44. 10-20. Phoenix. CB still in hand,
KAMP 2697

Jerome F. Szymanski
5051 North 34th Street
Phoenix, Ariz. 85018

FINANCIAL REPORT

Alexander Grant
& COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
University of Wisconsin
Medical Alumni Assoc., Inc.

University of Wisconsin Medical Alumni Assoc., Inc. STATEMENT OF ASSETS AND LIABILITIES

(prepared on a cash basis, except for gifts in kind)

June 30, 1977 and 1976

ASSETS	1977	1976
Cash	\$ 20,951	\$ 6,466
Certificates of deposit	—	35,000
Investments in common trust fund of University of Wisconsin Foundation — at cost — Life dues fund (market value \$98, 319 in 1977 and \$85,281 in 1976)	90,055	75,190
Special projects fund (market value \$2,484 in 1977 and \$2,932 in 1976)	2,505	2,505
Special memorial fund (market value \$21,472)	21,660	—
Land and building (notes A2, A4 and B)	72,100	—
	\$ 207,271	\$ 119,161

LIABILITIES AND FUND BALANCES

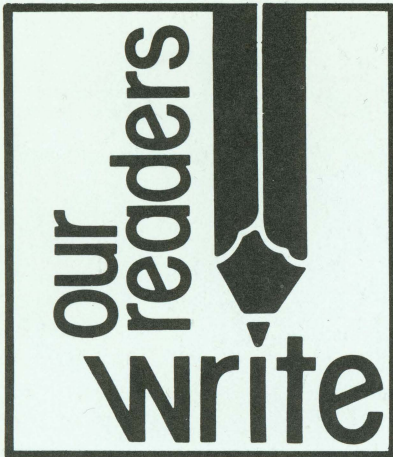
Liabilities		
State and federal income taxes withheld	\$ 177	\$ 176
Sales tax payable	56	24
	233	200
Fund balances (deficit)		
Operating	(43,170)	(38,495)
General Purpose	31,871	24,550
Specific Purpose	40,612	42,846
Life Membership	105,625	90,060
Land and Building	72,100	—
	207,038	118,961
	\$ 207,271	\$ 119,161

We have examined the statement of assets and liabilities, arising from recorded cash transactions, of University of Wisconsin Medical Alumni Association, Inc. (a Wisconsin corporation, not for profit) as of June 30, 1977 and 1976, and the related statement of recorded revenues collected and expenses paid and fund balances for the years then ended, all as adjusted to reflect gifts in kind. Our examinations were made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements present fairly the assets and liabilities, arising from recorded cash transactions, of University of Wisconsin Medical Alumni Association, Inc. at June 30, 1977 and 1976, and the recorded revenues collected and expenses paid during the years then ended.

Alexander Grant & Company

Madison, Wisconsin
August 22, 1977



Thank you for sending the photograph of our group taken on the occasion of our 50th reunion. I'll add it to my archives.

Mrs. Osgood and I just got comfortably settled in our new home in "Friendship Village" in Milwaukee, when she experienced another CVA and is hospitalized in Milwaukee.

I'm glad that Chet Long was willing and able to take over when he did, as class representative.

Sincerely,
Carroll W. Osgood, M.D., '27

Thank you very much for sending me a photograph of our Class of 1927.

I enjoyed your hospitality very much at our reunion.

With best regards,

Sincerely,
Milton Senn, M.D., '27

We are settled and now we are getting that type of weather that one moves south to enjoy. Dry after a day of rain with temperatures in the 80's. Excellent golf weather and bowling on the green, a new exercise for us.

We are now just starting to feel the entrance into our lives of the friends from the north who are moving to the south. At this counting I can think of six couples that we saw in Madison who will be here in the next

two weeks. One family is already here.

I really have not gotten totally the feeling that one should get with retirement. I am fishing around for some little things to do. I can be the dermatologist at the Indian Hospital at this very moment, but feel it will be more of a patient load than I am willing to tackle at this time. I am sounding out the Senior Medical Consultants Program at this moment.

Sincerely yours,
Sture A. M. Johnson, M.D.
10306 Hutton Drive
Sun City, Az.
85351

(To Dr. Sigurd Sivertson, WMAA Secy-Treas.)

I am still recovering from my "big evening" when I was honored by the presentation of the Max Fox Award and by the Rock County Medical Society. Truly I have never had an experience like it. Even the local newspaper was extremely kind and didn't headline it "Snodgrass Gets the Chair!"

Seriously, I am extremely grateful and hope that you will communicate the extent of it to the Medical School and the Alumni Group.

The fact that you three men came to Janesville to take part in the program was most gracious. I consider my small part in the preceptor program to have been a real privilege and a great bit of good fortune in my professional life.

Sincerely,
Herb Snodgrass, M.D., '40

I should like to make a contribution to the O. O. Meyer Clinical Teaching Fund. Ovid was a great friend and inspiration during my residency. I enclose a check for \$15.

Sincerely,
Arthur S. Tucker, M.D., '40-'41

On behalf of the MSA Council I wish to thank the Medical Alumni for the invitation homecoming brunch. I enjoyed the company and the conversation and was pleased to see representatives from all the undergraduate classes present. The MSA and Alumni have many common concerns, and we appreciate the opportunity to discuss them.

As a personal note: having been on the brink of an exam week, I was surviving on peanut butter, jelly and coffee. Some good food was as wellcomed as the good conversation.

Sincerely,
Dennis E. Schultz, M.D.
MSA President

Dear Dr. Lustok:

It was with great interest that I read in the Wisconsin Medical Alumni **QUARTERLY**, Volume 18, Number Three, Summer 1977, on page 25 about Walter Schroeder (1953) returning to Navy duty. Dr. Schroeder and I served together in the Navy in 1945-46, and then our paths crossed again while I was serving as a resident and on the faculty at the University Hospitals at Madison.

I would appreciate receiving Dr. Schroeder's current mailing address in Scotland so that we can renew old acquaintance.

Thank you for your attention to this request and be assured that I enjoy receiving my Wisconsin Medical Alumni **QUARTERLY** as it provides continuity with many old friends.

Sincerely yours,
M. Pinson Neal, Jr., M.D., '54

Editor's Note: Dr. Walt Schroeder's address is BOQ Drexler Manor, N. Little Creek, Norfolk, Va. 23521.

Any news about your classmates, yourself or your colleagues with Wisconsin connections will be welcomed at any time. **Q**