

spectrum



Coming Campus Complex

The University of Texas (Southwestern) Medical School at Dallas

Fall, 1970

dean's letter

OUR MOST EXCITING ADVENTURE UNFOLDS

a message from
Dr. Charles C. Sprague,
dean of UT (Southwestern)
Medical School



DR. SPRAGUE

Today The University of Texas (Southwestern) Medical School at Dallas is embarked on the greatest adventure in its history — the transformation of the campus as we have known it into a dramatically enlarged and, I think, excitingly different medical institution. We are tooling up, physically and intellectually, to meet the challenges of the '70s and '80s and beyond — challenges far more demanding than have ever before confronted this school.

Within the next two or three years, no fewer than five major new buildings will rise (in addition to one already going up) to radically remold the school's physical plant into an educational center of unmatched beauty and functionality. With its distinctive new structures, unified by a spacious plaza, the campus will provide a magnificent setting in which to study and work.

But that's not the truly exciting part of our future. The new buildings, vital and welcome though they be, are merely the outward manifestation of the inner dynamics of change occurring within this school. We are witnessing the beginnings of a carefully structured growth — in depth and in breadth.

Our first priority, of course, is physical expansion — to overcome grievous space shortages that have cramped and pinched for too long, inhibiting orderly development; and to expand existing educational programs. To fill a critical need of society, we will soon train more doctors — half again as many by 1973, and twice as many by mid-decade.

This is, perhaps, the most ambitious expansion ever undertaken by an American medical school. And we already have the assurance of assistance from federal, state and local sources to see it done. These commitments represent a solid vote of confidence in the efficacy of our program and the strength of our resolve to carry it out.

To accommodate 200 first-year medical students by 1975, we will utilize additional teaching space provided in the current building program, which will be further expanded. We will build upon existing

strengths as we add to an already outstanding faculty, thus gaining an important new capacity for research as well as teaching and patient care.

From this reinforced base we will begin to build toward our ultimate goal — the development of a broad, interdisciplinary academic institution that will seek new scientific pathways to cope with the bafflingly complex problems that plague our society. We will topple some old academic barriers as we intermix the traditional biomedical sciences with other complementary disciplines — the physical sciences, the behavioral and social sciences, and the biological sciences on a single campus focused on the whole of man.

This, in essence, is the Life Sciences Center concept to which this medical school is proudly committed. We plan to offer education, research and patient care not only in medicine but in allied health professions — which this year began training in four specialized areas — and in related fields such as sociology, chemistry, physics, biology, anthropology and bioengineering. We will try to contribute toward the solution of pressing societal problems by developing new models for the delivery of comprehensive health care.

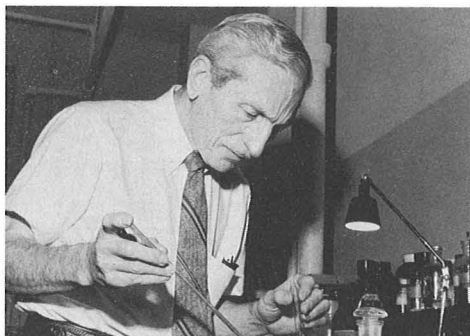
We plan, then, not only to train more doctors, scientists and health care specialists for contemporary society, but begin to better understand some of the complex unresolved problems in human biology and bioengineering, as well as the environmental influences that affect, both for better and for worse, the physical and mental health of human beings. In this stimulating academic environment, we hope to strike new sparks of intellectual interaction between experts in closely related scientific fields. Medical education and our system of delivery of health care have reached a point where a departure from the traditional operation of each now is mandatory. What we are seeing today are the first steps toward a substantive attempt to change to meet the onrushing demands of tomorrow.

A handwritten signature in dark ink, reading "Charles C. Sprague". The signature is fluid and cursive, with the first name "Charles" and last name "Sprague" clearly legible.

CHARLES C. SPRAGUE, M.D., Dean
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SEIFRIED, JEAN GIONAS,
MIKE LORFING

spectrum



Any casual glance at Dallas' atmosphere tells us these days that pollution is gaining ground here as elsewhere. Dr. John Chapman, shown here in his Woodlawn Hospital laboratory, discusses environmental crisis, Page 12.

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ON THE COVER

An artist's rendition of projected campus expansion graphically illustrates the extent of transformation that UT (Southwestern) Medical School will undergo by mid-decade. A comprehensive story on the school's most ambitious program of growth, including plans to accommodate a doubled enrollment, begins on page 4 accompanied by additional color pictures of the new buildings.

Vol. 2, No. 1 Fall, 1970

Spectrum is a publication of The University of Texas (Southwestern) Medical School of Dallas, distributed to alumni, faculty and friends of the school. Requests for change of address should be sent to 5323 Harry Hines, Dallas, Texas 75235.

New Basic Sciences
Teaching Building,
facing motor court.



**\$18.3 million grants pave the way
for rapid expansion of UTSMS plant
as architects reveal
contours of a**

**Coming
Campus
Complex**

Plans for a dramatically expanded campus complex for The University of Texas (Southwestern) Medical School at Dallas are moving toward brick-and-mortar reality following approval of federal grants totaling \$18.3 million to finance a major portion of the Phase One construction program.

The most recent award is for \$5,613,598 to provide the federal share of funding for the Florence Bioinformation Center, Auditorium- Cafeteria building and Academic-Administration building.

This grant, announced late in August by the U.S. Department of Health, Education and Welfare, follows receipt in May of \$12,725,436 in federal funds to assist construction of a five-story Basic Sciences Teaching Building with elevated plaza and four lecture halls beneath.

These awards totaling \$18,339,034 represent more than half of the estimated

cost of remaining projects in the school's \$40 million Phase One building program, designed to relieve present space shortages and facilitate boosts in student enrollment.

With further additions now being planned, the expansion will enable almost doubling UTSMS enrollment capacity, from 105 to 200 new students annually, by 1975.

The University of Texas will provide an additional \$10.3 million in expansion funds, and the Southwestern Medical Foundation — founder and traditionally the largest private-sector supporter of the medical school — will seek \$7.5 million on behalf of the school in a fund campaign next spring to aid UTSMS expansion.

The current building program is the first phase of an overall master plan that would transform UTSMS into an inter-disciplinary Life Sciences Center combining the medical

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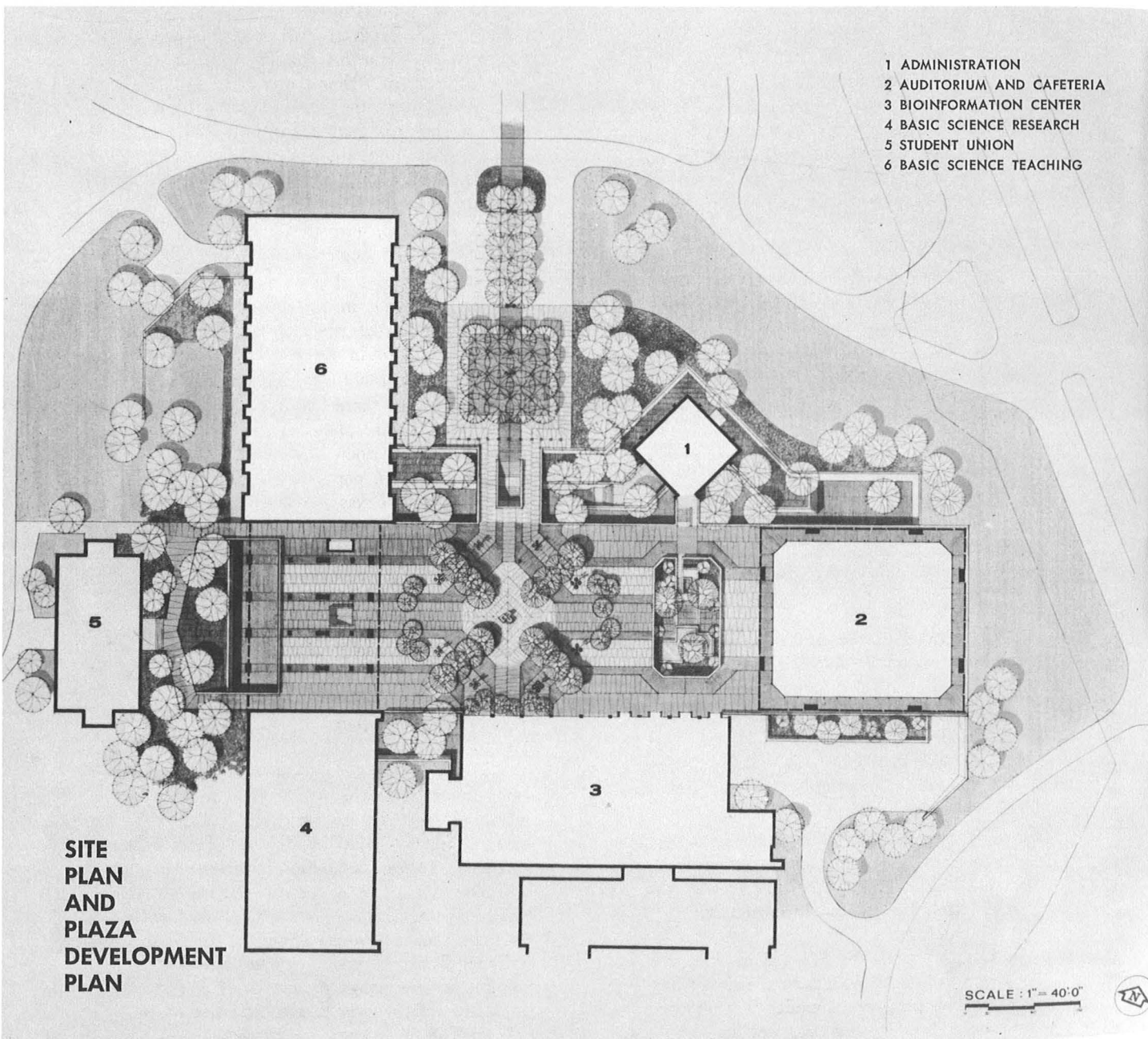


Florence Bioinformation Center overlooks elevated plaza, court.

- 1 ADMINISTRATION
- 2 AUDITORIUM AND CAFETERIA
- 3 BIOINFORMATION CENTER
- 4 BASIC SCIENCE RESEARCH
- 5 STUDENT UNION
- 6 BASIC SCIENCE TEACHING

**SITE
PLAN
AND
PLAZA
DEVELOPMENT
PLAN**

SCALE : 1" = 40'-0"



continued

school's traditional roles of medical education, research and patient care with study in related fundamental sciences such as physics, chemistry, anthropology, biology and sociology, together with training in allied health professions.

Detailed plans for the Basic Sciences teaching building and plaza-lecture halls should be finished this fall, with the project ready for bids early in 1971, said Dr. Charles C. Sprague, UTSMS dean. Completion is expected by the fall of 1973, he said.

Architects have completed working drawings for the remaining Phase One projects, and school officials hope all the structures for which funds have been approved can be undertaken on a similar schedule.

Total cost of the Basic Sciences teaching building and plaza project, for which \$12,725,436 has been awarded by the federal government, is estimated at \$19,200,000. The Bioinformation center, which was allotted \$2,924,975 in federal funds, is expected to cost \$7,593,000. The Auditorium-Cafeteria, granted \$1,439,312, will cost an estimated \$3,313,000. And the Academic-Administration building, given \$1,249,312, is due to cost \$2,014,000.

Already under construction as part of the Phase One program is the \$7.3 million Basic Sciences Research Center, a five-level building going up just west of the Cary Building.

Most basic sciences laboratories will move from Cary when the new building is finished in spring, 1972. A federal grant of \$1,894,000 was made earlier for this structure.

Coupled with the \$40 million medical school expansion program, a \$25 million expansion program is under way at the school's primary teaching facility, Parkland Memorial Hospital. This means improvements at the Harry Hines

Boulevard medical complex will total nearly \$65 million in the next few years.

Originally, the Phase One segment of the Life Sciences program had been mapped to provide for raising annual enrollment from the current 105 medical students to 150. But in February the school announced it was revising this goal upward to 200 new students annually.

An initial expansion to 150 entering students is tentatively planned for September, 1973, with the 200 level due to be reached in September, 1975.

The accelerated plan is being adopted, Dr. Sprague said, in recognition of the fact that a shortage of medical practitioners is a major factor in the current crisis in the delivery of adequate health care.

"Nationwide, there is an estimated shortage of 50,000 physicians — not counting those additional doctors needed annually to keep pace with population growth," he said. "And Texas is far behind many other states, with only one physician for each 997 citizens as of 1968, compared to the national ratio of one to 680.

"We have a mandate from The University of Texas System Board of Regents, and from the people and their elected representatives, to redouble our efforts to overcome this shortage, and reverse the unfavorable physician-to-patient ratio in Texas," he said.

Architects' designs (see color pictures) have been unveiled for the four stylish structures which along with another already under construction, make up the original Phase One program. These are the Basic Sciences Teaching Unit, the Academic Administration Building, the Florence Bioinformation Center and the auditorium-cafeteria.

Dean Sprague, under whose direction the Phase One program was drafted, has expressed delight over receipt of more than \$20 million in federal assistance.

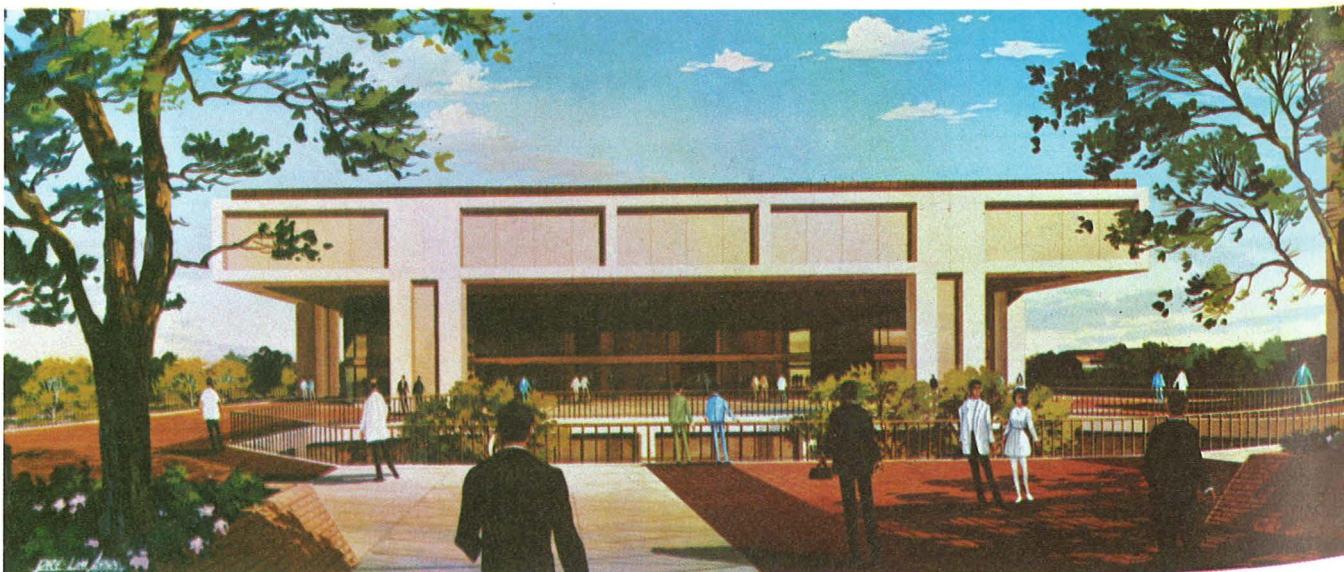
"This indicates that the health administration recognizes the strengths

continued



Coming Campus Complex

At left: Administration-Academic Building to tower over campus. Below, new auditorium-cafeteria.



continued

of Southwestern in gearing up to double enrollment," he said. "It was a solid vote of confidence in our promise to train more physicians."

He said he regards the grants as endorsement of the school's efforts to initiate the first phase of the Life Sciences Center concept.

The coordinated campus site plan envisions a T-shaped plaza and court area on which the major buildings will be situated, north of the school's existing major structures. Lecture and seminar rooms will be built below the plaza, which will connect with the Student Union on the west.

"We feel we have an exciting architectural solution to the fundamental requirements of our educational program," Dean Sprague commented.

Biggest of the four building packages is the 350,000-square-foot Basic Sciences Teaching Unit. The teaching unit is based on the concept of multi-purpose, or interdisciplinary, laboratories. Under the concept, freshmen or sophomore students studying basic sciences such as biochemistry, microbiology, and pharmacology, would have the laboratory exercises brought to their individual laboratories. Each student, in fact, would occupy a cubicle where he would conduct experiments and study.

Closely functioning with the Basic Sciences Teaching Unit would be the four lecture rooms under the interconnecting plaza. The teaching unit and lecture rooms were designed by the firm of Fisher and Spillman.

The Florence Bioinformation Center, designed by Architects Harrell & Hamilton, combines several academic functions in a new format.

The five-story building will house a 200,000-volume library, a Computer Sciences Center, offices of the five-state Regional Medical Library Program, Medical Art and Visual Aids, Instructional Communications and Communications Research groups.

A new Academic-Administration Building will rise 12 stories to provide a new landmark for the 54-acre campus. In addition to academic and administrative

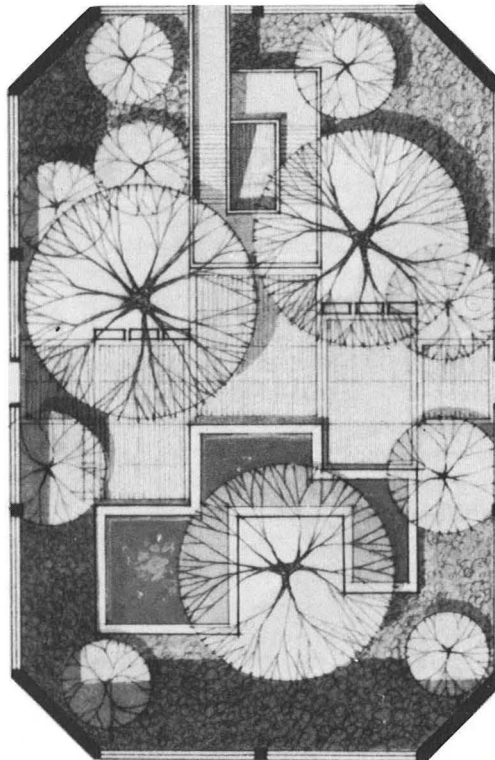
offices the building will house business and service functions. Architect Ensley Oglesby prepared the plan for this building.

A 1,200-seat auditorium will surmount a 500-seat cafeteria at the northeast end of the plaza. The auditorium will have an exhibit lobby and small seminar rooms, in addition to seating, projection and multiplexing space.

The cafeteria will be on the level under the plaza and will accommodate patrons with both booths and tables. Design is by Harwood Smith.

There will be additional seminar rooms in the under-the-plaza area.

The plan for the school's Phase One implementation was developed by task force committees at UTSMS in cooperation with the Office of Facilities Planning of the UT System. Architectural consultation was provided by E. Todd Wheeler and the Perkins and Will Partnership of Chicago. Local architectural coordination is provided by the Dallas firm of Fisher and Spillman. ■



COURT

The Department of Pediatrics at The University of Texas (Southwestern) Medical School may be a colonial power, but it's non-aggressive. The department and its chairman are involved in four foreign countries. All because concern for children is multilateral.

Recently returned from Saigon is Department Chairman Heinz Eichenwald who was requested by the State Department to plan and assist in setting up a functioning department of pediatrics in the Faculty of Medicine, University of Saigon.

The need for improvement of medical education in that strife-wracked country is imperative, Dr. Eichenwald says. This was his second trip in the effort to develop the pediatrics department as well as assist in the solution of severe public health problems there.

"Infant mortality is from 300 to 350 per 1,000 in the first year. That's a third," explains the child specialist. In this country it's around 23 per 1,000.

"In Vietnam, when you come into a hospital, your chances of dying are pretty good. On a given children's disease, the doctor might have available only a French book on how children in Paris were treated. It's not the same. There are nutritional and environmental differences," he said.

During his first visit from November to January, 1968-69, Dr. Eichenwald tried out various educational methods he thought would be more relevant to the patients in Children's Hospital in Saigon.

On his second trip this year he learned the results: "From what I was told there was a steep decline in mortality." Specifically measured were deaths from meningitis, pneumonia and diarrhea.

The program is under the sponsorship of the American Medical Association and the Department of State. The Dallas department was given full responsibility for development and management of the effort.

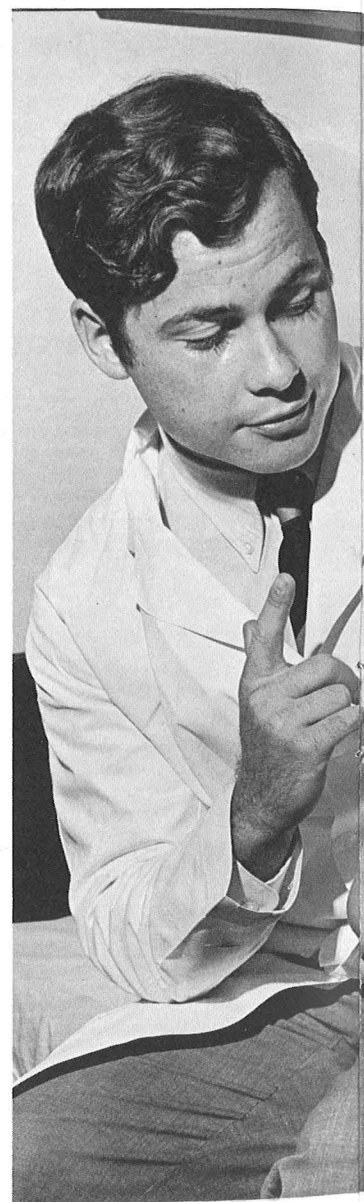
About a dozen postgraduate students will be trained in the preliminary phase of the program. Chairman of the Saigon pediatrics department, Dr. Phan Din Tuan, spent two months in Dallas and another professor was due to visit later this year.

"We can make more friends for the U.S. with these efforts than with many others," Dr. Eichenwald believes. "We're paid no fees — just expenses — and they appreciate it. I think this is why these programs tend to be so effective in making friends. Right now, despite recent student riots and the military being assaulted in the streets, I'd have no worries in moving about Saigon."

The assignment in Vietnam is most likely the outgrowth of other international

Healthy trend in foreign relations

Kids in four countries benefit from UTSMS' exported expertise

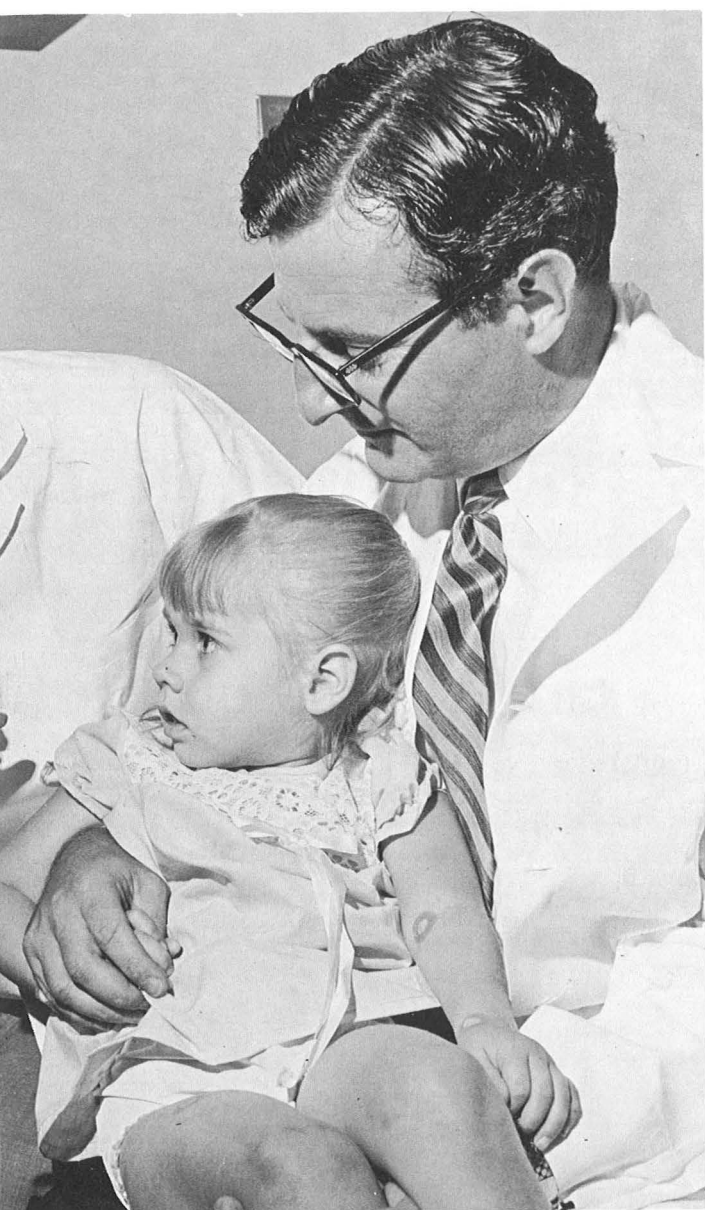


Dr. Jorge Howard, left, and Dr. Heinz Eichenwald visit patient Pixley Mosley, 5.

collaborative ventures undertaken by the Dallas teaching department — especially in South America.

There continues to be collaboration between the UTSMS group and the Department of Pediatrics at the Children's Hospital of the University of Chile at Santiago.

Prof. Jorge Howard and Prof. Igor Mimica of Santiago spent a number of weeks at UTSMS, while Dr. John Nelson and



Dr. Kenneth Haltalin have, in turn, visited the Chilean department. Prof. Howard's son, Jorge, is in Dallas now to take residency training.

"We've set up some collaborative research in infectious diseases and nutrition," said Dr. Eichenwald. "Some of the studies would be difficult to carry out here: we don't have the numbers of patients with nutritional disturbances and some of the diseases we're interested in are more common there," he added. Those diseases include sepsis and meningitis, he said, as well as pneumonias in young children and various diarrheal diseases.

Another cooperative arrangement exists between the UTSMS department and the pediatrics department of the University of Antioquena in Medellin, Colombia.

"One of their assistant professors spent two and a half months here and a resident, Rafael Monotas, also visited," said Dr. Eichenwald, who, with Drs. Haltalin, Nelson and Eugene Kippel have visited the Colombian school.

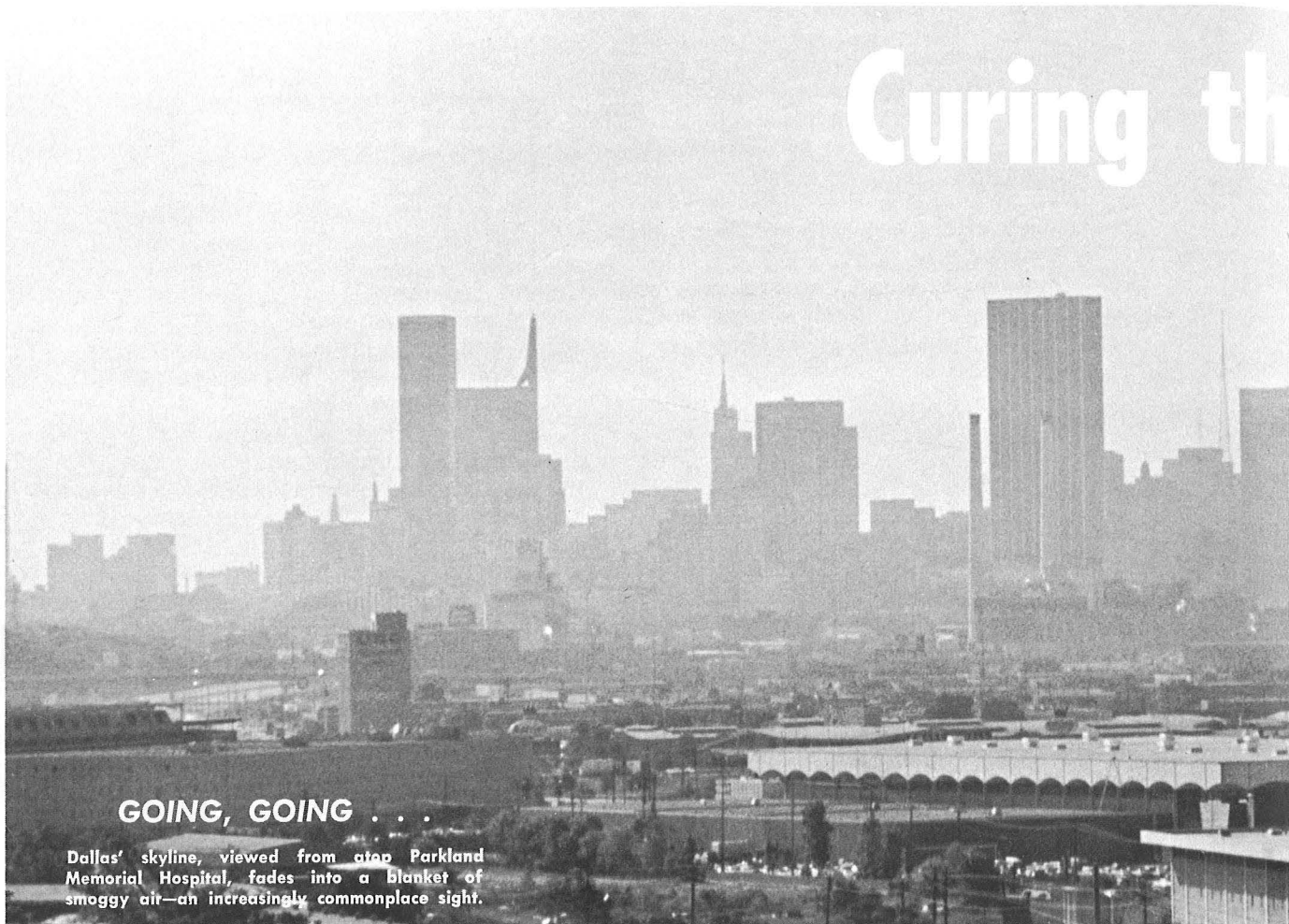
There are two efforts underway with the University of Antioquena group, Dr. Eichenwald said. One is an effort to train some of their people in infectious disease and in clinical research. Projects include a study of bacterial meningitis in children — particularly the effect of nutrition on response to the disease.

"We hope to expand into other areas as money becomes available," explained the UTSMS department chairman. He said that some money comes from pharmaceutical houses and philanthropic foundations.

Still another member of the UTSMS Pediatrics Department has a cooperative international research venture underway. Dr. George McCracken regularly journeys to the most modern hospital in Haiti — the Albert Schweitzer Hospital.

Dr. McCracken and members of the hospital staff cooperate in studies of tetanus treatment in newborns.

The Dallas department has requests for cooperative programs from a number of South American pediatrics departments which it is presently unable to accept, but Dr. Eichenwald intends to maintain an open door policy as much as possible. ■



GOING, GOING . . .

Dallas' skyline, viewed from atop Parkland Memorial Hospital, fades into a blanket of smoggy air—an increasingly commonplace sight.

Cleansing the environment to be difficult, costly job, asserts UTSMS' Chapman

- Dr. John S. Chapman, assistant dean for postgraduate education and a ranking national expert on pollution, answers questions about the growing problem. He is chairman of the American Medical Association's Council on Environmental Health and editor of the journal, "Archives of Environmental Health."

Q: *Dr. Chapman, what do you mean by environment?*

A: There are many definitions. From the biological point of view environment applies to the Earth, the proportion of land to water, the physical geography of the land, the atmosphere, and plant and animal life. This is the natural environment as a whole.

Q: *There are, then, other environments?*

A: In nature there are micro-environments. An example might be a stagnant pool. In addition there are man-made environments, also of the micro- or limited



affliction

. . . GONE

You'd scarcely know there still are tall buildings out there in pollution-land, as particulates fill the Dallas air. Same view, on an even murkier day.



type: a foundry, for example, constitutes a specific, industrial micro-environment, with characteristic atmosphere, temperature, relative humidity and specific human hazards. A city may also be classed as a specific, man-made micro-environment. Like the foundry, the city will have specific atmospheric features, but also other features from the natural environment — its geography, water sources, climate, wind speed and so on.

Q: *But a city or a foundry is not isolated.*

A: That's correct. Each of the micro-environments makes its own contribution to the total, as well as producing

immediate effects on the living things in the smaller unit.

Q: *Take the question of air pollution, then. If wind blows the pollutants away, what happens?*

A: The same thing that happens if a river carries away the sewage of a city. Material is changed in position in that it does not increase at the site of discharge. But the material still exists. It may even be transformed into other materials, but the original chemical matter does not cease to exist.

Q: *Take carbon monoxide. What happens to it?*

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A: Present thinking is that it rises into a photochemical layer of the stratosphere, where it is combined with oxygen to form carbon dioxide. Some carbon dioxide remains in the atmosphere, a lot is dissolved in sea water and eventually becomes limestone and another part enters the respiratory cycle of plant life, which uses the carbon and releases oxygen.

Q: Then there is not much chance that anything very serious will result.

A: That is not quite true. Though the increase is very small, there is a measurable increase in both carbon dioxide and particulates in the entire world atmosphere. This means the limits of regeneration have been exceeded. Just as runoff with all it contained has so changed Lake Erie that it no longer is the kind of lake it once was.

Q: What happens if regenerative capacity breaks down?

A: Living things adjust themselves, if they have time, and acquire a new kind of balance on the new base.

Q: What if they haven't the necessary time?

A: They die. Geology and palaeontology establish that from epoch to epoch many species and even whole families of biological life have died out. Subsequently a new state of balance develops, until some other kind of disruption occurs.

Q: What happened to Lake Erie?

A: It's a part of what has happened to several rivers and several harbors. Run-off water brought in a lot of chemical substances, detergents, pesticides, fertilizers, and so on. Cities discharged their industrial and domestic wastes into it. The oxygen in solution in the water diminished, fish died, and algae took over.

Q: Is it reversible?

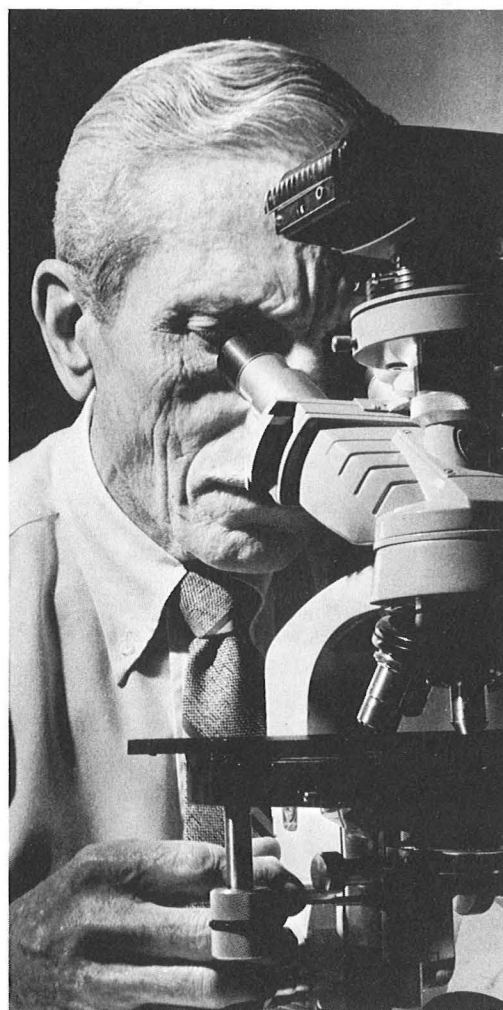
A: Some authorities think if all these sources of contamination cease immediately, the lake might return to its former state in about 150 years.

Q: Does this mean that overcoming the effects of pollution is, in some instances at least, a hopeless task?

A: Not entirely hopeless, but certainly difficult, prolonged, and expensive. Needless to say the greater the pollution, whether of soil, water, or air, the more severe are its effects on ecology and the longer becomes the recovery period.

Q: Is pollution of the environment inevitable in an industrial nation?

A: Under industrial and technological conditions, the contamination and pollution are tremendously accelerated. This is really one of the basic problems. The more people there are, the more things



to be made, the more consumption of power. Consequently, the whole problem of pollution of the environment reaches its peak in the most industrially advanced countries.

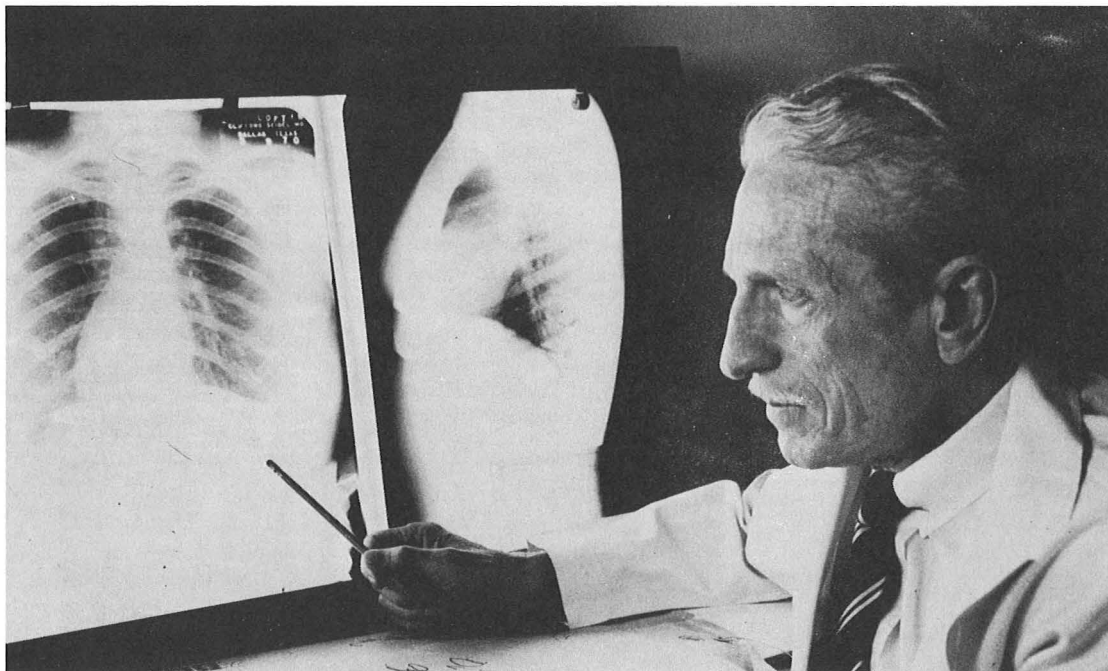
Thus the only way to reduce the amount of pollution is either to reduce the number of people or keep the same number of people but reduce what they have. This means fewer coats, fewer socks, fewer cars, fewer electric light bulbs, less of everything.

Q: Do you agree, then, with those who advocate reduced population growth as a means of controlling pollution?

A: This is becoming a fairly frequent

two hours of concentrated exposure to carbon monoxide causes impairment of visual acuity and perception of passage of time. Are drivers in the micro-environment of a rush-hour freeway in actual danger of getting sick, because of poisoned air?

A: Studies of carbon monoxide blood levels in traffic directors in New York City indicate that while hemoglobin bound to carbon monoxide reaches moderate levels, it doesn't reach a dangerous level and is less than that produced by the smoking of one cigarette. The hazard you postulate would become a reality, for example, if a driver were in a closed car with defective exhaust lines or manifold



Far left: Dr. Chapman at microscope. Left: X-ray checked for signs of disease.

prescription for management of the problem . . . Most of the contamination results from the activity of the highly industrialized nations. If we talk about advancing the underdeveloped countries to a similar level as ours, even if their population should not increase, their demands for power will increase so much . . . the increased contamination of the environment will constitute a terrible hazard.

Q: A recent report indicated that

connections. A potentially dangerous level of carbon monoxide in the driver's blood might be most likely if a defective exhaust system were combined with several hours of driving and smoking in cold weather.

Q: Is there medical evidence of increased incidence of disease attributable to pollution?

A: The evidence is largely statistical. In epidemiological investigations in Britain atmospheric pollution is one of the factors

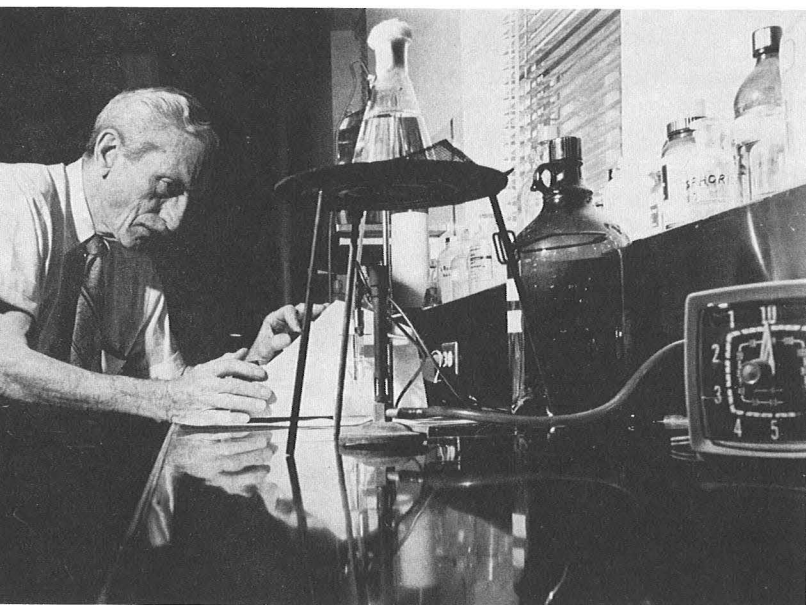
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associated with increased incidence of chronic bronchitis. Pollution, if heavy, produces or aggravates attacks of asthma, according to reports from New Orleans and the Tokyo-Yokohama area. Very severe and prolonged episodes have resulted in sudden increases in death rates on two or three occasions.

Q: Is, then, our environment in certain areas, such as Los Angeles or Lake Erie, becoming lethal?

Countertop mirrors Dr. Chapman at work in lab.



A: Los Angeles' atmosphere is certainly not lethal to man, though it is proving to be lethal for several forms of vegetative life. The water of Lake Erie has produced a number of fish-kills. So has the water of the Hudson River. Both of these situations constrict the food base, both of lower animals and, in due course, of man.

Q: Would you expand on the differentiation between lethal and non-lethal but unacceptable environments?

A: When a supply of water is heavily contaminated, it is simply closed out. But what about the water that foams when you turn on the tap because a large amount of detergent is in it? Or what about the water that has a bad odor because of decaying algae?

As far as we know, detergent or algae won't hurt our insides very much — at least not right away. But we don't know what these contaminants might do if this sort of thing were continued . . . over a period of 10, 20, or 30 years. We have no idea of what effect this might have. Probably it wouldn't do any harm. But, it seems to me, in a civilized country, one doesn't like to drink water that tastes of dead algae.

Q: Where does Dallas stand in the pollution spectrum?

A: We have a specific problem. Tests in the central area during heavy traffic have produced particulate counts as high as 800 parts per million (ppm). Local engineers ascribe this amount entirely to automotive sources. We are fortunate that we have little heavy industry and that most of our heat and energy supply derives from natural gas. I need hardly point out that the Trinity River, certainly during the summer, is often a series of stinking, decaying ponds. It is equally clear that the disposition of solid waste by land-fill methods will become exceedingly difficult in five to ten years — just because there will be no land available for the purpose.

Q: Earlier you suggested reducing the number of cars, light bulbs, etc. Yet this seems to go against the

economic grain in a production-oriented society. How can these contradictory goals be reconciled?

A: The only answer that makes any sense is recycling. If trees are converted to newsprint, we can't turn newsprint back into trees, but the material should have the possibility of better and more lasting use, though not necessarily in the form of yet other paper.

Q: Scientist Barry Commoner believes the world will pollute itself out of existence in 30 years. Biologist Paul Ehrlich predicts that by 1980 the oceans will be incapable of supporting animal life. Are the earth's species in danger of dying out?

A: If the question applies to possibility, the answer has to be "yes," with the proviso that present trends of population and energy demands continue. The time periods of Dr. Commoner and Ehrlich may be short. But Newtonian laws of matter and energy are pretty close to accurate on a practical basis. They are far less flexible than Malthus' proposition and alternatives are far less numerous.

Q: How do you feel about the more militant conservationists, who feel pollution is an absolute evil, demanding drastic — possibly even violent — corrective steps?

A: Man's muscles haven't solved any problems of any magnitude. His brain has. Dr. Commoner has pointed out needs to arrive at rational cost-benefit ratios. Another way to look at these problems is in terms of economy of energy. We need to consider effective means at lowest energy requirements. Freeways and traffic interchanges packed with slowly moving vehicles of 200 horsepower, each carrying one person, constitute an almost perfect example of non-economy of energy.

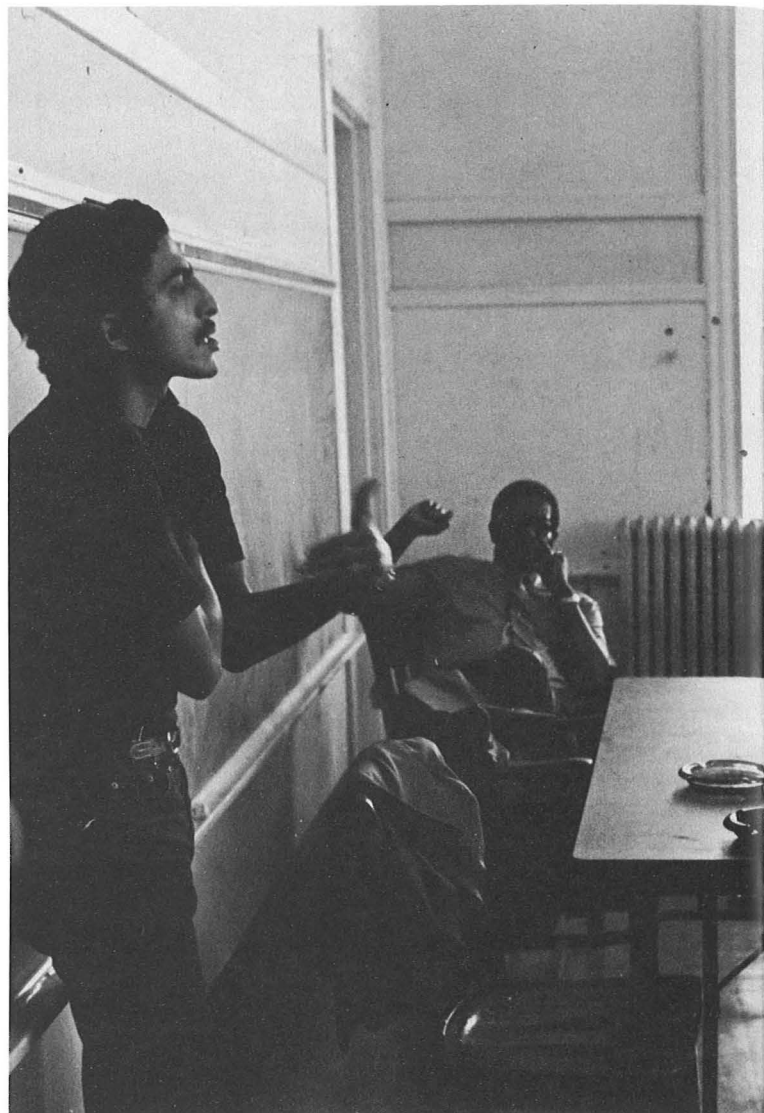
As to the other implications of your question, irrational statements and acts of violence win no debates and remove no waste. In terms of the principle of economy of energy, violence is about as efficient and productive as the choked freeway. So

far as the general attitude I have encountered in non-violent conservationists it seems as if a basic position is conservation for conservation's sake, which I find as unacceptable rationally as consumption for consumption's sake.

Q: As attested by Earth Day, public sentiment is aroused on behalf of conservation and a cleansed environment as never before. Can this be harnessed and effectively brought to bear on the problem?

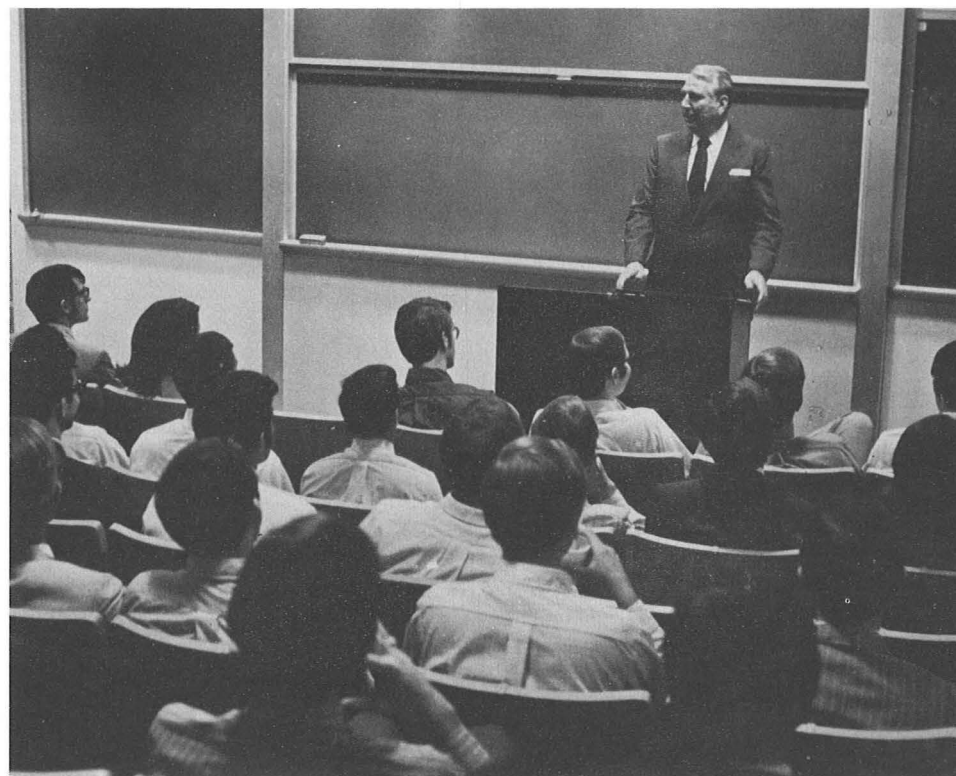
A: It seems as if emotion is necessary to produce action. The derivation of "emotion" indicates that its original meaning was "to move out of" or "to move away from." In terms of practical and social activism the position from which one undertakes to move people is that of lethargy or complacency. Such activities as "Earth Day" may serve such a function, but I suspect that for many people the effect will be about as strong and enduring as that of all the other "Days" — Mother's, Father's, Columbus', and the rest. I don't know whether these stimulated enthusiasms have any lasting effects. Possibly they serve to make easier the jobs of the people who have to enforce the laws, but as I said earlier the task of protecting the environment is continuous and undramatic and expensive. One day's penance doesn't affect 364 days of sin. ■

The art and anger of a city



**Future physicians find
Dallas an intricate mix
of problems, pleasures**

Luncheon at Museum of Fine
Arts was highlight of tour.



Left: freshmen medical students listen as Rene Martinez forcefully makes point at neighborhood center for poor. Above: Dean Charles Sprague welcomes new class in Cary Hall before orientation begins.

The University of Texas (Southwestern) Medical School again introduced a freshman medical class to Dallas this September by exposing its members to opposite ends of the sociological spectrum.

Members of the Class of 1974 took a trip to the North Dallas Neighborhood Center where they heard and participated in discussions with War on Poverty leaders. Then to the Dallas Museum of Fine Arts for lunch and a recitation of some of the cultural advantages of the city.

"This class will see as many changes in its four years of medical school as there have been in the school's previous 25 years of history," declared Dean Charles C. Sprague in welcoming the new group of

113. This was in reference to the school's \$40 million Phase One building program which is expected to be complete by the fall of 1973.

This was the third year that freshmen classes have been given the "poverty and plenty" tour treatment.

Faculty member Dan Foster explained: "We want to point out on the first day of medical school that a physician must be sensitive, not only to his own patients, but to his community."

Present to deliver sometimes plaintive, sometimes vehement arguments at the neighborhood center were Randolph Ratliff, executive director of the Greater Dallas Community Relations Commission; Rene

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Martinez, assistant director of the Dallas Community Relations Commission in charge of the VISTA program; Walter Earl Travis, inner city coordinator, Presbyterian Church; Lionell Johnson, director of the North Dallas Community Center of the War on Poverty, and Bennett Miller, acting director of the War on Poverty.

After initial statements, these leaders met with smaller groups of students for discussion. There were penetrating questions on both sides.

There was a plea that the group of

students "treat us like humans" when they became doctors and the accusation that the "establishment" in Dallas stifled all who opposed it.

The session lasted until after noon when the students were taken to the Dallas Museum of Fine Arts for luncheon and short talks by cultural and professional leaders led by Mrs. Eugene McDermott, school benefactor and hostess for the occasion.

Mrs. Edward Marcus, president of the museum, asked for input from the students on the role they felt art should play in their future. Mrs. Charles Sharp discussed live theater in Dallas.

Dr. Milford O. Rouse, Dallas internist and past president of the American Medical Association, joined in welcoming the students.

Of the new class of 113, there are five students who are slated to transfer to the new University of Texas Medical School in Houston when it is operational.

There are eight female students among the remaining 108. ■



Dean Sprague (left center) joins med students in give-and-take discussion at poverty center.



Mrs. Eugene McDermott, luncheon hostess, speaks at museum.



Above: Arty hunk of sculpture forms peekaboo pattern for students seeing museum sights.
Below: TV crew zeroes in on War on Poverty official Bennett Miller as students hear his comments.



Urologist Ware takes helm as alumni leader

Dr. Elgin W. Ware Jr., a 1946 graduate, is the new president of the UTSMS Alumni Association.

The 46-year-old Dallas urologist was installed into the office, succeeding Dr. Dewey W. Johnston of Fort Worth, at the annual dinner meeting of the alumni held March 16 at the Fairmont Hotel. Dr. Ware will lead alumni activities during the 1970-71 academic year.

Other alumni officers who were elected at the meeting are Dr. George W. Boswell president-elect; and Dr. W. L. Jack Edwards, secretary-treasurer. Dr. Stephen Eppstein was elected and Dr. Charles B. Mullins reelected to the association's Board of Trustees. All are from Dallas.

Dr. Ware has been on the clinical faculty of UTSMS since 1953, and is currently clinical associate professor of urology. He holds a B.S. degree from Southern Methodist University.

A native Dallasite, Dr. Ware was salutatorian of the Highland Park High School graduating class of 1941.

Dr. Ware was president of the Texas Urological Society last year, and earlier served the organization as secretary and vice president. He is a

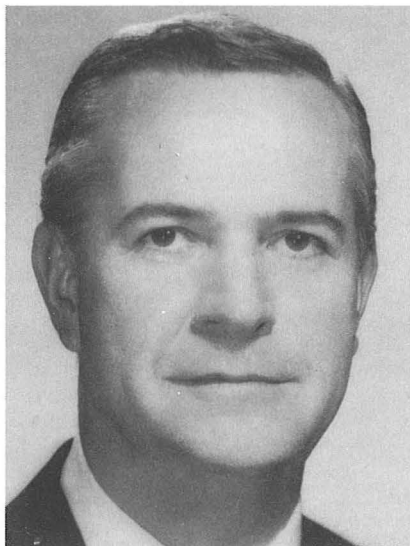
member of the House of Delegates of the Texas Medical Association, the Dallas County Medical Society, the Dallas Southern Clinical Society and the American Medical Association.

After serving an internship at Baylor University Hospital in Dallas in 1946-47, Dr. Ware served as house officer in surgery and urology at Parkland Hospital, 1949-51, and house officer in urology at Parkland, 1951-53.

Dr. Ware served on active duty with the U.S. Naval Reserve as a lieutenant (jg) in the Medical Corps, from 1947 to 1949.

He is married to the former Frances Elise Golden and the couple has three children; Susan, John and David.

Active in civic as well as professional affairs, Dr. Ware was a member of the Highland Park Independent School District Board of Education in 1968-69. He is a former member of the board of directors of the Dallas Civic Opera Guild.



DR. WARE



By LOUISE HIPP

A number of people have written DR. DOYLE FERGUSON, our current alumni board chairman, and past president, commending him for a job well done. I would like to add my most sincere thanks to a busy man, who has always been available to help me as we work to firmly establish our Alumni program. Under his leadership, the association joined the American Alumni Council, and entered the District IV competition in Lubbock this fall with our promotional material that was used for the first 25th anniversary of the founding of Southwestern, and the first classes of 1944. I'm sure all alums will be pleased to know that our "little" association placed 3rd with the "big ones" (UT-Austin, Tulane, and TCU). We were awarded a Certificate for Creditable Achievement for Homecoming and Reunion Promotion. Said certificate has now been framed and hangs in your Alumni Association office in the Skillern Student Union Bldg.

DR. ELDON K. SIEBEL has left the private practice of thoracic surgery and entered a fellowship in anesthesiology at the University of Pittsburgh Medical Center.

DR. CHESTER COOK did a herculean job in writing to all his classmates this year to round them up for the 25th anniversary.

Visited a few minutes with DR. MOSE BLAINE and DR. ALVA (Lockhart) BLAINE during the Texas Medical Association meeting in Dallas. They both looked great, and you'd recognize ALVA anywhere. She hasn't changed a bit since her days at Southwestern.

Club. The dinner was executed with the assistance of your alumni secretary. The clever drawings that covered the wheel of the kymographs (which Dr. Lackey has smoked for many years) were done in "mod" color by Miss Sharon Ellis, MMA graduate of 1970. Color photographs of these outstanding drawings are in the Alumni office. Do drop by to see them. They have already been valued in excess of \$1 million by Dr. Lackey.

CHARLES B. LARAMORE ('51) of New Orleans has been appointed Assistant Coroner of Jefferson Parish as of Feb. 1. In December, '69 he left private

Special thanks to DR. ALICE SMITH ('46) for assisting me with arrangements for some of our students to attend some of the TMA "roundtables." One student spoke out to a "senior physician" and stated that he didn't think physicians were delivering adequate health care. The "senior physician" rared back and calmly stated, "Well, son, I work about 60-70 hours a week and I don't know what else I could do" . . . The student told me later he came away with a new concept and a changed mind and said "you know, he was right."

All members of Class of '46 note: Your 25th anniversary will be coming up in March, 1971. Please circle this on your calendar now. You will hear from your class chairman at a later date. If you have any suggestions for a program for your class, or special activity, please write me soon. This will be held in conjunction with Dallas Southern Clinical. Date will be announced later.

DR. HAROLD HUNT of Paris, Tex., married the former Sara Humphries of Memphis, Tenn. and Cheverley, Md., Feb. 17, 1968, and they now have a son, Harold Eugene Hunt Jr., born Oct. 1, 1969. Dr. Hunt is in practice with his brother, Dr. Thomas E. Hunt Jr., an ENT man. Dr. Harold Hunt is an ophthalmologist. In the summer of 1968 he attended the Asian Pacific Academy of Ophthalmology in Singapore and enjoyed a trip 'round the world.

DR. GEORGE J. RACE (M.D., Ph.D.), pathologist-in-chief of Dallas' Baylor University Medical Center and past president of the alumni association, has been named chairman of the AMA Research Forum for 1970; president of the Texas division of the American Cancer Society, and delegate to the national American Cancer Society organization.

ARCH CARSON ('48) of Big Spring has retired from active practice and is taking life easy these days. DR. CARL BUNDE of Wm. S. Merrell Co., was in Dallas this past year to speak at the retirement dinner for DR. ROBERT LACKEY.

DR. MILTON DAVIS ('D' 44), Dallas thoracic surgeon and Past Alumni President, was Master of Ceremonies for the affair which was held at the Chapparel



industry and set up private practice. He also is on the staff at the Baptist Hospital. On July 22, 1969, he married the former Sarah Jane Smith of Texarkana, Tex., and Richmond, Va., a graduate of Newcomb College.

Had a most interesting letter from DR. HERBERT M. HINCKLEY, ('53) who is practicing medicine with the Chester Clinic in DeSoto, Tex. He and his wife Ailene have five children, ages 9 to 17. He has recently written a book entitled "Under the Dome." It's the story of Dr. Hinkley's father, Herbert M. Hinkley Sr., who was the structural engineer and designer of the Will Rogers Memorial Coliseum in Fort Worth. Dr. Hinkley reports that the book has been well received from a technical standpoint. The controversial dome was considered to be revolutionary in design at the time of its construction in 1936. Copies are available from Carlton Press, NYC the publisher. A copy has been ordered for the alumni office for interested readers.

DORIS (DEAL) VENDRELL, has just completed a residency in Pathology at Baylor in Dallas.

DR. MARTHALYN JOHNSON GREEN ('54) has moved to San Antonio, where she is practicing with the USPHS, and was recently elected to membership in the Bexar County Medical Society.

It would take a book to tell you about the reunion the Class of '50 had. Dr. George Boswell wrote a personal letter to each classmate, and additionally, made a telephone call to each one (literally in between seeing each patient during hospital rounds) until he called them all. As a result, men and women dropped their practice and flew in from all across the country. JACK SWARTZ was the

first to call in his reservation from LA, and from then on, the excitement grew and grew. The class had a special room set aside for its party after the dinner meeting, a photographer on hand. ED BROWNSTEIN sent a telegram that he was "babysitting" with his new baby daughter. LOUIS LEWIS literally flew in from nowhere (we didn't know where he was 'till he showed up at the party). He is still playing with the Symphony and has a little band on the side (from his medical practice.) GEORGE JOHN swears he is the poorest man in the state of Nebraska, and rumor has it that JEROLD KETHLEY is dyeing his hair. Jerry (the Swinger) GOLDFARB flew in with his vacation clothes and his tennis racquet, brown as a berry from vacationing. Unfortunately, the tall tales he told can't be repeated in this publication. However, DR. GEORGE BOSWELL is going to help me put together a special newsletter to the class as soon as possible.

JACK and JERRY stayed over an extra day and visited old friends and professors. Looking tired but happy when they boarded their plane, they were looking forward to the next reunion.

CHARLES A. SANDERS has been promoted to associate professor of medicine at Harvard University. He is also program director of the Myocardial Infarction Research Unit at Massachusetts General Hospital.

DR. MARVIN R. DUNN has been named chief of the physician education facilities branch of the Division of Education and Research Facilities, Bureau of Health Professions Education and Manpower Training.

Dr. Dunn was formerly associate dean and associate professor of pathology at the Woman's Medical College of Pennsylvania.

He will plan, direct, and coordinate the construction grants program for schools of medicine and osteopathy. Last year Dr. Dunn was chairman of a task force to increase recruitment and enrollment of students from minority groups for six Philadelphia schools of medicine. He received the Christian R. and Mary F. Lindback Award for Distinguished Teaching in 1962.

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