

WISCONSIN MEDICAL ALUMNI

NEWSLETTER

VOLUME III, No. 4

OCTOBER, 1961

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Medical School Dispute:

Regents Dismiss Bowers

The most recent developments in the dispute now splitting the Medical School began October 4, 1961, when an article appeared in the Capital Times reporting that University President C. A. Elvehjem had requested Dean John Z. Bowers to seek another position.

President Elvehjem, October 5, made the following statement: "I regret the publication of various reports on recent developments in our Medical School for it was my hope, shared by the Regents of the University, that Dean John Z. Bowers could be given an opportunity to seek a suitable position without the handicap of further public controversy.

"At the request of the Medical School advisory committee which the Medical School faculty elected to speak for them in this situation, an opportunity was given the committee to discuss Medical School personnel problems with a group of the regents meeting at 130 N. Prospect Ave. (the President's residence) Thursday evening, September 14, 1961. This was not an official regent meeting and no action was taken by the Regents on this occasion.

"After full discussion by the Board in Executive session Friday, September 15, 1961, the Regents assured my administration of their support in the reorganization of the Medical School administration.

"Two representatives of the Board of Regents and I advised Dean Bowers that although he has made important contributions to the Medical School it would be in the best interests of the University and himself if he sought another position."

Dr. Bowers also issued a statement, saying that he did not "believe that the best interest of medicine in Wisconsin or at the Medical Center would be served by my consenting to resign before all the facts and circumstances surround the present controversy are publicly examined and explained."

Then, a week later, October 12, Dean Bowers stated that he had made a formal request to the President of the Regents and to President Elvehjem for a public hearing with adequate prior notice on any proposed action relating to the deanship of the Medical School.

Dr. Bowers said he had also requested President Elvehjem to file with the Board and with his counsel a detailed specification of the reasons for the request for his resignation.

He also stated that he had retained James Doyle, Edmund Hart and Philip F. LaFollette as counsel.

Then on Friday afternoon, October 20, the Board of Regents heard a statement on the matter by President Elvehjem, and one by Dean Bowers. The Board took a vote immediately after the statements and in an 8-1 decision, dismissed Dr. Bowers as Dean. Dr. Bowers' status as Professor of Medicine and his salary



Dean John Z. Bowers, M.D.

were not affected by the decision.

Following are the texts of the statements made to the Board by President Elvehjem and Dr. Bowers.

President Elvehjem said:

I have a very serious matter to present to the Board today. It involves Dr. John Z. Bowers, Dean of our Medical School.

For many years we have had at the University of Wisconsin a mutual understanding of the relationships between the Regents, the administration, and the faculty, regarding duties and responsibilities. There have been differences of opinion, but they have been settled through good working relationships and cooperation.

The Wisconsin tradition that faculty members with the rank of associate professor and above have tenure has been respected by all.

On the other hand there has been equal recognition of the fact that a dean or administrative officer can be relieved of his duties without consideration of tenure. It is obvious that an administrative officer in an academic environment can function effectively only when he has the confidence and respect of his faculty, colleagues, and administration.

While tenure is essential for the preservation of the academic freedom which is a source of strength for

this University and for all great educational institutions, it is equally important that the ability to change administrative personnel as the needs of the University dictate be preserved.

The University Committee, which represents our entire faculty, concurs in these principles. May I add that I have met with this committee several times during the past year—and I want to thank the members of the University Committee for their help and advice.

As you know, Dr. Bowers was appointed Dean of our Medical School effective July 1, 1955. During the past years there have been many advances in our Medical School, and Dean Bowers has made many positive contributions to that development.

Some of these advance have been pointed out in the "Report of Survey of the University of Wisconsin School of Medicine," made by the liaison committee on medical education, representing the American Medical Association and the Association of American Medical Colleges, which has just become available. Dean Bowers also outlined many of the advances in the Medical School when he appeared before the Regents on June 6, 1961.

All of us have been pleased that progress was being made—but there has been one disturbing factor.

In the past two years, criticisms have been made regarding Dean Bower's relationship with his faculty. I felt that this problem might be expected in light of the rapid development and growth of the Medical School.

Last fall, differences which developed concerning the appointment of a new Chairman of the Department of Surgery intensified the situation. The extent of dissatisfaction among the faculty and the lack of confidence in the Dean, became quite obvious. I worked on the problem with the Executive Committee of the Medical School beginning December 20, 1960, and considerable progress was made. It should be noted that many but not all of the members of the Executive Committee have supported Dean Bowers throughout these discussions.

The action of the Department of Surgery involved faculty status of an individual being considered for the chairmanship of the department, and this action was dependent on the following generally accepted faculty regulation:

"...The dean of the college or school to which a department belongs, after consultation with the President, and after receiving the ballot as herein provided or after affording opportunity for such ballot, shall appoint a chairman from the members of professorial rank. . ." (Laws and Regulations Governing the University of Wisconsin) Since the candidate under consideration did not have professional rank at Wisconsin and the Department of Surgery voted against approval, no action could be taken according to the rules.

On January 5, 1961, the following propositions were approved by the Executive Committee of the Medical School:

PROPOSITION I

"The Executive Committee of the Medical School reaffirms its adherence to university laws and regulations relevant to the operation of departments and the role of departmental chairmen.

PROPOSITION II

"The academic, research, and service functions of the Medical School have developed to the point where the procedures employed by the Faculty, the Executive Committee, and the Dean should be reviewed, further defined, and codified.

PROPOSITION III

"The Executive Committee holds that the needs of the Medical School require that the deanship be a role of effective leadership."

On January 16, 1961, the Executive Committee of the Medical School gave me the following statement:

"After consultation with the departments of the Medical School, the Executive Committee finds that the faculty members agree that the affairs of the Medical School be conducted in accordance with the Laws and Regulations governing the University of Wisconsin."

The faculty of the Medical School then considered the appointment of an ad hoc committee to examine the procedures employed by the faculty, departmental chairmen, executive committee, and the Dean. The establishment of this committee was approved by the Medical School legal faculty on January 24, 1961, to study these and other matters.

An elaborate system of election was established, and seven members were elected to this committee on February 10, 1961. It was proposed that a permanent advisory committee be established and the ad hoc com-

Dr. Albert Martin, Milwaukee, President of the Wisconsin Medical Alumni Association, said October 16 that the Alumni board had met early in the controversy to determine the official Alumni position.

"It was decided that no useful purpose would be served by the Alumni Association taking sides," he said. "If the Association takes a stand, the group will be split and rendered less useful."

Dr. Martin also stated that it is the Associations policy that "we can best support the school by supporting the school. The matter is best left to the University administration to decide. We must also remember that in these difficult times, it is important to keep the welfare of the school foremost among Association objectives, and to support the goals we have set. Primary among these goals is a new medical library and its earliest possible construction."

He also pointed out that this policy does "not prevent individual alumni from taking sides in the dispute."

mittee made suggestions for the establishment of such a committee. The functions of the advisory committee were defined in a Medical School faculty meeting of March 17, 1961.

On June 2, 1961, the faculty voted to make the members of the ad hoc committee members of the faculty advisory committee for one year. The committee has functioned since that time.

On May 24, 1961, I received from Dr. Bowers a confidential letter which read, in part, as follows:

"I tender my resignation as Dean of the Medical School to become effective on a date to be determined. Although this is done with great reluctance, the present situation leaves me no alternative."

As you know, this resignation was discussed thoroughly by the Regents of the University on June 5, 1961—and Dean Bowers was given the opportunity to express his feelings and to present the views of five supporters. After this presentation by the Dean, he withdrew his resignation.

Upon receipt of this withdrawal, I made the following statement:

"I am tremendously concerned about the future of the Medical School and will bend every effort, every power I have to further its progress. I realize there are many problems and it is going to take time to work them out. We will need the support of every one in the Medical School. With time, effort and patience, their best interest will be served."

I hoped that progress would then be made to settle the difficulties and that we might proceed in a satisfactory manner. However, during the summer there was no improvement, and in fact the situation deteriorated. The Medical School advisory committee continued its study and ultimately presented the following opinion, which was unanimously approved by the committee:

"1. That Dean John Z. Bowers does not have the support of a sufficiently large number of the Medical Faculty to provide effective leadership as Dean of the Medical School, and it is therefore desirable that he be advised to resign as Dean within a reasonable time.

2. That, in the present inceptional circumstances, the chairmanship of the Department of Surgery should be filled by a person from outside the present department within a reasonable period of time after the resignation of the present dean has been accepted.

"This opinion is based on the conviction that conflict has involved a contest between two extreme groups within the Medical Faculty and that the best interests of the Medical School would not be served by clear victory for either group.

"3. That adherence to the traditional role of the department and the faculty in the University of Wisconsin is not incompatible with strong leadership in the office of the dean of the Medical School."

In addition to this unanimous opinion of the committee representing the Medical School faculty, a substantial number of the Medical School faculty members either signed statements asking a change in

administration of the Medical School or engaged in official actions which indicated their desire for a change.

I remind you that this Board of Regents on numerous occasions has considered the personnel problems of the Medical School, and that after full discussion, the Board—on Friday, September 15, 1961—assured my administration of Regent support in the reorganization of the Medical School administration.

Two members of this board and I met with Dean Bowers, and he was advised that although he had made important contributions to the Medical School, it would be in the best interests of the University and himself if he sought another position. This advice was given Sept. 20, 1961.

In light of these democratic procedures, and on the basis of all the information I have been able to gather, it is my judgment that Dr. Bowers should be relieved of his administrative duties as of November 1, 1961. This does not involve his professorship of Medicine—and I recommend that his salary be continued unchanged.

One cannot make this recommendation without giving serious consideration to the future of our Medical School. Many hours have been spent on this problem during the past year, and I intend to give further effort to supporting the members of the faculty who wish to continue the development and expansion of the program of our Medical School. We are interested in a forward-moving program, with emphasis on teaching research and service—and in the highest possible standards in all these categories.

I hope that every member of the Medical School faculty will cooperate in moving forward in this direction.

I would like to conclude with three paragraphs from the statement I made to the Regents on June 5, 1961:

"The University needs all the individuals who became involved in the controversy. When the progress of so complex an institution as a Medical School is sought, conflicting ideas and differences of opinion must be anticipated—in fact, welcomed—for a growing institution must be a live one in which all points of view are considered, so that the best may prevail.

"The University needs the support of the medical profession and all the people of the state, for its strength springs from such support. Everyone connected with or interested in the Medical School must bend every effort to heal this wound and make the School stronger for its experience.

"We have a great Medical School. Working together, we can make it even greater."

Following the statement by President Elvehjem, Dean Bowers spoke.

Dean Bowers said:

There has been considerable publicity to the effect that my request for an open hearing was made for

the purpose of engaging in personalities and for criticism of the University administration. Such is not my purpose.

There has also been speculation to the effect that granting me an open hearing would only serve to extend the problem to the injury of the University or to any person. I would like to remind the Regents that I have maintained silence on the problems despite many allegations.

I have hoped that at some appropriate time there would be an opportunity to present to the Regents a recitation of the goals that were set for the Medical School and an appraisal of the present program—a program which has been enthusiastically endorsed by the medical students, interns and residents at the Medical Center.

In October, 1954 I visited the University of Wisconsin to discuss the Deanship of the Medical School. During the visit I met with President E. B. Fred, Vice-President Ira Baldwin, a faculty committee, a number of department chairmen, and a group of Madison physicians. In December, 1954 I met with Regents Arveson, Jones, and Laird as the Committee on a Medical Dean and with Mr. Matt Werner, President of the Regents. On both occasions there were extended and candid presentations by Regents, Administration, faculty and physicians on the existing program in the Medical School and the goals that had been set for a new Dean. The vigorous statements of the Regents regarding goals and the insight of the Administration were impressive and challenging. At that time it was clear that the achievement of these goals would require the vigorous support of the Regents and Administration and this was assured.

On July 1, 1955 I assumed the responsibilities as Dean of the Medical School and set out to accomplish the established goals. The infusion of new blood was begun. New Clinical Departments and a Department of Medical Genetics were created and highly competent men were brought in as Chairmen in these and in existing Departments as vacancies occurred.

Rather than recite a number of generalities, it is best to look at the record on what has been accomplished in the years between 1955 and 1961. In April, 1961 the Medical School had an official survey by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges. This was a critical review in depth of the programs in the Medical School by four medical educators in an intensive four-day study and has now been submitted. I would like to review with you a number of statements from that report which stands as a national document in medical education. I will also report accomplishments that can be documented from other sources.

Goal: Strengthen and expand teaching and research in the clinical departments.

A new Chairman and three new faculty members have been appointed in Gynecology and Obstetrics. Pediatrics has been established as a separate depart-

ment in line with present national trends and a new Chairman and five new faculty members appointed. Psychiatry and Neurology were separated and a new Chairman and new faculty appointed for each department. Psychiatry has 28 young physicians in training through an integrated program with the Department of Public Welfare. The Child Guidance Clinic which was inactive in 1955 has a staff of twelve and serves as diagnostic referral center for the State. Neurology has just received one of the largest research grants awarded in this field.

The Survey Report states—"phenomenal progress has been made in some areas in the past five years. Four departments which were at best embryonic are now vigorous and productive (Gynecology and Obstetrics, Pediatrics, Neurology and Psychiatry). Each of these departments has recruited talented persons and improved student and post-graduate teaching."

Goal: Bring in new blood and reduce inbreeding.

Fifty full time faculty members have been added in the past six years—an increase of 33% in the total faculty. The overwhelming majority of these men and women have come from other institutions and have been carefully chosen for the kind of Medical School you desired.

The Survey Report states "most particularly we are impressed by the quality of the younger men who have been added to the Staff in both clinical and pre-clinical areas."

Goal: More emphasis on scholarship and research of the University.

Emphasis on scholarly accomplishment in the Medical School has been a prime factor in working toward this goal. Collaborative educational research programs exist with Anthropology, Sociology, Psychology, Speech, Zoology, Engineering, Physics, Veterinary Science, Education, Extension, Genetics, Biochemistry, and other departments.

The Survey Report finds "we are pleased to note the effective relationships that appear to exist with other departments on the University campus."

Goal: More emphasis on scholarship and research—less emphasis on private practice by the faculty.

A program under which faculty members receive a base salary, are permitted additional income from practice based on rank and make a modest contribution to the hospital for services rendered was a joint effort between faculty, medical school administration and University administration.

The Survey Report finds "The Dean and Faculty are to be congratulated on the development of the Consultation Practice Plan. This is a most far-sighted plan in terms of the future stature of the Medical Center."

Goal: Expand research.

In 1955 the Medical School received \$920,500.00 in gifts and grants for research and research training from outside sources. In 1961, this figure had risen to \$4,220,357.00, a four and one-half fold increase. A new medical research building has been erected, other

new research laboratories developed, and existing laboratories remodeled.

The number of young scholars training for research careers has increased five fold in six years.

Goal: Improve relations with physicians in the State.

Over 150 physicians from Madison and communities as distant as Marshfield and Fond du Lac now carry regular teaching responsibilities at the Medical School. Teaching programs for medical students, interns, and resident physicians have been established at the Madison hospitals. A Memorandum of Agreement between the Regents and the Madison General Hospital Association has been developed and is in the President's office awaiting your study and approval.

The Survey states "The increasing awareness by faculty of the Medical Center's obligation to the continuation education of physicians of the State is praiseworthy and has had a significant effect on the referral of patients to strengthen the teaching services."

"The Medical School offers a wide variety of courses for physicians—most important faculty members have assumed greater responsibility for the total program. The responsibility is discharged by offering carefully planned short courses on the campus, courses in outlying communities and in active participation in state and county medical society programs."

Goal: The school must move ahead vigorously and gain greater national stature.

Many of the previous comments and reports support the fact that we are moving toward this goal which obviously takes time to achieve. We were the first medical school to establish a Department of Medical Genetics. One indication of our national stature is the fact that at this time I am aware of attractive offers to other medical schools that have been received by four members of the faculty.

The Survey Report states "It is important that this pattern of growth (the new clinical departments) continue so that the School may attain its proper place on the national scene clinically as well as in the basic sciences" and "if the School is to continue the progress which it has shown in the past five years."

The operations of the University Hospitals have been financially stabilized and high level management recruited and developed. Patient census has improved in Pediatrics, Gynecology-Obstetrics, Neurology and other areas. Progressive new programs such as Heart Surgery, Artificial Kidney, Cystic Fibrosis Clinic, and Family Care Clinic for student families have been initiated. A Rehabilitation Center was opened in 1959. New legislation fortifying the role of the hospital as an educational instrument was developed in 1959. The criticisms of hospital operations that were so abundant in past years have been stilled. The physicians of the state have commented frequently on the improved program in the hospital.

The Student Health Service was a point of frequent criticisms by Administration and University faculty.

The appointment of a new director of Student Health, the expansion and invigoration of emergency services and the development of programs for student families have brought the Student Health Service to a place of justifiable pride in the University. Student visits have increased by 25%. President Elvehjem has said that this is the first time since he has been associated with the University that we have had a first-rate student health program.

In 1956 a Medical Alumni Association was established. There are now 1800 active dues paying members. Through a cooperative effort with the Medical School, over \$500,000.00 has been raised for a Medical Library.

The curriculum in the School of Nursing has been revised toward current educational practices and plans made for cooperative efforts with other educational institutions in the State. Relationships with the State Department of Nurses have been strengthened and funds obtained from the Department to support new programs. A national leader in nursing education, Dr. Helen Bunge, was appointed Dean of the School; enrollment in the School is currently at an all-time high; the budget has increased from \$73,000.00 to \$210,000.00.

In regard to the administrative philosophy applied in the Medical School the Survey Report found that "the faculty have been given considerably increased responsibilities for conducting their own affairs."

Individual members of the faculty have repeatedly expressed their feeling that the caliber of young physicians appointed to these programs has improved significantly. The internship programs have been revised toward the best utilization of facilities and material available at the University Hospitals.

The number of resident physicians in advanced training has increased from 87 to 142.

The Wisconsin Psychiatric Institute has been revitalized as a Center for research and training in mental illness. An appropriation of \$80,000.00 annually to support research and training was enacted in the 1961 legislature. The activation of an Advisory Committee will mobilize various state agencies, citizens groups and University faculty in this program.

I share the desire of everyone for a solution to the problems in the Medical School, but not peace at any price—not peace at the expense of our commitment to progress and change. This has dictated my course of action during the past year.

In 1955 the Regents and the President of the University of Wisconsin determined upon these goals for the Medical School. I suggested that the first question for the Board of Regents today is whether these are still its goals.

I was requested to serve as the Dean who would set the Medical School on a course toward these goals and take it there. I can say that I have kept the bargain. Now the Board must decide whether it will

keep the bargain.

It is my impression that the Regents have three alternatives:

One is to forsake the goals defined in 1955. This can be accomplished by firing me, and by appointing a Dean who will not vigorously pursue these goals.

The second is to reaffirm the goals, and to reaffirm your confidence in me as a Dean who has moved toward them and will attain them. This is the only condition on which I would care to remain at Wisconsin.

This third is to reaffirm the goals, relieve me of my duties as Dean, and appoint another Dean who will pursue these goals as vigorously and as steadfastly as I have done.

If you choose to forsake the goals, I could not find it in me to respect your decision.

If you choose to reaffirm the goals and to invite another Dean to achieve them, I will respect the decision, but I must voice a warning. No Dean who is committed to the goals you set in 1955 and who strives to attain them can survive without the unfailing support of the Regents and the President.

If you should decide to relieve me as Dean, I cannot believe that it will be because of the trivial or spiteful criticisms that you have heard. If it happens, it will be because you have been persuaded that I have lost the support of the faculty and that the situation has become intolerable.

I do not believe that I have lost the support of the faculty. As you know, I enjoy the ardent support of the faculty who share the objectives that were set six years ago. Equally obviously, I do not enjoy the support of another portion, but it is not a matter of losing the support; it is rather a matter of their acceptance of the program that I stand for. I sincerely believe that given time and further opportunity for understanding many of them will come to accept and support the program. It is impossible for a Dean to achieve this support if and when his President and Regents contribute to a situation in which the Dean's authority is clouded and his future is uncertain. It can definitely be achieved, and will be achieved at Wisconsin, if the Dean enjoys the recognized support of his President and his Regents.

I am told that the point about me is that I have gone at it wrong, that I have been short on tact. Obviously, it is difficult, if not unseemly, for me to evaluate myself in these terms. I have done no conscious unkindness. If my decisions have occasioned personal disappointments to members of my faculty, and I am sure they have, this is not the result of thoughtlessness or lack of feeling. On the contrary, the decisions were reached most thoughtfully, and with full awareness and a keen sense of regret that they would occasion antagonisms in colleagues.

But, gentlemen, did the Regents or the President believe for one moment, in 1955, or do you today

permit yourselves to imagine, that the entire direction and thrust of the School of Medicine could be, that it can be, altered by perhaps ninety degrees without causing disappointment to anyone?

Despite my urgings to the contrary, the University Administration has permitted a major problem within the Medical School to continue unresolved for one year. The lingering presence of an unresolved major question creates and magnifies a variety of related and unrelated problems within a School. A situation has been contrived for an unwitting Dean which strains the limits of the tolerable, and then it is proposed that you rely on the resulting situation itself as the reason for proposing the removal of the Dean.

The issues of policy and of administration in the Medical School are issues of the first order. They will be resolved by clarity of purpose and by sustained effort, beginning with the Regents, tempered with every ounce of human feeling and compassion which the undertaking permits. But unless the purpose remains clear and unless the effort is sustained by the Administration and the Regents, the goals will not be achieved under the Deanship of John Bowers or of any other man.

The statement I have made has been prepared by me within the last several days. I prepared it because of what I read in the papers.

On October 11 my counsel requested that if the President proposed to recommend my removal as Dean, he should provide me with a written statement of his reasons; that I should have at least 20 days within which to consider such a statement of reasons, and that a hearing on the President's recommendation should then be held by the Regents. Until 12:30 p.m. today we have had no reply to this request.

I am aware of the Attorney General's opinion that I am not entitled to a hearing as a matter "of strict legal right." I do not pretend to know the law, but I can recognize easily a violation of those traditions and principles of fair play which this State and this University have long held dear.

At about 12:30 p.m. today my attorneys were advised that at 2 p.m. President Elvehjem would submit a written recommendation on this matter. They were told that President Elvehjem had not previously made his recommendation known. They were told that I would be given an opportunity to appear immediately following the President's recommendation and that I would have one hour in which to make a statement.

I do not consider this far notice. I do not consider it fair play.

Between 12:30 p.m. and this moment I have considered the alternative of declining to appear under these circumstances. But I have decided to appear because I want this matter, finally, to be decided on its merits rather than on a procedural question, however important the procedural matter may be.

If, after consideration, you wish to have my resignation as Dean of the Medical School, you may have it.

Dr. Ben Lawton - - -

Dr. Ben Lawton ('46), Marshfield Clinic, Marshfield, Wis., is the new President elect of the Wisconsin Medical Alumni Association.

A native of Hillsboro, Wis., he was educated in Viroqua and at the University of Wisconsin. He received his B.A. here in 1943 and his M.D. three years later. While a student at Wisconsin he was a member of Phi Beta Kappa and Alpha Omega Alpha.

After serving an internship at Colorado General Hospital, Denver, he spent a year in residency at the Gundersen Clinic, LaCrosse. Dr. Lawton took his specialization training in general and thoracic surgery for four years at Wisconsin.

During the spell he served in the army, he was chief of chest surgery at Valley Forge. He is now a member of boards in general and thoracic surgery.

In addition to his regular schedule at the Marshfield Clinic, he serves as an Associate Preceptor for the Medical School, of which, he said, "I am very proud."

The Marshfield Clinic, he said, is steeped in good feeling for the Association. Eighteen of the 40 man staff are Medical Alumni.

When he has a spare minute, Dr. Lawton casts his fly into the nearest fishing or political stream.

Board Meetings

It was reported by Dr. Richard Wasserburger ('46) at the September 8 meeting of the Alumni Association in Madison, that a CPA had audited the association financial records and found everything in order (the report appears in this issue).

Dr. Frank Weston, ('24) reported that November 18 had been selected as the date for the Annual Fall Meeting. That's the day of the Wisconsin-Illinois football game.

Dr. Allan C. Barnes, Professor of Gynecology-Obstetrics, Johns Hopkins, has agreed to serve as the J. W. Harris lecturer for Alumni Day next year.

Dr. Robert Samp ('31) has resigned as Editor of the Newsletter. It was decided at the meeting to appoint an editorial board soon.

At the July 14 meeting, Milwaukee, Dr. Martin announced the appointment of Dr. Wasserburger as Chairman of the Finance Committee; Drs. Daniels and Lustok as Co-Chairmen of the Library and Fund raising Committee; and Dr. Ben Lawton ('46) as chairman of the Class Representatives committee.

It was agreed at the meeting that dues remain at \$5.00 a year, and that there will be no change in the current practice of mailing the Newsletter to all Alumni, whether or not they pay dues.

Audit Report

WISCONSIN

MEDICAL ALUMNI ASSOCIATION, INC.

Summary of Cash Receipts and Disbursements

July 1, 1960 to June 30, 1961

Bank Balance—beginning of period\$ 853.37

Dues Received 7,860.00

Total 8,713.37

Expenditures

Salary—Executive Secretary 1,625.00

Salaries—Clerical (25.00)

Printing—Alumni Newsletter 1,997.03

Other printing and stationery costs 694.87

Postage 22.26

Purchase of Addressograph

Equipment, Repairs 1,065.54

Alumni Meetings—

Net Unreimbursed Costs 1,233.35 (1)

Audit 140.00

Social Security 67.02 (2)

Miscellaneous 3.00

Who . . . What . . .

Legal Fees—

Establishing Tax Exempt Status .. 236.60

Fund Raising Expense—

Middleton Library 146.00

Total Expenditures 7,205.67

Bank Balance—End of Period 1,507.70

(1) Of this amount, \$1,040.12 was net deficit for Alumni Day, May, 1961.

(2) \$57.05 recovered August, 1961, from Federal Government.

Bank Balance—October 1, 1961 7,034.23

Dues Received since July 1, 1961 6,650.00

CPA's Statement

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

Warren Randy
Certified Public Accountant
Madison, Wisconsin

Annual Fall Meeting

The program for the Alumni meeting November 18 is now final:

Registration: 9:00 a.m. 112 Bardeen

Program: 9:30 a.m.

SEGMENTAL APPROACH TO CHEST DISEASE

Richard Johnson, M.D.

Assistant Clinical Professor of Medicine
Chief, Chest Surgery, VA Hospital

9:45 a.m.

PRACTICAL APPROACHES TO PROBLEMS OF PULMONARY EMPHYSEMA

Marvin Birnbaum, M.D.

Resident in Medicine—Wisconsin General Hospital and John K. Curtis, M.D.
Clinical Professor of Medicine and Chief,
Medical Service, VA Hospital

10:00 a.m.

CINEANGIOGRAPHY IN THE DIAGNOSIS AND EVALUATION OF CONGENITAL

Psych Institute Revitalized

The Wisconsin Psychiatric Institute, directed by Dr. Robert Roessler, will be revitalized. Governor Gaylord Nelson in September signed the bill appropriating an additional \$80,000 for the Institute. This will be added to the earlier budget of \$23,000.

The primary functions of the Institute will be training and research in mental health. The Institute will follow as fully as possible the original mandate of the Legislature, made in 1905, which was to "investigate medical and social conditions which directly or indirectly result in State care and generally seek by research and investigation to prevent conditions which result in State care."

It is now planned that the Institute will provide for the creation of a small core of full-time research personnel of outstanding ability. It is expected that such individuals will come from disciplines currently most active in mental health—Psychiatry, Psychology, Sociology, Pharmacology, and Biochemistry.

Dr. Roessler is also Chairman of the Department of Psychiatry.

Where . . . When

HEART DISEASE—A MOVIE

William Young, M.D.
Professor of Surgery

10:15 a.m.

USE OF THE COLON TO BYPASS OR REPLACE THE ESOPHAGUS

(Report of 10 Cases)

John R. Pellett, M.D.

Assistant Professor of Surgery

10:30 a.m.

IRON DEFICIENCY

Robert Schilling, M.D.

Associate Professor of Medicine

11:00

INTERMISSION

11:15 a.m.

A BRIEF BUSINESS MEETING

Members of the Senior class are invited to attend the program.

Lunch will be held at 12:15 in the Hospital Cafeteria. The Wisconsin-Illinois football game begins at 1:30 p.m.

Wisconsin Medical Alumni Newsletter

published January, April, July, October
by the

WISCONSIN MEDICAL ALUMNI ASSOCIATION, INC.

418 North Randall Avenue
Madison, Wisconsin

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Alumni Dues \$5.00 per year

(Your dues make this publication possible—
Have we received your check?)

Ambulance Experience for Women Interns in Providence

This month a woman who is a doctor bears the hope and comfort in emergencies sought by the sick and injured in Providence, R.I.

Three of the interns who ride the R.I. Hospital ambulance, called in by the fire department rescue squad when help is needed, are women. All are fresh out of medical school, but each faces the task with a professional outlook. They were aware before they came to the Hospital that Providence was one of the few U.S. cities where an intern rides on emergency runs. They all find value in the experience.

Says Dr. Mary V. Pratt ('61): "I was very tense on the first run. It was at night and you're racing through the streets. You have to evaluate the situation in a split second. You must know everything and be capable of doing everything. It's too bad more doctors can't have that experience."

Says Dr. Sylvia C. Roussi: "I requested a month in the accident room. You see everyday problems you might not see in regular practice."

Says Dr. Margaret Waddington: "It all falls in the line of duty. I wasn't excited. I wasn't worried. It seems to come naturally."

Dr. Waddington, who was brought up in Europe, notes that in Europe there are many women doctors. In this country, where there are few women doctors—though the number grows steadily—a woman who goes into the profession usually decides early on an approach to life in a man's world.

All three of these interns say they rarely run into problems in their daily work because they are woman. Most important to them, all feel that they are accepted professionally by both patient and colleague and are judged as doctors. Here is what the three interns have to say about woman's role in medicine:

Dr. Mary V. Pratt—"When you go into medical school, you make up your own mind. You make sure it's what you really, really want, and once you begin you will finish."

A tall, lively outspoken girl of 25 with friendly brown eyes, Dr. Pratt comes from a Wisconsin family with many cousins and uncles who are doctors.

"I always wanted to be a doctor. When I was 12 years old and announced it, people patted me on the head and said, 'That's nice dear, but you'll outgrow it.' But I didn't. Now when I get discouraged, I try to think of something I'd rather be doing, but can't."

When she enrolled in University of Wisconsin Medical School after graduating from the University of Richmond, she found the first year there was so much competition that it took the male students a while to cotton up to the idea of female med stu-

dents. There were seven in a class of 83.

But, she said, if you don't try to act too masculine and let them get used to the idea, "They become friends. Wisconsin encourages this friendliness. I never felt paranoid" about the attitude of male colleagues.

The future: There's been no big romance in her life, but she wants "to combine medicine and marriage."

Dr. Sylvia C. Roussi—"You always hear people hollering about women getting married after graduate school and not using their professional knowledge. Surveys show it isn't so. You can't generalize. You don't go through eight years of medical training just to give it up. You have to work it out yourself and I'm convinced I can have a family and still practice medicine."

A softspoken, dark-haired, petite girl, Dr. Roussi decided on medicine in high school. "My family was always telling me I was crazy." But she stuck with it and went through University of Buffalo undergraduate and medical schools. There were four girls in the medical school class of 80.

"You have to approach it knowing it is a man's world. Accept things as they come. You can't take criticism personally. Our classmates treated us as equals and as women. If you act like a woman, you'll be treated like one."

"I haven't become paranoid in the past few years and don't expect to. When you start looking for problems, you're going to run into them."

Dr. Roussi, who also is 25, said she went out regularly in medical school and still has a full social life. But she doesn't "talk shop" when she dates doctors.

Recalling an early antagonism to women doctors, Dr. Roussi finds there "definitely" is an "increased acceptance" of women in the profession. And, as a result, she also finds "the trend is toward women going into medicine."

Dr. Margaret Waddington—"I know women who have families and stay in medicine and who have a heart that's big enough to take care of both."

Dr. Waddington, who spent half of her 31 years on the Continent, finds that she is "taken as a doctor at full face value by everyone. I don't find any trouble about acceptance." In Europe during the war she saw many women who became doctors and did many other jobs of necessity because of the high casualty rate.

As she went through her pre-med work at St. John's University in Brooklyn and medical training at the University of Vermont, she came to the con-

RAYMOND P. WELBOURNE, M.D.

WATERTOWN SURGEON

DOCTOR RAYMOND P. WELBOURNE, member of the class of 1942, died at the age of 48, July 22, from complications which set in after brain surgery.

Doctor Welbourne, of Watertown, who had become a prominent Wisconsin cancer surgeon, suffered a non-paralytic cerebral hemorrhage at home July 10. He underwent surgery at University of Wisconsin Hospitals July 11 for an aneurism.

For over ten years, Doctor Welbourne had served on the American Cancer Society, Wisconsin Division, Board of Directors. In 1958, he received the Division's distinguished service award. His contribution to the Society included service as Board Chairman and President of the Division. Doctor Welbourne was also a member of the Board of Trustees of the Watertown First Congregational Church, and was devoted to the Boy Scout movement.

An active member of the Medical Alumni Association, he was a Board member for several years, and was area representative for the William S. Middleton Medical Library Fund campaign.

As a local surgeon, Doctor Welbourne worked for improvement of local hospital conditions and facilities, and then gave more to the community through membership in the Rotary and the American Legion. He was known throughout the United States for his work in cancer surgery.

Born and educated in West Allis, Doctor Welbourne served his residency in surgery at Milwaukee Hospital. He was a staff member of St. Mary's Hospital, Watertown; Oconomowoc Memorial Hospital; and Fort Atkinson Memorial Hospital, and a courtesy staff member of Milwaukee Hospital.

A fellow in the American College of Surgeons, Doctor Welbourne was also a member of the American Society of Abdominal Surgeons, the American Medical Association, the State Medical Society and was a captain in the Army Medical Corps in Europe. He had been a member of the Phi Beta Pi medical fraternity.

clusion that there is no problem of "acceptance" of women as doctors; rather there is a social and scholastic framework here that means fewer women doctors than in Europe.

"Here more girls go into nursing because it's not so strenuous financially and the course not so long. And parents don't encourage daughters to become doctors."

Trouble about women being doctors? This dark-haired, hazel-eyed intense doctor who is a woman sums it up in one word—"humbug."

—Lewis W. Wolfson
Providence Evening Bulletin

The Wisconsin Division of the American Cancer Society said this of him: "Ray Welbourne was a very important man in medicine and in voluntary activity, but he never knew this. His greatness could be seen only by others, as modesty was among the strongest of Ray's myriad golden qualities. He will be missed by all who knew him, and by many who didn't know him. His legacy is one which shall and must be preserved, for it includes the very foundation of man's concern for others and his lack of concern for himself."

A resolution was passed by the Alumni Association, September 8, honoring Dr. Welbourne:

"*WHEREAS*: RAYMOND P. WELBOURNE, M.D. was graduated from the University of Wisconsin Medical School in 1942, and

"*WHEREAS*, during his eminent career he displayed great devotion to his Alma Mater through his strong support and tireless activity in furthering the growth and development of the Medical Alumni Association;

"*BE IT THEREFORE RESOLVED*, that the Board of Directors of the University of Wisconsin Medical Alumni Association, Inc. hereby record its lasting gratitude for his many contributions to medicine and its profound regret at the loss of a distinguished colleague, devoted alumnus, and warm friend.



Dr. Raymond P. Welbourne, known throughout the country for his work in cancer surgery.

DR. CLEVELAND J. WHITE--

DERMOTOLOGIST

Dr. Cleveland J. White, a two-year alumnus who transferred to Rush in 1919, now specializing in diseases of the skin, Oak Park, Illinois, was the subject of the cover story in the October 2 issue of *Modern Medicine*.

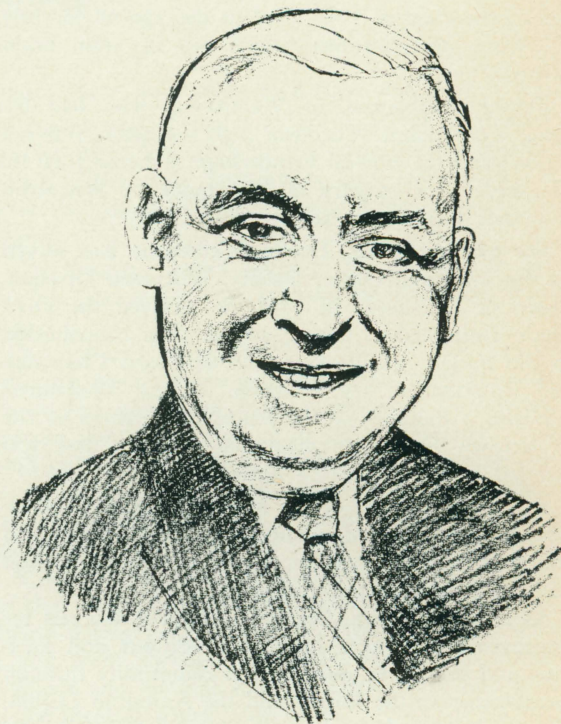
He has spent 35 of his 40 years in medicine on dermatology, and now attracts patients from both coasts, the magazine said. His research contributions have been most significant in diseases of the nails, on which he is writing a book, and on skin diseases.

Presently a professor and chairman of dermatology at Loyola University, Dr. White is also dermatologist-in-chief at Loyola's affiliated Mercy Hospital, and consulting dermatologist at Norwegian-American, West Suburban, and Resurrection Hospitals.

When he began studies at the University here, his goal was to become a math teacher, and was principal of a grade school in Leadmine for a year. While in medical school here, he published a scientific report, the first of 175 papers.

After transferring to Rush Medical College, Chicago in 1919, and receiving his M.D. in 1921, Dr. White interned at Chicago's Illinois Central and Passavant Memorial Hospitals. Returning to the Student Health Clinic at Wisconsin, he became interested in skin diseases. In rapid order he obtained a fellowship at Mayo Clinic, Rochester, and then followed Dr. John Stokes of Mayo Clinic to the University of Pennsylvania.

In 1927 he went to the University of Buffalo, published papers on yeast infections of the skin, and then the next year joined Northwestern University's faculty. In 16 years there he began long studies on diseases of the nails and studied individual food factors in the development of acne. He assumed his present position at Loyola in 1944.



Dr. Cleveland White, Dermatologist of Oak Park, Ill.

ALUMS JOIN FACULTY

Several Alumni have returned this summer and fall to join the Medical Center faculty.

Ronald W. Olson ('57) has become clinical instructor of Gynecology-Obstetrics. Thomas Subitch ('56) is an instructor in the Department of Anesthesiology. Carl William Schmidt ('47) has also become an instructor in Anesthesiology.

Richard Thurrell ('54) joined the Department of Psychiatry as an Assistant Professor. John B. Wear, Jr. ('54) joins his father in the Surgery Department's Urology Division as an instructor. Other appointments to Surgery include William Wolberg ('56) and Robert Johnson ('44).

Cystic Fibrosis Center

The National Cystic Fibrosis Research Foundation presented \$10,000 to the Medical Center late in August to establish a Cystic Fibrosis care, research and teaching clinic.

Assistant Professor of Pediatrics, Dr. Charles C. Lobeck, will direct the center, which will be one of thirty in a nation-wide network to be established by foundation funds in the next five years.

The center's major concerns will be basic research into the cause of the disease, patient care, and teaching physicians and medical students about the disease. A cystic fibrosis clinic was first located here in April, 1960, financed by the foundation's Milwaukee chapter.

While the Milwaukee grant will continue to pay hospital and staff service costs, the National Foundation's grant will move the program into high gear in research, teaching and patient care. The center is now diagnosing and establishing treatment for one new patient a week. It also runs periodic checks on patients diagnosed and released.

Continuing treatment is carried out at home by the child's family physician. The 50 patients treated here last year came from all parts of Wisconsin and northern Illinois.

Medical School, Madison General Receive \$234,125

Madison General Hospital and the Medical School will work together on a study of the growing rate of infectious diseases found in the Hospital and community. A \$234,125 three year grant from the John A. Hartford Foundation, New York, will finance the study. The Medical School and Madison General will combine facilities and staff to carry out the clinical research.

Main objectives of the study will be an examination of infectious diseases in infancy and childhood to determine factors contributing to the rising number of both cases and death rate; methods for detection, prevention and treatment; and development of methods for educating medical personnel about the problem.

Dean John Z. Bowers said, "The establishment of this grant is national recognition of the solid and productive educational and research relationships that have been established between Madison's private hospitals and the medical school."

Madison General will be provided with \$97,500 the first year. Of this, \$36,000 goes for staff salaries; \$25,500 for supplies; \$24,200 for hospitalizing patients for study; and \$11,800 for overhead. The remainder will be awarded over the following two years.

According to Gordon N. Johnsen, Madison General Hospital administrator, the study is of significance because of the rising death rate among children due to infectious diseases, such as staphylococcal infection and epidemic meningitis. Using the participation of practicing physicians, the program will be administered to develop and apply new and simplified methods of specific treatment and diagnosis.

Facilities to be used at Madison General Hospital include a new nursery of 64 bassinets, a 40 bed pediatric unit and a clinical laboratory. Available Medical School facilities include a 13-bed nursery, and the 107 bed Children's Hospital. The staff will consist of 15 Madison General Hospital pediatricians, all with clinical appointments to the Medical School faculty, and eight pediatrics department faculty members.

Both Dr. Bowers and Johnsen pointed out that the study will mean a great deal in strengthening already close bonds between private hospitals here and the Medical School in educational and research programs. Johnsen said, "We at Madison General feel that this is one more advance in the increasingly close relationships between the Medical School and Madison's private hospitals."

In addition to Pediatrics, other Medical School departments expected to join the study are gynecology-obstetrics and medical microbiology.

New Westby Facility

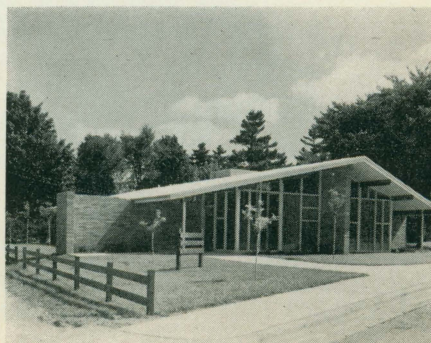
Shown here are two views of the Medical-Dental Building at Westby. Owned by Dr. Warren Otterson, ('54), the building was occupied June 19, 1961.

Dr. P. T. Bland ('47) is also located in the building. He and Dr. Otterson both have a general practice. Services there are rounded out by Dr. V. A. Brenden,

D.D.S.

The operation also serves as part of the Medical School associate teaching program. Drs. Otterson and Bland take two preceptees each quarter.

Before moving into the new offices, they were practicing from a converted commercial building.



Medical Library Report

There have been several developments in the library fund campaign since the last report. Mischa Lustok and Einar Daniels have been appointed co-chairmen of the "over the top" fund drive for the Library.

Somewhat over \$526,000 has been realized so far in contributions and pledges. About \$157,000 of this is from industry; the rest is from alumni. Our final goal is \$1,137,000 for a complete facility.

We would like to break ground next Alumni Day, and proceed with construction. This deadline may not be reached for several reasons. There will be no matching funds from the federal government this year, though \$200,000 is available for the library from University building funds.

In addition there is a desire on the part of one segment of the faculty to hold off construction even two or three years until matching funds become available. Architectural studies are in progress to determine how much of a library can be built with funds at hand. For these reasons we cannot now assure you that ground will be broken next alumni day.

A faculty library committee is studying the matter now. We have made commitments to you for early construction. We still hope we can honor those pledges and hope you will honor yours.

Memorial funds in honor of Dr. Erwin Schmidt, late Surgery Department chairman, and the late Dr. Ray Welbourne, Watertown surgeon, are being received now.

Dr. Q. R. Murphy

Dr. Q. R. Murphy ('48) is Professor and Chairman of the Department of Physiology this year. Dr. W. B. Youmans, who has been chairman of the department is on a year leave of absence. He left October 2 for Europe to visit physiology laboratories in London, Belgium and Scotland. He received a special research fellowship from the Public Health Service. When Dr. Youmans returns, he will write a monograph on his work on the Abdominal Compression Reaction.

Wisconsin Health Team

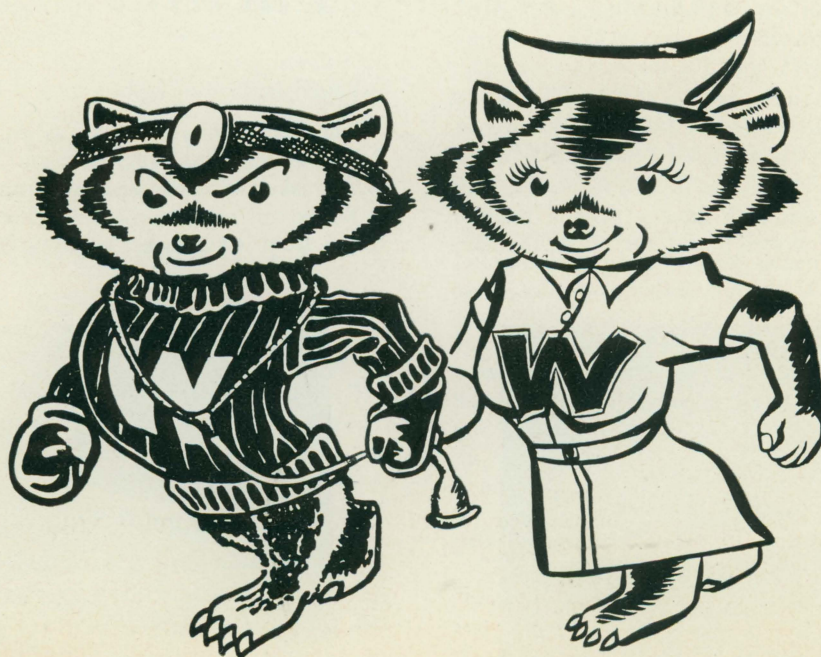
Bucky Badger, M.D., the Medical Center mascot, has a girl friend.

Becky Badger, B.S., Nursing, complete with long eyelashes, nurses uniform and cap, was introduced on the masthead of a School of Nursing publication, NURSING NOTES, this month.

Nurse Becky is shown walking hand in hand with Dr. Bucky, who wears a head mirror, and a stethoscope over the traditional "W" sweater.

The pair, dubbed the "Wisconsin Health Team," will appear on many Medical Center publications in the future, including the Annual Report, due to be published late this month.

Dr. Bucky appears on the Newsletter cover and has been mascot for about four years.



ALUMNI CAPSULES

Robert L. Johnson ('60) was appointed in August to a residency at the Mayo Clinic, Rochester, Minnesota. He will serve in Dermatology.

* * *

Kent A. Mannis ('60) has just begun a three year Psychiatry residency at University Hospitals here.

* * *

Effective August 1, Sherwyn M. Woods ('54) is chief of Neuro-psychiatric Clinic at the March Air Force Base Hospital, California, and is a Captain in the USAF Medical Corps. He previously was with the Department of Psychiatry here.

* * *

Robin N. Allin ('34) joined the staff of the Dean Clinic, Madison, this month. He will continue his private practice in internal medicine including allergy. His practice has been limited to this field since 1939.

* * *

Homer D. Kesten, Saddle River, N. J., a two-year alumnus who received his M.D. from Columbia in 1924, retired from practice late this summer.

* * *

Ronald B. Mackenzie ('53) is now with the Middle America Research Unit, Balboa Heights, Canal Zone. He had been in Sausslito, California.

* * *

Farrington Daniels, Jr., ('43)

a two-year alumnus left the University of Oregon August 1 to become an associate professor of Dermatology at the University of Illinois College of Medicine.

* * *

Dr. David Lee Cram ('59) has been appointed to a residency in dermatology at the Mayo Clinic, Rochester, Minnesota.

* * *

Dr. John Baier ('51) has been at Harvard for two years in a program for an MPH degree in Public Health. He is now in California.

* * *

Dr. Don W. Hammersley is now on a new job. He's chief of professional service for the American Psychiatric Association's Mental Hospital Services.

* * *

An intern at University Hos-

ALUMNI DEATHS

Several Alumni died during the past year. Among these are *Dr. Gerald M. Koepcke* ('26), of a heart attack last March; *Dr. Franklin B. Bogart* ('19), Chattanooga, Tennessee, last March; *Dr. Robert C. Perkins* ('35), Moline, Illinois, in December, 1958.

Three former interns or residents also died during the year. *Dr. Gabriel Fournier*, Montreal, Canada, died in May. *Dr. John F. Whitman*, Cleveland, Ohio, died last October and *Dr. E. A. Roventstein*, New York, last November. *Dr. Kurt A. Heinrich*, New York, died last May.

pitals in 1955-56, Dr. Edmund Kline, completed in July a three year residency in Ob-Gyn at Upstate Medical Center, Syracuse, N.Y. Now he's an associate of Dr. E. E. Wadlow in St. Joseph, Mo. His wife Carolyn (Milstad) ('56) is temporarily retired, and at the same time gaining some basic training in pediatrics with three children, aged 3 years to 5 months.

* * *

Now with the Bio Astronautics Laboratory, Holloman AFB, N.M., Dr. Leroy W. Rhein ('59) is involved in Project Mercury. He's working on deceleration with the high speed sleds made famous by Dr. John Stapp. He married a flight nurse and plans a residency in Ophthalmology when the Air Force tour is completed.

* * *

Dr. Christopher A. Graf ('54) has begun the practice of urology in Sheboygan, Wis. While interning at St. Joseph Hospital, Marshfield, he married, and now has a son, born in Heidelberg, Germany, in 1957, while they were there with the Army, and a daughter born in 1959.

* * *

The Milwaukee Neuro-Psychiatric Society has Dr. Jules D. Levin ('38) as new President-Elect, and Dr. George J. Martin ('41) as Councilor.

EXTENDS PROGRAM TO DETECT PKU



Professor of Pediatrics Harry A. Waisman ('47) extended his program for detection of phenylketonuria (PKU), which causes mental retardation in children, into the state in August.

He and his staff are running tests at St. Joseph's Hospital, Milwaukee; St. Mary's Hospital, Madison; Monroe Clinic, and in Eau Claire and Dodge Counties.

(As reported in the July issue of the *Newsletter*, his work is supported by a grant of \$94,041 from the National Institutes of Health and a Joseph P. Kennedy, Jr. Foundation grant of \$225,000.)

If PKU is detected when an infant is three to six weeks old, a special diet will allow the child to reach near normal mental ability. By checking urine samples of babies in the test areas for phenylalanine, Dr. Waisman hopes to find children with PKU and get them on a low-phenylalanine diet before brain damage begins.

When children with the disease go untreated, the resulting retardation is great enough to warrant institutional care. According to studies, there are about 75 such children in Wisconsin state and private institutions.

Though more research is needed, Dr. Waisman hopes the children on the special diet will be able to eat normally by the time they are in first grade. While on the special diet, they avoid high protein foods. The

disease results from the baby's inability to metabolize phenylalanine.

He hopes eventually to extend the tests to all areas of Wisconsin. Further research may make tests for other diseases possible with the same piece of urinated filter paper used to detect PKU, he said, but is mostly a matter of finding a way to preserve the urine sample.

Dr. Eldred F. Hardtke

Dr. Eldred F. Hardtke ('46), Psychiatrist and Acting Director of the Indiana University Psychological Clinic, read a paper on "Psychotherapy with University Students" at the 5th International Congress for Psychotherapy at the University of Vienna, Vienna, Austria, in August.

Dr. Hardtke was also presiding chairman at one of the afternoon sessions during the meetings. He also attended the 6th International Congress on Mental Health at the Sorbonne, Paris, and the 5th International Congress of Clinical Neurophysiology and the 7th International Congress of Neurology in Rome.

After the international meetings he represents Indiana University at a special meeting at the University of Padua commemorating the 300th anniversary of the birth of the Italian physician-naturalist Antonio Vallisneri.

He is now on sabbatical leave from Indiana until next January to engage in historical research at the Vatican Library, Rome, on the role of the clergy in the care of the mentally ill.

Dr. Hardtke, who is traveling with his family, is immediate past president of the Indiana Neuropsychiatric Association and a former president of the Owen-Monroe County Medical Society.

Wisconsin Medical Alumni Assn.

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