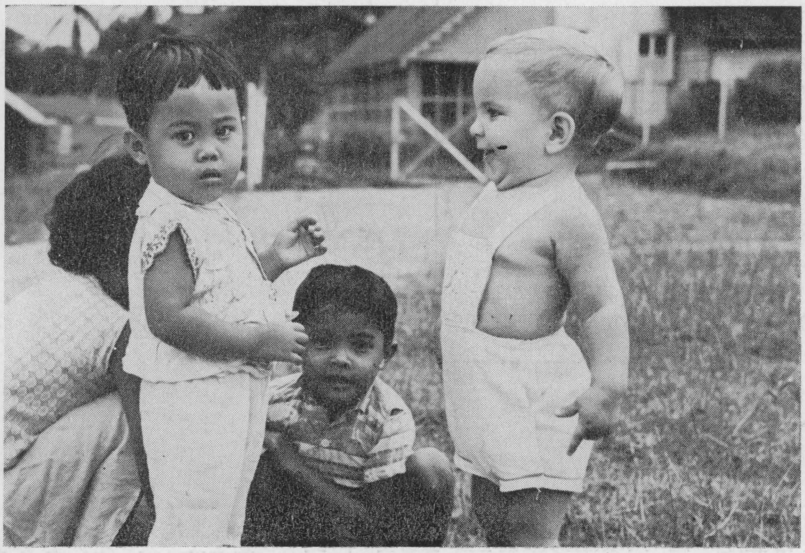
WISCONSIN MEDICAL ALUMNI

BULLETIN

VOLUME IV, No. 5 WINTER, 1963



" . . . not enough people show other people what human beings can be like."

DR. ALBERT SCHWEITZER

(SEE PAGE 4)

Wisconsin Medical Alumni Bulletin

Published Quarterly by the

WISCONSIN MEDICAL ALUMNI ASSOCIATION, INC.

418 North Randall Avenue
Madison, Wisconsin

U.W. MEDICAL UNIT CITED BY U.S. ARMY

The 44th General Hospital Army Reserve unit, affiliated with the University of Wisconsin Medical School and University Hospitals, has been selected for nomination as the outstanding unit of the XIV U.S. Army Corps for the training year just ended.

The unit is commanded by Colonel Herman Shapiro, '32, of the Medical School faculty and composed of members who are attached to the Medical School staff. Acting Dean Cohen has extended congratulations to Colonel Shapiro on behalf of the School. "This is indeed a tribute to you and the unit", Dr. Cohen said.

Change of Title

Commencing with this issue, our quarterly publication shall be known as the "Wisconsin Medical Alumni *Bulletin*". This is in accordance with the unanimous vote of the Board of Directors of the Alumni Association at its meeting in Milwaukee on October 12th.

front page photograph taken by Dr. Arlan Rosenbloom of his son and two Cambodian children

drawings in this issue are by gloria welniak

THE PRESIDENT REPORTS

Futility follows frustration in our attempts to break ground for the William S. Middleton Library. Your President and Directors with firm resolve and high hopes have again met roadblocks head on with the only palpable results being bumps on the head. Further delay in building seems inevitable even if unbelievable. The details of the delay do not lend themselves to brief explanation here. Suffice it to say that we are exerting every possible effort to reverse the trend.

Denied fulfillment of our primary goal in the immediate future, the Directors have resolved to proceed with concomitant missions pending library construction. Most seriously considered at the present time is the institution of a yearly substantial monetary award to a distinguished teacher in the medical school. I believe it is apparent to all that the truly dedicated teacher is seldom honored with more than a testimonial dinner and retirement lineage. We hope to establish an additional incentive to excellence in teaching with an appropriate award. Your suggestions to the method of selection of the recipient are solicited.

The second project concerns the opposite end of the learning process, the medical student. We plan to present a medical Alumni award on Medical Field Day to a deserving, distinguished student. The emphasis in this award will probably be in the clinical sphere since research efforts seem to be well subsidized at the present time.

In closing, I urge attendance of all medical alumni at the Milwaukee winter meeting where constructive criticism of our program will be gratefully received.

Respectfully,
Ben Lawton, '46

EDITOR'S REPORT

With this issue our newsletter becomes the *Wisconsin Medical Alumni Bulletin*. We have grown from an informal, largely social group to a strong organization with a program and objective firmly oriented to the support of the Medical School. As such, we are confirming the broad concept of our social and community responsibility as members of the medical profession. It is proper for this publication, with a circulation of almost five thousand copies quarterly, to reflect the philosophy of the alumni body within the scope of its activities and to bring its readers an unbiased expression of the alumni members on matters of group interest.

Your leadership has guided the organization through its formative years and we've attempted to translate your views into the general activity. Discussions at assemblies and meetings of the class representatives have been most helpful in this regard.

However, these have not given the governing body a sufficiently broad base of contact to be sure that the majority expression is given due consideration.

The *Bulletin* is initiating a "Letters to the Editor" page. We hope and expect you will avail yourself of the opportunity to write us on any subject of alumni interest. We also invite your comments on specific articles and welcome questions and divergent viewpoints on any of the material printed. Your officers and governing body will report periodically in this publication. You will help them and help guide the direction of activities by your comments. Our news editor is eager to receive items of interest about members and their families. There are four thousand reporters in our membership and our *Bulletin* would be enriched, your classmates delighted, your editor less harried, if you would take time to communicate with us.

Let's hear from you!

Your Editor,
Mischa J. Lustok, '35

Three Medical Students Honored

Honors have been brought to the University of Wisconsin Medical school by three outstanding students. The three students are Thomas Y. Fung, recipient of the SAMA-Sears Scholarship; Walter J. Tardy, Jr., winner of a four year National Medical Fellowship (Sloan Foundation) scholarship, and David Mathison, who won one of the highest foreign fellowship awards ever granted by the Smith, Kline and French firm.

Mr. Yung's award enabled him to spend two months working with an M.D. in upstate New York. His experiences were reported in the October issue of INFUSION, newsletter of the Student American Medical Association. The award was instituted this past year and Mr. Fung was one of the first eight medical students in the nation to be chosen. He is a third year student.

Mr. Tardy's four year scholarship was one of ten made nationally. The award is made to outstanding Negro students from a substantial grant of the Alfred P. Sloan Foundation to National Medical Fellowships. Mr. Tardy, a first year Medical student, is a graduate of Tennessee A & I State University. Wisconsin is one of six national Medical Schools to be honored this year by the attendance of an N.M.F. scholarship recipient.

Mr. Mathison's award of $3,272.00 will enable him to travel to Malagasy Republic (formerly Madagascar) to work at the medical outpost there for 11 weeks. Mrs. Mathison, a public health nurse, will accompany Dave. By an interesting twist, the Administrator of the Malagasy Republic Hospital is Dr. Alf F. Borge, who is a U.W. Med School alumnus, '52. Dr. Borge has been in the area since 1956, except for a one year residency at Madison General Hospital in 1960.

Mathison is in his last year and expects to receive his M.D. in June.

Poland Re-Visited

Dr. J. E. Rose, Professor of Neurophysiology, recently returned from a twelve day stay in Poland. Dr. Rose was the guest of the Nencki Institute of Experimental Research in Warsaw. He is a native of Poland who came to the United States in 1939.

The twelve days were occupied with lectures, seminars and discussions of instrumentation. Polish researchers were avid in their interest of the work being carried on here. "The sciences in Poland", said Dr. Rose, "have always been under western influence. Speaking Polish was a great help and the general atmosphere there has apparently relaxed a great deal since 1956." He indicated that, "there is a severe instrument and equipment shortage as well as a general six year lag in education, the result of universities and schools having been shut down from 1939 to 1945".

The need for MD's is great and the emphasis is "on the clinical side rather than the theoretical and research", Dr. Rose noted. Notwithstanding, Poland has some outstanding research workers who have made international contributions in their fields.

U. W. Alumnus in Asia

"It was early in medical school at Wisconsin that the idea occurred to me of practicing some day in an area where physicians are scarce, where medical needs are severe." The thought may have been speculation at the time, but before too many years Dr. Arlan Rosenbloom and his wife Edith were to embark on a 22 month stay in Southeast Asia. After receiving his M.D. degree from Wisconsin in 1958, he interned in Los Angeles and later served a general practice residency at the County Hospital in Ventura, California. Mrs. Rosenbloom had received her training as a Medical Technologist.

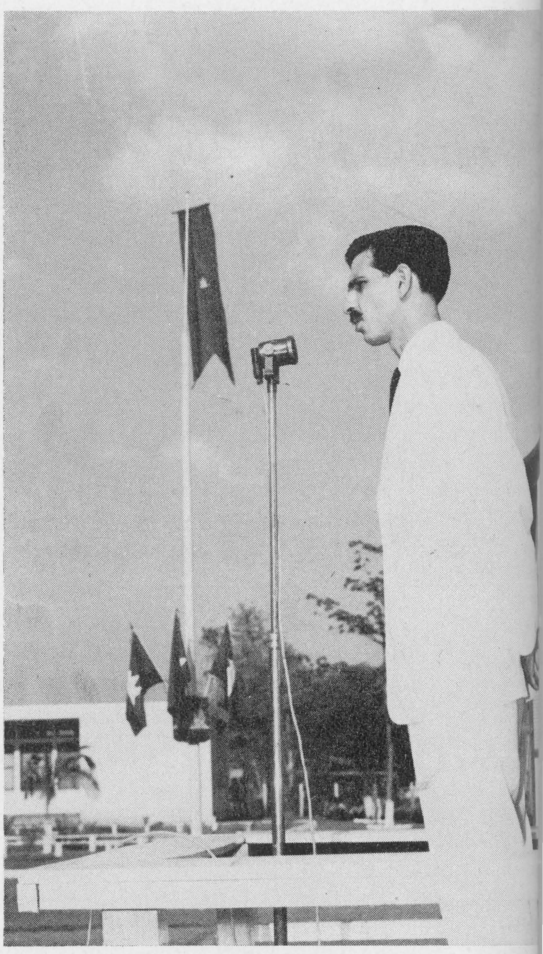
During his residency several articles appeared in the press and one in a medical journal which told of the work of Medico, a non-governmental agency founded in 1958 by Dr. Dooley. "I hadn't even heard of Tom Dooley when I first applied to serve with Medico", Dr. Rosenbloom indicated. For eight months there was no word on his application. Then the letters and telegrams of instructions poured in. The weeks ahead were hectic. Where would they be going? Who would the medical team consist of? And more. One day Edith phoned the hospital. "Tom Dooley just called and we're to meet him Monday at the Beverly Hilton."

Tom Dooley came in, sat down crossing his legs under him on the bed, and began talking. "It was difficult to find a break in which to ask him questions during the next three hours", Rosenbloom recalls. He explained what to buy, how to pack it, where to ship it and gave details on obtaining passports. Dr. Dooley also stressed the need for the Rsenblooms to study French, "for all you're worth".

"As we shook hands, I felt I was leaving an old friend and I remarked how pleased I was at his good health. I hated to depart from his buoyant, entertaining company. No matter how much we would argue in the future, I would never be able to deny feeling the total exhilaration of the man", Dr. Rosenbloom emphasized.

What was Kratie, Cambodia? The Rosenblooms knew only what they gleaned from some old National Geographics, books by Dooley and the rather frightening daily newspaper accounts of the turmoil in Southeast Asia. Before leaving the States there was a trip to Washington, D. C. and a Medico testimonial dinner to Dooley in New York. Next stop, Tokyo.

The flight across had a certain romantic quality. Harry Belafonte was aboard the same plane and later held a press conference at the Imperial Hotel where the Rosenblooms were dining. West Berlin Mayor Willie Brandt was also in Tokyo at the time. The radio stations were playing records and talking only of Belafonte and there was no mention of Brandt. There was a little time for one of Tokyo's famous massages, then the long flight away from glamour to Southeast Asia.



". . . allow me, in the name of the Americ people, to present the Cambodian - Americ Surgical Pavillion to the Health Service for t surgical care of those whom it directs. The Cambodian and American people are the hea of our work, we of Medico are only the hand I thank you."

Kratie, Cambodia, on the Mekong river, is t capital city of the Kratie Province. The city's pop lation is about 10,000 and the Province's nearly 12 000, including many Chinese and Vietnamese. Ma of its people live in remote and almost inaccessi villages. To provide for the health needs of th 125,000, there was a 60 bed (no mattresses) hospi in Kratie and some 10 outlying dispensaries. Prior the arrival of Dr. Rosenbloom's Medico team th were limited surgical facilities established by t previous Medico team. Serving the area before Me co's arrival had been one "Medecin Chef", who h five years of training after high school. He was aid by one or two-year trained nurses, mostly men, w ran the provincial dispensaries. This small professi

al staff served 125,000, whereas in this country one hundred doctors and numerous public health staff would be the average.

An autoclave, an early important addition to Medico's facilities, arrived from Bangkok. Unfortunately, it was damaged. One simply could not call up a local electrician selected from the yellow pages of the phone book. But Medico was in luck. His name was Dang-Quang-Tang, a Vietnamese with great skill. He had never seen an autoclave before, but it was as good a time as any to learn. What Mr. Tang rigged up looked like an inspiration out of Rube Goldberg. Dr. Dooley viewed it on one of his inspection trips and claimed it would be inoperable in a short time. The autoclave never faltered. Nor had Mr. Tang, a warm friend of the Medico people.

More equipment arrived and with the help of Edith, a fairly elaborate lab was set up. This was one of the triumphs of Medico and if time had allowed, there might have been a celebration. But emergencies were endless, the medical demands huge, and time the great thief.

An old Cambodian adage says: "To be sick is to be silent". But at times it seemed no one knew the saying, when crowds of patients arrived to receive care at the hospital. They were warm people and willing to learn as well as be treated. To the hospital had been added a full surgical unit built by the Medico team. It was a proud achievement and was considered one of the best in the entire Southeast Asia area. It cost only $10,000. Dr. Rosenbloom not only directed its construction but participated in all phases of its work. It was officially dedicated on April 4th, 1961 in ceromonies attended by Cambodian Prince Sihaunouk. The Prince spoke extemporaneously for an hour, paying tribute to Tom Dooley as one of the great Americans who devote their lives to helping others. He spoke with apparent deep feeling of his appreciation for what the American people had done in Cambodia by supporting Medico. An American missionary who spoke the language well, Ed Thompson, told Dr. Rosenbloom later that the Prince had wiped tears from his eyes as he recounted the care given to the Cambodian children who comprised 40% of the patients.

Dr. Rosenbloom spoke at the inauguration on behalf of Medico. He spoke in French, his hands nervously folded behind him. It was a brief address, telling of the origins and support of Medico and of the work and cooperation of Medico members with the Cambodian people. "On the long walk back to my chair after the speech, I didn't look up or I would have seen Edith motioning me to curtsy the Prince. I think he understood," said Dr. Rosenbloom.

An important part of the consultation work with thousands of patients each month was an attempt to instill the concept of doctor-patient rapport taken for granted in the West. Dr. Rosenbloom indicated that this, "was a new experience for these people and I feel the most important part of Medico's work ... We leave behind a concept of personal medical care . . .".

Not all the medical work was done at the hospital. There were trips up the river to the interior, to the more primitive areas where medical needs were often the greatest. Time was spent teaching obstetrics and pediatrics to nurses and midwives. Edith was very active in much of this work, slowed down only after the arrival of Eric, the Rosenbloom's first child who was delivered by Dr. Rosenbloom.

A short time before the birth of Eric, Tom Dooley flew in for a short visit. He brought with him some baby clothes that had been sent to him from Switzerland. Dooley's health was bad. Even as he visited with Edith hours before Eric's birth, Dooley appeared to be losing his fight for life. It made him angry at times, even bitter. As he left Kratie for the last time, he spoke to Ed Thompson. He was about to board the plane when he asked Ed if he believed in God.

"Of course", Ed replied.

"I don't know, I don't know", said Dooley. He wore the question like a crown of thorns. "How can a man who does good and gives himself so completely to others, how can this man die in the prime of his work?", he appeared to be asking. The Kratie Medico team never saw the dying man again, "the man with the undying spirit". Dooley died a month and a day later in New York. "All of us were sure he had found his answer", Dr. Rosenbloom added.

The work goes on. And what is the work? In part it is the story of the woman, mother of two, who has leprosy. Her husband had left when the disease became apparent and had never returned. She visits the Medico hospital weekly for treatment. It is a place where she will be helped when the illness is at its worst. It is a place where her dignity as well as her health may be restored. Other lepers arrive. They are not shunned and they are the most faithful in their return visits. Slowly, they respond to treatment and with it comes new confidence in themselves.

(continued on next page)

Part of the problem.

U.W. ALUMNUS IN ASIA

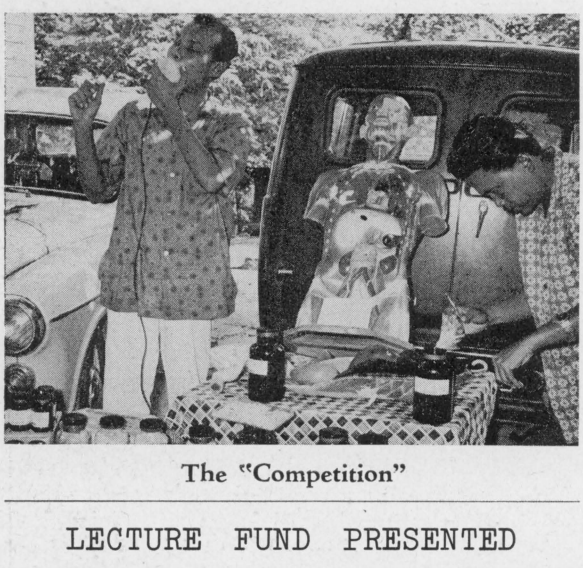
(*continued from page* 5)

There are the age-old folk medicine remedies and superstitions, some minor, others dangerous. After having a baby, a woman must drink "Shum-shum". It is a very *impure* rice wine. The woman will lay in bed, perspiring heavily (she may have malarial fever), while under the bed is fired a pot of coals. She suffers with "Spukk" and has heard that it can be cured by Monseiur Medico. The malady is typified by numbness of the legs and hot charcoals may have deeply burned them.

Soon the women learn to come to the hospital early in their pregnancies for vitamins and treatment. The children are brought in before meningitis and similar diseases have brought them to the edge of death. Slowly, old patterns change. Prince Sihaunouk summed it up well when he said at the dedication of the hospital, ". . . what these people have done here is to show us what we must do for ourselves".

The story of Medico has many facets to it and would require a book to do justice to the 22 months in Southeast Asia. Dr. Rosenbloom would like to write such a story some day. However, he is currently serving a three year residency in Pediatrics at the University of Wisconsin Medical School. The Rosenblooms returned to their Alma Mater last summer. In addition to Eric, a second child was born immediately after they returned to the States.

Their experiences were rich ones. There were also very difficult periods. With it all is the memory of their friends, the accomplishments and the vast learning experience. "A new Medical School is being built in Malaya where we spent our last months. We'd like to go back and teach there . . .".



The "Competition"

LECTURE FUND PRESENTED

The Adolf Gundersen Medical Foundation, established by the Gundersen Clinic of LaCrosse, has donated a $1000 gift to the University of Wisconsin Medical School to establish a surgery lectureship fund. Dr. Joseph Gale, acting Surgery department chairman, said the funds would be used to bring outstanding surgeons to the campus for conferences and lectures.

SENIOR CLASS REPORT

By TIM ZIMMERMANN, Class President

Several senior class members have selected uniq sites for their preceptorship training. David Mat son and his wife Gail are in Madagascar (See Pa 3). Donald Reigel is at a Presbyterian Mission H pital in the Republic of the Cameroons, Africa. Ste Dippe will be going to Anchorage, Alaska in Mar for his preceptorship.

Ken Reeb was the recipient of the Rasey Fa Bureau Scholarship cash award.

Two members of the class of 1986 have arriv on the scene recently with the birth of a baby b to George and Lynn McAuley and a baby girl Mark and Sharon Gilmore at the end of August.

Plans are being made for a senior class get-togeth after national board exams this Spring. The class h been widely dispersed since last June. This is one the distinct disadvantages of the senior year. Mo events should occur during the senior year in t Medical School which the seniors are encouraged a given liberty to attend. At present only field d national boards and graduation (all in the Sprin bring the class together. I realize the Medical Scho is not intended as a social club, but it is not un well into the third year that the class begins to g a feeling of unity, only to have this suddenly d appear at year's end. The class spirit which begi to take real form in the junior year reaches an a time low about the middle of the senior year. I fe it would be much to the Medical School's advanta to have more class spirit during the clinical yea for it is in this professional atmosphere that cla mates will be associated as alumni. The closer t ties established *now* the more intense will be t activities on behalf of the school in the future.

A suggestion for next year's senior class would to arrange several seminar type programs in coor nation with the Medical School and/or the St Medical Society during the early part of the sem year. These would provide both educational exp iences and social opportunities. Students in Madis and on preceptorship should be able to attend.

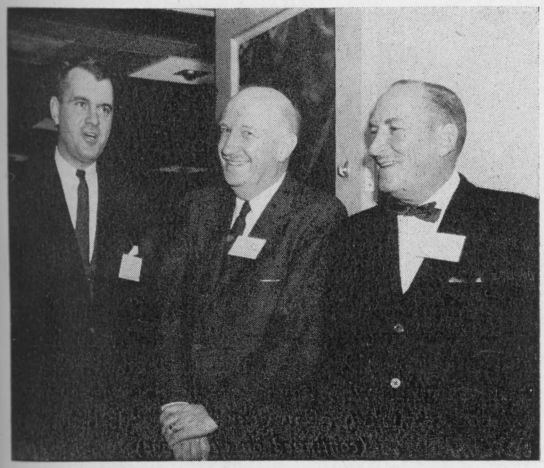
Alpha Omega Alpha is sponsoring its annual l tureship on March 8th at 4 P.M. in the SMI au torium. Dr. Paul Dudley White, eminent cardiolog and Emeritus Professor of Medicine at Harvard, w speak on, "The Brain, too, Has Arteries".

PLEASE BE ADVISED . . .

. . . that the Spring issue of the Medical Alum ni Bulletin will contain a complete listing o contributors to the Wm. S. Middleton Medica Library Fund. March 15th will be our press dead line for the issue.

"An Evening with Ovid and Lydia." A scene of the Chicago dinner honoring Dr. and Mrs. Ovid Meyer on November 2nd. Dr. Meyer is chairman of the Department of Medicine. Surrounding the Meyers are (l. to r.), Dr. Wasserburger, '46, Dr. Richtsmeier and Mrs. Wasserburger.

Time out during the Fall meeting. Doctors Robert Starr, '50, from Viroqua, Wis., George Benson, '30, of Madison and brother Robert Benson, '32, who came in all the way from Hawaii. He attended the Northwestern game later in the day, then caught a plane to San Francisco and viewed the 49'ers - Lions game on Sunday before returning to warm Hawaii. He and Dr. Starr were in military service together.



Also in for the Fall Homecoming were Dr. H. Lauffenberg, '53 (left), of Shawano, and Dr. James Tibbits, also '53, of Reedsburg, Wis. Dr. Tibbits is listening in this photo, but has been heard doing a lot of singing at home (see Alumni Capsules).

Letter From Japan

(Editor's Note: Dr. D. Murray Angevine, Professor & Chairman of the Department of Pathology of the U.W. Medical School, is currently on a one year leave of absence in Japan. We wrote Dr. Angevine requesting an informal report on his experiences. The following is his extremely interesting letter.)

21 NOVEMBER 1962

We sailed from San Francisco on June 13th aboard the President Cleveland and recommend this as the ideal way to travel to the Orient.

Upon arrival at Yokohama flew directly to Sapporo in Northern Japan to attend the annual meeting of the Japan Pathology Society which afforded a good opportunity to meet most of the leading pathologists in the country.

Arrived in Hiroshima, our final destination, on July first during a heavy downpour; incidentally this was the *heaviest* rainy season on record and since we are dealing in superlatives, have also survived one of the *hottest* summers that Hiroshima has experienced — have also watched with great interest the planting, growing and harvesting of the *largest* rice crop in the history of Japan. In addition we have had a few interesting and exciting experiences. On our first trip to Kyushu we spent a night in a fine Japanese Inn at Ujino. Our room was in an annex separated from the main hotel by a river and reached by a bridge. During the night a sudden flash flood raised the river many feet. We were evacuated across the bridge to the top of the main hotel and shortly the bridge was swept away leaving the annex and first floor of the hotel completely submerged. A volcano erupted when we were in Sapporo and there was a slight earthquake when in Tokyo. Cholera was brought into several seaports during the summer but was well controlled by the Health Authorities who seem very efficient. This has been a favorable year for this area in respect to typhoons so that we have only been on the margins of a few modest ones.

I came to Japan by invitation of the National Academy of Sciences, National Research Council, Washington, D. C. to serve as Chief of the Pathology Division of the Atomic Bomb Casualty Commission (ABCC) for one year. The laboratory is under the joint sponsorship of the Japan National Institutes of Health and the National Academy of Sciences. Considerable support also comes from the Atomic Energy Commission and N.I.H., Washington.

The principal laboratory of ABCC is at Hiroshima, with a comparable but smaller one in Nagasaki. The personnel includes 921 Japanese and 50 foreign nationals. The principal departments are medicine, pathology, statistics, radiology and sociology. I supervise the pathology program in both cities, and have 11 full time and 8 part time pathologists and about 40 oth personnel in this section.

Initially ABCC was concerned with the immedi effects of radiation from the A-bombs but the st is now following a large, well controlled populati of one hundred thousand persons, most of who are volunteers, to determine what, if any, are t delayed effects upon this and subsequent generatio

It is, of course, well known that the incidence myelogenous leukemia was enhanced in the expos population, but is now apparently leveling off. O of the chief current problems is to determine wheth there has been any general increase in the incide of cancer in humans following exposure and if so which particular type.

Dr. Angevine

To obtain an accurate answer it is necessary have diagnoses confirmed by autopsy. Permissi for autopsy is obtained by "contactors" from t Sociology Department, whose job is to check every death in each city by daily visits to ho pitals, physicians, undertakers and priests, e Whenever a patient from the study group di contact is made with the family of the decease Permission is granted in 50% of such cases a in October reached the remarkable figure of 66 which is higher than in the majority of hospit in the U. S.

According to an old Japanese custom a *koden* gift is made to all families in which a death occu usually by relatives or friends, to assist with t funeral expenses.

If a death occurs in a hospital and the family c sents to an autopsy, a koden is paid by the hospi ABCC utilizes the same procedure and gives a ko to all families who have consented to an autops

Another custom of unusual interest is that the

(continued on next page)

LETTER FROM JAPAN

(continued from page 8)

partment of Pathology in all medical schools holds an annual service in memory of those who have been autopsied during the past year and the closest relatives are invited. A somewhat similar service is also held by each department for all the animals that they have utilized in research. These services are held in September at the time of the equinox which is a most favorable time for the spirits to return for a visit with their families. I have participated in two such services that were most impressive occasions.

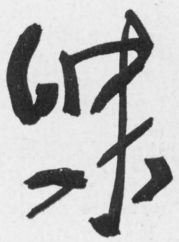
We work rather closely with the Departments of Pathology of Hiroshima and Nagasaki Medical Schools and since I have a teaching appointment at the former, will be giving some lectures to medical students. Will also talk on Kobe, Osaka, and Okayama Medical Schools in the near future.

The Japanese doctors seem to have even more meetings than we do in the U.S. and because we regularly receive invitations there is considerable opportunity to travel. It is questionable how much we gain scientifically but we do very well at the social sessions. Have just returned from the meeting of the Japan Pathology Society in Tokyo at which I was made an honorary councilor to the Society. In April the General Assembly of the Japan Medical Congress will meet in Osaka and 35,000 members will attend. Since it will be at cherry blossom time no hotels are available so it will be necessary to stay in Kyoto and commute to Osaka for the meetings.

Because we are officially attached to the U.S. Embassy, we have courtesy privileges at any of the military bases in Japan for use of the commissaries or PX's, etc., which is very much appreciated. Our main shopping is done at a Marine Corps Station in Iwakuni, about an hour's drive. A short time ago Mrs. Angevine and I represented ABCC at a party held there in honor of the commanding general of the Marines for this theatre; he was Maj. Gen. Roberts from Honolulu, a University of Wisconsin graduate who had also gone to Wisconsin High School so we had much in common. He indicated that there was much unhappiness in Hawaii because President Harrington had decided to remain in Madison. Incidentally, he is the first Wisconsin man we have met so far in Japan.

We are comfortably located in the small village of Itsukaichi (5th market day) near Hiroshima, named to indicate that the farmers from this village took their produce to the city every 5th day of the market. We rent a very fine Japanese house that has been partially Westernized by the addition of a modern kitchen and two bathrooms. There are two living rooms, a Japanese (20 tatami) as well as a Western one that overlooks the Inland Sea and into which one can readily step at high tide. We also have an unobstructed view of Miyajima Island.

The bay in front of our house is filled with boats engaged in oyster farming and Hiroshima oysters are said to be the finest in Japan. They are featured at the Imperial Hotel in Tokyo where the Gaijins (foreigners) eat them raw. Because we see where they grow it seems advisable to us that they be fried or stewed, in any case they are delicious with Japanese beer which is equal to any brewed in Milwaukee.



Mrs. Angevine is having an opportunity to participate in the cultural aspects of Japan and has been doing wood block printing and sumie painting. She has also been taking pottery lessons and doing an occasional water color.

Many musical concerts come to town and we have heard both the Russian choir and the Vienna String orchestra.

On the less cultural side I have seen the Annual All Star baseball games as well as the sumo wrestlers.

Have played golf with the Mayor of our village who is a member of three golf clubs so we now have courtesy privileges at all of them.

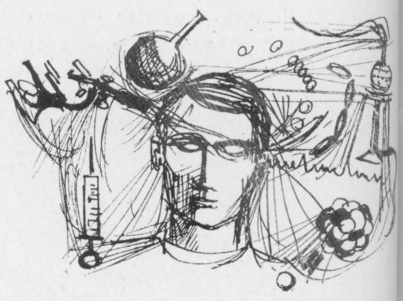
Have had one fishing trip on the Inland Sea which was an interesting outing. All fish are caught by hand drop-lines at which I was not too skillful but managed to catch 18 small colorful fish of assorted varieties.

In conclusion I should comment on the great changes that are taking place in Japan, largely in the direction of more industrialization. Office buildings, apartment houses, and homes are springing up everywhere. Land is being sheared from the mountain sides to provide space for buildings and homes. The excavated earth is being utilized to fill shallow bays along the coastline to obtain more land. The many service stations that are appearing on street corners are a continuous reminder of the rapid Westernization of this country which will inevitably remove much of its charm. In the same connection a dial phone has just been installed in our home which facilitates our phone calls considerably.

It is hard to realize that nearly half our stay is over and that we will soon be getting cholera shots and contacting Pan Am about our return itinerary. Although we enjoy Japan immensely I anticipate that Lake Mendota will look much better to us than even the Inland Sea.

Science and Society

(Text of a talk given before the Milwaukee Academy of Medicine on January 15th, 1963 by Professor Van R. Potter of the U.W. Medical School Department of Oncology.)



Editor's Note: Due to the stimulating and provocative questions raised by Dr. Potter, we would welcome reader comments.

How can Science contribute to the betterment of the human condition?

This is the dominant question that must be asked in any discussion of Science and Society. For years it has been assumed that the answer to this question was obvious and that it could be answered in terms of increased material well-being for mankind.

But tonight I wish to emphasize that in addition science has always been considered to be an organizing force in Society. A large proportion of the human race, if not all of it, is psychologically incapable of coping with large doses of disorganization and uncertainty. To put it another way, all of mankind has an inborn desire to have some degree of organization in life, and this leads many to gravitate in the direction of science, which is identified as a mechanism for bringing order out of disorder.

The battle between organization and disorganization is a never-ending one. It deserves to be examined with all the intelligence that we can muster. In this talk I hope to develop the idea that *some* disorder is necessary. Attempts to establish societies based on "ORDER" will always fail unless they know how to incorporate some disorder. The most important contribution that Science can make to Society is to increase the degree of sophistication with which mankind perceives "order" and "disorder". This is a necessary step in using the scientific method to seek wisdom, which I define as the knowledge of how to use knowledge. We need wisdom to cope with Dangerous Knowledge and to balance "order" and "disorder", as I hope to bring out later in this talk.

Mankind has always been aware of the tendency for the world to fall apart. Tools wear out, fishing nets need repair, roofs leak, iron rusts, wood decays, loved ones sicken and die, relatives quarrel, and nations make war. One of the important functions of even the most primitive religions has always been to establish order and meaning in man's perceived experience, to provide explanations for sickness and death, to rationalize suffering, to circumvent death and make it bearable. We instinctively resent the decay of orderly systems such as the living organism and instinctively work to restore such systems to their former or even a higher level of organization.

The Judaeo-Christian religious heritage emphasized Truth and Order and led directly to the Renaissance and the Period of the Enlightenment. Men like Copernicus, Galileo, Newton, Bacon, Descartes, Hobbes, Locke, Hume, and Kant began to develop an understanding of science and to feel that all the facts of t universe could be sufficiently explained by the exi ence and nature of matter. It was felt that there wo no problems too big for man to solve, and the co cept of natural order in the world probably reache its highest point among philosophers. Many felt th the universe was a mighty clock that had been woun for all time and that each individual life was bo to suffer and die to serve a cosmic purpose.

By the middle of the nineteenth century we fi Charles Darwin developing a comprehensive theo of evolution, based on the survival of the fittest. Th phrase "nature red in fang and claw" was coine by Tennyson to dramatize the struggle for surviv Darwin felt that the struggle was difficult to ratio alize except as a means to progress, which he b lieved was the inevitable result from the process natural selection. The survival of the fittest was brutal process at times but it served a noble purpo in selecting new and better species, which were no widely understood to arise on a continuing basi Today we realize that evolution and natural sele tion operate on the basis of relatively short-time de sions and that progress is by no means inevitable.

All through the nineteenth century the imag of the Renaissance man did not fade. Rudolf Vi chow, a German contemporary of Darwin, studie the ravages of disease and became known as th father of pathology. An ardent believer in Sc ence, he proclaimed that "Knowledge has n boundary other than ignorance". Scientists wer still the instruments of Truth and Order, an were able to see the consequences of their wor and call it good. The concept of human progre was a materialistic concept of more and bette and men like Louis Pasteur were proving th science could pay for itself a thousand-fold i terms of taking the guesswork out of man's bi logical problems.

But as science grew more complicated, as t amount of relevant knowledge began to double shorter and shorter time intervals, scientists began specialize. As scientists began to know more and mo about less and less, the individual scientist becam

(continued on next page)

SCIENCE AND SOCIETY

(*continued from page* 10)

less confident in his ability to organize his specialized knowledge in the larger context of science and society. He no longer was able to devote his time to cosmic issues or to worry about ultimate truth and he was convinced that these issues were neither important, attainable, useful, nor interesting. It was assumed that all new knowledge was basically good and that it contributed to order in a way that if not immediately obvious would become obvious in the fullness of time.

With the arrival of the 20th century the divorce of science and letters was virtually complete, but the Louis Pasteur image was firmly planted in the public mind. Knowledge was power and the key to knowledge was science. Science produced rayon, nylon, orlon and dacron. Science produced vacuum tubes, transistors and semi-conductors. Science produced phosgene, mustard, and other deadly war gases.

I think that with the development of the war gases in World War I the concept of "Dangerous Knowledge" became a reality. When World War II came along, more war gases were developed and led in turn to the concept of biological warfare. Crop-killing chemicals were invented, nerve gases were produced, and germ warfare was contemplated. The atom bomb was built and used. During and after the war, science produced weed-killers and insecticides, 2-4-D and DDT and others by the thousands. By the end of World War II, *Science* the source of material well-being, *Science* the law-giver, *Science* the source of order and understanding could no longer be regarded as an unmixed blessing, or an inevitable improvement in the human condition.

Suddenly the counter-revolution to Biological Science set in. A single writer named Rachel Carson, already established as the author of "The Sea Around Us", has written a best-seller called "Silent Spring" and panicked the chemical industry with her description of the side-effects of insecticides and weed-killers. A single drug, thalidomide, sold as a sleeping pill and proved to cause deformed babies without arms or legs in perhaps 100% of the critical exposures, caused the U.S. Senate to pass a drug control bill by unanimous vote, when it otherwise would probably not have commanded a majority. A single married couple challenged the abortion laws and in one week taught the entire U.S. public that abortions are legal and safe and morally accepted in certain countries in the world. No propaganda machine could have carried the messages more effectively than did the headlines in the U.S. Press. This was a two-fold message: one aspect was drug-danger, the other was abortion as a matter of choice.

Meanwhile Biological Science in the U.S.A. was proceeding in the Louis Pasteur tradition in a great humanitarian effort to increase the well-being of mankind. It began with the March of Dimes, a fund set up to conquer infantile paralysis by means of research. The widespread support of this effort was followed by the American Cancer Society drive for funds, and this in turn was followed by U.S. Public Health support on a generous scale.

Just at the time when the funds from the March of Dimes reached unprecedented heights the Salk vaccine was developed, and dozens of laboratories that had been tooled up for the polio problem were free to think about other things. By this time the support for cancer research was hitting flood tide and the hopes raised by the success against polio were encouraging both the virus and the molecular approach to the cancer problem.

This increased support for polio and cancer research has permitted and encouraged an attack at the fundamental level, which may be defined as research with no particular problem in mind, except to get more facts. This approach was due mainly to the fact that the cancer problem has proved to be a more formidable one than the polio problem and there is no agreement on which road would provide the quickest answer. Whenever there are no easy answers the fundamental approach is more easily justified. What has emerged is a new science called Molecular Biology, which is engaged in a direct attack on the mechanism of life itself. This attack is a direct link-up between *genetics* and *biochemistry,* using physical methods, electron microscopes, ultracentrifuges, isotopic tracers, and many elaborate pieces of semi-automatic electronic instruments, most of which were unavailable 5 years ago.

Molecular biologists have a culture all their own in which Francis Crick is the prophet and the DNA molecule is the icon, of which over 10,000 models have been sold. Molecular biologists have a "trinity" of three kinds of molecules, the DNA, the RNA, and the protein molecules, which correspond to each other on a 1:1 basis. They have a "dogma", and they call it a dogma, which says that "information", that is, molecular pattern, passes from DNA to RNA to protein but not in the reverse direction.

DNA molecules are the chemical equivalent of the hereditary gene. They are the basis of *Evolution* because of their four basic properties of information, replication, mutation, and expression.

The protein molecule is the ultimate expression of the DNA molecule or gene. The protein molecule is responsible for all further events in the cell, in terms of structure and chemical change.

Perhaps this slight digression will give some idea

(*continued on next page*)

SCIENCE AND SOCIETY

(*continued from page* 11)

of the basis for the modern view of man as a machine. But the view given so far is only the beginning. If the basic machine represented by the trinity of DNA, RNA and protein were to have no properties other than those already outlined, all forms of life would be too stereotyped in their response to their environment.

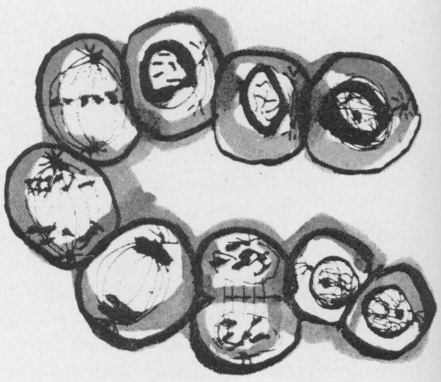
The basic machine represented by the trinity of DNA, RNA and protein has another property in addition to *Evolution* that commands our attention. This is *Adaptation*. The process of mutation explains evolution but it does not explain adaptation, one of the most exciting features of living cells.

Every living cell from the lowest bacterium to man, has to come to terms with its environment. This coming to terms with the environment involves the regulation or control of the most intimate properties of life, and in learning how to control life we are forging a two-edged sword: The knowledge of how to kill cancer cells, polio viruses, insects, lampreys, dandelions, crab-grass and eventually any form of life may be what the public is paying for, but such knowledge can be bad as well as good. The knowledge of how to control life is dangerous knowledge and it is not just around the corner, it is here. Dangerous knowledge can never be put back into the laboratories from which it came. Dangerous knowledge is the problem of Science and Society, and the only solution to dangerous knowledge is more wisdom.

We are gaining more knowledge in the field of *biological control* through the understanding of "feedback". "Feedback" describes a process in which the formation of a product is speeded up or slowed down by the product itself. "Negative feedback" is regulatory, since if the product accumulates it will slow down its own formation, and if it is used up it will permit the formation of more of itself. Negative feedback has been observed in the simplest bacteria and it has produced results that give bacteria the appearance of being purposeful and intelligent. Consider a bacterial cell that needs substance X, which it can make, in order to convert it into substance Y which it needs. If we now place it in a medium containing X it will convert X to Y and the Y will exert negative feedback on the internal system that makes X and shut off the internal flow. Put the bacterium back into a medium lacing X, the concentration of Y falls, the internal system is no longer under negative feedback and production of X is resumed. Since the internal system is the DNA, RNA, protein trinity, it is clear that gene expression is not a fixed process but is subject to environmental control within limits set by its genetic constitution. In brief the bacterium doesn't do anything it doesn't have to do—and neither do we, unless persuaded by education or tradition.

We are on the threshold of a new era in which the knowledge of intracellular feedback will be coupled with the knowledge of hormonal regulations in higher animals. These regulatory mechanisms are intimately involved in the chemical balance that determ emotional and psychological attitudes and again are dealing with dangerous knowledge. No m what phase of life control is studied, there wil unintended by-products. Insecticides and weed-k will affect life other than the insects and weeds. cer-killers will prove to be effective in produ abortions, and have. Compounds that prevent con tion turn out to increase fertility when discontin Even when insecticides or weed-killers prove hi specific, the elimination of one form of life may unanticipated consequences for other forms.

In describing knowledge of biological contro dangerous knowledge we are really discussing sci as a force in cultural evolution. One of the role science in society should be to examine all the tionships between biological evolution and cult evolution. I believe that there is one generaliza that can be made about both: that the processe natural selection and survival of ideas in cult evolution is analogous to the natural selection survival of DNA molecules in biological evolut Species are organized collections of DNA molec in cells just as cultures or civilizations are organ collections of ideas in people. If the net result of s time decisions in biological evolution is extinction we know it is, is it possible that the fall of civi tion is the unavoidable result of governments ceeding on the basis of short time decisions ra than long range policies?



If we accept the idea that biological control is h that dangerous knowledge is upon us, that m knowledge is needed, what long range policies wo we advocate?

In specific terms, I would urge more studies on phenomenon of adaptability, which occurs in m as well as in lower forms. Knowledge of adaptabi is important because if an organism can adapt, the same token it will de-adapt. When we carr heavy load, our ability to carry loads increases, the corollary is that when we have no loads to ca our ability to carry loads decreases. Just how bi load should we be able to carry and what kind load-carrying program will be best for each i vidual? How can he be helped to find his wa a load that will make him a useful member of soci

(*continued on next page*)

SCIENCE AND SOCIETY

(continued from page 12)

I would urge more studies on individuality. It is literally true that one man's meat may be another man's poison, and I would try to find better ways for people to discover themselves.

In more general terms I would try to encourage interdisciplinary groups that would study cultural evolution and adaptation in the light of biological evolution and adaptation on the one hand, and the accumulated knowledge and methods of the humanities and social sciences on the other. In advocating such an organization I would be urging the study of contemporary and long-range problems that arise from the uneven application of scientific knowledge, but I would also be looking for ways not only to avoid pitfalls but also to better the human condition. I would point out that science is not wisdom, but that we can use the scientific method to seek wisdom. Wisdom is the knowledge of how to use knowledge, and is the most important knowledge of all.

In seeking wisdom we need to examine all the old ideas by the scientific method and in addition we need a continued flow of new ideas exchanged between scientists and the humanities. We need to develop a new breed of scholars, men who combine a knowledge of new science and old wisdom, men who have the courage of the men of the Renaissance who thought truth was absolute and attainable.

Although the dream of absolute truth has faded, we do have a large group of scholars who are familiar with the concept of the living machine and who are aware of the philosophic implications and the terrible responsibilities of the new knowledge.

If man is a machine, what becomes of free will? If man is a machine, how can a machine develop a new idea? If a bacterium is a machine whose "intelligence" can be mechanistically explained, how can we be sure that our intelligence is not generated in the same way?

I believe that the dilemma is solved for man by a highly sophisticated combination of order and disorder. The problem of biological evolution is solved by a built-in "copy-error mechanism" for introducing novelty in DNA molecules in the form of mutations. My theory is that creativity in man is the result of a built-in "copy-error mechanism" in the reproduction of ideas. Our minds operate with a certain built-in amount of disorganization. Our minds are always reshuffling facts and racking them up in new combinations. If the new combinations don't come too fast or too slowly we call the man a genius. If they come too slowly we call him stupid and if they come too fast we call him a nut or a schizophrenic. Most new ideas are wrong, but we can weigh them in terms of our past experience and reject many of them without further test, and predict success for others. A person who does this skillfully is said to have common-sense. The scientific method is simply a way of testing our common sense under a rigid set of rules that makes us reject the idea when the facts go against us.

If the theory is correct, thinking computers would be feasible. Instead of a fixed program the machine would be built to let its mind wander a bit. If the theory is correct, the problem of free will is solved because we can never be completely programmed like a computer with fixed responses. We will always be able to come up with new combinations and put them to a test.

In conclusion, I am advocating a wider dissemination of knowledge on the role of adaptation in human performance and in the human environment. At the same time I am advocating further inquiry into the role of random processes in biological evolution and cultural evolution. To accomplish these ends I am advocating a new breed of scholars, rigorously trained in the mechanisms of biological controls as well as in the humanities and social sciences.

Library Building Status

A new Ad Hoc Library Review Committee of the Medical School has been created to resolve the problems caused by changed perspectives since the original library program and plans were drawn. As we go to press, the committee is scheduled to meet shortly.

In October the Alumni Board strongly urged the Medical School to proceed with construction plans in view of congressional action which killed the possibility of matching funds. In November at an open hearing of the faculty on the library question, Alumni President Ben Lawton and past President Mischa Lustok strongly presented the Alumni Board's position. Subsequently, the hearing voted to proceed with construction plans without again waiting for federal matching funds.

A meeting following this of the Faculty Library Building Committee agreed to hire a consultant to review the plans. This was done to insure that the 1956 plans took proper cognizance of the latest technological improvements. For one thing, the amount of literature devoted to the health sciences has been increasing at a geometric rate. Furthermore, new automated techniques of library science, such as computers, have been perfected within recent years. Consequently, a consultant was hired and his report has been turned over to the committee.

The committee strongly feels that the above new factors have to be considered so that we will not build a library that would quickly become obsolete. The Ad Hoc Committee's aim is to guarantee that flexibility is built into the new library, since it will be a permanent structure. Such future planning has to consider an answer that lies in factors other than space. It has to consider factors such as film, computers and other recent methods of library science to meet the future needs of the library.

It is hoped that the unfortunate delays may be utilized to bring about the finest type of library possible.

Faculty News

Dr. Robert O. Burns has been appointed Assistant Professor of Medicine. His specialty is renal disease. He is a 1952 graduate of the Medical College of Virginia and did his internship at University Hospitals here. In 1956 he served as Director of Medical Education at the Memorial Hospital in Charleston, Virginia. Dr. Burns spent two years as a research Fellow at the Harvard Medical School before returning to Madison this past Fall.

Appointed as Associate Professor of Neurology is Dr. Hallgrim Klove, a native of Norway. He is one of the few physicians to have specialized in neuropsychology research primarily concerned with analyzing patterns of results from tests to localize areas of brain damage. Dr. Klove has been Staff Psychologist at Oslo University Medical School and Associate Professor of Neurology at Indiana prior to joining the faculty here in September.

Dr. J. M. Bloodworth has been appointed Professor of Pathology. He had served as Chief of the Division of Pathologic Anatomy in the Department of Pathology at Ohio State University College of Medicine since 1954. He received his M.D. from Emory University in his native Atlanta in 1948. Dr. Bloodworth will also serve as acting Chief of the laboratory of the V.A. Hospital in Madison.

Dr. Charles G. Mathews has been appointed an Assistant Professor of Neurology. A Minnesotan, he received his Ph.D. from Purdue University in 1958. Prior to that he had been a State Psychologist in 1955 in South Dakota, a clinical psychology trainee at the V.A. Neuro-psychiatric Hospital in Marion, Indiana and a Staff Psychologist at the Achievement Center for Children in Lafayette.

Charles D. Geisler has joined the staff as Assistant Professor in Neurophysiology. Dr. Geisler received his Ph.D. in Electrical Engineering from M.I.T. in 1960. Before joining the staff here, he served on research projects at the University of Chicago and for the Bell Telephone Laboratories.

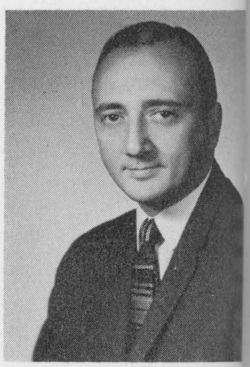
MILW. MEETING IN FEBRUARY

The sixth annual Milwaukee winter alumni meeting will be held on February 15th, 1963 and will feature an address by U.W. Vice President of Academic Affairs, Robert L. Clodius, speaking on, "Your University and its Development". The affair will be held at the University Club with cocktails served at 6:00 P.M., dinner at 7:00. Tickets are $5.50. Members who wish to make reservations may write the Medical Alumni office at 418 N. Randall Ave. in Madison.

Introducing Dr. Miller

Dr. Milton H. Miller was appointed Chairman the Department of Psychiatry and Director of t Psychiatric Institute this past Fall. He had forme served as acting Chairman of the Department. Miller is a native Hoosier who received his M from the University of Indiana in 1950 and ser an internship at the Indianapolis Hospital the f lowing year. He served a two year residency at t famed Menninger Clinic in Kansas from 1952-

Dr. Karl Menninger who with his father and brother founded the Menninger Clinic, is a graduate of the University of Wisconsin. He received his BA here in 1914 and an MS in Neuropsychiatry in 1915. Dr. Menniger is considered to be among the most distinguished psychiatrists in the world and has written a number of major articles and books in his field and related areas. He has contributed significantly to his State's progressive hospital system, crucial penal reform as well as establishing the largest psychiatric training center in the world. In addition to Dr. Miller, five other members of the Medical School's Psychiatric department have received training at the Menninger Clinic in Topeka, Kansas.



Dr. Milton H. Miller

From 1953 to 1955 he was attached to the U.S. A Force as a Psychologist and held the rank of Lt.-Co Dr. Miller has been a member of the Faculty he since 1955. He was made an Associate Professor 1960. Dr. Miller serves as a member of the Eth Committee of the American Psychiatric Associati and is a Consultant to the U.S. Information Agen He is married and the father of three.

Dr. Greenfield Appointed

Dr. Norman Greenfield has been appointed as ciate Director of the Wisconsin Psychiatric Institu Professor Greenfield, who has been on the UW f ulty since 1954, is also Associate Professor in the D partment of Psychiatry. He received his Ph.D. fr the University of California in 1953. Dr. Greenfi has been doing research in the psychosomatic aspe of adaptation.

Patterns of Change in the State Laboratory of Hygiene

By ALFRED S. EVANS, M.D.
Chmn. and Professor, Preventive Medicine and
Director, State Laboratory of Hygiene

The State Laboratory of Hygiene was established in 1903 under the University of Wisconsin. This academic affiliation is unique among state public health laboratories in this country. It provides opportunity and challenge for the development of teaching and research programs in addition to the traditional service responsibilities of a public health laboratory. In the first 50 years of its existence the service obligations of the State Laboratory both in public health and in direct diagnostic services to physicians sharply limited development in other activities. Up until recent years the paucity of competent local private laboratory service made necessary the provision of diagnostic services not only in bacteriology but also in clinical chemistry, pathology, and clinical cytology. In these activities, especially in cancer detection, Dr. W. D. Stovall, director from 1915-1959, made this laboratory a pioneer and leader among public health laboratories. Within the past years the development of private hospital and other laboratories under the part or full time supervision of a pathologist in about 44 of Wisconsin's 72 counties has markedly diminished the need for direct service in many areas. In accordance with this changing pattern, the director of the laboratory appointed in 1959 also serves as chairman of the Department of Preventive Medicine permitting greater attention to be focused on training, research, epidemiologic surveys, and demonstration programs in preventive medicine. Some of the newer programs and shifting emphasis are summarized below:

Service: **The laboratory continues to serve the State Board of Health in control of epidemic disease, environmental health activities including examination of public and private water supplies, and the provision of laboratory services for rabies and virus diseases. In the provision of direct diagnostic services the laboratory now urges all physicians to use available local laboratories wherever possible, especially in clinical chemistry and cervical cytology. The cervical cytology section of the State Laboratory is working at maximum capacity. The urgent need for wider utilization of this procedure as a screening test for cancer detection can only come through the development and expansion of local community services. The county medical societies and the pathologists can do much in the organization for this. Administrative mechanisms for the provision of the State Laboratory services in terms of county needs are being explored. Increasing emphasis can then be placed on reference services to hospitals, the development of cooperative quality control programs, and the expansion of demonstration activities in preventive laboratory services. One such program in operation is the rapid diagnosis of group A hemolytic streptococcal infections by fluorescent antibody techniques. Positive reports are telephoned immediately throughout the state to permit the physician to institute prompt penicillin therapy for rheumatic fever prevention.**

Teaching: Work shops providing refresher training and demonstration of new laboratory methods for laboratory workers throughout the state are being expanded. Recent courses of this type included general bacteriology, fluorescent techniques in streptococcal identification. syphilis serology, water and milk bacteriology, sanitary chemistry, clinical chemistry, and cervical cytology. A year long school for 8 cancer cytologists is in operation under the Department of Preventive Medicine. A training program in public health epidemiology and microbiology has been established. A Laboratory Newsletter is being published monthly and sent to all laboratories in the state. Speakers are available to county medical societies on topics in laboratory medicine, epidemiology, common infectious diseases, and cervical cytology.

Research and development: A Zoonosis Research Unit has been established to investigate the human hazard for certain animal diseases. A serologic survey of certain populations at greatest risk is in progress. The primary emphasis is on arthropod-borne encephalitis but human infections with tularemia, psittacosis, and leptospirosis are also under investigation. An intensive study of common respiratory and enteric illnesses in the young adult is being carried out on University of Wisconsin students. The long term aim of this program is the development of effective vaccines, particularly against respiratory diseases. Another project is the relationship between chromosomal abnormalities and congenital defects and abortion. This is a cooperative study with the Departments of Genetics and Pediatrics. A laboratory surveillance

(*continued on page* 19)

Dr. Reese receiving the Cross of Merit from Dr. Gunther Motz.

NEUROLOGICAL HOSPITAL TRANSFERRED TO U.W.

In November, Acting Dean Philip P. Cohen announced the finalization of plans to bring the Wisconsin Neurological Foundation building as part of the University of Wisconsin Medical Center.

The East Side building will be utilized by the Department of Neurology and the Rehabilitation Center. Dr. Arthur Siebens, Director of the Rehabilitation Center, called the new 60 bed site, "an up-to-date rehabilitation facility which will go a long way toward filling needs at the Center". The present Center has a 10 bed capacity located in the seventh floor of University Hospital. This capacity will be approximately doubled at the new location.

Dr. Francis Forster, Chairman of the Department of Neurology, commented, "It will be advantageous for the department to have one cohesive unit instead of the present far-flung clinical, research and administrative operations".

Both Dr. Cohen and Hospital Superintendent Edward Connors indicated the new unit's distance from the main hospital will create some coordination problems. However, Dr. Cohen said the purchase provides an "excellent opportunity because of its immediate availability" and Mr. Connors stressed that the problems raised "are by no means insurmountable".

Space vacated by the Neurology department and the Rehabilitation Center will be used to meet other critical space needs at the University Hospitals. Dr. Siebens indicated that placing the two units under one roof is a logical step in light of the close coopera tion required between Neurology and the Cent Many cases require joint treatment and much of t work done by the two groups is closely related.

It was stressed that the joint move to the Neurol cal Foundation building is a temporary one and b departments expect to return to the Medical Cen when ample space is available. Meanwhile, the search program will remain at the Medical Cen

"I'M VERY PROUD THAT I'VE BROUGHT THIS TO THE UNIVERSITY . . ."

With these words Dr. Hans Reese accepted t Cross of Merit, awarded for distinguished servi that brings honor to the German people. Dr. Ree emeritus Professor of Neurology, was presented t award by the German Consul General, Dr. Gunth Motz on November 15th in a ceremony at Univers Hospitals.

The Cross of Merit was given Dr. Reese for h distinguished career as a scientist and for his activi in German-American relations. According to Pr fessor Chester Easum, U.W. Historian, the award one of the most distinguished offered by the Germ Republic. "It is a great honor to the Medical Scho the University and a real distinction for Dr. Rees Professor Easum declared.

Dr. Reese, a native of Holstein, Germany, has be a member of the faculty since 1924 and was chairm of Neurology from 1956 until 1958. He is 70 a continues to play an active role in the Medical Scho

We have just received word that Dr. Stanley R. Edwards passed away on December 18th in Los Angeles at the age of 52. An active alumni member, Dr. Edwards was class representative, '35, and served as chairman for the library fund in the Los Angeles area.

A gift for the library fund in memory of Dr. Edwards has been initiated by Dr. Mischa Lustok, also '35.

A Reminder . . .

Now that winter's snow is here, can the 8th annual Alumni Day be far away? Among the highlights of this year's event will be 10th, 20th, 25th, 30th and 35th anniversary class reunions. The representatives of the respective classes are:

'53—Dr. Sylvia Griem
Box 654 Ogden Dune
Gary, Indiana

'38—Dr. Lester Brillman
405 East Grand Avenue
Beloit, Wisconsin

'28—Dr. Robert Turell
25 East 83rd St.
New York, N.Y.

'43—Dr. Neal Kirkpatrick
2638 Field St.
Longview, Washington

'33—Dr. Melvin Huth
203 Fourth St.
Baraboo, Wisconsin

Last year's event drew several hundred people from widely scattered parts of the country. The date for the 8th Alumni Day is May 24th and will give members an opportunity to hear and meet new U.W. President Fred Harrington. Class representatives will shortly be contacting members for their ideas. Anniversary classes will hold special dinners the night before Alumni Day and special entertainment can be expected. Songsters and skit writers should get in touch with class reps so that all talent may be heard come Spring.

Election and installation of officers will occur during Alumni Day as well as presentation of the Emeritus Faculty Award and the annual business meeting.

Those who have been away from the campus for several years will see the vast facelifting that has occurred in the Medical Center and many will not be able to tell the buildings and progress without a guide.

More details on this year's exciting program will be forthcoming. Plan now on joining classmates and faculty on May 24th, Alumni Day '63!

Annual Auditor's Report

CPA Warren Randy has submitted this year's annual audit report for the University of Wisconsin Medical Alumni Association. The report is for the fiscal year ended June 30th, 1962. In it, Mr. Randy states, "In my opinion all 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. In addition, I wish to mention that we have complied with state and federal requirements for nonprofit organizations by filing the required federal return of exempt organization and the newly required annual report to the Secretary of State of Wisconsin".

July 1, 1961 to June 30, 1962

Bank Balance	$1507.70
Dues Received	8422.50
Total	$9930.20
Expenditures:	
Salary	$2041.65
Printing (Alumni Newsletter)	1919.40
Other Printing & Stationery	239.05
Addressograph Purchase and Repairs	728.52
Board of Directors and Committee Meetings	10.58
Other Meetings—Net Unreimbursed Cost	793.63**
Audit	100.00
Social Security (Refund)	57.05
Misc.	27.10
Fund Raising Expense—Middleton Library	202.50
Total	$6154.72
Subtract: Withheld Federal & State Income Taxes paid after June 30, 1962	117.70
Net Expenditures	$6037.02
Bank Balance—End of Period	$3893.18

(**Cost of dinner for senior medical students and wives on Alumni Day)

Dr. Ellingson

(See Alumni Capsules) Next Page

Alumni Capsules

Dr. J. A. Tibbitts, '53, of Reedsburg, Wis. was among the large number of members in attendance at the annual fall meeting. He is part of a local barbershop quartet which consists of two MD's, one Optometrist and one Undertaker. The group is known as "Three Docs and A Digger". Dr. Tibbitts says, "Draw your own conclusions". The quartet, incidentally, is available for weddings.

* * *

Thomas O. Miller, '55, has completed his orthopedic residency at the University Hospitals in Madison and has moved to Ordville, California.

* * *

Dr. John T. Morrison, '27, sends a note telling of U.W. Alumni members he has been in touch with in the Washington, D.C. area. Among them is Dr. C. F. Mueller, '28, who is currently Director of the Orthopedic Service for the Veterans' Administration. "I don't believe he has changed a mite", writes Dr. Morrison. "You can see him walk by with the same step he had in Medical School. In fact it was this step that made me ask him a number of years ago if he wasn't from Wisconsin".

"Dr. Robert Barter, '40, is head of the Obstetrics - Gynecology department at George Washington University Hospital and has helped me tremendously in our medical care program by taking care of some of our beneficiaries." Dr. Morrison is Assistant Executive Medical Officer of the United Mine Workers of America. He also recently saw Dr. John Parks, '34, at the meeting of the Academy of Medicine. Dr. Parks is Dean of the George Washington University Medical School.

* * *

Dr. Harold V. Ellingson, Colonel, USAF, '41, has been appointed Commander of the USAF School of Aerospace Medicine at Brooks Air Force Base, Texas. He received his Ph.D. in Medical Bacteriology from the University of Wisconsin in 1939 and served his internship at Wisconsin General Hospital.

* * *

Appointed an Instructor in the Department of Surgery at U.W. Medical School is Dr. George M. Kroncke, '54. He is also a Fellow in Thoracic Surgery. A native of Madison, Dr. Kroncke interned at the Medical College of Virginia and was a resident at University Hospitals in Madison from 1955 to 1959. He served as staff surgeon at the U.S. Naval Hospital in Charleston, South Carolina from 1959 until his return to Madison.

* * *

Another U.W. Alumnus has joined the faculty staff in Madison. He is Dr. L. Gilbert Thatcher, '55, who was appointed an Instructor in the Department of Pediatrics. A naitve of Utah, he served his internship at Salt Lake General Hospital until 1956 as well as a one year residency there the following year. Dr. Thatcher was attached to the U.S. Army Hospital in France from 1957-59 and served an additional year of residency at U.W. Hospitals in 1959-60. He was a Fellow in Hematology at Wisconsin the following year and from 1961 until last Fall, a post-doctorate research Fellow, N.I.H., in Hematology at Salt Lake City.

* * *

Melvin L. and Sylvia F. Griem, both of the class of '53 (she's class rep), spent six weeks in Europe the past year vacationing and attending two important international medical Congresses. Dr. Melvin L. Griem presented a paper, "Modification of Radiation Response of Tissue by Colchine. Preliminary Clinical Evaluation", at the Eighth International Cancer Congress in Moscow. Both attended the Second International Congress of Radiation Research in Harrogate, England. He was co-author of a paper presented at the meeting, "Mercapoethylamine Protection of X-ray Induced Dysplasia of Mouse Hair". Back in this country, he presented an exhibit at the Twelfth International Congress Washington, D.C.

The highlight of the busy y was the arrival of the Griems' th child (second daughter), Mela Elizabeth. Both attended the nual Homecoming Meeting in M ison November 10th.

* * *

Among those attending the ner honoring Dr. and Mrs. O Meyer in Chicago on Novem 2nd were Dr. and Mrs. Jack C ford, '38, from Boise, Idaho; Donald Olson, '61, from Washi ton; Dr. and Mrs. George Nits of New Jersey, and Dr. Jose Lo who came in from Puerto Rico.

* * *

Dr. Francis Todd H'Doub class of '48, passed away last Ju He had been an active alumni me ber and helped to raise a memo fund for the library in honor Bill Bleckwenn, a classmate w died during his junior year in 19 Dr. H'Doubler had been resid in Springfield, Missouri and w associasted with the H'Doub Clinic there.

* * *

Paul Van Nevel, former associ editor of the Bulletin and now w the U.S. Army, has sent along news release from FORGE, a p lication of the U.S. Army Hospi

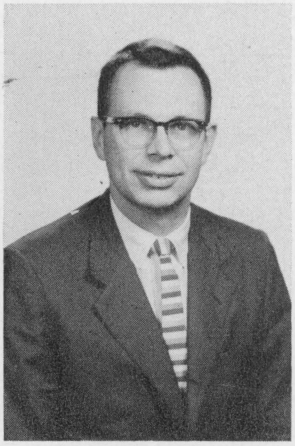
"CORRECTION"

"A photograph in the last is of FORGE showed Lt. Gen. R by, Hospital Commander, conv ing with a group of civilians w were somewhat loosely identified the caption as being a 'group civilians'.

"The group of civilians sho have been identified more corre as Governor David Lawrence, Se tor John McClellan, Army Se tary Brucker, President Eisenho and former Presidents Her Hoover and Harry Truman."

Paul assures us the article re did appear and sends along his wishes for the new year.

Dr. F. P. Larme, '41, of LaCrosse, Wis. with Reynaldo Fuentes, a high school exchange student from the Philippines who is living with Dr. Larme and family during his stay in this country. He hopes to become a doctor and attended the Fall lectures in Madison on November 10th.



Dr. Melvin L. Griem

(See Alumni Capsules) Page 18

Secretary-Treasurer's Report

By DR. RICHARD WASSERBURGER, '46

Your Medical Alumni Board consists of 10 members and current officers are listed on the inside cover of the Bulletin. In previous years the selection of Board members was initially made by the nominations committee composed of the three immediate past presidents, with formal approval given by the general Alumni body on Alumni Day. We are now proposing that in addition to the past procedure, all active alumni members be asked to submit candidates of their choice who would be willing to serve on the Alumni Board. Such nominations may be made by mailing.

The Board meets in an official capacity 5 or 6 times yearly, in either Madison or Milwaukee, with individual Board members covering their own expenses. The Board members are appointed as chairmen of various committees. The committee chairmen are held responsible for the annual Alumni Day, the Fall Alumni Scientific Session and the Winter Alumni Scientific Session (Milwaukee). Other committees include: Library, Finance and Annual Awards.

Your Alumni Medical Board has the general task of serving the Alumni body, directing its policies in a non-partisan fashion, with the immediate purpose of serving the University of Wisconsin Medical School.

PATTERNS OF CHANGE

(*continued from page* 15)

network for the early detection of influenza and other epidemic diseases is in the process of formation with strategically located private laboratories. The application of fluorescent antibody techniques to rapid diagnosis of rabies is being explored and looks very promising. In environmental health a study is being made of the impact of the use of sodium arsenite in sprays in the aquatic environment.

The recent publication of the book "Silent Spring" by Rachael Carson dealing with the hazards of pesticides has stimulated much interest in this problem. A machine records system is in operation in the State Laboratory permitting us to know where our specimens are being sent from and to study epidemiological features of streptococcal infections, cancer of the cervix and other illnesses of public health importance.

In summary, the State Laboratory of Hygiene is attempting to adjust its program to the changing patterns of laboratory needs in the state. Increasing emphasis is being placed on reference services, epidemiologic surveys, training, research, and methodology developments and less emphasis on the provision of direct diagnostic services to areas where local facilities are adequate.

BULLETIN!!!

As we go to press, it has been announced that Professor James F. Crow, chairman of the Department of Medical Genetics, will become acting dean of the U.W. Medical School on January 7th, replacing Dr. Philip P. Cohen who has asked to be relieved of his duties in order to return to his teaching and research.

The announcement was made by U.W. President Fred Harrington to the Medical School executive committee. Dr. Cohen has served as acting dean since Nov. 1st, 1961.

"We understand Dr. Cohen's wish to return to his teaching and research", President Harrington told the committee. "He had agreed to serve a year, and extended his agreement for two months as a personal favor to me. He has handled a very difficult situation very well indeed. We will always remember his help."

President Harrington indicated that he wo not set a deadline on the appointment of a p manent dean. "In accordance with the princi established by the faculty advisory committee President Conrad Elvehjem, we are consider only candidates from outside the present fac for the deanship and chairmanship of the Su ery Department. We must be sure we have very best men for these positions, even if it ta time to make the selections."

Professor Crow is internationally known for studies of genetics theory and radiation. He member of the National Academy of Scien and chairman of its Committee on Genetic Effe of Radiation as well as president of the Ameri Society for Human Genetics.

Professor Crow has three children. He s playing the viola is his favorite hobby.

Professor James F. Crow

Wisconsin Medical Alumni Assn.
University of Wisconsin Medical School
418 North Randall Avenue
Madison 6, Wisconsin