

For the medical school, probably the major item of unfinished business is the question of participation of faculty and students in the making of policy. Power at the medical school has been distributed in a typical post-Flexner pattern, with department chairmen exercising considerable independence of action and with policy being made essentially by the dean and executive faculty—principally the chairmen. In separating from the university, the medical school lost some supporting services, and it became even more clear that the school was administratively underpowered.

The AMA-AAMC committee and the board were strongly critical of this weakness, and last spring a layer of associate and assistant deans was added to bolster the administration. But these men were essentially adding administrative responsibilities to faculty duties, and the problem of administrative manpower has not been solved.

The liaison committee also pressed for a new plan of faculty organization which would allow the faculty real participation in policy decisions. Marquette is apparently moving toward a form of governance in which a faculty senate has considerably more power than has been customary in medical schools. Under the proposal now being discussed, the general faculty would elect a president and other officers and name half the members of standing committees. The dean would appoint the other half. The committees would formulate major policy proposals, which would go to the general faculty and then to the executive faculty for approval. As it now stands, the executive faculty could make changes in the proposals, but the general faculty would be empowered to override these changes by a two-thirds vote. Negotiations are by no means over. Such issues as faculty wishes to become involved in the selection of department chairmen and the question of whether the dean or the president of the faculty should preside at faculty meetings are apparently still under debate. But the general effect of the plan would be to have the executive faculty concentrate on long-range planning; the dean would continue to handle the day-to-day administration of the school and also act to a greater extent as intermediary between the faculty and board.

Marquette students, in common with their contemporaries at other medical schools, are showing stronger interests in social problems but on the whole

seem far from radicalized. They have lobbied for better counseling and guidance services and some are interested in curriculum change, but so far no barricades spirit has been evident. It is very possible that the recent financial crisis and the specter of loss of accreditation or even of a sheriff's sale has been a temporizing influence.

Action has been deferred in other sectors, perhaps for similar reasons. A curriculum reform committee, headed by the chairmen of the biochemistry department, has been meeting for a year, but it appears that no bold initiatives are likely until the faculty reorganization is carried through.

Marquette seems to have maintained its balance and momentum through a period of severe financial and administrative turbulence. It now faces problems that appear to be in the normal range for medical schools today. Reductions in federal research funds and training grants cause serious frustrations, particularly among junior faculty. Perennial arguments continue about what share of clinical faculty fees should go into medical school coffers and about the differential between salaries of the clinical and the basic sciences faculty. Demands from inside and outside the school for new kinds of service multiply. State funds have balanced the budget, but there are no guarantees for the future nor agreement on what state aid will cost the school in terms of self determination.

In its own right, Marquette School of Medicine can now claim some significant advantages. Separation from the university should make it easier to raise funds in the community. The school's budget for the first time provides for a development office, and the business manager's and controller's operations have strengthened. Most important, the board of directors has been revitalized and seems to have a clear idea of its tasks and how to go about them. Particularly important is the job of persuading the public to transfer support of a hospital for the sick poor to support for a comprehensive medical center. Marquette's travail has confirmed the optimists, of course. Nobody forecloses on a church, orphanage, or medical school. But the real lesson is that there is growing recognition in the state and the city that a medical school is not just a worthy public institution but part of an indispensable community resource, and for that reason the prognosis for Marquette is promising.

—JOHN WALSH

## APPOINTMENTS



R. J. Glaser



G. M. Low

**Robert J. Glaser**, vice president for medical affairs and dean, School of Medicine at Stanford University, to vice president, The Commonwealth Fund. . . . **George M. Low**, manager, Apollo Spacecraft Program, NASA's Manned Spacecraft Center, Houston, to deputy administrator of NASA. . . . **J. Myron Atkin**, associate dean, College of Education, University of Illinois, Urbana-Champaign, to dean of the college. . . . **William R. Ferrante**, acting dean, Graduate School, University of Rhode Island, appointed dean. . . . **S. Victor Radcliffe**, professor of metallurgy, Case Western Reserve University, to head, division of metallurgy and materials science at the university. . . . **Julian R. Rachele**, professor of biochemistry, Cornell University Medical College, appointed associate dean, Graduate School of Medical Sciences, Cornell, New York City, and assistant dean, Graduate School of Cornell, Ithaca. . . . **Arthur E. Schwarting**, professor of pharmacognosy, University of Connecticut, to dean, School of Pharmacy at the university. . . . **Sam L. Clark, Jr.**, member, cell biology section, NIH, to chairman, anatomy department, University of Massachusetts. . . . **Reginald W. Butcher**, associate professor of physiology, Vanderbilt University, to chairman, physiology department, University of Massachusetts. . . . **Edward C. Moore**, vice president for graduate studies and research, State University of New York, Binghamton, to chancellor, Massachusetts Board of Higher Education. . . . **John A. Waldhausen**, associate director, Clinical Cardiovascular Research Center, and associate professor of surgery, University of Pennsylvania School of Medicine, to chairman of surgery, the Milton S. Hershey Medical Center, Pennsylvania State University. . . . **Rowland Pettit**, professor of chemistry, University of Texas, Austin, to chairman, chemistry department at the university.