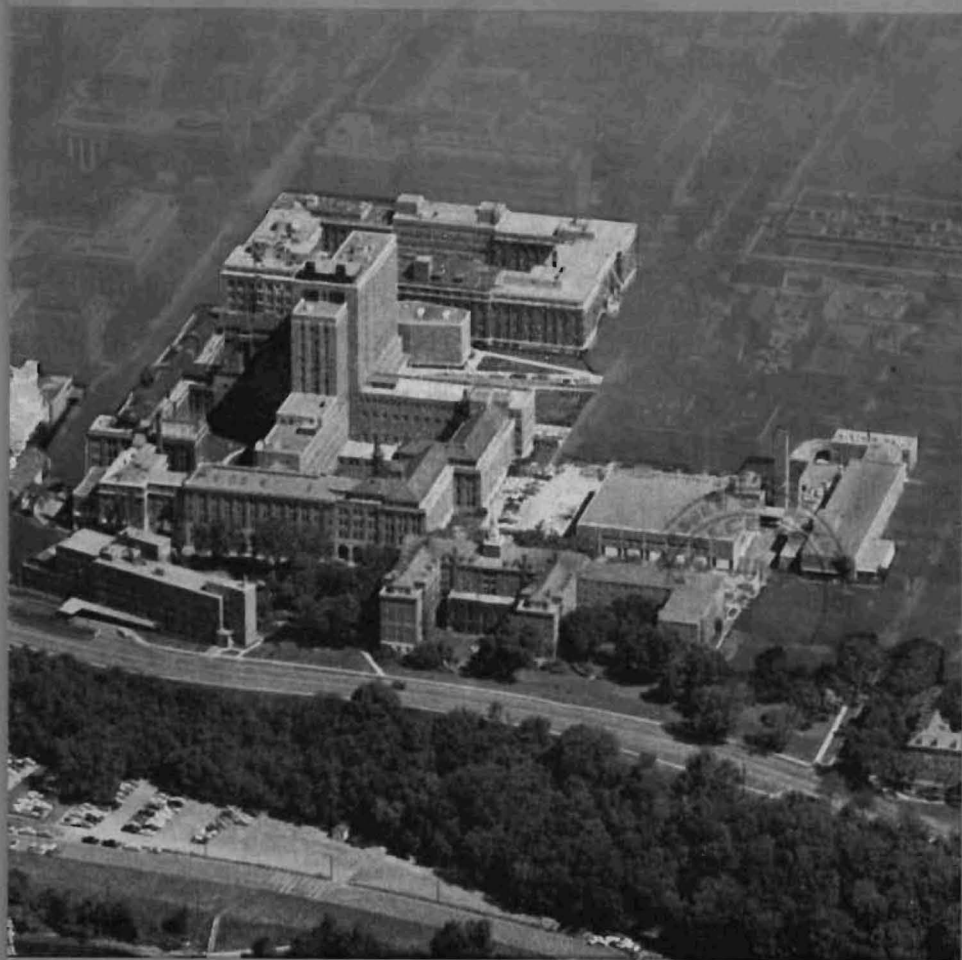


11/11

University of Minnesota MEDICAL BULLETIN



IN THIS ISSUE

"My Grandson — Your Patient"
Human Chromosomes in Disease
The Class of 1961

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CONTENTS

MINNESOTA MEDICAL FOUNDATION LECTURE

My Grandson — Your Patient

ATHERTON BEAN 58

STAFF MEETING REPORT

Human Chromosomes in Disease

JORGE YUNIS, M.D. 69

SURVEY, CLASS OF 1961 72

MEDICAL SCHOOL NEWS 87

MEDICAL FOUNDATION NEWS 91

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Special Report

My Grandson — Your Patient *

ATHERTON BEAN†

Needless to say, I consider it a great honor to be asked to talk from this platform. Needless to say, I am not competent to comment on the present state of medicine, nor do I have advice to pour over you young people on how to handle the problems of ingesting a medical education. But there is an area of great future interest to you in which I do have some competence.

I have been, I suspect that in the future I shall be again,



ATHERTON BEAN

that most necessary adjunct to a professional career, a customer—you doctors call me a “patient,” but “customer” I am in the market place. And Medicine and medical care, whether they like it or not, have moved out of their traditionally quiet spots on the side streets and into the center of the public—and political—market place. Under these circumstances, customers’ opinions have some importance.

You particular young men are not personally going to be affected by what I think. But you cannot escape being affected by what my grandson and his contemporaries are going to think about you and the whole area of medical care. That is why I picked the title of “MY GRANDSON, YOUR PATIENT.” I want to project my opinions as a customer ahead twenty or thirty years to the time when you will be in the midst of the most important years of your practice, and try to guess what your market place will then be like.

We are all entangled in the toils of what J. K. Galbraith calls the “conventional wisdom,” and it takes considerable

* *Minnesota Medical Foundation Day Lecture, September 24, 1962*

† *President, International Milling Co., Minneapolis, Minn.; President, Board of Trustees, Carleton College*

temerity to pick the trends which may invalidate during your lifetimes the revered elements of the "conventional wisdom" of 1962. Nevertheless, the very nature of your long-term commitment to a career forces someone to make some guesses. So, perspicacious or not, I propose to make some guesses for you about the attitudes of that grandson of mine and his co-customer contemporaries.

First, such a discussion needs a little orientation on the state of Medicine. It is a commonplace to say that epidemic disease is in full retreat, but it was rather striking to me to find that though there has not been a case of smallpox in Minnesota since 1947, there were over 9,000 cases in 1921. As another index, several years ago Dr. Wesley Spink, one of your distinguished professors, told me that on a visit to a single hospital in Zagreb, Yugoslavia, he saw more tuberculosis and scarlet fever than he had seen in his entire clinical experience in the United States.

The old bacterial invaders are under pretty good control. The viruses are yielding to attack. The surgeon, having found ways of carving almost anything from our insides, is now working on ways of installing spare parts. Work is progressing on the biochemical problems of destructive aging — not the least of which is how to keep the high fat diet-American male alive beyond the age of 50. You realize, I am sure, what a terrible shock it has been to the ego and prestige of the American business executive to have it revealed that he has been dying in early middle life, not because of the terrific pace at which he claims to work, but because he eats and smokes too much.

Man, I suppose, has always created a substantial percentage of his own medical problems. He invented the sword and then had to devise means of treating the wounds it made. He later invented the automobile, which is more lethal than the sword. We spew carcinogens into the air to produce the choking smog of a Los Angeles. And anyone who reads Rachel Carson's "Silent Spring" can't help wondering how the next dose of insecticide or the next drink of detergent-accented water is going to affect him. All this indicates that as rapidly as researchers find the way of con-

trolling one problem of biological balance or body tissue injury, someone else working to change man's control or enjoyment of his environment is going to produce another.

But the job I have set myself is to describe what my grandson is going to demand of you and think of you. I want to begin this by discussing two recurring themes that I find in medical comment in the daily and weekly press and in conversations with the many doctors which I have both the good fortune and the great pleasure to know. The first is that the general social status of the medical profession has declined, as compared with what it was some comfortably nostalgic period like several decades or several centuries ago. And the second, that press, public and politicians all seem to enjoy getting their exercise jumping up and down on the purveyors of medical care. This is most disturbing because all these purveyors of medical care—doctors, dentists, druggists, drug manufacturers, hospital administrators, etc.—are by their own confession very valuable citizens and more productive members of society than they have ever been before.

First, as to the status of your prospective profession. I suspect that much of the alleged decline is more romance than fact. It is not difficult to assemble a list of distinguished names who were not enthusiastic admirers of the medical profession. For instance, Montaigne, the famous French essayist, wrote some four centuries ago, "Whoever saw one physician approve of another's prescription, without taking something away or adding something to it; by which they sufficiently betray their tricks and make it manifest to us they therein more consider their own reputation and consequently their profit, than their patient's interest."

Fifty years ago, George Bernard Shaw wrote in the preface to "the Doctor's Dilemma"

"I do not know a single thoughtful and well-informed person who does not feel that the tragedy of illness at present is that it delivers you helplessly into the hands of a profession which you deeply distrust."

Not everybody, of course, picks on the doctors. You have an eloquent supporter in Phyllis McGinley, a delightful

lady who writes for the New Yorker and who produced the following lines a few years ago:

*"Of all God's creatures here below
Whose feats confound the skeptic*

*I most admire the Medico,
That hero antiseptic.*

*He has my heart, he has my hand,
He has my utmost loyalties.*

*(He also has my tonsils, and
a lien on my royalties)."*

Be that as it may, I suspect that the doctors' feeling about their loss of status is correct. It is a loss which they have shared with their brethren in the other two of the three ancient Learned Professions. And I suspect also that both lawyer and theologian have suffered more than the doctor. It would be impossible for the decline not to have taken place. The earlier status of all three professions was in substantial part a product of the general scarcity of education. But illiteracy has disappeared like smallpox. Most of you have never met nor ever will meet a person who can neither read nor write. We may squabble over the subject matter of books like "Why Johnny Can't Read" and "Educational Wastelands." But the fact of the matter is that Johnny does read — some — perhaps not as well nor as comprehendingly as we would wish, but he does know the alphabet and he can write his name. You can't really expect to be viewed with enormous awe just because you went to medical school if you live in a community where most of the business men and their wives have B.A. — and some of them M.A. — degrees, and all have been to Florida, Mexico and Europe. On the contrary, you are fortunate to live in an educated society and I have no fear that the practice of medicine with its wonderful values for the Good Society will never fail to command admiration and respect so long as it lives up to its potential.

The second point, that the field of medical care is being subjected to uncomfortable publicity and astringent criticism, has far more significance. It is a product of Medi-

cine's accomplishment and of Medicine's promise. It is the result of three profound and spreading realizations:

(a) that very great progress has been made in the understanding and controlling of the deviations from optimum of that moving biological equilibrium which is called a "state of health." You have heard that ringing phrase, "the revolution of rising expectations." It was coined to epitomize the awakening of the underdeveloped areas of the world, but it has its application to the United States as well. "Health" is one of those expectations.

(b) that, speaking in economists' terms, growing demand impinging on a relatively inflexible supply has raised the prices and the incomes of suppliers of medical care in striking degree.

(c) that the cost and institutional structures of medical care may prevent this accumulated health knowledge from being brought to bear upon the daily health problems of the broad masses of our people.

Health was once a matter of great good fortune. You had escaped the wrath of the gods, the evil eye of an enemy, or for some reason the sins of your fathers were not visited upon you. Today it is obvious that to a substantial extent health can be "managed" into being. Public health control of the conditions leading to epidemic disease is a case in point, but the comment is just as applicable at the individual level. If the problems of biological disequilibrium can be recognized early enough, countless conditions once thought disabling or fatal can be controlled or eliminated. The concept of "preventive maintenance," which is so much a part of modern industrial management, is applicable to health. We know that we cannot prevent deterioration of important machines. But we can recognize it, and we can make sure that when the moment arrives that corrective action is prudent, it is taken. This, of course, is the basis for the industrial physical examination programs. The most valuable asset any company has is its experienced executive staff. It is worth a great deal to keep them alive and healthy. It is almost equally important to keep them thinking they are healthy. Few men reach major

responsibility before they are thirty-five. And few men after thirty-five fail to develop pains and sensations that are the result of stress, decay or "something I read in the *Wall Street Journal*." Some of these pangs and debilities are important. Most are not. But they loom importantly to that particular man and his wife until they are proven innocuous. Brooding over the non-existent cancer or heart condition is just as sapping to a man's energy, just as vitiating to his imagination, as if something were really wrong. Our company has had an executive medical examination program for eleven years. Eleven years of reading medical reports has convinced me that our examinations have cured more imaginary ailments than they have exposed real ones for necessary treatment.

And so I come to my first prediction about the medicine that my grandson will demand. It will be immensely more on the preventive side than what is known today. He is going to expect to come to you periodically and be given so searching a physical examination that the chance of there being a developing condition that could later at a more advanced stage damage his health or perhaps be fatal, would be remote. In other words, he is going to demand that you, wherever you are, not merely know about the most advanced techniques of analysis and detection and treatment, but that you have available for use in his particular case the colorimeters, the centrifuges, the cobalt radiation sources, etc., that application of these techniques and treatments requires.

As infectious disease declines, not merely will the diagnosis and treatment of the degenerative ones come more to the fore, but those afflicting the mind will become more important. Dr. William Menninger of the Menninger Clinic said in an article this spring: "I am convinced that it would be intelligent practice to take along with that physical check-up an emotional check-up." Some companies already have this in their medical programs. Preventive maintenance of my grandson's health is going to demand that you be able to probe his psyche as well as his physique.

Elaborate analysis and exacting measurement will require extensive capital investment. This will pose real problems for the whole profession and especially for the young doctor just entering practice. He may have neither the capital nor the credit to acquire the machinery of practice. But Medicine cannot escape this "capital-intensive" phase, and if the present organization of doctors as individual entrepreneurs or small collection of entrepreneurs cannot support this capital requirement, then other organizational structures will have to be adopted. Looking at Medicine as an outsider, it doesn't strike me as a perfect model of efficient use of men and resources. I suspect, for instance, that the worry over the question whether 124 or 132 doctors per 100,000 of population will be able to supply necessary future medical service is based on the wrong organizational premises.

But let us move on to the financial aspects of medical care and their impact on public feeling about the doctor. There probably was a time when the doctor deserved public sympathy for the volume of charity work he was called on to do, the great amount of uncollectible receivables he had on his books and the fact that for all his value and all his learning, his income was little above the community average. But those days are long gone. The general public thinks that the doctor is doing very well by himself these days. And while there is nothing reprehensible about that, it does reduce the degree of sympathy with which it listens to the anguished cries of the profession as it deals with some of its current public relations problems. Senator Kefauver, that *bête noire* of Medicine, has struck some responsive chords in quarters that a decade ago would not have listened to him at all. Let me quote some figures to show why.

First, thanks in part to the enormous spread of various medical insurance plans, the doctor's collection ratio rose from 74% of billings in 1935 to 93% of billings in 1959. Secondly, according to Medical Economics, back in 1940 the median net income of doctors was \$3,245 per annum. By 1955, that income had risen to \$16,000. In 1959, it was \$22,000. Putting this as index numbers, 1940 is 100; 1955 becomes 493 and 1959 is 678. Now during this same period,

general per capita income increased, using the same 1940 base as 100, to 340. When the doctor's income goes up twice as fast as that of his customers and his financial problems have obviously decreased in severity, the customer becomes less demonstrative in his concern for the doctor under attack.

Public opinion is, of course, affected not only by what it knows or suspects about doctors' incomes, but also by the general picture of prosperity everywhere in the medical care field. During the last five years the cost of living has been quite stable — there was an advance of only 9 points or 7.5% from June of 1957 to June of 1962. But during this same period the medical care component of the cost of living index went up almost 3 times as fast.

Let me add another item to this picture. I looked recently at the 1962 *Fortune* Magazine list of the 500 largest industrial corporations in the United States. Of the ten companies with the highest return on invested capital, two were in the pharmaceutical field. A third has a substantial pharmaceutical division. And what industry had the highest mean average return? Pharmaceuticals.

I want it clear that I am not sniping at the medical care field. I merely say that facts like these combined with the widespread public demand for the services of the industry make it a tempting political target. It makes it highly likely that there will be counter measures developed to control the rising cost of medical care to the public. I hope that no part of the United States will be treated to the spectacle of a struggle like that recent one in Saskatchewan between Mr. Woodrow Lloyd and the rebellious doctors. But I doubt that prevention of such a struggle is going to come from stubborn defense of the existing order. New organizational forms are obviously going to be necessary in order to provide that grandson of mine the effective, comprehensive and economical medical service which I know he is going to demand. And it doesn't seem wise to me to leave the solution of the problem to Mr. Dubinsky and his fellow union leaders.

I have been talking about what this grandson of mine was going to demand of you. He sounds like a rather opinionated fellow, and it might be good to describe him a little more fully. I suppose he will be a college graduate. Most of his co-customers will be either high school or college graduates. The educational level of our population is rising rapidly, and in the middle years of your practice, the individual with only primary school education will be as scarce as the illiterate is today.

But quite aside from the increasing years of formal education, there is a perfect explosion of adult education which is turning the American Way of Life into one continuous, life-long educational process. Much of this is vocational, such as, the refresher courses which have become both a hallmark and a necessity of Medicine. But you are not alone. The chemist, the accountant, the lawyer, the engineer are all continuing to go to school in one way or another. This year more than 80,000 businessmen will attend the various courses offered by the American Management Association. And this is just a sample. Collegiate business schools are wooing thousands more back for courses of lengths from a day to many weeks. Graduate schools, once the exclusive prerogative of universities, are now being founded by some of the great industrial companies, partly for the education of their own employees, partly for the education of their customers. In a broader vein, there is the startling proliferation of serious study groups like those sponsored by the Foreign Policy Association, the Great Books Foundation, and the American Foundation for Continuing Education. Right in this Twin Cities area, for example, there are more than 100 Great Books groups. Educational television now is operating in 65 cities and has become an important public force even though it is only nine years old. We see the great growth of magazines like *Look* and *Life* with their now rather frequent and authoritative articles on subjects of scientific importance and wide social concern. All these things have had great impact upon the general sophistication of the American public. The advertising man tries to keep abreast of these changes and here is evidence of what he sees from what he does.

Only a few months ago some of you may have seen the billboard on Linden Avenue in Minneapolis which boasted that a certain variety of potato chips was cooked in a vegetable oil high in poly-unsaturated fats. There isn't a cigarette advertisement which does not exhibit in some way Madison Avenue's pre-occupation with carcinogenic tars. Running through a recent copy of *Look*, I found the following words in advertisements — not in the text of articles, but in the advertisements that are supposed to be read and understood by the so-called "average American" — *polystyrene, antihistamine, vasoconstrictor, PKU, geneticist, alkalizing, lacrimination*. Newswise the words "thalidomide" and "phocomelia" have entered every household in the last sixty days. Project ahead several decades this kind of familiarity with scientific phrase and this receptivity to scientific concept plus the pouring of new ideas of many other kinds into adult minds and I think you will be dealing with a patient who in turn will take sophisticated handling. The old idea of doctor-patient relationship which made the doctor almost as much priest and magician as analyst and technician will not be satisfactory.

You will not be able to treat my grandson with that superior air that implies that he does not know anything medical. And if you try to obscure your ignorance or your indecision with elaborate phraseology, he will find you out — for he will either understand you and recognize the ignorance or indecision, or he will demand a simpler explanation and learn it then. It is certainly going to be upsetting to what is called the "traditional" doctor-patient relationship to have your medical judgments — I repeat, your medical judgments — challenged not merely by your peers but by your patients. But I think in the long run it will be a good thing. Your patron saint, Hippocrates, said a good many centuries ago that "the art of medicine consists of three things: the disease, the patient and the physician. The physician is the servant of the art, and the patient must combat the disease along with the physician." I suggest to you that the problems created for the "whole man" approach to medical treatment by the necessary specialization of modern medicine will be resolved in part by the educated patient

THE MEDICAL BULLETIN

being increasingly a helpful integrating function in bringing the widening art of medicine to bear upon his own particular problem. This educated grandson of mine will disturb your ego with his knowledge of your art, but his very education will make easier the solution of the basic problem which is to keep him continuously in a state of health.

And so I leave you, having tried to sketch a customer's view of some of the public problems in the world of medicine. Between changes in your technology and changes in your market, your world is certain to be an exciting one.



Staff Meeting Report

HUMAN CHROMOSOMES IN DISEASE*

Jorge Yunis, M.D.†

This report summarizes the results of the chromosome analyses of 91 patients of the University of Minnesota Hospitals performed during a period of eight months. One hundred and forty-three blood samples from different patients resulted in 91 chromosome analyses. The percentage of success (63.6%) is satisfactory for such a procedure. The method used consists of a short term culture of leukocytes, treatment with colchicine to stop mitosis at metaphase, and aceto-orcein staining of squash preparations. The chromosomes are cut out from large photographs and arranged into groups by size and centromere position.

The following table indicates the results of 47 selected patients with a clinical condition in which a chromosomal abnormality was suspected by the referring physician. Only 17 (38.3%) of these patients showed an abnormal chromosomal pattern.

The table on page 70 presents several points that are worthwhile illustrating. Mongolism, which is often easily distinguished, may on rare occasions be a problem in differential diagnosis. As an example of this difficulty, there were only 10 of 16 referrals for possible mongolism that were positive for 21 trisomy.

Twelve patients were referred as possible Turner's syndrome. Only 3 had a negative sex chromatin and XO chromosomal pattern. All the other patients had only one or two of the clinical stigmata seen in Turner's syndrome (usually neck webbing). "Ullrich's syndrome" (i.e., with normal gonadal function and sex chromatin but with a great many of

* From a report at the Staff Meeting, University Hospitals, November 2, 1962.

† Instructor, Department of Laboratory Medicine.

Patients	No. of Cases Studied	Chromosomal Anomaly Suspected	No. of Positive Cases
Possible mongolism	16	Trisomy 21	10
Possible Turner's syndrome	12	XO	3
Possible Klinefelter's syndrome	3	XXY	2
Possible Trisomy 13-15 syndrome	2	Trisomy 13-15	0
Possible Trisomy 18 syndrome	2	Trisomy 18	1
Ullrich's syndrome	3	?	0
Marfan's syndrome	1	?	0
Sturge-Weber syndrome	1	Partial trisomy ?	0
Oral-facial-digital syndrome	4	Partial trisomy ?	0
Waldenström macroglobulinemia	1	Large abnormal extra chromosome	0
Chronic myelogenous leukemia	2	Ph' chromosome	2

the stigmata of Turner's syndrome), was studied in two females and one male. All three had normal chromosome complement.

In few cases studied, a distinct difference in chromosomal pattern has been observed between Chronic Myelogenous Leukemia (CML) on one hand, and Myeloid Megakaryocytic Hepato-Splenomegaly (MMHS) and Polycythemia Vera (PV) on the other. While two cases of CML presented the Ph' chromosome, one case affected with MMHS and two with PV presented a normal chromosome complement.

Chromosomal anomaly has been reported in the literature in some cases affected with Marfan's syndrome, Sturge-Weber syndrome, Oral-facial-digital syndrome and Waldenström macroglobulinemia. No chromosomal abnormality was found in the patients affected with these conditions (see table). In addition, no chromosomal aberration was found in the cases referred with the following diagnosis:

Adrenogenital syndrome	Familial seizures
Agammaglobulinemia	Gargoylism
Crouzon's disease	Hemihypertrophy
Epidermolysis bullosa	Hemochromatosis
Familial histiocytosis "X"	Krabbe's disease
Familial nephritis and deafness	Pierre Robins syndrome
	Treacher Collins syndrome

In a search for new chromosomal anomalies, 19 patients affected with multiple and varied types of congenital abnormalities were studied. Among them, only one presented a previously undescribed chromosomal anomaly. The patient is an unmarried woman presenting cysts of the jaw, recurrent nevoid basal cell carcinomata and bifid ribs. The sex chromatin was normal and the chromosome complement was normal, except for the unusual length of one arm of one of the chromosomes No. 1. Her mother, two sisters and a male child of one of these two sisters presented a similar chromosome anomaly with no expression of the syndrome. These individuals possibly represent cases of partial trisomy X.



Alumni Survey



CLASS OF 1961

The Class of 1961, University of Minnesota Medical School, is experiencing a predictable hour of unpredictability. With internships completed, the graduates have scattered to new assignments in advanced medical training or private practice.

But as all were aware, the needs of the Armed Forces for doctors leaves few secure in the knowledge of their immediate futures. Many names already carry a military service number.

Of the 114 graduates, only one could not be located:

David W. Anderson remains an intern at Ancker Hospital, St. Paul, Minn., and plans to take a residency in dermatology starting next year. His present address is 10417 Thomas Ave. S., Minneapolis 31, Minn.

John T. Anderson is a resident in psychiatry at the University of Wisconsin Hospitals, Madison, Wis.

David B. Auran is a resident in psychiatry at University of Minnesota Hospitals.

Calvin Bandt is taking a medical residency at Minneapolis General Hospital for an anticipated period of three years. He and his wife live at 2812 W. 42nd Street, Minneapolis 10, and are parents of a baby girl born Aug. 3, 1962.

Michael Barnett is in general practice in Los Angeles. His address is 11618 Kiowa, W. Los Angeles, Calif.

Bruce J. Bart is a resident in dermatology at University of Minnesota Hospitals "for three to five years." He lives

at 4116 Xerxes Ave. S., Minneapolis 10, and announces a son, Bradley Arthur, was born to him and his wife on Jan. 16, 1962.



MIKE BEALKA
AND FAMILY

Neil Michael Bealka has begun general practice in association with four other physicians at the Stillwater Clinic, Stillwater, Minn. With his wife and four children (see photo), he lives in a home they purchased at 803 W. Willard St., Stillwater.

Allan D. Belden, Jr. has begun a psychiatric residency at Strong Memorial Hospital and the University of Rochester, Rochester, N. Y.

Robert H. Berland is spending a year as assistant medical resident at Long Island Jewish Hospital, New Hyde Park, Long Island, N. Y.

Roland C. Birkebak lives at 2253 Priscilla, St. Paul, Minn. He is taking a residency in orthopedic surgery at Minneapolis Veterans Administration Hospital.

Eugene J. Birkemeyer is in general practice at Fairmont, Minn., in association with Dr. E. E. Zemke and Dr. R. W. Schulz. His address is 221 E. First St.

Thomas G. Birkey and his wife have toured Europe on a vacation recently, and Tom expects to enter the Navy flight surgeon training program in January, with the eventual settlement into a small town general practice. His forwarding address is 235 W. Elmwood Pl., Minneapolis 19.

Capt. Martin G. Bruhl expects to spend the next two years as a general medical officer with the Air Force. He is now at the 20th Tactical Hospital, Wethersfield, England (c/o APO 120, N.Y., N.Y.). "We have a new baby and are living 30 miles from London in a medieval English town named Saffron Waldon," he writes.

Robert E. Bundt is in general practice as a member of the Belzer Clinic in south Minneapolis, where all six members are University of Minnesota Medical School graduates. He lives at 5111 W. 49th St., Minneapolis. He and his wife are expecting their first child in December.

Capt. David W. Burgan is serving with the U. S. Army medical corps at Ft. Wainwright, Alaska. He and his wife, Marjorie, had their first child, Suzanne, in March, 1962.

Richard B. Carley is taking a one year general surgery residency at the Lovelace Clinic, Albuquerque, New Mex., and plans to continue with an E.N.T. residency at University of Minnesota Hospitals starting in 1963. His present address is 812 Louisiana Blvd. S.E., Apt. B, Albuquerque.

Clifford A. Carlson is a medical officer with the U. S. Army at Camp Carson, Colorado Springs, Colo. He lives with his family at 148 Ely, Colorado Springs.

John A. Cich has entered general practice in St. Paul, Minn. with Dr. Robert Fischer. The Cich family now includes five children, with the latest addition being twin boys born Feb. 25, 1962. The family home is at 1056 Delaware Ave., West St. Paul, Minn.



DR. AND MRS.
WILLIAM CONRAD

William C. Conrad is a medical officer with the U. S. Army in Germany. He was married June 29, 1962 to Marguerite Jane Dobbins, who was an R.N. at Harborview (King County) Hospital, where Bill was an intern. (See photo)

Don C. Creevy has begun a residency in obstetrics and gynecology at Stanford University, Palo Alto, Calif.

Robert J. Cumming is in general practice in St. Cloud, Minn. with Dr. James O'Keefe as a partner, and lives at 1121 Sixth Ave. N., St. Cloud. He writes: "Everyone is fine and in good health." The Cummings were expecting another child this year.

Walter D. Cunningham has joined Dr. R. Corteau in general practice at Onamia, Minn. He and Mrs. Cunningham have four children.

James Diehl is living at 1837 Hillcrest Ave., St. Paul 16. He said his career plans at this time are "undecided."

Herman V. Dilliard went into general practice in South St. Paul, Minn. in association with Dr. Alexander Abrams. His mailing address is 821 Emerson Ave. N., Minneapolis, Minn.

Nancy Jo Engeset is a resident in anesthesiology at the Hospital of the University of Pennsylvania, Philadelphia.

Alan D. Espelien is a resident in anesthesiology at the University of Minnesota Hospitals. He lives at 566 Desnoyer Ave., St. Paul 4, Minn.

David P. Folkestad has been in practice temporarily at Patton State Hospital, Patton, Calif., while awaiting a call to active duty with the Air Force this fall.

William H. Ford is a medical officer with the U. S. Air Force, stationed at Tachikawa AFB, Japan, for an anticipated two year tour of duty. His home address is 401 Blake Road, Hopkins, Minn.

Richard T. Foreman is taking a residency in neurology at University of Minnesota Hospitals. He lives at 1391 Fairmount Ave., St. Paul, Minn.

John R. Gaertner is in general practice in East St. Paul for an indefinite period. His home address is 246 S. Albert, St. Paul 5.

Gerald H. Gammell is taking a residency in psychiatry at the University of Wisconsin Hospital. His address is 318 Norris Court, Madison, Wis.

Joseph L. Gendron is a resident in psychiatry at University of Minnesota Hospitals. He and his wife live at 6321 Pleasant Ave. S., Minneapolis 23. They have a 10-month-old daughter, and expect another child this November.

Barry Grundland is a resident in psychiatry at Napa State Hospital, Imola, Calif., under a three year plan with the California State Mental Health program. He writes: "My wife is retiring for good as an 'interior decorator' and we are planning to raise a large family (soon)." Barry recently received his Berry Plan Air Force Reserve Commis-

sion. "Both of us miss Minneapolis and all the medical staff. Please say hello."

John R. Gustafson has begun a residency in radiology at the University of Chicago, 950 E. 59th St., Chicago 37, Ill. He was married June 29, 1962 in Tacoma, Wash. to Miss Anne J. Balsells, "a lovely girl from Barcelona, Spain."

J. Cameron Guthrie has become associated in practice with four doctors in St. Paul (Wenzel, Rollie, McKenzie & Dyrdal), and lives at 1015 W. County Road "C", St. Paul 13, Minn. The Guthries have five children.

Ronald Guttman is spending two years in the Navy at the Naval Medical Research Institute, Bethesda 14, Md.

John Haas has begun a residency in psychiatry at the University of Minnesota Hospitals.

George G. Haberman is taking a residency in surgery at the U.S.P.H.S. Hospital, Baltimore, Md.

Edward M. Hanton has become a fellow in obstetrics and gynecology at the Mayo Foundation, Rochester, Minn. He lives at 1412 13th Ave. N.W., Rochester, with his wife and two sons.

Noel W. Haukebo is a resident in psychiatry at the Nebraska Psychiatric Institute, University of Nebraska College of Medicine, Omaha, Neb. He lives at 5019 Underwood, Omaha.

Charles W. Hauser is a resident in general surgery at Ancker Hospital, St. Paul, Minn.

Terrence P. Henderson is in general practice at Long Prairie, Minn., in association with Drs. Erickson, Mosby, and Borgerson at the Long Prairie Clinic.

Howard W. Higholt is a medical officer with the U. S. Air Force, stationed at Benquires Air Force Base, Morocco. He will be there for two years.



ROBERT HILGERS

Robert D. Hilgers has taken a fellowship in pathology at the University of Minnesota, and will also do research under Dr. Lee Wattenberg. Dr. Hilgers was married Dec. 30, 1961 to the former Josephine Schleck. They live at 1319 Grand Ave., St. Paul 5, Minn.

Richard B. Hoffman is a resident in radiology at the U.C.L.A. Medical Center, Los Angeles, Calif. He lives at 11618 Kiowa Ave., West Los Angeles 14, Calif.

Roderick P. Hood is a U.S.P.H.S. physician assigned to their Outpatient Clinic, W. Third and Prospect Ave., Cleveland, Ohio. He expects to remain for two years.

Rodney C. Johnson is a resident in psychiatry at the University of Minnesota Hospitals.

Donald R. Jorgensen is now a resident in ophthalmology at the University of Illinois Research and Educational Hospitals, and the Illinois Eye & Ear Infirmary, 904 W. Adams, Chicago, Ill. He completed the three month Lancaster Courses in Ophthalmology at Colby College, Waterville, Me. During his internship at Miller Hospital, St. Paul, Don (1) won a \$500.00 Intern of the Year Award, and (2) won a \$175.00 prize for outstanding research paper by an intern.

Adrian L. Kapsner has joined four other physicians in general practice at the Hutchinson Medical Center, Hutchinson, Minn.

Harry I. Katz has undertaken a residency training program in dermatology at the U. S. Naval Hospital, Philadelphia, Pa., and the University of Pennsylvania. He lives at 1513 Curtin Ave., Philadelphia.

Harvey Kelman is a resident in psychiatry at the University of Minnesota Hospitals.

Mark B. Kilen is a resident in radiology in the Mayo Foundation, Rochester, Minn. "I'm still single," he says.

William J. Knipp is in general practice at the Lake Re-

gion Clinic, Brainerd, Minn., in association with two other physicians.

Robert J. Krogh says "I'm happy" as a resident in radiology at Wadsworth Veterans Hospital, Los Angeles 25, Calif.

James A. Kunz is in general practice with the Raiter Clinic, Cloquet, Minn., in association with three other physicians. His address is 1105 12th St., Cloquet, Minn.

John B. Leary is a resident in radiology at Tripler Army Hospital, Honolulu, Haw., where he expects to remain two years, with a third year to be spent at Walter Reed Hospital, Washington, D. C. His address is Tripler Army Hospital, APO 438, San Francisco, Calif.



MALCOLM LINDSAY, JR.

Malcolm I. Lindsay, Jr. is a fellow in internal medicine at the Mayo Foundation, Rochester, Minn., and lives at 1862 16½ St. N.W. His daughter, Gail, was one year old on October 17, 1962.

Arthur J. Loerzel is spending two years in general practice at the U. S. Public Health Service Indian Hospital, Red Lake, Minn. He enjoyed his internship and the Seattle, Wash. area.

Roger R. Lundblad is taking a general surgery residency at Minneapolis General Hospital under Dr. Claude Hitchcock. The Lundblads report the arrival of Ann Karen, 9 lbs. 4 oz., on June 13, 1962.

Peter J. Lynch remains a bachelor as he begins a residency in dermatology at the University of Michigan Hospital, Ann Arbor, Mich.

Richard B. Lynse began general practice on July 16, 1962 in Chisholm, Minn. in association with the Mesaba Clinic. He lives at 216 Second St. N.W.



ARTHUR LOERZEL

Timothy M. Magee is a resident in psychiatry at the Institute of Living, Hartford, Conn., and lives at 207 Maple Ave. The Magees have one child, Tim, Jr., who was a year old in July.

Edward J. McEllistrem is in general practice with two other physicians at 1246 Gorman Ave., West St. Paul, Minn. He was engaged to be married November 3, 1962 to Miss Gloria Swanson, St. Paul.

David W. McQuoid is in general practice at Littlefork, Minn., with Dr. Richard G. Rowe (Med. '60).

Capt. Gerald G. Mindrum is in general medical practice with the U. S. Army, assigned to the U. S. Embassy and Military Aid Advisory Group in Phom Penh, Cambodia. He expects to spend at least a year there, having undergone special Army training for the assignment, including learning the French language. Gerry is still single. His address is c/o U.S.A. M.A.A.G., A.P.O. 153, San Francisco, Calif.

Henry G. Moeller, Jr. has joined Dr. Franklin Sidell of Minneapolis in general practice for a year, and lives at 2893 Knox Ave. S., Minneapolis 8, Minn.

James E. Monfore is taking a surgery residency at Sacred Heart Hospital, Yankton, S.D.

Charles L. Murray is a resident in internal medicine at Stanford University Medical Center, Palo Alto, Calif. He reports he now has two children, the newest being a son born in July, 1961.

Leah T. Myers is taking a residency in obstetrics and gynecology at St. Elizabeth's Hospital, Brighton 35, Mass.

Evan L. (Bud) Nelson, Jr. is taking a residency in ENT at the Mayo Foundation, Rochester, Minn. He lives at 1508 4th Ave. S.W. He has three children; Kim, 7; Susan, 5; and Jeffrey, 3.

Leo K. Nelson has joined a medical group in general practice at St. Croix Falls, Wis. His associates are largely Minnesota graduates. Leo and his wife, Carol, have two daughters, Rebecca, 3, and Sarah, 2.



HENRY MOELLER, JR.



CHARLES MURRAY

S. Scott Nicholas is a resident in internal medicine at Minneapolis General Hospital.



BUD NELSON

Paul E. Nordlie is a postdoctoral research fellow in the Department of Anatomy, University of Minnesota, working on experimental diabetes mellitus for at least a year with Dr. Arnold Lazarow.

Paul E. O'Brien is taking a medical residency at Minneapolis General Hospital, Minneapolis, Minn., where he also spent his internship.

Thomas G. Ochsner is taking a residency in surgery and urology at Ancker Hospital, St. Paul.

Karen N. Olness is a medical missionary in Bangkok, Thailand, for the next two years. She was elected the outstanding intern during 1962-63 at Harbor General Hospital, Torrance, Calif. Her mailing address is c/o Mr. Haakon Torjesen, A.P.O. 152, San Francisco, Calif.



PAUL E. NORDLIE

Robert E. Olson is a resident in internal medicine at the Minneapolis Veterans Administration Hospital, and lives at 4314 Minnehaha Ave., Minneapolis, Minn.

Gerald R. Onstad is a fellow in internal medicine at the Mayo Foundation, Rochester, Minn., and lives at Homestead Village Lane S.E., Rochester. He and his wife have a year-old daughter, Julie.

Franklin Pass is taking a residency in dermatology at the University of Oregon Medical School, Portland, Oregon.

Harris L. Pearson is in general practice at Bagley, Minn., in association with the Clearwater Clinic.

John W. Pelley is engaged in general practice at Gig Harbor, Washington, in association with another doctor. John's address is Box 363, Gig Harbor.

Edward S. Peterka is a resident in dermatology at Ancker Hospital, St. Paul, under the teaching program of the University of Minnesota's Division of Dermatology. He is married, and has a two year old daughter.

Raymond M. Peterson is reported to be in the U. S. Army, on assignment in Europe. Mail will reach him via his father, Dr. R. F. Peterson, 802 Laguna Rd., Fullerton, Calif.

Thorild A. Ross has joined Dr. R. G. Scherer (Med. '26) in general practice in Bozeman, Mont. His address is 114 E. Main St.

James E. Runquist is a resident in internal medicine at Highland Alameda County Hospital, Oakland, Calif. He lives at 3206 Palmer Ave., Oakland 2.

Richard J. Salchert is a resident in obstetrics and gynecology at St. Mary's Hospital, Minneapolis, Minn.

Wilson M. Salter is a physician at the U. S. Public Health Service Indian Hospital, Harlem, Montana, for an anticipated two year tour of duty. On March 31, 1962, he married Miss Barbara C. LaSalle, graduate of the University of Minnesota School of Nursing, Class of '61.

Terence J. Scallen is engaged in biochemical research on cholesterol biosynthesis with Dr. Ivan D. Frantz, Jr., at the University of Minnesota Hospitals. His address is Box 123, University Hospitals, Minneapolis 14.

Patrick J. Scanlan has entered private practice with Dr. Harley Racer (Med. '51) and Dr. Richard Simmons (Med. '55) in the Minneapolis suburb of Bloomington. Offices are at 81st and Penn Ave. S., Minneapolis 20.

George Schaffhausen has begun a residency in obstetrics and gynecology at University of Minnesota Hospitals. His wife is an elementary teacher at Edgerton School, Roseville, Minn. They have a son, Mark David, born July 31, 1961 in San Bernardino, Calif., where George was an intern.

James R. Schimschock has entered the Air Force and is stationed at Brooke, A.F.B., San Antonio, Texas. He was married May 19, 1962 to Janice E. Leeb of Portland, Ore.

John C. Scott is taking a residency in obstetrics and gynecology at Milwaukee County General Hospital, and

lives at 630 N. 90th St., Milwaukee 13, Wis. His wife, Beth, a graduate of University of Minnesota School of Nursing, Class of '58, is teaching obstetrical nursing at Milwaukee General.



CARSTEN SEECAMP
AND FAMILY

Carsten H. Seecamp is in general practice in association with Dr. A. E. Krieser at 7956 Olson Memorial Hiway, Golden Valley, Minn. "I've added a few pounds and lost a few more hairs." The Seecamps have a daughter, Cindy, 2.

Robert J. Sieling is a resident in neurosurgery at Los Angeles County Hospital, 1200 N. State St., Los Angeles 33, Calif. The Sielings expected another child in October. They have two boys, John 2; and Peter 1.

Fred L. Shapiro is a resident in internal medicine at Minneapolis General Hospital.

Stan Simons is in practice temporarily at Eastern Oregon State Hospital, Pendleton, Oregon. He expects to begin a residency in ophthalmology in January, 1963.



FRED L. SHAPIRO

W. James Siverhus is a resident in obstetrics and gynecology at the University of Wisconsin Hospital, Madison, Wis.

Ronald C. Smith is in general practice in association with the Earl Clinic, St. Paul, and lives at 5624 Harriet Ave. S., Minneapolis 19. "We had a very enjoyable and educational year at Orange County General Hospital," he writes.



ED STAAB

Edward V. Staab is a resident in radiology at the Minneapolis Veterans Administration Hospital. He lives at 7010 Chicago Ave., Minneapolis 23.

William M. Stauffer was married June 2, 1962 to Ruth Joan Tveite of Albert Lea, Minn., and honeymooned in Europe. On October 7, 1962, he began a residency in anesthesiology at the University of West Virginia Medical Center, Morgantown, W. Va.

Roger W. Strand is serving with the U.S. Public Health Service at the Rocky Boy and Fort Belknap Indian Reservations in Montana. His address is c/o U.S.P.H.S. Indian Hospital, Harlem, Mont. "A fine little 5 lb. girl surprised us by arriving early on June 3, 1962," he writes.

Chancy K. Su is a resident in internal medicine at Riverside County General Hospital, Riverside, Calif., and lives there at 9851 Magnolia Avenue.

H. Stanley Thompson is a resident in ophthalmology at the University of Iowa, and is studying this Fall for three months at the Institute of Ophthalmology, Columbia Medical Center, New York, N.Y. Home address is 715 Hawk-eye Apts., Iowa City, Ia. The Thompsons now have three sons.



STAN THOMPSON

James M. Thomson, Jr. is a medical officer with the submarine service, United States Navy for the next two years. He was accepted for a residency in obstetrics and gynecology following his military service, at Cook County Hospital, Chicago, Ill. Jim was married April 17, 1962 to Barbara Bols of Lincoln, Neb., a dietitian at Cook County Hospital, where he interned. His father, Dr. James Thomson, Sr., (Med. '31), practices in Austin, Minn.

Delane J. Thyen is a medical officer in the U. S. Navy, and is stationed with the Marine Corps for the next two

years on Okinawa. His home address is 5427 Tenth Ave. S., Minneapolis 17, Minn.

Robert G. Trahms is a resident in psychiatry at Stanford University Hospital, Palo Alto, Calif. He lives with his wife, the former Nancy Aysta, at 1512 Mariposa Ave., Palo Alto. "Nancy is a former medical student at the University of Minnesota, and will complete her last two years at Stanford Medical School beginning in September," he writes.

Robert E. Wahman is a resident in pathology at St. Mary's Hospital, Duluth, Minn., and plans to take a residency in internal medicine in the future.

Dennis P. Welcome is a resident in surgery at the Kaiser Foundation Hospital, 280 W. MacArthur Blvd., Oakland 11, Calif. He and his wife now have three sons.

Joseph J. Westermeyer is practicing in association with Dr. Reynold Flom (Med. '44) of St. Paul. Joe was married Aug. 4, 1962 to the former Rachel Moga of St. Paul. They live at 50 S. Cretin, St. Paul, Minn.

Neva M. Wieseke remained at Gorgas Hospital, Ancon, Canal Zone, where she took her internship, to begin a residency in internal medicine. Her mailing address is Box "O", Balboa Heights, C.Z.

Donald D. Woodke is taking a residency in psychiatry at Mendocino State Hospital, Talmage, Calif.

David M. Worthen is taking a condensed course in psychiatry at the U. S. Naval Hospital, Bethesda, Md., until December, 1962, before assignment to duty as a Naval Medical officer (psychiatrist) until June, 1964. He and Mrs. Worthen have a son, Mark, and daughter, Leslie.

Robert L. Zemke is taking a general practice residency at Stanislaus County Hospital, Modesto, Calif. He lives at 1437 Scenic Drive, Modesto.

University Hospitals News

MISS HALLIE F. BRUCE DIED JULY 3rd

Miss Hallie F. Bruce, who had retired in 1960 as Chief Pharmacist of the University of Minnesota Hospitals, died suddenly on July 3, 1962. She attended both grade and high schools in Minneapolis and graduated from the College of Pharmacy of the University of Minnesota in 1916. She was Assistant Pharmacist at the Hospitals from 1916 to 1921 and Chief Pharmacist from 1921 until her retirement.

She was active in the development of the program for hospital pharmacists and for many years taught this course to the senior students in the College of Pharmacy.

Miss Bruce was respected and admired by the many students who took Hospital Pharmacy and also by her fellow employees and associates in the Hospitals. The medical staff appreciated her ready helpfulness when they sought her assistance and advice. Miss Bruce was devoted to her profession and under her loyal and faithful leadership built a hospital pharmacy of which the Medical School and the Hospitals can be proud.

She was a member of the Minnesota Hospital Pharmacists Association, having been secretary for three years; the American Pharmaceutical Association; the American Society of Hospital Pharmacists; and a life member of Kappa Epsilon, the pharmacy sorority for women. Miss Bruce is survived by her sister, Mrs. G. B. Norris, 2761 Upton Avenue South, with whom she lived, and a nephew, Richard Bruce, who lives in Chicago.



CHILDRENS REHABILITATION CENTER UNIVERSITY OF MINNESOTA. MINNEAPOLIS, MINNESOTA.

UNDER CONSTRUCTION at University of Minnesota Medical Center is a new \$2,056,000 Children's Rehabilitation Hospital. Site is directly south of the Student's Health Service. When completed late in 1963, it will have six floors and 40 beds, to serve both adults and children with skeletal problems, and will connect with University Hospitals. Classrooms and research laboratories are included.

Medical School News

150 FRESHMEN ENROLL

Bolstered by an unprecedented freshman class of 150 students, the University of Minnesota Medical School began its 74th year this Fall with 564 students in attendance. There are also a good many new faculty faces seen in the lecture rooms, laboratories, and wards of the University Medical Center.

The record class of freshman students includes 140 men and 10 women. Only 17 are from outside Minnesota, mostly from neighboring states, while 133 are Minnesota residents. The freshmen were admitted from a total of 497 applicants who sought entrance.

Seventy-two of those admitted took their premedical training at the University of Minnesota; eight came from Gustavus Adolphus College; seven from St. Olaf; six from Macalester; five from Carleton; five from St. John's; three from St. Thomas and three from University of Minnesota at Duluth.

Students found tuition costs to be higher this year. Residents of Minnesota now pay \$170.00 in tuition and fees each quarter; non-residents pay \$330.00. Tuition is \$20.00 higher per quarter across the entire University this year.

The medical curriculum remains essentially unchanged. However, the Medical School has dropped its absolute prerequisite requirements — beginning in 1963 — for qualitative analysis, general psychology, genetics, and physical chemistry. These courses may be required, however, for students preparing for various specific careers in medicine. The 135 quarter credits or 90 semester hours of college credit remains the minimum amount of credit required for admission to the Medical School.

New Post

The Medical School has also acted to encourage able students to enter Medicine and its related fields, by establishing a Division of Special Educational Services.

The Division is headed by **Dr. Raymond N. Bieter**, widely known professor of pharmacology and secretary of the

Minnesota State Board of Examiners in the Basic Sciences. He formerly headed the Department of Pharmacology at the Medical School. Dr. Bieter has undertaken a program to improve liaison with high schools and colleges providing preparatory and premedical work. He is available for consultation with students, high school and college teachers, and physicians on matters of mutual interest and concern. Communications may be sent to him at the following address:

*Dr. Raymond N. Bieter, Director
Division of Special Educational Services
126 Millard Hall—University of Minnesota
Minneapolis 14, Minnesota*

PROMOTIONS AND APPOINTMENTS

Forty-eight members of the faculty of the College of Medical Sciences received promotions in rank or administrative positions effective July 1, 1962.

Named by the University of Minnesota Board of Regents to full professorial rank were **Paul S. Hagen** (Medicine), **Leslie Zieve** (Medicine), **Frank M. Lassman** (Otolaryngology), and **Eugene D. Grim** (Physiology).



PAUL HAGEN



LESLIE ZIEVE



FRANK LASSMAN



EUGENE GRIM

Edward C. Defoe, Jr., was appointed assistant director of the Comprehensive Clinic program, and promoted to assistant professor (Pediatrics). Other promotions included:

Medicine: M. John Murray and C. Paul Winchell to associate professor, Alfred Doscherholmen and John W. Jenne to assistant professor, John F. Briggs, Ejvind P. Fenger, and Arthur C. Kerkhof to clinical professor, Sumner S. Cohen, Milton M. Hurwitz, and Asher White to clinical associate professor.

Obstetrics and Gynecology: William B. Stromme to clinical assistant professor.

Pediatrics: John W. Reynolds and Joseph St. Geme to assistant professor.

School of Public Health: Jaako Kihlberg, Jerome T. Bieter, Robert G. Michaels to assistant professor.

Surgery: Richard C. Lillehei to associate professor, Tague C. Chisholm and Malvin J. Nydahl to clinical professor, Walter Indeck to clinical associate professor, John K. Grotting and Jacob H. Strickler to clinical assistant professor.

Radiology: Samuel B. Feinberg to clinical professor.

Psychiatry and Neurology: Carl D. Koutsky, Ian Gregory, and Reuben Silver to associate professor, Edward Jimenez-Pabon, Thomas J. Kiresuk, and Edward Sulzer to assistant professor, Irving Bernstein, Philip Feinberg, Sidney K. Shapiro, and David Vail to clinical associate professor.

Physical Medicine and Rehabilitation: Richard M. Steidl to assistant professor.

Anesthesiology: James H. Matthews to associate professor.

Laboratory Medicine: Robert Bridges to associate professor.

Ophthalmology: Robert J. Fink, Harry S. Friedman, John A. McNeill, Thomas W. O'Kane, Harry Plotke, Robert E. Rocknem, and Irving Shapiro to clinical assistant professor.

**FREDERICK E. SHIDEMAN
HEADS PHARMACOLOGY DEPT.**

Frederick E. Shideman, a leading authority in the field of pharmacology, is the new professor and head of the Department of Pharmacology at the University of Minnesota. Dr. Shideman took his new post in September, moving here from the University of Wisconsin Medical School, where he had been chairman of pharmacology and toxicology since 1954.



F. E. SHIDEMAN

Dr. Shideman is president-elect of the American Society for Pharmacology and Experimental Therapeutics, and has served the Society in various other leadership positions. He is 47 years old, and was educated at Albion College, in Albion, Mich., his home town. He earned a Ph.D. in pharmacology from the University of Wisconsin in 1941, and an M. D. from the University of Michigan in 1946.

"Dr. Shideman is widely known in his special field as well as for his enthusiastic support of the broad concept of University education," said Dr. Robert B. Howard, Dean of the College of Medical Sciences. "We are very happy to have him join our faculty at Minnesota."

Dr. Shideman is married to the former Margaret E. Reiner, and has four children. He taught at the University of Michigan Medical School for ten years before moving to Wisconsin in 1952 to become professor of pharmacology and toxicology. He is a member of Sigma Xi, Alpha Omega Alpha, Phi Beta Kappa, and several other professional and scientific societies, and has a special interest in Boy Scout work.

Medical Foundation News

LARGEST FOUNDATION SCHOLARSHIP PROGRAM ANNOUNCED

The Minnesota Medical Foundation began its 23rd year as a private supporting arm of the University of Minnesota Medical School in ceremonies held September 24, 1962 in the Mayo Auditorium.

The occasion, Minnesota Medical Foundation Day, was highlighted by the awarding of a record number of scholarships to medical students. Fifty-seven students of superior scholastic standing and financial need were honored with scholarships of \$500.00 or larger. A total of \$30,250.00 was awarded, based on the generous contributions of friends of the Medical School, alumni, clinics, medical organizations and other foundations. **Dr. Arnold Lazarow**, professor and head of the Department of Anatomy, and president of the Foundation, presented the scholarships. He said the Foundation has now awarded 322 scholarships worth a total of \$166,500.00 since the fund was established in 1949.

Mr. Atherton Bean, Minneapolis business and civic leader, delivered the annual Minnesota Medical Foundation Day Lecture, titled "My Grandson—Your Patient." (Published elsewhere in this issue.) Students and faculty attending Orientation Day activities joined Foundation members in the audience.

Dr. Paul E. Strandjord, fellow in laboratory medicine, was honored as recipient of the first annual C. J. Watson Research Award, a \$500.00 prize sponsored by the Minneapolis Society of Internal Medicine. Society president **Dr. Alvin S. Schultz** presented the award, which is to be given annually to a physician in graduate clinical training with the year's outstanding research accomplishment.

Students receiving scholarships for the 1962-63 year included:

Seniors: Roger S. Ambroson, Robbinsdale; James P. Dunn, Red Wing; H. Thomas Hobday, LeCenter; Bruce L. Jensen, Minneapolis; H. David Knudsen, New Effington, S.D.; Nikolai Koropchak, Waymart, Pa.; David O. Monson, Climax; David L. Nelson, Grove City; Richard T. Olson,

Tower; John H. Sargent, Tacoma, Wash.; David A. Swanson, Cambridge; Adolf H. Walser, Brocket, N.D.; and John W. Wheeler, Jr., Minneapolis.

Juniors: Eugene Bagley, Madelia; Ralph W. Bergstrom, Jr., St. Paul; Robert Savage Brown, St. Paul; Francis J. Eason, Minneapolis; David E. Glass, Duluth; John W. Karrow, Mankato; Alvin Shemesh, Minneapolis; and John L. Stolte, Minneapolis.

Sophomores: Charles Benjamin, Hutchinson; William J. Bergstrom, Minneapolis; James D. Engh, Fertile; Marcia Ann Hyvarinen, Hibbing; Darrel L. Lary, Northfield; Edward K. Loh, Seoul, Korea; Stephen H. Martin, St. Paul; John M. McMillin, Minneapolis; Joseph Merickel, Wadena; John G. Mulrooney, Mankato; Daniel J. Murphy, Dallas, Tex.; Terrill C. Olsen, Albert Lea; Norman D. Olson, St. Paul; James J. Nordlund, White Bear Lake; Loren P. Petersen, Minneapolis; Gerald C. Peterson, Minneapolis; David A. Raetz, Maple Lake; Thomas R. Reagan, St. Paul; Wallace A. Rogers, Fort Dodge, Ia.; Calvin Strand, Redwood Falls; Paul W. Vander Kooi, Herman; and Robert L. Zimmerman, Minneapolis.

Freshman: Ernest L. Bade, Bruno, Minn.; Paul E. Carlson, Cambridge; Jon O. Flom, Minneapolis; Richard P. Linden, Hibbing; Marguerite McKay, St. Paul; Thomas O. McNamara, Minneapolis; Avrin M. Overbach, St. Louis Park; Hugo R. Paulson, Duluth; Joseph G. Perpich, Hibbing; James P. Polga, Hastings; Roger A. Rabold, South St. Paul; Dennis E. Reynolds, Alexandria; Douglas K. Roszell, Richfield; and Amy L. Shogren, Minneapolis.

Following the award ceremonies and lecture, members of the Medical Foundation held their annual luncheon meeting at the Coffman Memorial Union. About 135 persons attended.

Five new members of the Board of Trustees were elected to four-year terms beginning October 1, 1962. They are: Mr. Grady Clark, Minneapolis; Mr. York Langton, Minneapolis; Mr. Lou Cohen, Minneapolis; Dr. Richard L. Varco, St. Paul; and Mr. T. H. Rowell, Sr., Baudette, Minn.

The Foundation now has 29 members on the Board of Trustees, and approximately 1,700 members.

Alumni Notes

† 1925

Frank J. Heck, head of sections of medicine at the Mayo Clinic from 1944 to 1958, retired from active practice on July 1, 1962. He had spent 36 years on the staff, serving as president of the staff in 1954. Dr. Heck has been particularly prominent in the field of diseases of the blood, and is recognized as an authority on various types of anemia, especially pernicious anemia. He was a professor of medicine in the Mayo Foundation since 1950.

Ralph E. Leigh has been elected chief of the medical staff and president of the executive board at St. Michael's Hospital, Grand Forks, N.D. He has been a member of the medical staff for the past 36 years.

† 1927

Herman Koop recently observed his 35th anniversary of medical practice at Cold Spring, Minn. He is on the medical staff at the St. Cloud, Minn. Hospital.

† 1930

Paul C. Leck, who has practiced in Austin, Minn. since 1932, has retired from active practice. He served for several years as president of the Mower County Medical Society, and was vice president of the Minnesota State Medical Association.

† 1934

Karl E. Sandt, Minneapolis ophthalmologist, spent a month last winter doing eye surgery at various mission hospitals in Pakistan and India. Mrs. Sandt joined him in touring India and cities of the Orient before returning home March 13.

† 1935

Lillian A. Olson is now associated in practice with the Bemidji Clinic, Bemidji, Minn. Following internship, she be-

came a medical missionary in 1936, was captured by the Japanese forces in the Philippines in 1941, and was a prisoner of war until 1945. Since 1947 she has been on the medical staff at the Minnesota State Sanatorium at Ah-gwah-ching.

† 1941

Ralph L. Olsen is chief of staff of the Bethesda Lutheran Hospital, St. Paul, Minn., succeeding Dr. Gilbert P. Wenzel (Med. '37).

† 1942

Robert B. Tudor of the Quain and Ramstad Clinic, Bismarck, N.D., has been re-elected chairman of the Board of Trustees of the Bismarck Medical Foundation. Dr. Leonard W. Larson (Med. '22) is vice chairman.

† 1943

Roberta Rice has returned to Seoul, Korea, to resume duties as surgeon and teacher at the Severance Medical School and the Women's Medical College. Her work in Korea since 1956 has been supported by the Methodist Church of the U.S., and she recently completed a year's leave of absence in the United States.

† 1944

S. Steven Barron is now a medical fellow specialist with the Department of Laboratory Medicine, University of Minnesota Medical School. Earlier in 1962 he resigned his post as pathologist for Mt. Sinai Hospital, Minnesota, and was honored at a testimonial dinner by the Mt. Sinai staff.

† 1946

Kenneth N. Bredesen began the private practice of psychiatry in Denver, Colo. on May 1, 1962. He is also on the medical staff of the Student Health Service at the University of Colorado, Boulder. His new address is 4401 E. Yale Ave., Denver 22, Colo.

Roger A. MacDonald, who formerly practiced at Littlefork, Minn., is now practicing at Grand Marais, Minn.

THE MEDICAL BULLETIN

Rudolph Skogerboe of Karlstad, Minn. is 1962 president of the Red River Valley Medical Society, elected at the organization's annual meeting in Crookston, Minn. Dr. Arnold Berg (Med. '53), Roseau, Minn., is vice president.

† 1949

J. R. Doyle is president of the Olmsted Medical Group, Rochester, Minn.

† 1953

James K. Heid was elected president of the medical staff of St. Gabriel's Hospital, Little Falls, Minn.

† 1954

Brian E. Briggs is now associated in practice with the Cordova Medical Group, at Rancho Cordova, Calif., a suburb of Sacramento. He moved to California from Minot, N.D., where he had been on the medical staff of the Great Plains Clinic.

† 1956

Lt. Richard L. Eddy is now serving as a medical officer with the U.S. Marine Corps in the Pacific ocean area.

Gerald Kuss began a residency in urology at University of Minnesota Hospitals on July 5, 1962. He formerly practiced at Heron Lake, Minn.

† 1958

Glen T. Sawyer has been commissioned a Lieutenant, the U.S. Navy Medical Corps, and been assigned to duty at the U.S. Naval Hospital, Charleston, S.C.

† 1960

James Erickson is now associated in practice with the Starekow Clinic, Thief River Falls, Minn. He interned in Honolulu, Hawaii, and practiced there briefly before returning to Minnesota.

ALUMNI DEATHS

† 1907

Peter A. Boyum, Harvey, N.D. Died May 19, 1962, age 82. Practiced 44 years in Harvey, retiring only recently. Former county coroner and chief of staff, St. Aloisius Hospital.

† 1909

Ray D. Gardner, Cleveland O. Died April 19, 1962, age 79. Practiced many years in Eveleth, Minn.

† 1928

Orin Pernel Thorson, Bremerton, Wash. Died Feb. 19, 1962, age 61, of cerebrovascular accident. Practiced many years in Northfield, Minn.

†1932

Rosel T. Seashore, Duluth, Minn. Died May 20, 1962, age 56. Specialist in obstetrics and gynecology. Practiced in Duluth since 1934.

† 1943

Robert J. Delmore, Inglewood, Calif. Died April 26, 1962 of recurrent coronary thrombosis, age 43. Former Captain, Army Medical Corp. Native of Roseau, Minn., where he operated Delmore Clinic 1947-1957.

Memorial Gifts

Memorial gifts to the Minnesota Medical Foundation have been received recently in memory of:

Mrs. Henry Michelson
Minneapolis, Minn.

Mr. Sam Lustman
St. Paul, Minn.

Mrs. Stuart Arhelger
Minneapolis, Minn.

Mrs. Frank E. Smith
Minneapolis, Minn.

Judge Betty Washburn
Minneapolis, Minn.

Memorial contributions are a practical means of honoring the memory of a friend or loved one, while helping the Minnesota Medical Foundation in the advancement of medical education and research. Appropriate acknowledgements are promptly sent to both donor and family of the deceased.

Coming Events

University of Minnesota Medical School

CONTINUATION COURSES FOR PHYSICIANS

1962-1963

University of Minnesota
Center for Continuation Study

October 2-4	Pediatrics (Liver Disease in Children)
October 11-13	Dermatology
October 29-November 2	Roentgenology of Bones and Joints
November 14-16	Ophthalmology (Refraction)
November 15-17	Orthopedics
November 29-December 1	Cardiovascular Diseases
January 7-11	Introduction to Electrocardiography
January 7-11	Proctology
February 4-8	Internal Medicine
February 11-15	Neurology
March 1-2	Neurosurgery
March 15-16	Trauma
April 15-17	Otolaryngology
April 25-27	Obstetrics
April 29-May 1	Ophthalmology
May 16-18	Surgery
May 27-29	Psychiatry
May 27-29	Otolaryngology
June 3-5	Anesthesiology

The University of Minnesota reserves the right to change this schedule without notification.

Courses are held at the Center for Continuation Study or the Mayo Memorial Auditorium on the campus of the University of Minnesota. Usual tuition fees are \$45 for a two-day course, \$65 for a three-day course, and \$80 for a one-week course.

Specific announcements are sent out about two months prior to each course to all members of the Minnesota State Medical Association and to any physicians who request information for a specific course. For further information write to:

DIRECTOR
DEPARTMENT OF CONTINUATION MEDICAL EDUCATION
THE MEDICAL CENTER (BOX 193)
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