

MEDICAL BULLETIN

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in this issue

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JUNE 1964



(Above) It was a family affair for (left to right) Dr. Raymond N. Bieter (Med. '23), his son, Thomas G. Bieter; Stephen F. Hodgson, and his father, Dr. Corrin H. Hodgson (Med. '31). The fathers served as faculty marshals in the academic procession.

(Right) Commencement was a cherished day in the life of Robert C. Hauck, his wife Mary Ann, and two youngsters.

(Below) Visiting for one of the last times were four-year alphabetical neighbors Robert A. Van Tassel, Stephen C. Weisberg, Robert M. Zimmers, and Mary Sue H. Wester, one of two women in the Class of '64.



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MEDICAL CLASS OF 1964 GRADUATES

The Class of 1964 was honored in Senior Recognition Day ceremonies at the Medical School June 12 before a capacity audience of relatives and friends. In cap and gown attire, 131 graduates marched in academic procession to the Mayo Auditorium, where they repeated the *Declaration of Geneva*, led by retiring professor of Physiology Joseph T. King, and heard an address on "What's Ahead," by Dr. John B. Youmans, dean emeritus of Vanderbilt University School of Medicine. Dr. Robert B. Howard, Dean of the Medical School, presided.

A Dean's Reception and Dinner followed, at which time Dr. William Fifer, of the Medical School's clinical teaching staff, spoke on "The Doctor and the Patient."

Honors presented at the Recognition Day event included:

Rollin E. Cutts Memorial Award for proficiency in surgical research: Bart S. Cuderman

Southern Minnesota Medical Association Award for proficiency in medicine and surgery: Robert M. Blaese

Borden Award for significant contribution to research as a student: Richard B. Langer

Mediclinics Awards for scholastic and professional achievement: Robert E. Anderson and Thomas R. Reagan (juniors)

Distinguished Teaching Awards of the Minnesota Medical Foundation: Dr. M. John Murray and Dr. Kenneth A. Osterberg.

Members of Alpha Omega Alpha and the James E. Moore Society were recognized, and Walter L. Bailey, president of the Senior Class, gave the class response. On Saturday, June 13, the graduates were among 3,300 students who received diplomas in University of Minnesota commencement exercises held in Memorial Stadium before 25,000 persons.

The Class of 1964 included 84 married members (64 percent) who are the parents of 76 children. One hundred and one (77 percent) of the graduates are native Minnesotans. Eighty percent received their premedical training at Minnesota colleges, including 58 percent who attended the University of Minnesota.

Class statistics are on page 356.

CLASS STATISTICS

Ackerman, Robert W.

B. 2-13-34, Minneapolis, Minn.; Intern: Maricopa County Gen. Hosp., Phoenix, Ariz.; Grinnell College, B.A. '56, U. of Minn., B.S. '62; Married, three children.

Ahles, Peter A.

B. 3-24-39, St. Cloud, Minn.; Intern: Cook County Hosp., Chicago, Ill.; St. John's Univ., B.S. '60; Single.

Arenson, Jeffrey A.

B. 4-19-40, St. Paul, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.A. '61; Married.

Asp, Donald S.

B. 5-16-36, Princeton, Minn.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; U. of Minn., B.S. '62; Married, one child.

Bach, Perry B.

B. 4-8-39, St. Paul, Minn.; Intern: Santa Clara County Hosp., San Jose, Calif.; U. of Minn., B.S. '62; Single.

Bagley, Eugene H.

B. 6-2-36, Mountain Lake, Minn.; Intern: Harbor Gen. Hosp., Torrance, Calif.; U. of Minn., B.A. '58; Single.

Bailey, Walter L.

B. 5-25-38, Minneapolis, Minn.; Intern: Mary Fletcher Hosp., Burlington, Vt.; U. of Minn., B.A. '60; Married, one child.

Bergstrom, John G.

B. 8-26-38, Mankato, Minn.; Intern: Univ. of Washington Hosp., Seattle; U. of Minn., B.S. '62. Married.

Bergstrom, Ralph W.

B. 9-9-38, Minneapolis, Minn.;

Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; U. of Minn., B.A. '60. Married, two children.

Berman, Samuel I.

B. 7-17-38, Minneapolis, Minn.; Intern: Highland Alameda County Hosp., Oakland, Calif.; U. of Minn., B.A. '60; Single. (On combined M.D.-Ph.D. training program.)

Berry, Douglas G.

B. 5-6-39, St. Paul, Minn.; Intern: St. Luke's Hosp., Duluth, Minn.; U. of Minn., B.S. '62; Single.

Bieter, Thomas G.

B. 11-17-39, St. Paul, Minn.; Intern: St. Mary's Hosp. Duluth, Minn.; St. Thomas College, B.S. '60; Married, two children.

Biros, Dennis G.

B. 9-6-38, St. Paul, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; St. Thomas College, B.S. '60; To be married 6-20-64.

Blaese, Robert M.

B. 2-16-39, Minneapolis, Minn.; Intern: Parkland Hosp., Dallas, Tex.; Gustavus Adolphus College, B.S. '61; Married.

Brown, Garfield W.

B. 9-10-37, Minneapolis, Minn.; Intern: Lutheran Hosp., La-Crosse, Wis.; Harvard, B.A. '59; Single.

Brown, Richard C.

B. 10-16-38, Minneapolis, Minn.; Intern: Long Island College Hosp., N.Y.; Hamline Univ., B.S. '60; Married, one child.

Brown, Robert S.

B. 11-4-38, St. Paul, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; Amherst College, B.A. '60; To be married 6-20-64.

Butler, Brooks A.

B. 3-26-39, Minneapolis, Minn.; Intern: Harbor Gen. Hosp. Torrance, Calif.; U. of Minn., B.S. '62; Married.

Butwinick, Conrad S.

B. 2-12-39, St. Louis Park, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.A. '60; Married.

Cairns, Robert Scott

B. 8-15-39, Redwood Falls, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.S. '62; Married.

Canfield, Thomas M.

B. 12-11-38, Rockford, Ill.; Intern: Denver Gen. Hosp., Denver, Colo.; U. of Minn., B.S. '62; Married.

Carlson, David J.

B. 10-20-38, St. Peter, Minn.; Intern: University Hosp., Morgantown, W. Va.; Gustavus Adolphus College, B.A. '60; Married.

Cheng, Leo W.

B. 9-4-39, Minneapolis, Minn.; Intern: Detroit Receiving Hosp., Detroit, Mich.; U. of Minn., B.S. '62; Single.

Christensen, Craig E.

B. 3-11-38, Plentywood, Mont.; Intern: Harbor Gen. Hosp., Torrance, Calif.; St. Olaf College, B.A. '60; Single.

Christgau, Roger A.

B. 9-9-31, Stewartville, Minn.; Intern: Santa Clara County Hosp., San Jose, Calif.; U. of Minn., B.S. '59; Single.

Conroy, Robert W.

B. 9-27-38, Syracuse, N.Y.; Intern: Wm. Beaumont Hosp., El Paso, Tex.; St. Thomas College, B.S. '60; Married, one child.

Cooper, Jackie M.

B. 4-26-36, Popler Bluff, Mo.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; U. of Minn., B.A. '60; Married, three children.

Cuderman, Bart S.

B. 9-22-39, Crosby, Minn.; Intern: St. Luke's Hosp., Duluth, Minn.; U. of Minn., B.S. '62; Married.

Daumann, Roy E.

B. 10-10-32, St. Paul, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; Gustavus Adolphus College, B.S. '54; Married, one child.

Dawson, Jan P.

B. 9-29-38, Buhl, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.S. '62; Single.

DeMeules, James E.

B. 9-24-37, Minneapolis, Minn.; Intern: University Hospitals, Minneapolis, Minn.; St. Thomas College, B.S. '59; Married, one child.

DeWald, Allan L.

B. 5-27-38, Tripp, S.D.; Intern: Maricopa County Hosp., Phoenix, Ariz.; S. Dak. State, B.S. '62; Single.

Eason, Francis J.

B. 2-13-38, Minneapolis, Minn.; Intern: Orange County Hosp., Orange, Calif.; U. of Minn., B.A. '60; Single.

Edelstein, Jonathan

B. 8-18-37, St. Albans, N.Y.;

- Intern: Kings County Hosp., Brooklyn, N.Y.; Yale Univ., B.A. '59; Single.
- Eidsvold, Gary M.**
B. 9-28-38, Morris, Minn.; Intern: Long Island College Hosp., N.Y.; St. Olaf College, B.A. '60; Single.
- Ekberg, Frederick E.**
B. 6-30-37, Minneapolis, Minn.; Intern: St. Luke's Hosp., Duluth, Minn.; U. of Minn., B.A. '60; Married, two children.
- Eneboe, Paul L., Jr.**
B. 12-4-37, Bozeman, Mont.; Intern: Cook County Hosp., Chicago, Ill.; Montana State College, B.S. '60; Single.
- Erling, Carl B.**
B. 4-16-39, Willmar, Minn.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; U. of Minn., B.S. '62.
- Feigal, Gary R.**
B. 5-2-39, Rochester, Minn.; Intern: Santa Barbara Cottage Hosp., Santa Barbara, Calif.; U. of Minn., B.S. '62; Married, two children.
- Fredlund, Jon S.**
B. 10-31-39, Minneapolis, Minn. Intern: Orange County Hosp., Orange, Calif.; U. of Minn., B.S. '62; Married.
- Frerichs, Roger L.**
B. 11-2-39, Sisseton, S.D.; Intern: Orange County Hosp., Orange, Calif.; U. of Minn., B.S. '62; Single.
- Friedman, David I.**
B. 3-27-38, Minneapolis Minn.; No internship: Plans postdoctoral training, U. of Minn.; U. of Minn., B.A. '61; Married.
- Fritsche, William H.**
B. 9-7-37, New Ulm, Minn.; Intern: General Hosp., Philadelphia, Pa.; Harvard, B.A. '59; Single.
- Garvis, Gary E.**
B. 3-21-39, Minneapolis, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.S. '62; Married.
- Gehlhoff, David A.**
B. 1-31-39, Mason City, Ia.; Intern St. Luke's Hosp., Denver, Colo.; U. of Minn., B.S. '62; Single.
- Gilbertson, Gary F.**
B. 4-30-39, Braham, Minn.; Intern: University Hosp., Morgantown, W.Va.; U. of Minn., B.S. '62; Single.
- Glass, David E.**
B. 5-2-37, Duluth, Minn.; Intern: St. Mary's Hosp., Duluth, Minn.; U. of Minn., B.S. '62; Married, two children.
- Gloss, Robert C.**
B. 12-1-38, Gaylord, Minn.; Intern: Cook County Hosp., Chicago, Ill.; Carleton College, B.A. '60; Single.
- Godes, John S.**
B. 8-28-39, St. Paul, Minn.; Intern: L. A. Gen. Hosp., Unit I, Los Angeles, Calif.; U. of Minn., B.A. '60; Married, one child.
- Goodwin, Daniel W.**
B. 5-2-38, Grand Forks, N.D.; Intern: St. Mary's Hosp., Duluth, Minn.; U. of North Dakota, B.A. '60; Married, one child.
- Gundlach, William J.**
B. 5-16-37, Vicksburg, Miss.; Intern: Ancker Hosp., St. Paul,

- Minn.; U. of Wyo., B.S. '59; Married, one child.
- Hagen, William M.**
B. 4-27-35, Cumberland, Wis.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; U. of Minn., B.A. '60; Married, two children.
- Hammargren, Lonnie L.**
B. 12-25-37, Rush City, Minn.; Intern: Upstate Med. Center, Syracuse, N.Y., U. of Minn., M.A. '60; Married, one child.
- Hanson, Bruce A.**
B. 10-8-38, St. Paul, Minn.; Intern: Parkland Hosp., Dallas, Tex.; U. of Minn., B.A. '63; Married, two children.
- Hauck, Robert C.**
B. 3-22-35, St. Paul, Minn.; Intern: USPHS Hosp., Boston, Mass.; U. of Minn., B.A. '57; Married, two children.
- Henry, Robert D.**
B. 11-7-39, Milaca, Minn.; Intern: Gen. Hosp., Kansas City, Mo.; St. John's Univ., B.S. '60; Married.
- Herbrandson, Clarence R.**
B. 10-9-35, Alcester, S.D.; Intern: Sioux Valley Hosp., Sioux Falls, S.D.; Colorado State Univ., D.V.M. '59; Married.
- Hodgson, Stephen F.**
B. 10-26-38, Rochester, Minn.; Intern: Santa Clara County Hosp., San Jose, Calif.; Beloit College, B.S. '60; Married.
- Hoffman, Neil R.**
B. 4-19-38, St. Louis Park, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.A. '60; Married, one child.
- Huberty, John R.**
B. 2-11-39, Sleepy Eye, Minn.; Intern: Gen. Hosp., Philadelphia, Pa.; U. of Minn., B.S. '61; Single.
- Jacott, William E.**
B. 7-4-38, Duluth, Minn.; Intern: St. Luke's Hosp., Duluth, Minn.; U. of Minn., B.A. '60; Married.
- Johnson, Clayton E.**
B. 7-7-37, Hibbing, Minn.; Intern: Tripler General Hosp., Honolulu, Haw.; U. of Minn., B.A. '62; Married, two children.
- Johnson, Daniel A.**
B. 6-18-37, Tyler, Minn.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; Macalester College, B.A. '59; Married.
- Johnson, Randall L.**
B. 2-22-39, Robbinsdale, Minn.; Intern: St. Luke's Hosp., Duluth, Minn.; U. of Minn., B.S. '62; Single.
- Johnson, Richard V.**
B. 2-24-40, Minneapolis, Minn.; Intern: Presbyterian-St. Luke's Hosp., Chicago, Ill.; U. of Minn., B.A. '61; Single.
- Jones, Lawrence D.**
B. 3-4-28, Carlton, Minn.; Intern: St. Mary's Hosp., Duluth, Minn.; U. of Utah, B.S. '54; Married, one child.
- Kaplan, Martin B.**
B. 12-17-39, Buffalo, N.Y.; Intern: Harbor Gen. Hosp., Torrance, Calif.; U. of Minn., B.S. '62; Single.
- Karrow, John W.**
B. 6-30-38, Alexandria, Minn.; Intern: Orange County Gen. Hosp., Orange, Calif.; Gusta-

- vus Adolphus College, B.A. '60; Married.
- Kersey, John H., Jr.**
B. 12-20-38, Minneapolis, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; Dartmouth College, B.A. '60; Single.
- Kettleson, David N.**
B. 12-20-38, St. Paul, Minn.; Intern: St. Mary's Hosp., Duluth, Minn.; U. of Minn., B.A. '60; Married, one child.
- Koski, Charles G.**
B. 12-30-39, Virginia, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.S. '62; Married.
- Lake, Thomas P.**
B. 4-3-38, Minneapolis, Minn.; Intern: St. Mary's Hosp., Duluth, Minn.; Beloit College, B.S. '60; Married.
- Langer, Richard B.**
B. 12-19-38, Minneapolis, Minn.; Intern: Tripler Gen. Hosp., Honolulu, Haw.; Carleton College, B.A. '60; Married, one child.
- Leahy, Dennis M.**
B. 9-3-39, St. Paul, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.S. '61; Single.
- Lehmann, James D.**
B. 7-25-39, Luverne, Minn.; Intern: Parkland Hosp., Dallas, Tex.; U. of Minn., B.S. '62; Single.
- Leonard, John M.**
B. 7-1-39, Minneapolis, Minn.; Intern: Harbor Gen. Hosp., Torrance, Calif.; U. of Minn., B.S. '61; Married.
- Lippmann, Elmer W., Jr.**
B. 3-21-35, Hutchinson, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.A. '57; Single.
- Lucas, David D.**
B. 4-16-39, Thief River Falls, Minn.; Intern: Pierce Gen. Hosp., Tacoma, Wash.; Gustavus Adolphus College, B.S. '61; Married.
- Masler, Donald S.**
B. 5-4-38, Minneapolis, Minn.; Intern: V.A. Hosp., Los Angeles, Calif.; U. of Minn., B.S. '62; Single.
- Miller, Todd C.**
B. 9-18-38, Minneapolis, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; Princeton Univ., B.A. '60; Married, one child.
- Milstein, Jerrold M.**
B. 4-21-39, Minneapolis, Minn.; Intern: Univ. of California Aff. Hosps.; Los Angeles, Calif.; U. of Minn., B.A. '60; Married.
- Mirkin, Bernard L.**
B. 3-31-28, New York, N.Y.; Intern: University Hospitals, Minneapolis, Minn.; Yale Univ., Ph.D. '53; Married, one child.
- Moberg, Allan W.**
B. 12-14-37, Detroit Lakes, Minn.; Intern: University Hospitals, Minneapolis, Minn.; U. of Minn., B.A. '60; Single.
- Nash, Joel D.**
B. 8-8-39, Rochester, Minn.; Intern: Bernalillo County-Indian Hosp., Albuquerque, N. Mex.; U. of Minn., B.S. '62; Married.
- Nelson, David W.**
B. 2-28-38, Minneapolis, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; St. Olaf College, B.A. '60; Married, one child.

Nemanich, George J.

B. 5-29-39, Soudan, Minn.; Intern: St. Mary's Hosp., Duluth, Minn.; St. John's Univ., B.S. '60; Married.

Norbeck, George P.

B. 1-15-37, Vermillion, S.D.; Intern: Cook County Hosp., Chicago, Ill.; St. Olaf College, B.A. '59; Married, one child.

Oines, Donald W.

B. 2-20-38, Volga, S.D.; Intern: University Hospitals, Minneapolis, Minn.; St. Olaf College, B.A. '60; Married, one child.

Orth, Earl J., Jr.

B. 8-1-39, St. Paul, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.S. '62; Married.

Osteraas, Grayson R.

B. 1-12-37, St. Paul, Minn.; Intern: St. Luke's Hosp., Duluth, Minn.; Macalester College, B.A. '59; (On combined M.D.-Ph.D. program in biochemistry) Single.

Otter, Thomas A.

B. 10-6-37, Minneapolis, Minn.; Intern: Baltimore City Hosp., Baltimore, Md.; Dartmouth College, B.A. '59; Married.

Peake, Janna Z.

B. 4-7-39, Saginaw, Mich.; Intern: Lutheran Hosp., La-Crosse, Wis.; St. Olaf College, B.A. '60; Single.

Pederson, James A.

B. 3-17-38, Minneapolis, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; Hamline Univ., B.S. '60; Married, one child.

Pelletier, Rene W.

B. 7-14-34, Walhalla, N.D.; Intern: Univ. of Oregon Hosps.,

Portland, Ore.; U. of North Dakota, B.A. '59; Married.

Pesonen, Ralph E.

B. 9-24-36, Aurora, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.S. '59; Married.

Peterson, Donald W.

B. 6-18-39, Duluth, Minn.; Intern: Los Angeles County Gen. Hosp., Unit I, Los Angeles, Calif.; U. of Minn., B.S. '62; Single.

Peterson, Evan H., Jr.

B. 9-19-30, Minneapolis, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.B.A. '52; Married, four children.

Pliam, Michael B.

B. 1-19-37, Minneapolis, Minn.; Intern: University Hospitals, Minneapolis, Minn.; U. of Minn., B.A. '61; Married, three children.

Ranheim, Phillip J.

B. 6-27-38, Wadena, Minn.; Intern: Univ. Hospital, Morgantown, W. Va.; Concordia College, B.A. '60; Single.

Reichert, John A.

B. 9-7-35, Minneapolis, Minn.; Intern: Univ. Hospital, Morgantown, W. Va.; Notre Dame Univ., B.S. '57; Single.

Richardson, Robert H.

B. 3-12-37, Evanston, Ill.; Intern: V.A. Hospital, Oklahoma City, Okla.; U. of Minn., B.A. '58; Married, one child.

Ronning, Gerald F.

B. 9-20-38, Minneapolis, Minn.; Intern: Univ. Hospital, Morgantown, W. Va.; U. of Minn., B.A. '61; Single.

Rose, Thomas J.

B. 8-31-38, St. Paul, Minn.; Intern: Univ. Hospital, Morgantown, W. Va.; Notre Dame Univ., B.A. '60; Single.

Rosen, Harvey E.

B. 10-29-39, Minneapolis, Minn.; Intern: Detroit Receiving Hosp., Detroit, Mich.; U. of Minn., B.S. '62; Single.

Rosenquist, Rudolph J.

B. 5-17-38, Duluth, Minn.; Intern: Cook County Hosp., Chicago, Ill., U. of Minn. (Duluth), B.A. '60; Married.

Rosenstein, Hanan J.

B. 5-9-38, New York, N.Y.; Intern: Indiana Univ. Med. Center, Indianapolis, Ind.; U. of Minn., B.A. '60; Single.

Rost, Michael C.

B. 9-16-38, Minneapolis, Minn.; Intern: Maricopa County Hosp., Phoenix, Ariz.; Augustana College, B.A. '60; Married, four children.

Shemesh, Alvin

B. 1-5-29, Jersey City, N. J.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; Harvard College, M.A. '53; Married, three children.

Silverman, Barry F.

B. 2-13-33, Pittsburgh, Pa.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Calif., B.A. '54; Married, two children.

Singer, Lawrence J.

B. 6-29-39, St. Paul, Minn.; Intern: Harbor Gen. Hosp., Torrance, Calif.; U. of Minn., B.S. '62; Single.

Smith, Clyde W.

B. 6-21-38, Minneapolis, Minn.;

Intern: Cook County Hosp., Chicago, Ill.; St. Thomas College, B.S. '60; Single.

Snyder, Clinton F.

B. 3-30-36, Minneapolis, Minn.; Intern: County Charity Hosp., San Bernardino, Calif.; U. of Minn., B.A. '59; Married.

Stevens, Sheridan S.

B. 6-8-39, Minneapolis, Minn.; Intern: Gen. Hosp., Kansas City, Mo.; U. of Minn. B.A. '60; Married.

Stewart, John W.

B. 9-21-39, Deadwood, S.D.; Intern: Detroit Receiving Hosp., Detroit, Mich.; U. of Minn., B.A. '61; Married, one child.

Stillman, M. Thomas

B. 8-11-38, Minneapolis, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.S. '62; Married, one child.

Stolte, Jon L.

B. 1-17-35, Minneapolis, Minn.; Intern: Gen. Hosp., Pontiac, Mich.; U. of Minn., B.A. '58; Married.

Strate, Richard G.

B. 7-8-34, Wayzata, Minn.; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.A. '58; Married, two children.

Strout, Eugene S.

B. 11-8-30, Minneapolis, Minn.; Intern: U.S. Naval Hosp., Camp Pendleton, Calif.; U. of Minn., B.S. '62; Married, three children.

Sullivan, Joseph F.

B. 8-5-36, Leader, Minn.; Intern: Gen. Hosp., Philadelphia, Pa.; St. John's Univ., B.A. '60; Single.

Tate, Wayne E.

B. 4-21-24, Jackson, Minn.; Intern: St. Luke's Hosp., St. Paul, Minn.; Hamline Univ., B.S. '44; Married, three children.

Tegenfeldt, Edwin G.

B. 6-14-39, Bellingham, Wash.; Intern: County Gen. Hosp., San Diego, Calif.; Bethel College, B.A. '60; Married, two children.

Thomas, Francis T.

B. 6-24-39, Minneapolis, Minn.; Intern: Bellevue Hosp. Center, Div. III-IV, New York, N.Y.; U. of Minn., B.S. '62; Single.

Thorshov, Jon R.

B. 2-27-39, Minneapolis, Minn.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; U. of Minn., B.S. '62; Married.

Tiede, James J.

B. 10-19-38, Mankato, Minn.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; St. Olaf College, B.A. '60; Married.

Torp, William B.

B. 5-16-30, Davenport, Ia.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., M.S. '57; Married.

Vanstrom, Neal R.

B. 12-11-37, McGregor, Minn.; Intern: County Gen. Hosp., Fresno, Calif.; U. of Minn., B.S. '60; Married, two children.

Van Tassel, Robert A.

B. 12-29-38, Eau Claire, Wis.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.S. '62; Married.

Weisberg, Stephen C.

B. 9-24-39, Minneapolis, Minn.; Intern: Hennepin County Gen. Hosp., Minneapolis, Minn.; U. of Minn., B.S. '62; Single.

Wester, Mary Sue Heibert

B. 1-26-38, Topeka, Kan.; Intern: Bethesda Lutheran Hosp., St. Paul, Minn.; Kansas State Univ., B.A. '60; Married, one child.

Wunder, James F.

B. 10-7-38, Mason City, Wash.; Intern: Wright-Patterson A.F.B. Hosp., Dayton, O., U. of So. Dak., B.S. '62; Married.

Zemmers, Robert M.

B. 4-24-37, Jelgava, Latvia; Intern: Ancker Hosp., St. Paul, Minn.; U. of Minn., B.S. '61; Single.

"Learn to read slow: all other graces will follow in their proper places."

William Walker
1623-1684

Staff Meeting Report

Misadventures with Replacement of the Ureter by Ileum*

C. D. Creevy, M.D.†

Clinical use of the ileum to replace part or all of one or both ureters, which is the subject of this paper, dates back to 1912 or earlier. The ileum can be used in this fashion because an isolated segment, with its blood supply and nerves intact, can be moved about without impairing its peristalsis which, while different from that in the ureter, is effective in propelling the urine. However, it responds to sustained abnormal pressures with dilatation and hypertrophy, which impair the effectiveness of its peristalsis, and promote an unwanted absorption of electrolytes. It continues to secrete mucus, and the surgical risk and incidence of complications exceed those of simpler methods, which should be used wherever possible.

We have used the ileum to replace part or all of one or both ureters 15 times in 17 patients, 19 ureters being involved. Ages of patients ranged from 2 to 73 years; seven had solitary kidneys. Preliminary nephrostomy was used in nine; pyeloileocystostomy was used eight times; ureteroileocystostomy six times, and pyeloileocutaneous anastomosis three times. The discrepancy in total numbers is because some patients had more than one type of operation, while in others a single operation involved both ureters.

The only surgical death resulted from gastrointestinal haemorrhage following protracted use of nasal suction necessitated by a narrow ileoileostomy. One patient died of renal failure and electrolyte imbalance 18 months postoperatively, both the ileum and a nephrostomy having failed to drain his large, rigid, solitary, infected hydronephrosis.

Serious early postoperative complications among the survivors consisted of two instances of acute intestinal obstruction, one of which subsided, while the other required operation. Late com-

*From a report to the Staff Meeting of University Hospitals on June 12, 1964.

†Professor and Director, Division of Urology

plications included two examples of hypertrophy and dilatation of the ileac segment with increasing hydronephrosis, and one instance of a contracted bladder with urinary incontinence.

Indications for operation were as follows:

Congenital ureterectasis		5
Injuries from irradiation and hysterectomy		5
Ureterovaginal fistula	2	
Irreparable stricture	3	
Gunshot wound		1
Surgical injury during nephrectomy for horseshoe kidney		1
Retroperitoneal fibrosis		1
Ureterocele (increasing hydronephrosis after excision)		1
Intractable stone former		1
		15

Six patients are well without deterioration of the kidney (or with improvement) after 2 to 7 years and are classified as successes. Three had pyeloileocystostomy (two congenital ureterectasis and one retroperitoneal fibrosis) and three had ureteroileocystostomy (two ureterovaginal fistulae, one gunshot wound).

Seven are well for from 5 to 23 months, but it is too early to call them successes. Three had pyeloileocystostomy (one each with congenital ureterectasis, inadvertent crushing and ligation of a solitary ureter, and a postirradiation stricture). One had ureteroileocystostomy for bilateral ureterovaginal fistula, and three had pyeloileocutaneous anastomosis (two for adynamic ureter, and one for intractable recurrent lithiasis).

There were two failures in addition to the two fatalities already mentioned. Each had ureteroileocystostomy for an adynamic lower ureteral segment; the ileum underwent dilatation and hypertrophy. One of these has had a successful pyeloileocutaneous anastomosis; the mother of the other patient has taken her elsewhere. One must assume that these two patients had some unrecognized dysfunction of the bladder which necessitated abnormally high pressures during micturition.

CONCLUSIONS

Replacement of part or all of one or both ureters, while by no means free of risk, is useful upon occasion, particularly when the defective ureter of a solitary kidney cannot be repaired by some simpler method. Experience with 15 patients has been summarized.

Staff Meeting Report

Electroshock Treatments of Special Patients with the Assistance of Anesthesiology*

Donald W. Hastings, M.D.,† Carl P. Malmquist, M.D.,‡
Frederick H. Van Bergen, M.D.,§ James H. Matthews, M.D.,¶
and C. Paul Winchell, M.D.°°

By the very nature of its admission policy, (referral from physicians only), difficult clinical cases tend to be fairly frequent in all the services of the University Hospitals. Often the hospital acts as a court of last appeal and either the patient gets treatment here or it cannot be given at all.

One such group of cases, although primarily psychiatric in nature, cuts across several clinical departments, and our joint experience with these patients is the subject of this report. These are patients the psychiatrist selects for electroconvulsive therapy (EST) but cannot consider giving the treatment safely because of organic disease complications. Most frequently these are older patients with psychotic depressions who also have serious cardiovascular disease. The psychiatrist is extremely reluctant to produce a *grand mal* convulsion in such a patient. Or the patient may have a serious skeletal condition such as a recent fracture. By and large the central issue in all organic disease complications relates either to the period of hypoxia and cyanosis that accompanies EST or to the effects of convulsive movements on the skeleton. In the former the anesthesiologist can make treatment possible by giving a dose of succinylcholine after the patient is anesthetized so that an open airway can be maintained. Succinylcholine also abolishes convulsive movements thereby making shock treatment possible in skeletal disease.

*From a Report to the Staff Meeting of University of Minnesota Hospitals on June 19, 1964

†Professor and Head, Department of Psychiatry and Neurology

‡Clinical Instructor, Department of Psychiatry, (Hennepin County General Hospital)

§Professor and Head, Department of Anesthesiology

¶Associate Professor, Department of Anesthesiology

°°Associate Professor, Department of Internal Medicine

THE MEDICAL BULLETIN

Patients covered by this report were categorized as follows:

By indications:*

	<i>No. of cases</i>
1. Cardiovascular complications	34
2. Reassurance to the patient	13
3. Orthopedic problems	10
4. Miscellaneous	3
	60*

*One patient is listed in both categories 1 and 3

By diagnosis:

	<i>No. of cases</i>
1. Involuntal psychotic reaction	27
2. Depressive reaction	8
3. Manic-depressive reaction	16
4. Schizophrenic reaction	4
5. Psychotic depression	4
<i>Total</i>	59

It is difficult to obtain consistent figures pertaining to mortality associated with electroshock treatment; this is probably due to the uncertainty in determining what is responsible for deaths occurring during the period a patient is receiving treatment. Fatalities due to EST have been estimated as 0.05 percent, 0.08 percent, and 0.12 percent by various authorities, but the connections between death and treatment are often quite tenuous.

Deaths associated with cardiac reactions have been attributed to overactivity of the vagus in about 30 percent of patients and to cardiac disturbance from extra-cardiac causes in the remainder. The vagal effect is seen in pronounced bradycardia, arrhythmias and hypotension shortly after administering the treatment and is believed due to the initially increased blood pressure and pulse stimulating the aortic and carotid depressors. It is of interest to note that two patients scheduled for EST expired from coronaries 24 hours prior to their first treatment; had they lived one day longer their deaths undoubtedly would have been "explained" by the EST. The almost universal observation of cyanosis when shock treatment is given unmodified by a muscle relaxant and oxygen has been explained on the basis of a hypoxia from increased oxygen consumption. Studies have demonstrated that 10 of 16 patients who received EST without modification had an arterial oxygen saturation below 70 percent. Adequate

pre-treatment dosages of atropine may largely prevent the post-shock bradycardia, arrhythmias and hypotension.

The use of the procedure as practiced by the authors for allaying apprehension and reassuring the patient is not considered a trivial indication. In the cases where we have used it for this purpose, it was probably one of the determining factors as to whether the patient would accept treatment or not. Secondly, the distressing muscular fasciculations and paralyzes produced from the succinylcholine can lead the apprehensive patient to withdraw from treatment once begun. It must also be noted that in all of the cases where a decision is made to treat the patient in his manner, there is reassurance not only to the patient but to the physician who must bear the responsibility in any case.



Staff Meeting Report

Use of Calcium and Magnesium Cations as Spinal Anesthetics*

Joseph C. Belshe, M.D.,† Joseph J. Buckley, M.D., M.S.,‡
and F. H. Van Bergen, M.D., M.S.§

The desirability of finding agents capable of producing long-lasting spinal anesthesia becomes obvious when one considers that prolonged spinal block would be useful in the treatment of intractable pain, convulsive seizures, vasospastic disorders, and lengthy surgical procedures. Certain cations such as magnesium and calcium possess anesthetic properties when introduced intrathecally. In 1905, Meltzer employed a 25 percent solution of magnesium sulfate to produce spinal anesthesia in both monkeys and man. Blake in 1906 was able to control severe convulsions of systemic tetanus with intrathecal magnesium sulfate. In 1939 Cunningham and Bieter described a potentiation and prolongation of the action of intrathecally injected procaine in rabbits when they added equal parts of magnesium and calcium chloride to the mixture.

This preliminary investigation was undertaken to determine the usefulness of several cation-anion solutions in the production of prolonged spinal anesthesia.

Mongrel dogs weighing 9-18 Kg were administered spinal anesthesia in a manner identical to that employed in the human application of the method. Isosmotic concentrations of the chloride, sulfate and gluconate of magnesium and the chloride and gluconate of calcium were tested clinically for rapidity of onset, duration and intensity of spinal analgesia and freedom from neurologic sequelae. The gluconates of both cations were tested in combination also.

Further neurophysiologic studies were carried out in a second

*From a Report to the Staff Meeting of the University Hospitals on June 5, 1964, and supported by Grant No. HE 01983-09 of the National Heart Institute, U.S.P.H.S.

†Research Fellow, Department of Anesthesiology

‡Professor, Department of Anesthesiology

§Professor and Chairman, Department of Anesthesiology

group of anesthetized dogs. A monosynaptic spinal reflex arc was prepared to provide a precise quantitative measurement of the intensity and duration of the anesthetic blockade. The control response to electrical stimulation was compared with responses recorded 1, 5, 10, 15 and 30 minutes following injection of the anesthetic solution; recovery of nerve transmission was recorded at 30 minute intervals.

Pathologic studies also were conducted upon the spinal cord, and nerve roots of 30 rabbits administered spinal anesthesia with the magnesium gluconate-calcium gluconate mixture in order to identify changes produced within these structures by the chemicals employed.

The study demonstrated that magnesium sulfate and magnesium chloride fail to produce clinically satisfactory spinal anesthesia in animals. Magnesium gluconate produced satisfactory spinal block, lasting approximately 3.5 hours. Calcium chloride appeared to have an irritating effect and was capable of producing permanent sensory and motor impairment. Calcium gluconate produced sensory and motor block of moderate duration; one animal that received calcium gluconate exhibited mild permanent neurological damage. Calcium and magnesium gluconates when used in combination produced clinically satisfactory spinal anesthesia; sensory block lasted about 2 hours and motor paralysis persisted for 3 hours.

The neurophysiologic studies revealed that the magnesium gluconate-calcium gluconate mixture began blocking the spinal reflex arc in one to five minutes; blockade became complete in about 15 minutes and persisted for 3.5 to 5 hours. Fifty percent recovery occurred in 5 to 5.5 hours.

Microscopic study of lumbar sections of the spinal cords of rabbits subjected to spinal anesthesia with magnesium gluconate-calcium gluconate mixture showed no significant neuropathologic changes in the leptomeninges, nerve roots or cord parenchyma. Dorsal root ganglia were entirely normal.

In summary, magnesium and calcium, in combination with certain anions, produce prolonged spinal anesthesia in animals without provoking demonstrable neurologic sequelae. Further search for other cation-anion combinations capable of producing even more lengthy spinal blockade is indicated.

Staff Meeting Report

Quality Control of Patient Care in the Outpatient Clinic*

Graham Beaumont, F.R.C.P.(C),† Richard M. Magraw, M.D.,‡
James B. Carey, Jr., M.D.,§ Maynard E. Jacobson, M.D.,¶
Edward C. DeFoe, M.D.,° and Robert ten Bensel, M.D.††

We have had a special interest in examining the quality of care provided in our Outpatient Clinic since student doctors began to carry an important part of the medical responsibility there in 1960. As others have found before us, an assessment of the quality of medical care is difficult. What management would call "quality control," i.e., the assessment of medical care, has almost never been attempted with outpatients. Before detailing our methods and results we will describe the contribution our student doctors make in providing medical care under the Comprehensive Clinic program, and also cite what we believe to constitute good medical care.

The Comprehensive Clinic program is an educational scheme designed to give the participating student doctor concepts of comprehensive personal medical care and to afford him opportunities to put these concepts into practice. Some 520 medical students have now participated.

The central feature of the program is the student doctor's acceptance of actual responsibility for the care of his patients. Under supervision of a staff associate, he becomes the patient's doctor. His responsibilities begin with the initial history and physical examination and end with the return of the patient to his own doctor. Supervision is accomplished as follows: each patient on admission to the clinic becomes the dual responsibility

*From a Report presented to the Staff Meeting of University Hospitals on June 26, 1964

†Instructor, Department of Internal Medicine

‡Associate Professor, Departments of Psychiatry and Internal Medicine, and Director, Comprehensive Clinic

§Associate Professor, Department of Internal Medicine

¶Instructor, Department of Internal Medicine

°Assistant Professor, Department of Pediatrics

††Instructor, Department of Pediatrics

of the student and a staff physician. The student's position is that of a "co-pilot" who is doing the flying and who has the controls, but who never has sole responsibility. All the 250-270 staff physicians working in the clinic participate in the role of associate, but the main task falls to the staff of the admissions clinics. (Medicine, Pediatrics, and North Clinic.) A coordinating committee of 18 directors representing each specialty, plus hospital administration and nursing, serve to integrate staff activity. A program of didactic study in the subspecialties is interwoven with the student doctor's clinic duties.

We consider the criteria of good medical care in our clinic to be: (1) Skillful application of modern medical knowledge in diagnosis and treatment. (2) Individualization of diagnosis and treatment implying an awareness of the person and his total life situation. (3) Appropriate planning for continuing medical care which involves thinking past the immediate diagnostic problem and implies an understanding of the part the referring physician has had in the past, and will have in the future in the patient's care. (4) The patient and his own doctor as well as the clinical staff should know at all times where the various responsibilities lie for his care. These concepts involve prompt communication with the patient's physician. It has been difficult to measure the degree to which these goals are achieved, but since 1960 we have used variously the following five methods.

Method 1: Correlation of the patient's complaint with the final diagnosis. Each student keeps a patient "log" in which is entered the patient's verbatim complaints and later the final diagnosis. Each student has a staff adviser, one of whose functions is to review the student's patient load with the aid of this patient log; he also advises on problems of patient management and helps the student with personal adjustment to the responsibility of patient care.

Method 2: On the assumption that a prompt letter correlates with good understanding of the patient's illness and with decisive handling, a simple clerical check is made on the promptness of the letter to the referring doctor. A letter should go out within two weeks of the initial examination. A lapse of three weeks is considered definitely unsatisfactory.

Method 3: We assess the adequacy of "the medical plan" which should include: (a) A diagnosis. (b) Statement as to need for future care. (c) Clarification of the responsibility for any such care. This can be assessed in a few seconds from the student's letter to the referring physician.

Method 4: An audit committee of students and a staff physician examines unselected clinic charts. Special attention is

given to the following points: What is it the referring physician wants? What is troubling the patient? Are the student doctor's diagnostic impressions in line with the history and physical? Was the evaluation logical? Is treatment suitable? Is correspondence adequate? Is the plan for the patient's future care suitable?

Method 5: All the foregoing methods are based on "heresay" that is second hand evidence. By utilizing a tape recording of the history we obtain primary data. The history recorded on the chart and the diagnosis are assessed in the light of the recording.

Each of the above methods obviously samples different aspects of quality of care; methods 2, 3, and 4 are nevertheless amenable to comparative testing and were each, therefore, applied to the same 100 unselected charts.

<i>Results</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Method 2 (Promptness of letter)	71 (<21 days)	29 (>21 days)
Method 3 (Evaluation of medical plan)	48	52
Method 4 (Student chart audit)	66	34

The chart-audit is the most comprehensive evaluation of the three and a comparison of the other two methods against the audit yields the following: of the 34 patients whose care by audit was unsatisfactory, 15 (44 percent) had late letters (Method 2). Of the same 34, 21 (61 percent) had an inadequate medical plan (Method 3).

Thus a large proportion—in the second instance a majority—of instances of less-than-satisfactory care were identified by means which can be applied by secretarial staff (Method 2) or by a minimum of staff physician time (Method 3).

Although figures for less-than-satisfactory care seem high it should be emphasized that our criteria were both arbitrary and strict; further, that other data indicate that the quality of medical care in the clinic has significantly improved since student doctors have taken an active part in patient care. Tangible evidence of this improvement is found in the decline in need for boarding home beds because of more expeditious handling of patients in the clinic (one-half of these facilities have been discontinued). Moreover the rate of hospital admissions from patients examined in the outpatient clinic has declined, without any falling off of clinic load. Patient complaints have virtually vanished, and we have a number of spontaneous expressions of approval from practicing physicians who have noted improved patient care.

Staff Meeting Report

Protection Against Cerebral Damage From Intracarotid Injection of Hypaque*

Lonnie L. Hammargren, B.S., M.A.,† August W. Geise, M.D.,‡
and Lyle A. French, M.D., Ph.D.§

This study was designed as an attempt to investigate the toxic action of contrast media used in cerebral angiography on the central nervous system and to evaluate methods to prevent complications. The protective action of low molecular weight dextran (Rheomacrodex®) and dexamethasone (Decadron®) on cerebral damage following intracarotid injection of 90 percent Hypaque® was studied.

MATERIALS AND METHODS

One hundred and thirty-nine rabbits were given general anesthesia, the left common carotid artery was exposed, ligated proximally and a catheter was inserted distally. One cc. of sodium fluorescein was given intravenously. Permeability to fluorescein was chosen as a method of evaluation of cerebral damage because fluorescein normally does not pass the blood-brain barrier.

As a control group the rabbits were given an injection of 90 percent Hypaque into the carotid catheter at the rate of $\frac{1}{2}$ cc./sec. Unilateral pupillary constriction was uniformly present and was most pronounced in those animals subsequently proven to have cerebral damage. Severe sludging of the blood and localized vasospasm was seen in the conjunctival vessels.

Animals who survived 45 minutes were sacrificed and a craniectomy was performed. The presence of cerebral edema was evaluated by observing if the brain tended to herniate through a one cm. incision in the dura. The entire forebrain was removed intact and the intensity of the area of fluorescein staining of the cerebral hemispheres was evaluated under ultraviolet light. A measure of cerebral damage was devised which took

*From a report to the Staff Meeting of University Hospitals on May 1, 1964.

†Senior Medical Student, University of Minnesota

‡Medical Fellow, Division of Neurosurgery

§Professor and Director, Division of Neurosurgery

into account the following factors: the intensity of fluorescein stain, the area of fluorescein stain, the presence of cerebral edema, the presence of cerebral hemorrhage and the survival of the animal.

RESULTS

Preliminary studies to determine the appropriate dose of Hypaque and the time of maximum staining of the brain were performed. The amount of cerebral damage observed was directly proportional to the dose of contrast media used. The largest dose usually produced severe damage with a mortality of 40 percent, while the lowest dose produced lesions too mild to evaluate adequately. The middle dose of Hypaque (2.25 cc/kilo) was chosen as the standard test dose for this experiment and was given to 25 animals. Intracarotid injections of low molecular weight dextran (LmDx) or normal saline were given to another series of animals; no cerebral damage and no mortality resulted.

To evaluate the protective effect of LmDx, twenty rabbits were given 10 cc/kilo of 15 percent LmDx intravenously twenty minutes before Hypaque was injected into the carotid artery. The mean cerebral damage score for the 20 animals pretreated with LmDx was less than one-half of the control groups. This is statistically significant at the 1 percent level. Only 5 percent of animals in this group died compared to 24 percent in the control group. The mean cerebral damage score and the mortality for 11 animals pretreated with the same amount of saline was slightly greater than the control group. It seems very unlikely that the effect of LmDx can be attributed simply to hemodilution.

To evaluate the protective effect of Decadron, 24 rabbits were premedicated with this drug before Hypaque injections. Seventeen received a loading dose of .4 mg. t.i.d. for two days and .4 mg. I.V. one hour before injection. The mean cerebral damage of those given a loading dose was approximately one-half of the control group and is statistically significant at the one percent level. In addition, the mortality rate was markedly lower than the control group. A single intravenous dose of Decadron in seven animals showed no protective effect.

Premedication with both LmDx and Decadron was given to 11 animals. They received the loading dose of Decadron and 10 cc/kilo of LmDx intravenously. Pretreatment with both LmDx and Decadron was significantly different from treatment with either separately. Pretreatment with both drugs was vastly different from the control group and significant at the .001 percent level.

DISCUSSION

These experiments demonstrate that large doses of contrast media have an effect on the central nervous system which results in cerebral edema, cerebral permeability to dyes and even in death. Read has experimentally demonstrated intravascular agglutinations and "sludging" of the microcirculation following administration of contrast media.

Gelin has written extensively on abnormalities of flow characteristics of blood. He has experimentally and clinically demonstrated the efficacy of LmDx in many conditions with decreased microcirculation and increased sedimentation rate such as burns, oliguria and acute arterial insufficiency. Dextran solutions of low molecular weight have been found by Bernstein and Evans and by Sessions, et al, to reduce the incidence of systemic complications to contrast media. The protective mechanism of LmDx on adverse reactions to contrast media is not known; however, this mechanism may be mediated through LmDx's profound effect on the suspension stability of blood.

The effect of glucocorticoids on cerebral edema was experimentally observed by Prados who found that ACTH controlled cerebrovascular permeability resulting from prolonged exposure to air. Galicich and French have demonstrated a reduction in intracranial pressure and neurological deficit in 18 of 21 patients with brain tumors after treatment with Decadron. The only conclusion about the action of Decadron that can be drawn from this experiment is that several hours of pretreatment are necessary before its effect can be demonstrated.

Summary:

This study attempts to simulate cerebral angiography in a controlled manner. Cerebral damage and death often resulted from injections of large doses of Hypaque into the carotid artery. Premedication with LmDx or with Decadron resulted in a significant reduction in cerebrovascular permeability to dyes, cerebral edema and mortality. Premedication with both drugs simultaneously produced almost complete protection from cerebral damage.

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 Gertrude M. Gilman^o
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 Melvin L. Grais
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 Suzanne A. Snively
 Mrs. Esther H. Snow
 H. R. Soboloff
 R. T. Soderlind
 Juan Solari
 Nels N. Sonnesyn
 D. W. Sontag
 L. W. Sontag
 S. J. Sontag
 E. M. Sorensen
 Joseph Sorkness
 Benjamin B. Souster
 Ernest J. Sowada
 W. Thomas Spain
 John R. Spannuth
 J. P. Spano
 William N. Spellacy
 Mitchell W. Spellman
 Bernard J. Spencer
 Michael P. Sperl, Jr.
 Sydney C. Sperling
 Kenath H. Sponel
 Joseph L. Sprafka
 R. G. Sprague
 Robert R. Spurzem
 Clifford J. Stadem
 William A. Stafne
 Louis H. Stahn
 A. C. Stahr
 Lorel A. Stapley
 Fredrick N. Stark
 David State
 Lincoln F. Steffens
 Burton R. Stein
 Sam I. Stein
 James W. Stephen
 H. M. Sterling
 Donald C. Sterner
 Gilbert M. Stevenson
 Charles D. Stewart

^{*}Also Life Member

Annual Members (continued)

- Marvin J. Stewart
 J. M. Stickney
 G. Keith Stillwell
 Albert V. Stoesser
 Thomas A. Stolee
 Walter C. Stolor
 Harvey Stone
 Norman F. Stone
 Herbert S. Strait
 Everett L. Strandel
 John J. Stransky
 Theodore W. Stransky
 C. S. Strathern
 Maurice L. Straus
 Bernard L. Street
 John M. Streitz
 Edward L. Strem
 Gordon J. Strewler
 J. H. Strickler
 Richard E. Student
 H. Jerome Stullberg
 Rodney F. Sturley*
 Walter Subby
 R. Dorothy Sundberg
 N. J. Sundet
 Joo Ho Sung
 Donald Sutherland
 John E. Sutherland
 K. H. Sutherland
 Janet B. Sutton
 William R. Swaim
 Ralph B. Swanson
 Richard L. Swanson
 William A. Swedberg
 Harry A. Swedlund
 H. B. Sweetser, Jr.
 Theodore H. Sweetser
 Floyd J. Swenson
 James D. Swenson
 Orvie J. Swenson
 Ernest C. Tam
 Roy K. Tanaka
 A. George Tanbara
 George V. Tangen
 George T. Tani
 Chester O. Tanner
 E. J. Tanquist, Jr.
 Leslie W. Tasche*
 Donald E. Taylor
 Gerald J. Taylor
 Henry L. Taylor
 Gerald Telander
 William S. Terry
 Carlo A. Terzuolo
 Charles E. Tesar
 Gordon H. Tesch
 J. P. Tetlie
 Jerome O. Textor
 Joseph W. Teynor
 Harold Thale
- E. A. Thayer
 Hulda E. Thelander
 A. Theologides
 R. D. Thielen
 John V. Thomas
 A. Boyd Thomes
 Arthur Thompson
 Charles E. Thompson
 F. A. Thompson
 Gail W. Thompson
 Stewart C. Thomson
 Bernice F. Thoreson
 Willis M. Thorstad
 D. J. Thyen
 Leon J. Tiber
 F. B. Tiffany
 Cyril R. Tiffit
 Jan H. Tillisch*
 Leonard A. Titrud*
 Louis Tobian, Jr.
 Elmer H. Tofteland
 Lyle Tongen
 Karen Olness Torjesen
 L. B. Torkelson
 Benedict B. Trach
 Robert G. Trahms
 Bertram L. Trelstad
 William W. Trousdale
 William H. Trow
 Richard C. Tucker
 Richard B. Tudor
 Robert B. Tudor
 Naip Tuna
 John A. Tweedy
 Alfred Uihlein
 U. R. Ulferts
 D. M. Ulrich
 Robert A. Ulstrom
 L. O. Underdahl
 Frank Ungar
 A. L. Vadheim*
 F. H. Van Bergen
 Lowell Van De Reit
 H. Van Meier
 Donald J. Van Ryzin
 Thomas E. Vanderpool
 Richard L. Varco†
 Jack A. Vennes
 Homer D. Venters
 John E. Verby, Jr.
 Robert L. Vernier
 P. M. Vickers
 Angvald Vickoren
 Ronald L. Villella
 Hildegard J. Virnig
 Richard P. Virnig
 Maurice B. Visscher*
 Howard A. Vogel
 Stanley C. Von Drashek
 Richard W. Von Korff
- Louis A. Vontver
 Harold F. Wahlquist
 John F. Waldron
 Daniel J. Waligora
 G. L. Walker
 S. A. Walker
 Stuart B. Walker
 Walter W. Walker*
 Jack E. Wall
 William L. Wall
 M. O. Wallace
 Ira O. Wallin
 Edward F. Walsh
 Francis M. Walsh
 William V. Walsh
 Frederick H. Walter
 Jun-Chinan Wang
 Yang Wang
 Charles T. Wangensteen*
 Lewis W. Wannamaker
 Herbert E. Warden
 Harry R. Warner
 Loren F. Wasson
 Alex M. Watson
 C. J. Watson*
 Dennis W. Watson
 S. W. Watson
 William J. Watson
 Edgar A. Webb*
 Lowell W. Weber
 David Webster
 Deno J. Wedes
 Henry J. Wegrocki
 Harry Weiner
 Matthew J. Weir
 B. A. Weis
 J. H. Weisberg
 Lewis J. Weller*
 T. G. Wellman
 Arthur H. Wells
 W. B. Wells*
 John P. Wendland
 Waldemar H. Wenner
 W. T. Wenner*
 H. A. Wente
 Gilbert P. Wenzel
 Stanley P. Wesolowski
 Catherine C. West
 Louis J. West
 Robert K. West
 Joseph J. Westermeyer
 C. W. Westman
 D. E. Westover
 Paul H. Westphal
 Robert Weyrauch
 M. L. Whalen
 Joseph L. Whelan
 Stuart D. Whetstone
 Walter M. Whitaker
 Elmer W. Whitcomb

*Also Life Member

†Also Patron Member

Annual Members (continued)

Dexter D. Whitmore
 Delbert F. Wichelman
 Fred H. Wiechman
 Alvin L. Wiens
 G. Thomas Wier
 Francis A. Wierzbinski
 P. E. Wigby
 Howard M. Wikoff
 Rudolph J. Wilkowske
 George E. Williams
 J. A. Williams
 John A. Williams
 John I. Williams
 M. M. Williams
 M. R. Williams
 W. Lane Williams
 H. A. Williamson
 C. A. Wilmot
 H. E. Wilmot^o
 Frederic B. Wilson
 George T. Wilson

J. Allen Wilson
 Robert E. Wilson
 Viktor O. Wilson
 C. Paul Winchell
 Louis Winer
 Winona Clinic
 F. F. Wippermann
 C. A. Witham
 Arthur A. Wohlrabe
 A. Cabot Wohlrabe
 Donald E. Wohlrabe
 Robert G. Wohlrabe
 Earl H. Wood
 N. E. Wood
 Robert C. Wood
 Robert Woodruff
 Philip J. Worrell
 David M. Worthen
 Philip H. Woutat^o
 A. J. Wyatt
 Robert L. Wylie

Wilbert W. Yaeger
 Merrill B. Yeomans
 Yeshiva University
 Elmer W. Ylitalo
 John R. Ylvisaker
 R. S. Ylvisaker^o
 Richard D. Yoder
 Milo A. Youel
 Thomas O. Young^o
 Nelson A. Youngs^o
 John F. Zachman
 S. J. Zak
 Robert L. Zemke
 Leslie Zieve
 Bernard Zimmermann
 Charles W. Zinn
 Horace H. Zinneman
 Martin L. Zuckerman
 James L. ZumBrunnen
 E. Zupanc
 Norbert H. Zweber

^oAlso Life Member

Life Members

Geo. W. Aagaard^o
 Carl W. Ahl^o
 H. J. Aldrich^o
 Ray M. Amberg
 Edward D. Anderson
 Franklin C. Anderson^o
 Gaylord W. Anderson^o
 Karl W. Anderson‡
 Leonard S. Arling
 Wallace D. Armstrong^o
 A. I. Arneson
 J. Richards Aurelius^o
 Elizabeth C. Bagley
 A. B. Baker^o
 E. J. Baldes^o
 Fred E. Ball^o
 Maxwell M. Barr^o
 Moses Barron‡
 S. Steven Barron
 K. F. Bascom
 Henry M. Baskerville
 G. L. Berdez
 H. M. Berg
 Stanley Berglund
 Reuben Berman^o
 W. C. Bernstein^o
 Anthony J. Bianco
 Raymond N. Bieter
 D. G. Bohn^o
 L. R. Boies
 R. J. Boisel
 Paul G. Boman
 George J. Boody, Jr.^o

G. H. Boone
 Marguerite Booth
 Joseph F. Borg
 L. R. Bouma
 G. E. Bourget^o
 Edward A. Boyden
 Ruth E. Boynton
 William F. Braasch
 R. B. Bray
 John F. Briggs^o
 R. J. Brimi
 Alex E. Brown
 W. D. Brown
 Harold F. Buchstein^o
 Carroll D. Buck§
 Martin S. Buehler
 Raymond E. Buirge
 Clive Butler
 Angus Cameron
 Orwood J. Campbell^o
 James B. Carey
 Harold W. Carlson
 Charles F. Cervenka
 Jack I. Chalek
 B. J. Clawson
 Wallace H. Cole
 Theodore L. Cook
 Lillian Cottrell
 Kenneth W. Covey^o
 Mrs. Dorothy L. Cowan
 Robert W. Cranston^o
 Sam A. Crantham

Dwight E. Cury
 Rollin E. Cutts†
 Jay C. Davis^o
 R. D. Davis
 James R. Dawson
 Clarence Dennis
 Randall S. Derifield
 H. S. Diehl§
 G. A. Dinham
 A. Louis Dippel
 Tom Donlin
 Larry O. Doyle^o
 Della G. Drips^o
 Harold J. Dvorak
 James E. Dyson
 George Earl
 Robert Earl
 T. S. Eberley
 Philip F. Eckman
 C. J. Ehrenberg
 L. M. Ekstrand^o
 F. J. Elias
 Edward C. Emerson
 Odean Enestvedt
 L. G. Ericksen‡
 E. W. Erickson
 G. B. Eusterman^o
 Frederick B. Exner
 Louis E. Fazen
 Milton P. Firestone
 M. G. Flath
 Edmund B. Flink^o

^oAlso Annual Member

‡Also Patron Member

‡Also Contributing Member

§Also Sustaining Member

Life Members (continued)

J. E. Flynn^o
 William J. Focke
 E. J. Fogelberg
 L. H. Fowler
 Ward S. Fowler
 Mrs. Alice B. Fraser
 George Friedell
 T. R. Fritsche
 J. H. Gammell^o
 Walter P. Gardner^o
 J. T. Gericke, Jr.^o
 Silas W. Giere^o
 Conrad Giesen^o
 Gertrude Gilman^o
 William P. Gjerde
 Robert A. Glabe^o
 H. W. Goehrs
 Neill F. Goltz
 L. R. Gowan
 Frank R. Gratzek
 A. J. Greenberg^o
 Paul H. Guttman
 F. C. Hadden^o
 P. L. Halenbeck‡
 E. M. Hammes, Sr.^o
 Erling W. Hansen
 Olga S. Hansen^o
 Emil Hanson
 Malcolm B. Hanson
 William A. Hanson
 E. C. Hartley
 Grant F. Hartnagel^o
 H. J. Harwick
 D. R. Hastings‡
 George M. B. Hawley, II
 Robert Hebbel§
 Frank J. Heck
 G. A. Hedberg
 O. M. Heiberg^o
 Paul Heise
 Earl C. Henrikson‡
 P. E. Hermanson
 Ambrose J. Hertzog
 Mal E. Herz
 Anderson C. Hilding^o
 James M. Hilton^o
 F. J. Hirschboeck
 F. W. Hoffbauer
 Wallace W. Holley^o
 J. E. Holt^o
 L. J. Hoyer
 E. R. Hudec^o
 E. J. Huenekens^o
 Arthur B. Hunt
 Charles Hymes^o
 Clarence Jacobson^o
 Reynold A. Jensen^o
 Algot F. Johnson
 Einer W. Johnson
 Harry A. Johnson

James A. Johnson^o
 Richard S. Johnson
 William E. Johnson
 H. M. Juergens
 Ben Karpman
 Edward J. Kaufman
 G. M. Kelby
 Roger L. J. Kennedy
 Arthur C. Kerkhof
 E. H. Kersten
 Ansel B. Keys^o
 Lyndon M. King, Jr.^o
 Thomas J. Kinsella^o
 Horace D. Klein^o
 Miland E. Knapp
 Ralph T. Knight^o
 Herman K. Koschnitzke
 F. J. Kottke^o
 R. J. Kotval
 F. J. Kucera
 William J. Kucera
 Arthur T. Laird
 Leonard A. Lang
 Eva Jane Larson^o
 Evrel A. Larson
 Leonard W. Larson^o
 Lester E. Larson^o
 Paul N. Larson^o
 Samuel Leonard^o
 John A. Lepak
 Naufftoli M. Levine^o
 George X. Levitt^o
 C. Walton Lillehei^o
 Russell C. Lindgren^o
 H. S. Lippman^o
 S. N. Litman
 Francis W. Lynch^o
 Myron Lysne
 W. E. Macklin, Jr.
 F. H. Magney
 A. E. Magnuson^o
 J. A. Malerich
 James C. Masson
 Malcolm A. McCannel^o
 Francis M. McCarten^o
 Donald McCarthy^o
 John L. McKelvey
 C. A. McKinlay^o
 Paul F. Meyer^o
 Henry H. Michel^o
 Henry E. Michelson^o
 Harold E. Miller^o
 J. C. Miller^o
 J. L. Mills
 Mrs. Albert G. Minda^o
 H. H. Minthorn‡
 Mancel T. Mitchell
 John H. Moe^o
 F. P. Moersch
 Herman J. Moersch^o

H. A. Molander
 Harold W. Morgan
 Byron Mork, Jr.
 Frank E. Mork
 Selma C. Mueller
 C. B. Murphy
 J. A. Myers^o
 Harold D. Nagel
 Donald E. Nealy^o
 Arthur A. Nelson
 Bernette G. Nelson
 Bernice A. Nelson
 Clayton E. J. Nelson‡
 Frank A. Nelson
 O. L. N. Nelson
 Wallace I. Nelson^o
 Nathan Nemetz§
 Samuel Nesbitt
 Karl G. Neumeier
 E. W. Newman‡
 Martin Nordland^o
 E. E. Novak
 Roland E. Nutting^o
 Malvin J. Nydahl^o
 Katherine A. Nye^o
 Lillian Nye^o
 I. L. Oliver
 E. A. Olson
 Kenneth L. Olson
 C. L. Oppegaard^o
 Telford V. Oraas
 Carlton L. Ould^o
 M. M. Pearson
 Alonzo P. Peeke‡
 Thomas A. Peppard
 Harold O. Peterson^o
 Joel L. E. Peterson^o
 W. Henry Peterson
 Jack Phelan
 Kenneth A. Phelps^o
 R. F. Pierson^o
 A. C. Plankers^o
 J. A. Polzak
 Claude R. Poston
 John E. Power
 R. K. Proeschel^o
 Victor S. Quale
 John T. Quirk
 R. B. Rathbun
 Charles E. Rea
 E. A. Regnier^o
 Fred B. Riegel
 W. W. Rieke‡
 Leo G. Rigler
 W. P. Ritchie^o
 Robert I. Rizer
 Owen F. Robbins
 O. W. Roberts^o
 W. L. Robertson
 C. L. Roholt^o

^oAlso Annual Member

§Also Sustaining Member

‡Also Contributing Member

Life Members (continued)

H. B. Roholt	F. L. Smith	Mrs. Owen H. Wangenstein
Gust C. Roos	Vernon D. E. Smith	Charles H. Watkins
Grace M. Roth	L. L. Sogge	C. J. Watson ^o
Henry A. Roust	Joe Soiney	C. E. Watz
O. W. Rowe	Karl Sollner	Edgar A. Webb ^o
Joseph O. Rude	Wesley W. Spink‡	S. A. Weisman
Peter S. Rudie	Charles E. Stanford	Louis R. Weiss
C. Walter Rumpf ^o	P. E. Stangl	Lewis J. Weller ^o
L. H. Rutledge	L. A. Stelter	L. J. Wells
Russell O. Sather ^o	K. W. Stenstrom	W. B. Wells ^o
W. A. Sawatzky	Arthur Stoll	W. T. Wenner ^o
George E. Schaffer	A. H. Stolpestad	Maenider Wetherby
Harold C. Scheie‡	Harold W. Stone	Lloyd A. Whitesell, Sr.
L. R. Scherer ^o	W. G. Strobel	Lloyd A. Whitesell, Jr.
Roland G. Scherer	Rodney F. Sturley ^o	George E. Whitson
O. W. Scholpp	Sheldon Stuurmans	W. F. Widen
Max Seham	Arnold O. Swenson	Robert L. Wilder
Leon Seley	Leslie W. Tasche ^o	W. W. Will
H. J. Setzer‡	J. H. Tillisch ^o	F. A. Willius
James F. Shandorf	Leonard A. Titrud ^o	H. E. Wilmot ^o
M. J. Shapiro ^o	Charles G. Uhley	Henry W. Woltman
Robert Shapiro	George G. Ulmer, Jr.	Phillip H. Woutat ^o
William P. Shepard	Robert D. Urbahns	Harold N. Wright
L. F. Sherman ^o	Alfred L. Vadheim ^o	Oswald S. Wyatt
R. V. Sherman	Maurice B. Visscher ^o	R. S. Ylvisaker ^o
L. O. Simenstad ^o	C. W. Waldron	Thomas Young ^o
Donald Sinclair	W. W. Walker ^o	Nelson A. Youngs ^o
C. H. Slocomb	Walman Walters	Mrs. Harry B.
Arthur F. Smith	Charles T. Wangenstein ^o	Zimmermann‡

^oAlso Annual Member

‡Also Contributing Member

Membership in the Minnesota Medical Foundation is open to anyone interested in medical education and research at the University of Minnesota.

Annual dues, which are tax-deductible, are as follows:

Patron Member	\$1,000.00 total
Sustaining Member	100.00 per year
Contributing Member	25.00 per year
Annual Member	10.00 per year
Resident Member	3.00 per year
Intern and Student	1.00 per year
Life Member	(no longer offered)

Medical School News

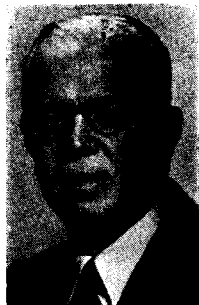
Raymond M. Amberg retired June 30, 1964 as Director of University of Minnesota Hospitals. His 43-year career at the University of Minnesota has been distinguished for many reasons, and the University will miss him as he becomes an emeritus professor at the mandatory age of 68 years. The growth of the University of Minnesota Hospitals during his era has been remarkable. When Ray joined the University Hospitals staff as pharmacist in 1921, only the Elliot Memorial Hospital stood at the Medical Center. As various units were added to the Hospitals to serve the state of Minnesota, Ray was advanced through several responsible posts until he was named Director of the Hospitals in 1935.

Under his administration a multi-million dollar expansion has occurred, including construction of the Heart Hospital, Mayo Memorial Building, Masonic Hospital, V.F.W. Cancer Research Unit, Diehl Hall Biomedical Library Building, expansion of University Health Service, and completion of a new Pediatric Rehabilitation Hospital. One of his latest ceremonial duties was to help the Variety Club of the Northwest break ground May 26 for an additional wing on the Heart Hospital.

Perhaps Ray's most memorable service to the University of Minnesota has been his work with the Minnesota state legislature. This immeasurable responsibility at home, however, has not prevented him from collecting a long list of citations and honors for leadership of various national organizations in the fields of hospital management, administration, public health, and others.

Ray was made a Distinguished Director of University Hospitals by the University of Minnesota on March 27, 1963, and given the Distinguished Service Award of the Minnesota Medical Foundation. He will remain at the Medical Center in an advisory capacity. Miss Gertrude Gilman, senior associate director of University Hospitals, took over the directorship on July 1, 1964.

Also retiring after 38 years of service on the faculty is Dr. Joseph T. King, professor, Department of Physiology.



RAY AMBERG

DISTINGUISHED TEACHING AWARDS

Two members of the Medical School faculty were named 1964 winners of Minnesota Medical Foundation Distinguished Teaching awards.

Dr. M. John Murray, associate professor of medicine, and



M. JOHN MURRAY

Dr. Kenneth A. Osterberg, instructor in pathology, won awards consisting of a certificate and cash prize of \$1,000 for "excellence in teaching of the medical curriculum." They were honored June 12, 1964 at Recognition Day ceremonies for the Senior Class.

Cash portions of the awards were made possible this year by funds contributed by the Minnesota State Medical association. They were presented by Dr. Donald W. McCarthy, past president of M.S.M.A. and emeritus professor of medicine at the University.

A native of New Zealand, Dr. Murray, 42, joined the University medical school faculty in 1955. He received his medical education in New Zealand, England and at the Mayo Foundation, Rochester, and is a specialist in the field of internal medicine.



KENNETH OSTERBERG

Dr. Osterberg, 32, received the doctor of medicine degree from the University in 1955 and interned at Minneapolis General hospital. He has been doing postgraduate work in neurology and pathology at the University since 1958 and recently won a Lederle Laboratories award in recognition of his teaching and research.

Previous recipients of the Minnesota Medical Foundation Distinguished Teaching awards were Dr. Carl B. Heggstad, 1962; and Dr. W. Albert Sullivan, 1963. The Foundation selects the recipients based on nominations by the Medical School students.

The Medical School received a gift of \$14,586.41 as its share of the 1963 fund of the American Medical Association Education and Research Foundation. The unrestricted-use grant was distributed from earmarked and general funds contributed to AMA-ERF by U. S. physicians. A total of \$1,208,463 was contributed.

SURGERY

Dr. David M. Long, fellow in surgery, is the recipient of the first Established Investigatorship Award of the Minnesota Heart Association. His \$45,000 grant will enable him to devote full time to cardiovascular research of his own choosing over the next three years.



DAVID M. LONG

Dr. Long, 34, has worked with Dr. C. Walton Lillehei on the University of Minnesota's open heart surgery teams, and is presently investigating low molecular dextran, a drug that stabilizes blood viscosity; a method of guaranteeing necessary nutrition of the lungs during surgery and post-operative recuperation; and a new method of drug encapsulation.

Married and the father of five children, Dr. Long was born in Pennsylvania and studied and taught at Hahneman Medical College and at the University of Minnesota before entering the Navy in 1961. Released from military service in 1963, he resumed his career at the University of Minnesota "because the finest opportunities in surgical research are to be found here," he said.

Alumni Notes

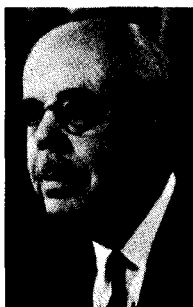
◆ 1919

Thomas J. Kinsella was the main speaker at the 1964 Medical Alumnus-Senior Class luncheon held May 8 at the University of Minnesota. His topic was "We Graduate to New Responsibilities." Dr. Kinsella is retiring this year from the clinical surgery staff at the Medical School.

Leo G. Rigler, executive director of Cedars of Lebanon Hospital in Los Angeles and visiting professor of radiology at U.C.L.A., has been appointed to the National Advisory Cancer Council of USPHS for a term extending to Sept. 30, 1967.

◆ 1922

Kenneth H. Sutherland is Health Officer of Los Angeles County, Calif. On July 1, 1964 his department was merged with the Los Angeles City Health Department successfully concluding years of complex negotiations. Ken has spent 40 years in public health administration, and has been in Los Angeles since 1947.



K. A. SUTHERLAND



KARL W. ANDERSON

◆ 1924

Karl W. Anderson has been elected senior vice president of Northwestern National Life Insurance Co., Minneapolis, Minn. He has been medical director of the company since 1946, and a vice president since 1957. Associated with him there is Dr. Earl T. Opstad (Med. '46), associate medical director.

◆ 1929

Joseph O. Rude has returned to his home in Juneau, Alaska from two months service in Bolivia under the LAOS program. He visited Ancoraimes, Caranavi, and La Paz, but spent most of his time examining students and adults at the Instituto Americano at Cochambamba.

◆ 1933

Leslie W. Foker, who practices industrial medicine in southeast Minneapolis, adds the following which arrived too late for listing in the Class of 1933 Survey, (May MEDICAL BULLETIN): He and his wife, Nancy, live at 2308 Oliver Ave. S., Minneapolis. Their children are Nancy, 23, and Dr. John E. Foker (Harvard, M.D. '63), who is now an intern in surgery at the University of Minnesota. Les received the M.S. degree in 1940 from Harvard's School of Public Health. He is a lecturer at the University of Minnesota in this field.

Harold O. Peterson, professor and head of radiology at the University, (see MEDICAL BULLETIN, April, 1964) says he rightfully belongs with the Class of '33, and missed being included in the survey article. "I started Medical School with these boys in 1929," he says, "and finished in '33, although I didn't get my M.D. certificate until '35 when I was able to raise the \$15 fee!" Pete lives at 1995 W. County Rd. B., St. Paul, Minn. with his wife, Margaret, who was just named president-elect of

the Women's Auxiliary, Minnesota State Medical Association. Their children are John, 28; Judith, 25; Richard, 21; and James 18.

The following communication, a propos the Class of 1933 article, will be self-explanatory:

LETTER TO THE EDITOR

Dr. W. Albert Sullivan, Editor

*MEDICAL BULLETIN, University of Minnesota Hospitals
Minneapolis, Minn. 55545*

Dear Dr. Sullivan:

I was deeply disturbed on reading the MEDICAL BULLETIN for May 1964 on page 330, of the passing of John L. Noble of the Class of 1933. I was even more disturbed that I had not been informed of this distressing event inasmuch as I have been more intimately associated with him than anyone else.

Upon reading this I immediately consulted the nearest mirror. Upon close observation, I confess, there were some definite indications of deterioration, however I was convinced there was still some signs of life. While I hesitate to take issue with the information published in the MEDICAL BULLETIN, my own observation, never the less, convinced me that the third paragraph on page 330 stating "John L. Noble is deceased," is in error. Should further substantiation be necessary I will attempt to furnish suitable documentary evidence.

In view of the above I humbly request that, however, insecure my tenure, my status be restored to that of the living, at least as of this date.

*Very truly yours,
J. Lawrence Noble, M.D.
St. Paul, Minn.*

EDITOR'S NOTE: *Glad to oblige, and thanks for (1) writing the MEDICAL BULLETIN and (2) a sense of good humor. Into each editor's life, some roin must fall.*

◆ 1935

Harold G. Scheie, professor and head of ophthalmology at the University of Pennsylvania, was honored with the Army's Legion of Merit medal April 21, 1964 on the occasion of his retirement from the Army Reserve after 28 years of service. He has been a brigadier general and commander of the Reserve's 31st Hospital Center in Philadelphia, Pa. A guest at the retirement banquet was Earl Louis Mountbatten, Great Britain's Admiral



HAROLD G. SCHEIE

of the Fleet and Chief of Staff of Defense Forces. Dr. Scheie saved the sight of Lord Mountbatten's left eye in Burma during World War II service, when Mountbatten was supreme allied commander in S.E. Asia. Dr. Scheie was presented with a personal medal from Mountbatten dated March 7, 1944.

◆ 1942

Virgil J. P. Lundquist was honored June 1, 1964 when he received the Alumni Service Award of the University of Minnesota.

He has been active in the Minnesota Alumni Association, and chairman of the Medical Alumni Student Center building project now nearing completion at the Medical School.

◆ 1943

Frank J. Dixon, head of the Department of Experimental Pathology at the Scripps Clinic and Research Foundation of LaJolla, Calif., was one of three Sommer Memorial lecturers at the University of Oregon Medical School's annual alumni association meeting in April.

◆ 1945

James C. Breneman is in the private practice of Allergy and Rheumatology at the Galesburg Clinic in Galesburg, Mich. His family now consists of his wife, Mary Lou, and Craig, 13; Grant, 11; and Lisa, 7.

◆ 1946

A. H. Bodelson is practicing obstetrics and gynecology in Boulder, Colo. He has nine children and lives with his family at 1136 Alpine. His wife is the former Corinne Turgeon of Minneapolis. "I enjoy skiing and big game hunting," he writes.

◆ 1947

Agamemnon Despopoulos, now with the Department of Pharmacology at Louisville University, will take a new post July 1st in the Department of Physiology, University of New Mexico.

◆ 1948

Clifford E. Nelson, a career USPHS medical officer, is presently stationed in Washington, D. C., as assistant to the Chief, States Assistance Branch, Division of Radiological Health. He recently completed a nine-month postgraduate training assignment at the University of Minnesota School of Public Health.

◆ 1953

James R. Jude has been appointed Professor and Head of the Division of Thoracic and Cardiovascular Surgery at the University of Miami School of Medicine, effective Sept. 1. He will also be a surgeon at Jackson Memorial Hospital, Miami, after completing 11 years on the staff at Johns Hopkins Medical Institutions, Baltimore, Md.

Everett H. Karon of St. Paul, Minn. was named president-elect of the St. Paul Society of Internal Medicine for 1965-66.

◆ 1955

Maj. Lewis A. Johnson is practicing pathology as chief of Hospital Laboratories of the U.S. Army Medical Center in Europe, Landstuhl, Germany. His mailing address is Pathology Service, U. S. Army Hospital, APO 180, N. Y., N. Y.

◆ 1958

Gene G. Hunder has been appointed a consultant in internal medicine at the Mayo Clinic. He has been an assistant on the staff since April, 1963, after completing a residency in internal medicine at Strong Memorial Hospital and the Mayo Foundation.



JAMES R. JUDE



GENE G. HUNDER



RICHARD L. SWANSON

◆ 1959

Richard Lee Swanson will move from Portland to Medford, Ore., Aug. 3, 1964 to begin the private practice of otolaryngology, after completing a four-year residency at the University of Oregon. His wife, Marjorie, is a graduate of the University of Minnesota School of Nursing. Their children are Mark, 9; Paul, 6; and Janet, 4.

◆ 1960

Murray W. Lufkin has been appointed a resident in ophthalmology at the Mayo Foundation.

Kenneth P. Manick became associated in the private practice of dermatology on July 1, 1964 with Dr. Robert W. Goltz (Med. '44) at 301 Downton Medical Center, Minneapolis. Ken has completed a three-year residency at University Hospitals, and will continue there on the clinical teaching staff in dermatology.

◆ 1961

Barry Grundland writes from Napa, Calif. that he is finishing his second year of psychiatry and will shift July 1st into a child psychiatry residency. He will be located with his family in Berkeley, Calif.

Karen Olness Torjesen recently returned from a year in Vientiane, Laos, where she served as a volunteer in a French military hospital, while her husband, Mr. Hakon Torjesen, served with the U. S. Information Agency. Karen led a successful effort to obtain a water supply for the hospital, interested the American women in working as volunteers, and persuaded American firms to donate drugs. She and her husband are presently stationed in Washington, D. C. where she will spend two years on a pediatric residency.

◆ 1962

Lt. Gary A. Cowan writes from aboard a Navy destroyer now on a six months cruise to Japan, the Philippines, Hong Kong, and Formosa, to announce he and his wife are parents of their first child, Carla Beth, born May 26, 1964. Gary's address is c/o U.S.S. Preston, F.P.O., San Francisco, Calif.

Waldemar G. Johanson, Jr. is a surgeon with the 82nd Airborne Division of the U. S. Army, Ft. Bragg, N. C. He will begin a residency in medicine at Ancker Hospital, St. Paul, next year.

◆ 1963

Robert Mathison, who has been interning at St. Mary's Hospital in Minneapolis, will begin general practice on July 1, 1964 with Drs. Eli, Roberts, Larson, and Wright, at 3620 Central Avenue, Minneapolis, Minn. Bob and his wife are parents of their fourth child—a daughter—born recently.

Joseph Stenzel will practice general medicine in association with Drs. Kelly and Barrett, 3801 Nicollet Ave., Minneapolis. He has been an intern at St. Mary's Hospital.

◆ 1963

Thomas C. Leach, interning at Ancker Hospital, St. Paul, will begin general practice July 1 in association with Drs. Anonsen and Olson at 5 West Lake Street, Minneapolis.

Alumni Deaths

◆ 1907

Dr. Moses L. Strathern, Gilbert, Minn. Died May 25, 1964, at the age of 88. He had practiced in Gilbert for more than 50 years. During collegiate days, he was captain of the University of Minnesota football team, playing in the famous first "Little Brown Jug" game of 1903 against the University of Michigan.

◆ 1910

Dr. Albert E. Julien, Turlock, Calif. Died March 15, 1964, age 83, of coronary occlusion.

◆ 1912

Dr. Thomas A. Peppard, Minneapolis, Minn. Died May 25, 1964, aged 76, of a heart attack. He was an emeritus clinical professor at the Medical School and had practiced in Minneapolis for nearly 50 years. In 1955, the Hennepin County Medical Society named him "Doctor of the Year." Dr. Peppard was a past president of the Minnesota Pathological Society, Minnesota and Minneapolis Academies of Medicine; and a charter member of the Minnesota Society of Internal Medicine. He was also former president of the Asbury Hospital medical staff and had been very active in the Masons and Hennepin Avenue Methodist Church. He is survived by his wife, Evelyn, and a daughter.

◆ 1927

Dr. Harold F. Flanagan, St. Paul, Minn. Died May 30, 1964, at the age of 62. Dr. Flanagan was president-elect of the American Academy of Pediatrics and was to have taken office in October. He was past president of the Ramsey County Medical Society, the Northwestern Pediatric Society and the Minnesota Academy of Medicine, and was on the staffs of Ancker, St. Joseph's and Children's Hospitals in St. Paul. He was active in the St. Paul United Fund, St. Thomas College, and St. Catherine's College. Survivors include his wife, Margaret, and four daughters, one of whom is Dr. Kathleen Flanagan Hobday (Med. '62).

◆ 1937

Dr. Alexander J. Ross, Minneapolis, Minn. Died May 22, 1964, aged 58, of injuries received in an automobile accident. He had practiced in Minneapolis for 30 years and was on the staffs of Northwestern, St. Barnabas and St. Mary's Hospitals. He is survived by a daughter, Viola; a son, Alexander, Jr.; and a brother, Frank, all of Minneapolis.

◆ 1919

Dr. Rolla I. Stewart, Minneapolis, Minn. Died June 8, 1964 at the age of 71 years. A native of Missouri, he had lived and practiced medicine and surgery for 33 years in Minneapolis, and was a member of Phi Beta Pi medical fraternity.

◆ 1920

Dr. Raymond M. Sullivan, Minneapolis, Minn. Died June 5, 1964, aged 68. He had practiced in Minneapolis for 43 years and was a longtime staff member of St. Mary's Hospital. Survivors include his wife, Inez; three sons, one of whom is Dr. Robert Sullivan (Med. '46), Ft. Wayne, Ind.; and a daughter.

◆ 1926

Dr. Leonard K. Buzzelle, Minneapolis, Minn. Died June 22, 1964 at the age of 63. He had lived in Minneapolis 45 years and practiced as a surgeon.

Memorial Gifts

The Minnesota Medical Foundation acknowledges with gratitude recent contributions made in memory of:

Gordon G. Leitz
Golden Valley, Minn.

Forest L. Morgan
Minneapolis, Minn.

Dr. Paul S. Hagen
Minneapolis, Minn.

Mrs. Roy Smith
Herman, Minn.

Mrs. Gertrude M. Moore
Minneapolis, Minn.

William Tramel
Faribault, Minn.

Memorial gifts are a thoughtful means of honoring the memory of a relative, friend, or colleague. They serve the living by strengthening medical education and research at the University of Minnesota Medical School. Gifts may be designated for specific purposes. The Minnesota Medical Foundation acknowledges all gifts to both donor and next of kin.

MEDICAL ALUMNI EXCHANGE

INTERNIST WANTED, board or board qualified, to join 5-man mixed group including present certified internist. Contact C. M. Guernsey, M.D., Guernsey-Stoner Clinic, 1802 Esplanade, Chico, Calif.

This is the concluding issue of Volume XXXV of the University of Minnesota MEDICAL BULLETIN, which has been published monthly from September through June of the 1963-64 academic year. No issues are published during July and August. Publication of Volume XXXVI will begin in September, 1964.

CHANGE-OF-ADDRESS NOTICE

Name _____ Class of _____

Present Address _____

Change to: (Effective: _____)

Street _____

City _____ Zip Code _____

State _____

Detach and mail to:

Managing Editor
University of Minnesota MEDICAL BULLETIN
Box 193 - University Hospitals
Minneapolis, Minn. 55455

COMING EVENTS

University of Minnesota Medical School

CONTINUATION COURSES FOR PHYSICIANS

1964

University of Minnesota
Center for Continuation Study

June 3 - 5 Anesthesiology

Tentative

September 21 - 23 Pediatrics
October 8 - 10 Dermatology
October 26 - 30 Radiology
November 11 - 13 Ophthalmology (Refraction)
November 12 - 14 Orthopedic Surgery
November 19 - 21 Cardiovascular Diseases

1965

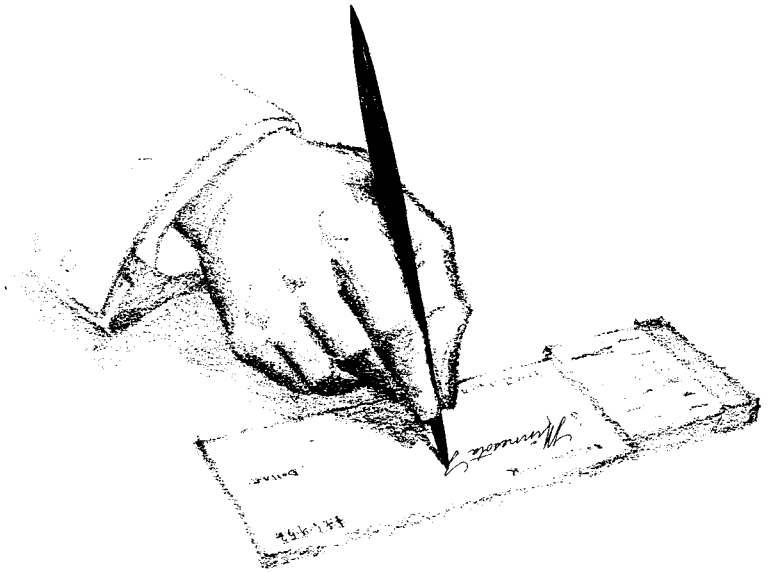
January 4 - 8 Electrocardiography (Introductory)
January 18 - 20 Psychiatry
February 1 - 6 Neurology
February 8 - 12 Proctology
March 16 - 19 Internal Medicine
April 2 - 3 Trauma
April 22 - 24 Obstetrics
May 3 - 5 Ophthalmology
May 20 - 22 Surgery
May 26 - 28 Otolaryngology
June 2 - 4 Anesthesiology

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)
UNIVERSITY OF MINNESOTA
MINNEAPOLIS, MINNESOTA 55455



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