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Automation

Medical Computing — Present and Future*

Eugene A. Johnson, Ph.D.†

Medical computing in the University of Minnesota Medical Center effectively began in April 1966. Despite the short time interval it is difficult to limit the description of our diverse and complex activities. The selected list presented here emphasizes the potential for the future.

Multivariate Classification

All diagnosis weighs multiple items of information concerning the patient. We have developed a particular strategy of classification using multivariable observations. The application of the strategy requires both extensive storage of data from previously classified individuals and a large amount of computing on the variables from a new individual to be classified.

This procedure is being tested by Dr. Naip Tuna for classifying heart defects on the basis of vector cardiogram data. Our experience suggested that a 91% correct classification rate is possible using only six discrete variables to classify into four categories.

Using data on 1,349 patients furnished by Dr. Bernard Glueck, we were able to properly classify 91% into one of six distinct psychiatric diagnosis categories on the basis of 20 variables.

Using data provided by Dr. John A. Anderson the strategy correctly distinguished normals and parents of phenylketonuria patients 85% of the time on the basis of three tyrosine readings per person.

Cathode Ray Tube (CRT) and Typewriter Remote Station Communication Network

We are completing a network of remote stations from which messages can be sent and received. This enables a user to establish files; add items, alter items, remove items from the files

*From a report to the Staff Meeting of University Hospitals on January 6, 1967

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and call up displays of the information in the files at the remote station. The information is stored on rapidly revolving disks and is virtually instantaneously retrievable.

This system will be used by the Department of Laboratory Medicine. An alphabetic file of all inpatients will be kept. Patients can be added or subtracted on the CRT as they are admitted or discharged. Requisitions for laboratory tests are entered through the CRT. A computer program formulates a list of instructions so that the correct amount of blood to go into each of several tubes is determined and printed out. This aspect alone will save an estimated 30-40 hours per day of nurses time. It is intended that the lab results will also be reported through the CRT. The chart copy of the test results will be cumulative and rearranged for clinical convenience.

This CRT system is essential to Dr. Arnold Lazarow's large scale medical literature information storage and retrieval project. Requests for information are put into the CRT. Special purpose programs search the files and format the information obtained for display back on the CRT.

Analog Data Acquisition and Processing

We are setting up a central analog to digital (A/D) conversion system. Each remote station will convert direct continuous or analog signals to FM and send them to the central facility. There they will be demodulated, run through the A/D system and fed into the computer for analysis and monitoring. Many remote stations will be able to function simultaneously. They can come and go as they please, each with several channels, with high or low sampling rates.

Dr. Eugene Bernstein is setting up a surgical and post-surgical monitoring system. He anticipates that seven channels of analog data will be fed into the computer. The results of the analysis will be returned to the remote room by CRT display messages.

The V.C.G. signals from Dr. Tuna's studies will also go directly from the patient to the computer via FM and A/D with results being summarized on plotter, printer and CRT.

It is fully intended that the results from the auto analysis in Laboratory Medicine will eventually go by direct wire to the computer also.

Batch Processing

We now regard the use of the computer for one time solution of difficult scientific problems as rather routine. However, solution of several simultaneous differential equations for a problem

in Physiology or the completion of a large analysis of variance for those in Biometry is hardly routine for the person involved. This type of service is being offered daily to the departments of the University Hospitals. Many staff members have developed a sufficient interest to do their own programming within the department.

Future

The September issue of *Scientific American* was devoted entirely to the computer area. It was sold out in two weeks. A recent issue of *Saturday Review* was entitled "The New Computerized Age" and devoted entirely to that subject. In the last ten years more than 30,000 computers costing more than \$11 billion dollars have been installed in the United States alone. Even in tradition-bound medicine, apprehension is finally beginning to give way to creative and imaginative utilization.

There is every indication that the present severe medical manpower shortage will get worse. We are faced with a clear mandate and obligation to make use of the new potential for automating all algorithmic activities associated with medical practice and research. We are certain to benefit by having these activities carried out more efficiently and by relieving professional people to do the things they should be doing.



Pathology

Heart Weight and Its Correlation with the Electrocardiogram*

Donald F. Gleason, M.D., Ph.D.†

The mass of the human heart varies widely and the "normal" limits are not firmly established, although they are obviously essential for clinicopathologic correlations.

In 122 adult male control cases studied at the Minneapolis Veterans Administration Hospital the heart mass was found to be quite strongly correlated with body mass. Adjustment for body mass permitted identifying several interesting relationships between the separated right and left ventricular masses in 103 cases of uncomplicated hypertrophy. Criteria for right and left ventricular hypertrophy were evaluated in the electrocardiograms which had been taken during life. Cases with arteriosclerotic heart disease were excluded.

The total heart mass and the mass of the separated ventricular and septal segments (with epicardial fat removed) correlated best with body mass ($r = 0.7$ to 0.8) in the control cases. The heart masses were not better correlated with body surface area (DuBois) nor with other multiple functions of body mass, body length and age.

The similar data from the classic study of Müller (1883), including cases of all ages, was analyzed and appeared to indicate that $\text{Heart Mass} = K \times \text{Body Mass}^n$

The exponent n averaged approximately 0.69 for Müller's adult males and almost identical exponents were obtained from the present 122 control cases.

The constants and exponents from the present control cases were used to "adjust" all the heart masses from the observed body mass to a 60 Kg. body mass through the above power function equation. This reduced the coefficients of variation from about 22% in the raw heart data to about 15% in the adjusted data.

*From a report to the Staff Meeting of University Hospitals on January 20, 1967

†Instructor, Department of Pathology, University of Minnesota; Chief, Laboratory, Minneapolis Veterans Administration Hospital.

Varying degrees of anatomic right ventricular hypertrophy (RVH) were found in 29 cases of right ventricular overload (cor pulmonale, mitral stenosis, etc.). There was virtually no evidence of anatomic left ventricular hypertrophy (LVH) in these RVH cases, in contrast with some previous opinions. The left ventricle did not enlarge "in sympathy" with the right ventricle.

Varying degrees of LVH were found in 59 cases of left ventricular overload (hypertension, aortic valve disease). Varying degrees of RVH were also present in many of these primarily LVH cases. This RVH was frequently severe enough to maintain the right/left ventricular mass ratios within the normal range. Such ratios are not satisfactory measures of LVH, although they have frequently been used for this purpose in the past.

A miscellaneous group of 15 cases (combined and idiopathic hypertrophy) yielded little information.

The anatomic data were compared with standard 12 lead electrocardiograms taken during life. In the control cases, generally higher ECG voltages were associated with heavier bodies, heavier hearts and younger age. QRS and T axes shifted to the left with increasing body mass but no significant correlations were found with the anatomic right/left ventricular ratios. The latter appeared to indicate that the wide normal range of QRS and T vector axes must be due to functional differences in conduction-depolarization-repolarization pathways, body conduction pathways, etc., rather than the simple relation of left and right ventricular masses.

Standard ECG criteria for RVH were found to have fair correlation with, and fair discrimination for, anatomic RVH. The stronger correlations were those with right axis deviation (RAD) beyond $\pm 105^\circ$, $T^\circ - QRS^\circ$, SI , RI , $-SI$, and the precordial QRS transition zone. The correlations with SI and $RI - SI$ were stronger than those found for RAD. The appropriate ECG measurements correctly identified 70 - 80% of the cases with definite anatomic RVH.

Standard ECG criteria for LVH showed relatively weaker correlations and discrimination than those for RVH. The "left ventricular strain pattern" identified 50% of the cases with definite anatomic LVH with excellent specificity. High voltage criteria showed frequent false positive and negative identifications. Limits for left axis deviation predicted from body mass permitted identifying a few more cases of abnormal left axis deviation than the usual criterion of -30° . Fifty percent of the cases with definite LVH were then identified by abnormal left

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axis deviation. At best, however, only 50 - 60% of the definite LVH cases were correctly identified by ECG criteria.

No ECG criteria could be found to identify the RVH so frequently present in the LVH cases nor to diagnose the few cases of combined right and left hypertrophy correctly.

The large random variation of the human heart mass can be substantially reduced by considering the correlation of the heart mass with the body mass. The mass of the fat-free ventricular muscle segments remains the best available measure of ventricular hypertrophy. There is need for more data of this type to validate electrocardiographic and vectorcardiographic criteria for ventricular hypertrophy and to separate them from the changes due to myocardial disease, which was excluded from this study.



Radiology

Nuclear Medicine*

Merle K. Loken, Ph.D., M.D.†

Nuclear medicine relates to the development, evaluation, and propagation of various uses of radioactive materials in the diagnosis and treatment of disease. To this end, consideration must be given to the availability of radioactive materials, to the availability and performances of devices for measurement of radioactivity, and to the radiation hazards to patients and clinic personnel.

The initial use of radioactive materials in medicine followed shortly after the discovery of radioactivity by Becquerel in 1896. However, in the 50 years that followed, very few radioactive materials other than radium and its related products were used to any great extent by the practicing physician. Since the end of World War II, there has been a steady increase in the availability of reactor-produced radioactive materials so that today there are several hundred radiopharmaceuticals available for use in medicine and medical research. There is little doubt that the number of these radioisotopic pharmaceuticals will be increased substantially in the future.

The rapid growth in availability of radioisotopes has been paralleled by rapid advances in nuclear instrumentation. Such things as cost, speed and reliability of obtaining data, versatility, and sensitivity have been major considerations in this development. The sensitivity of nuclear instruments determines in part the amount of radioactivity to be administered to a patient in order to perform a particular study and this together with physical properties of the radioisotope used (half-life, types of emissions) governs the radiation exposure to patients and personnel.

A wide variety of instruments are available for use in nuclear medicine all of which have some means of detecting and recording radioactivity. The majority of these instruments employ a scintillation crystal detector coupled with a spectrometer for analysis of gamma ray energies. Beyond this, instruments differ depending upon their particular application. For assay of radioactivity a scaler is used. If information is desired on the

*From a report to the Staff Meeting of University Hospitals on February 3, 1967
†Associate Professor, Department of Radiology; Director, Nuclear Medicine Clinic, University Hospitals.

rate of uptake and clearance of a radioisotope from an organ such as in studying the function of a renal transplant, then ratemeters and strip chart recorders are employed. Scintiphotograms of body organs containing radioactivity are obtained using a rectilinear scanner or scintillation camera. The camera is an instrument of relatively recent design that is used primarily for studies in which dynamic function data are desired in addition to scintiphotograms. This technique is being carried out routinely in our clinic for evaluation of cerebral blood flow and pulmonary function using 133-xenon gas. With the aid of computer analyses specific information on regional cerebral blood flow and regional pulmonary function are being obtained.

A summary of our clinical uses of radioactive pharmaceuticals is listed in the table below. These uses may be divided into five general areas, each of which includes several specific procedures. Although various medical specialties may be involved in carrying out these procedures, nuclear medicine remains most closely allied to radiology because of common interests in radiation hazards and dosimetry, radiation therapy, as well as in many of the diagnostic procedures themselves. Nonetheless, nuclear medicine must employ the special talents of physicians in nearly all clinical specialties as well as researchers in the basic medical sciences, in order to carry out an effective and expanding program.

NUCLEAR MEDICINE

- | | | | |
|---------------------------------------|------------------------|-------------------------------|--|
| <i>A. Laboratory Techniques</i> | | <i>B. Dynamic Function</i> | |
| 1. Blood volume | | 1. Thyroid | |
| 2. Red cell mass | | 2. Kidney | |
| 3. Red cell survival | | 3. Liver | |
| 4. Fat absorption | | 4. Lung | |
| 5. Vitamin B ₁₂ absorption | | 5. Pancreas | |
| 6. Radiopharmaceutical preparation | | 6. Bone | |
| | | 7. Heart | |
| <i>C. Organ Visualization</i> | | <i>D. Regional Blood Flow</i> | |
| 1. Brain | 7. Spleen | 1. Brain | |
| 2. Thyroid | 8. Kidney | 2. Heart | |
| 3. Lung | 9. Bone | 3. Lung | |
| 4. Heart | 10. Pancreas | 4. Extremities | |
| 5. Stomach | 11. Subarachnoid space | 5. Liver | |
| 6. Liver | 12. Placenta | | |
| <i>E. Therapy</i> | | | |
| 1. Hyperthyroidism | | | |
| 2. Thyroid carcinoma | | | |
| 3. Polycythemia vera | | | |
| 4. Leukemia | | | |
| 5. Effusions | | | |
| 6. Subarachnoid tumors | | | |

Medical School News

Profile of the Class of 1970

The Medical School class of 1970 entered medical school last September and presently is completing the winter quarter program of study of gross anatomy, biochemistry, embryology, psychiatry and radiation biology. This class is a bright, carefully chosen, coterie of 156 men and eight women. Each of the 164 individuals who matriculated on September 26 was judged by the school's Admissions Committee as capable of and highly motivated toward completing the four years of arduous study leading to the degree of Doctor of Medicine.

A total of 639 students applied for the 1966 entering class, of which 301 were Minnesota residents. From these, the 146 Minnesotans in the class were chosen. The ratio of resident applications to acceptances was thus 2 to 1. Most of the 18 non-residents came from the Upper Midwest.

The class ranges in age from 19 to 32, with an average age of 22 years. One half the class took a portion or all of its pre-medical training at the University of Minnesota and a substantial number of the remaining students studied in colleges in Minnesota. The tabulation of the class according to undergraduate college is as follows:

Carleton (5), Yale (2), St. Olaf (13), St. Thomas (9), Gustavus Adolphus (5), St. John's (8), Hamline (3), Grinnell (2), Macalester (3), MIT (2), Augsburg (2), St. Cloud State (2), Concordia (3), Bethel (2), Princeton, Bemidji State, University of Nevada, University of Illinois, Wisconsin State, Earlham College, University of North Dakota, Montana State, Kansas State, Notre Dame, University of Portland, Dartmouth, Depauw University, Occidental College, University of California, Marquette University, St. Mary's College, Fisk University and University of Washington.

Virtually every member of the class achieved a very good to superior scholastic record in college, with the mean grade point average of the class at 3.25 (where 3=B, 4=A). The majority, 120 of 164 students or almost $\frac{3}{4}$ of the class, had at least four years of college before entering Medical School. Almost all this group had received a baccalaureate degree. Several had an unusual educational background: one student has an M.S. from M.I.T. in Chemical Engineering; another an M.A. in Psychology from Bowling Green; and two had earned B.S. degrees in Pharmacy.

Of the men, 32 are married, with a total of 11 children. One of the 8 women students is married.

Of the 142 students who reported having 343 siblings (an

average of 2.4 per student for a family of 3.4 on the average), 66 reported that they were the oldest of the sibship. This parallels studies at other medical schools which show a tendency for the oldest son to enter medicine.

The occupations of the fathers is understandably varied. Of 150 students who listed father's occupations, including some of those whose fathers were deceased, there were sons of physicians (20), dentists (7), engineers (10), lawyers (3), farmers (10), insurance or investment counselors (8), accountants (5), salesmen (7), pastors (5), teachers, education administrators or professors (9), businessmen (8). Six fathers were listed as disabled or retired. Other occupations listed included economist, executive, welder, trucker, banker, pharmacist, parking attendant, hatchery manager, shoe repairer, railroader, statistician, steam fitter, mechanic, miner, foreman, illustrator, clerk linotyper, photoengraver, social worker, public relations specialist, realtor, mail carrier, inspector, pilot, electrician, publisher.

The entire class was polled on plans for practice; 55 had no plans. Of 109 students who had formulated tentative plans for practice, 12 indicated an inclination toward general practice, 68 toward a specialty field and 27 gave no indication of preference. Two indicated a desire to enter the medical missionary field.

Of the original class of 164, two students have withdrawn, neither on the basis of academic failure.

Robert J. McCollister, M.D., Assistant Dean

THE CLASS OF 1970

Ahlberg, Daniel B. St. Paul, Minn. Univ. of Minn.	Bennett, Forrest C. St. Paul, Minn. Hamline Univ.	Carlson, Jon Paul Newman Grove, Neb. Gustavus Adolphus
Anderson, David E. Grasston, Minn. Augsburg College	Berg, William D. Bemidji, Minn. Bemidji State Coll.	Cermak, Peter M. Hopkins, Minn. St. John's Univ.
Asleson, Bruce A. Ulen, Minn. Concordia College	Bevan, William A., Jr. Chisago City, Minn. Univ. of Minn.	Cervenka, John D. New Prague, Minn. Univ. of Minn.
Bagley, Frederick H. Duluth, Minn. Carleton College	Blackmore, Gary R. Biwabik, Minn. Univ. of Minn.	Char, Devron H. St. Paul, Minn. Univ. of Minn.
Baier, Bernard C. Minneapolis, Minn. College of St. Thomas	Blewett, Berton D. Billings, Mont. M.I.T.	Colomy, John R. St. Cloud, Minn. St. Cloud State
Bailly, Richard C. Fargo, N.D. Grinnell College	Brabeck, Michael C. St. Paul, Minn. College of St. Thomas	Coonan, John E. St. Paul, Minn. College of St. Thomas
Batalden, Daryl J. Lamberton, Minn. Gustavus Adolphus	Brage, John R. Minneapolis, Minn. College of St. Thomas	Cooney, Gary D. Reno, Nev. Univ. of Nevada
Beck, Charles H. Minneapolis, Minn. Univ. of Minn.	Brugger, Wesley E. Austin, Minn. Univ. of Minn.	Cosgriff, Thomas M. Moorhead, Minn. Univ. of Minn.
Beck, Richard L. Fergus Falls, Minn. Univ. of Minn.	Buhr, Paul E. St. Paul, Minn. Concordia College	Cuestas, Paul A. David, Panama Univ. of Minn.
Becker, Lowell L., Jr. Buffalo Lake, Minn. Univ. of Minn.		St. John's Univ.

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East Grand Forks, Minn.
Univ. of North Dakota
St. Olaf College
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Lake Crystal, Minn.
St. Olaf College
- Dey, James W.
Lakeville, Minn.
Univ. of Minn.
St. John's Univ.
- Dickey, Robert P.
McLean, Va.
M.I.T.
Univ. of Minn.
- Duane, William C., Jr.
Mankato, Minn.
Carleton College
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St. Paul, Minn.
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St. Paul Seminary
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- Tschetter, Thomas H.
Jasper, Minn.
Univ. of Minn.
Huron College
- Turek, Thomas M.
LeCenter, Minn.
St. John's Univ.
- Twito, Donald I.
Minneapolis, Minn.
St. Olaf College
- Veits, Harold R.
Minneapolis, Minn.
Univ. of Minn.
- Voltin, Ronald F.
Minneapolis, Minn.
Univ. of Minn.
Univ. of California
- Vorpahl, Thomas E.
St. Paul, Minn.
Univ. of Minn.
- Wachter, Richard D.
St. Louis Park, Minn.
Univ. of Minn.
- Walker, James R.
Minneapolis, Minn.
Univ. of Minn.
- Weeks, Samuel M.
Atlanta, Georgia
Fisk Univ.
- Weiser, Philip C.
Mercer Island, Wash.
Univ. of Minn.
Univ. of Wash.
- Westby, James S.
Minneapolis, Minn.
Univ. of Minn.
- Wicklund, Paul T.
St. Paul, Minn.
Bethel College
- Wittkopp, Thomas A.
Worthington, Minn.
Valparaiso Univ.
Univ. of Minn.
- Wrigley, John V.
Madison, Wis.
Univ. of Wisconsin
- Ylvisaker, John T.
Minneapolis, Minn.
St. Olaf College
College of St. Thomas
- Yu, Victor L.
Minneapolis, Minn.
Univ. of Minn.
Carleton College

John S. Najarian to Head Surgery Dept. at Minnesota

Dr. John S. Najarian, a 39-year-old California surgeon who is widely known for his work in tissue transplants, has been chosen to become head of the Department of Surgery at the University of Minnesota.



John S. Najarian

Selection of Najarian, a professor of surgery at the University of California, ends a nationwide search to find a successor to Dr. Owen H. Wangensteen, who will retire June 30, 1967 at the University's mandatory retirement age of 68. Dr. Wangensteen has been head of the Department of Surgery at Minnesota since 1930.

Dr. Najarian has been on the faculty of the University of California's San Francisco Medical Center since 1959. He established the Center's tissue transplant service in 1963, which has since completed nearly 60 kidney transplants with an average success rate of 75%.

Dr. Najarian is a 1952 medical graduate of the University of California. After internship at the University of California, he served two years with the U. S. Air Force. He then returned to undertake a four-year surgery residency at the University of California.

In addition to teaching, Dr. Najarian has directed a research program aimed at understanding the basic mechanisms involved in the human tolerance of alien tissues. Emphasis has been on exploring methods of stopping the rejection of "alien" tissues, thus opening the way to more extensive surgical transplantation.

Dr. Najarian is a Markle Scholar (1964) and has held several special research fellowships with the U.S.P.H.S. He is a fellow of the American College of Surgeons, and a consultant to N.I.H.

Of his appointment Dean Robert B. Howard commented: "I am delighted to concur with the unanimous selection of the committee seeking Dr. Wangensteen's successor. I am confident Dr. Najarian will carry on the excellent tradition of surgical education and research built over these many years by Dr. Wangensteen."

Dr. Najarian's appointment will be effective June 1, 1967. He presently lives in San Francisco, Calif., with his wife, Mignette, and four sons.

New Administrative Team At University Hospitals

A new administration of hospital officials is now directing the affairs of the 804-bed, 13-unit University of Minnesota Hospitals following the retirement on December 31, 1966 of Gertrude N. Gilman, who headed the Hospitals since 1964.

Mr. John H. Westerman, the new director, is a graduate of University's Program in Hospital Administration. His associate directors are Mr. Peter H. Sammond, former assistant superintendent of the University of Chicago Hospital and Clinics; Mr. David R. Preston, former assistant administrator of St. Mary's Hospital, Duluth, Minn.; and Mr. C. Thomas Smith, former administrative associate at Baptist Memorial Hospital, Memphis, Tenn.

Mr. McCollum E. Brasfield was appointed assistant director. He has been assistant to the director of University Hospitals since 1965, and will also serve as assistant executive secretary of the University's Long Range Planning Committee for the Health Sciences. The Committee is developing plans for a \$53 million, 10-year expansion program for the Medical Center and its college units.

Former long time director of University Hospitals, Mr. Ray Amberg, is now retired and living in Minneapolis, where he serves as a consultant to various Twin Cities Hospital planning agencies.

Miss Gilman is presently recuperating from a hospitalization which occurred simultaneous to her retirement at the end of 1966.

Former associate director of University Hospitals, Mr. Glenn R. Mitchell, is now in Baltimore, Md., where he was appointed assistant administrator of the 1400-bed Johns Hopkins Hospital.

Mr. Gerard W. Frawley, former associate director, now resides in Miami, Fla., where is director of the Variety Children's Hospital, a 200-bed hospital affiliated with the University of Miami Medical Center.

Mr. Ames Early, former assistant director of University Hospitals, was recently appointed administrator of the Mary Frances Skiff Memorial Hospital, a 130-bed non profit community hospital in Newton, Iowa.

Medical Foundation News

Are You A Member of the Minnesota Medical Foundation?

Nearly 3,000 individuals now hold membership in the Minnesota Medical Foundation. The roster has lengthened considerably in recent years as alumni of the Medical School added their backing since the Foundation became a full-time operation eight years ago.

Membership may be in any of several categories. The dues are as follows:



Type	Dues
Sustaining	\$100.00 per year
Contributing	25.00 per year
Annual	10.00 per year
Resident	3.00 per year
Intern—Student	1.00 per year

There is no obligation among members other than to make an annual gift of dues.

The dues are tax deductible, and they provide a pool of unrestricted income which sustains the basic operations of the Minnesota Medical Foundation.

The Foundation operates a very low cost in quarters provided for it by the University of Minnesota Medical Center. A small staff is employed. The Foundation is regarded as the "financial center" of the Medical School, and is visited daily by many students and staff.

Monthly issues of the University of Minnesota MEDICAL BULLETIN are produced by the Foundation staff and mailed to each alumnus of the Medical School, regardless of their membership status in the Foundation. Presently nearly one-half of the Medical School's 5,100 living alumni contribute to the work of the Foundation.

While membership in yet another organization may seem intolerable, alumni of the Medical School are urged to consider that the Foundation asks only a yearly charitable investment from the rank and file of graduates. It requires nothing but a check . . . and belief in the value of the Foundation's work.

Thus the "membership" may be correctly regarded as a "gift" to the work of the Minnesota Medical Foundation. In return, the Foundation serves as the philanthropic arm of the Medical School, providing scholarships, loans, prizes, awards, financial

THE MEDICAL BULLETIN

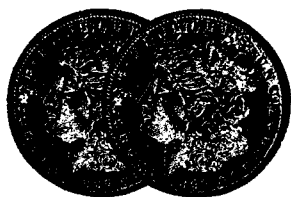
counseling, fund raising advice, "seed money" research grants, and a monthly alumni magazine of growing quality.

Other special projects are undertaken, such as the Directory of Medical Alumni, a huge publishing endeavor completed in 1966, and alumni reunion affairs.

Money for these and other earmarked projects are raised through the administrative facilities of the Minnesota Medical Foundation. Your annual gifts help keep it all functioning. (Sustaining memberships help ten times as much as annual memberships.)

If you are not now a member of the Minnesota Medical Foundation, or if you are curious about who is breathing life into medical alumni affairs, or wonder who keeps sending you this MEDICAL BULLETIN each month, why not send a check today?

Minnesota Medical Foundation
Box 193 - University Hospitals
Minneapolis, Minn. 55455



It's a Match **Matching Gift Opportunity**

DOLLAR FOR DOLLAR, your gift to the Minnesota Medical Foundation can be matched if you work for a company which is listed below. An increasing number of firms have joined this roster, maintaining "matching gift" programs as part of their over-all programs of support of education.

- Although most physicians are self-employed, many are also full or part-time employes of corporations, insurance companies, etc. **THIS INFORMATION IS DIRECTED PRIMARILY TO "COMPANY PHYSICIANS."**

THE MEDICAL BULLETIN

- If you are on the payroll of any firm listed here, please ask your company to "match" your gifts to the Minnesota Medical Foundation. In most cases, the firm will gladly do this.
- Although programs differ from company to company, the idea behind matching gifts is simple. When you make a contribution to the Minnesota Medical Foundation, you fill in a short form provided by your employer, who matches your gift by sending an equal amount to the Minnesota Medical Foundation.
- Under matching gift programs, your employer is offering support to the educational institution of your choice in recognition of the contribution you, as an educated person, is making to your company.

Please look over the list now. Take advantage of this opportunity to double-your-gift to the Minnesota Medical Foundation, or other educational institution of your choice. There is absolutely no cost or obligation involved.

Abbott Laboratories
Aeroglide Corp.
Aetna Life Affiliated Companies
Air Products and Chemicals
Air Reduction Co.
Albion Malleable Iron Co.
Allegheny Ludlum Steel Corp.
Alcoa
American Brake Shoe Co.
American Express Co.
American & Foreign Power Co.
American Home Products Corp.
American Metal Climax Found.
American Potash & Chemical Corp.
American Smelting and Refin. Co.
American Sugar Refining Co.
Armco Foundation
Armstrong Cork Co.
Athos Steel and Aluminum, Inc.
Atlas Chemical Industries, Inc.
Atlas Rigging and Supply Co.

Bank of New York
Barton-Gillet Co.
Berks County Trust Co.
Bishop Trust Co., Ltd.

Bloch Brothers Tobacco Co.
Boston Mfrs. Mutual Ins. Co.
Bristol Myers Co.
Brown-Forman Distillers Corp.
Brown and Root, Inc.
Burlington Industries
Cabot Corp.
Campbell Soup Co.
Canadian Gen. Electric Co., Ltd.
The Carborundum Co.
Carpenter Steel Co.
Carter Products, Inc.
Cavalier Corp.
Cerro Corp.
Chase Manhattan Bank
Chemical Bank N.Y. Trust Co.
Chicopee Manufacturing Co.
Chrysler Corp.
Citizens & Southern Nat'l. Bank
Cleveland Electric Illuminating Co.
Clevite Corp.
James B. Clow & Sons, Inc.
Coats & Clark, Inc.
Columbian Carbon Co.
Combustion Engineering

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- Conn. General Life Ins. Co.
 Conn. Mutual Life Ins. Co.
 Consolidation Coal Co.
 Consumers Power Co.
 Container Corp. of America
 The Continental Insurance Cos.
 Continental Oil Co.
 Cook Foundation
 Copley Newspapers
 Corn Products Co.
 Corning Glass Works Co.
 Crouse-Hinds Co.
- Deering Milliken, Inc.
 Diamond Alkali Co.
 Diamond Crystal Salt Co.
 Dow Chemical Co.
 Dow Corning Corp.
 Draper Corp.
 Dresser Industries, Inc.
 Wilbur B. Driver Co.
- Eastern Gas & Fuel Associates
 Easton Car & Construction
 Ebasco Services, Inc.
 Electric Bond & Share Co.
 Esso Education Foundation
 Ex-Cell-O Corp
- Fafnir Bearing Co.
 Ferru Corp.
 Firemen's Mutual Ins. Co.
 First Nat'l. Bank of Hawaii
 Ford Motor Co.
 Ford Motor Co. of Canada, Ltd.
 Forty-Eight Insulations, Inc.
 E & J Gallo Winery
- Gardner-Denver Co.
 General Atronics Corp.
 General Electric Co.
 General Foods Corp.
 General Foods, Ltd.
 General Mills, Inc.
 General Public Utilities Corp.
 M. A. Gesner of Illinois, Inc.
 Gibbs & Hill, Inc.
 Ginn & Co.
 Glidden Co., Ohio
 B. F. Goodrich Co.
 W. T. Grant Co.
 The Griswold-Eshleman Co.
 Guardian Life Ins. Co.
 Gulf Oil Corp.
 Gulf States Utilities Co.
- Harris-Intertype Corp.
- Harsco Corp.
 Hawaiian Telephone Co.
 Hercules Powder Co.
 Hewlett-Packard Co.
 Hill Acme Co.
 Honeywell, Inc.
 Hooker Chemical Corp.
 J. M. Huber Corp.
 Hughes Aircraft Co.
- Insurance Co. of North America
 IBM Corp.
 International Tel. & Tel. Corp.
- Jefferson Mills, Inc.
 Jewel Tea Co.
 Johnson & Higgins
 Johnson & Johnson
 S. C. Johnson & Son, Inc.
 Jones & Laughlin Steel Corp.
- Kaiser Steel Corp.
 The Kendall Company
 Kern County Land Co.
 Walter Kidde & Co.
 Walter Kidde Constructors
 Killer, Peabody & Co.
 Kimberly-Clark Corp.
 Kingsbury Machine Tool Corp.
 Richard C. Knight Ins. Agency, Inc.
 H. Kohnstamm & Co., Inc.
- Lehigh Portland Cement Co.
 Lever Brothers Co.
 P. Lorillard Co.
 Lubrizol Corp.
 Lummus Co.
 Lustra Plastics Corp.
- Mallinckrodt Chemical Works
 P. R. Mollary & Co., Inc.
 Manufacturers Hanover Trust Co.
 Marathon Oil Co.
 Marine Midland Trust Co. of N.Y.
 Mass. Mutual Life Ins. Co.
 Matalene Surgical Instruments Co.
 Maytag Co.
 McCormick & Co., Inc.
 McGraw-Hill Publishing Co.
 Medusa Portland Cement Co.
 Mellon Nat. Bank & Trust Co.
 Merck & Co., Inc.
 M. & T. Chemicals, Inc.
 Middlesex Mutual Assurance Co.
 Midland-Ross Corp.
 Miehle-Goss-Dexter, Inc.
 Monticello Life Ins. Co.

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Mutual Boiler & Machinery Ins. Co.
Mutual of Omaha-United of Omaha
National Biscuit Co.
National Cash Register Co.
National Distillers & Chemical Corp.
National Lead Co.
Natural Gas Pipeline Co. of America
New Eng. Gas/Electric Assoc. Sys.
New England Merchants Nat. Bank
New England Mutual Life Ins. Co.
Norton Co., Mass.
John Nuveen & Co.

Oklahoma Gas & Electric Co.
Olin Mathieson Chemical Corp.
Ortho Pharmaceutical Corp.
Owens-Corning Fiberglas Corp.

Parker-Hannifin Corp.
Pennsalt Chemicals Corp.
Pennsylvania Power & Light Co.
Penton Publishing Co.
Personal Products Corp.
Petro-Tex Chemicals Corp.
Phelps Dodge Corp.
Philco Corp.
Philip Morris, Inc.
Phillips Petroleum Co.
Pillsbury Co.
Pitney-Bowes, Inc.
Pittsburgh National Bank
Pittsburgh Plate Glass Co.
Prefomed Line Products Co.
Putnam Management Co., Inc.

Quaker Chemical Corp.

Ralston Purina Co.
The Paul Revere Life Ins. Co.
R. J. Reynolds Tobacco Co.
Riegel Paper Corp.
Riegel Textile Corp.
Rockefeller, Office of the Messrs.
Rockwell Manufacturing Co.
Rockwell-Standard Corp.
Rust Engineering Co.

Sanborn Corp.
Schering Corp.
Scott Paper Co.
Joseph E. Seagram & Sons, Inc.
Sealright-Oswego Falls Corp.
Security Nat. Bank of Long Island
Security Van Lines, Inc.
Selby-Battersby & Co.

Seton Leather Co.
Shamrock Oil & Gas Corp.
Sharon Steel Corp.
Signode Foundation, Inc.
Simmons Co., N.Y.
Simonds Saw & Steel Co.
Sinclair Oil Corp.
Singer Co.
Smith Kline & French Laboratories
Smith-Lee Co., Inc.
Sperry & Hutchinson Co.
Spruce Falls Power & Paper Co., Ltd.
Stackpole Carbon Co.
Stauffer Chemical Co.
J. P. Stevens & Co., Inc.
Stevens Candy Kitchens, Inc.
W. H. Sweney & Co.

Tektronix, Inc.
Tennessee Gas Transmission Co.
Textron, Inc.
J. Walter Thompson Co.
J. T. Thorpe Co.
Towers, Perrin, Forster & Crosby, Inc.
Towmotor Corp.
Trans-World Airlines
Travelers Insurance Companies
Turner Construction Co.
Union Oil Co. of California
United Clay Mines Corp.
United Illuminating Co.
United States Trust Co. of N.Y.
Upjohn Co.
U. S. Borax

Varian Associates
Victaulic Co. of America

Wallace & Tiernan, Inc.
Warner Brothers Co.
Watkins-Johnson Co.
Charles J. Webb Sons Co., Inc.
Western Publishing Co.
Westinghouse Air Brake Co.
Whirlpool Corp.
John Wiley & Sons, Inc.
Williams & Co., Penn.
Wolverine Shoe and Tanning Corp.
Worthington Corp.
Wyandotte Chemicals Corp.

Xerox Corporation

Young & Rubicam, Inc.

Alumni Notes

The Minnesota Medical Foundation
Minneapolis, Minn.

Sir:

My father, Olof Sohlberg, graduated from the Minnesota College Hospital in 1884. Later this became a part of the Medical School of the University of Minnesota, and he was not listed as an alumnus in the recent edition of the MEDICAL ALUMNI DIRECTORY. He died in 1918. Would you please add his name to the next directory?

Olof I. Sohlberg (Med. '14)
St. Paul, Minn.

Dr. Sohlberg:

The MEDICAL ALUMNI DIRECTORY editors appreciate such advisements and will make corrections gladly. We encourage readers to advise us further about discrepancies, especially as they relate to older graduates of the Medical School.

◆ 1940

John R. Haserick, Head of Dermatology at the Cleveland, O. Clinic, was elected to the American Board of Dermatology at the annual meeting of the American Academy of Dermatology in December, 1966.

◆ 1944

Elizabeth A. McGrew, who is a professor of pathology at the University of Illinois College of Medicine, Chicago, is 1967 president of the American Medical Women's Association. She grew up in Faribault, Minn., and launched her career in medicine and pathology (switching from journalism) after two years working in the University of Minnesota Hospital Laboratories. She joined the faculty at Illinois in 1945.

◆ 1954

Oleg Jardetzky, former member of the faculty in pharmacology at Harvard Medical School, was appointed director of biophysics and pharmacology at the Merck, Sharp & Dohme Research Laboratories, Rahway, N.J., effective January 1, 1967. A native of Yugoslavia, Dr. Jardetzky received M.D. and Ph.D. degrees from the University of Minnesota, and had been on the faculty at Harvard since 1957.

Leonard Sadoff was married December 21, 1966 in Minneapolis to Eileen T. Grossman. They are now living in Boston

where Dr. Sadoff has a brief fellowship in cancer studies. Later this year they will return to Los Angeles, Calif., where he will resume his affiliation with the Permanente Clinic.

◆ 1955

Richard K. Simmons of Minneapolis writes: "The Class of 1955 wishes to make a belated announcement of its 11-year reunion, held June 18, 1966 in the Normandy Hotel. A solid group of 30 classmates and their wives spent an enjoyable evening in conversation and dinner. Each member gave a short speech telling of his family and accomplishments since graduation."

◆ 1956

Curtis N. Stolee is a medical missionary of the Lutheran church. He is presently director of the Lutheran Mission Hospital, Ejeda, Ampanihy Ouest, Malagasy Republic, Africa. He writes: "My work involves all aspects of medicine and surgery. We are enjoying a second tour of service here in this primitive area. We plan to return to Minnesota for a year's furlough in 1968, then probably a final five year term back here." Their children are Christopher, 10; Philip, 4; and Lois, 3.

◆ 1960

Dennis M. Robertson has been appointed a consultant in ophthalmology at the Mayo Clinic, Rochester, Minn. He received the M.S. degree in December, 1966, from the Mayo Graduate School of Medicine, completing three years in residency.

◆ 1963

Donald A. Person is now a resident in internal medicine in the Mayo Graduate School of Medicine, Rochester, Minn.

◆ 1964

Lt. Thomas A. Otter is now serving with the U.S. Marines in Vietnam. His address is H. & S. Co., B.A.S., 1st Bn., 1st Marines, F.P.O. San Francisco, Calif. 96602. Tom expects to be there two years.

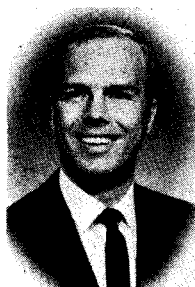
◆ 1965

Capt. John M. Barry writes from Okinawa: "The Barry Group is now three with the addition of Wendy last May while we were grinding out the last year in Syracuse. Presently, I'm a GMO in the Air Force. The money and hours are a pleasant departure from internship . . . **Bob Brown** ('64) is stationed at Camp Kue Army Hospital about 10 minutes down the road, **Freeman Wong** ('65) is a Marine 45 minutes away, and **Hanan Rosenstein** ('64) just returned to general practice in Minneapolis . . .

my plans for the future are 1 year of general surgery and then urology."



John M. Barry



R. A. Huffman, Jr.

◆ 1965

Russell A. Huffman, Jr. entered the Navy on January 1, 1966 in flight surgeon training at Pensacola, Fla. He practiced briefly in Glasgow, Mont., and will take a psychiatry fellowship at Colorado University after navy service. The Huffmans are expecting their 4th child this Spring.

James J. Meyer was married November 26, 1966 to Linda Kay Cunningham of Excelsior, Minn. They are now living in Rochester, Minn., where Jim is a resident in internal medicine in the Mayo Graduate School.



James J. Meyer



Gary E. Gran

◆ 1966

Gary E. Gran, interning at Bethesda Hospital, St. Paul, Minn., writes: ". . . am very satisfied and impressed with the program here. They keep us busy, but the experience is exciting and certainly educational." Gary was married June 18, 1966 to Arlene Lang, who works for Dr. Wesley Spink at University Hospitals. The Grans enjoyed a wedding trip to Yellowstone Park and the Black Hills before Gary's internship began.

Alumni Deaths

◆ 1906

Dr. Charles G. McMahon, Superior, Neb. Died June 30, 1966, aged 86, of myocardial infarction.

◆ 1919

Dr. Frederick W. Behmler, Morris, Minn. Died November 9, 1966. He was 71 years old and had been in general practice in Morris for 40 years. A native Minnesotan, he was former president of the State Board of Health, active in state medical association circles, and in the Boy Scouts. He was influential in the establishment of the University of Minnesota, Morris, and *Behmler Hall* on the UMM campus is named in his honor.

◆ 1930

Dr. Freedolph E. Anderson, Underwood, N.D. Died in Bismarck October 8, 1966, at the age of 66 years. Cause of death was metastatic carcinoma.

◆ 1933

Dr. Wallace E. Anderson, Clearbrook, Minn. Died November 12, 1966 at the age of 58 years. He had practiced in Clearbrook as a GP for 20 years following duty with the U.S. Army during World War II. Before the war, he practiced in Thief River Falls, Minn. He was a native of Wing, North Dakota.

Dr. Richard B. Graves, Red Wing, Minn. Died October 15, 1966 of a heart attack in Naples, Fla. He was born in Ely, Minn.

◆ 1934

Dr. Lawrence B. Winkelstein, Mt. Vernon, N.Y. Died September 1, 1966 of myocardial infarction and pulmonary edema. He was 57 years old and on the faculty of Columbia P. & S. in OB-GYN.

MEMORIALS

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

Charles Braufman

William Dolan

R. A. Hull, Sr.

Joe Kostelic

Mrs. Bert Nolan

Margaret N. Peterson

Oscar C. Sathe

Dr. Edgar Sather

Dr. Herbert W. Schmidt