

# MEDICAL BULLETIN

UNIVERSITY OF *Minnesota*



*in this issue*

- MEDICAL SCHOOLS IN MINNESOTA
- CHILD PSYCHIATRY
- DISSOCIATIVE ANESTHESIA
- COMMUNITY-UNIVERSITY HEALTH CENTER

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MAY 1968

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## Medical Scene

### Plans Developing for More Medical Education in Minnesota

The shape of things to come in medical education in the State of Minnesota is beginning to emerge after several important announcements were made this spring.

In April the University of Minnesota Board of Regents outlined a long-awaited University proposal for greatly expanding physician training to meet the generally acknowledged need for graduating more doctors. The Board proposed:

*\*Expanding the present University of Minnesota Medical School to enroll 200 students per entering class by the 1970s (compared to 160 per class currently).*

*\*Establishing a program at St. Paul-Ramsey Hospital for training 100 undergraduate medical students on rotation from the University of Minnesota.*

*\*Planning for development of a basic sciences training program at the University of Minnesota-Duluth in the 1970s, and the subsequent adding of a clinical training program in the 1980s, to create a full range Medical School.*

*\*Joining with the Mayo Clinic, Rochester, Minn., in exploring the feasibility of establishing a distinguished nationally oriented medical school in Rochester.*

Increasing the Medical School's enrollment is part of a ten year, \$53,000,000 expansion proposed for the Health Sciences training program at the University. Legislative support for planning the expansion has been received, although construction funds are yet to be voted. The plan calls for increasing the number of graduates in dentistry, pharmacy, and other health fields.

The St. Paul-Ramsey Hospital training program would depend on concurrence of St. Paul and Ramsey County authorities, and could lead to creation of a major division of the University of Minnesota Medical School in St. Paul. Currently about 30 University medical students are receiving training at St. Paul-Ramsey at any given time, usually for a few weeks only.

The Regents also suggested St. Paul-Ramsey increase its resident physician training complement to 100 from about 50, currently. At the same time, Medical School authorities emphasized their hope for continuance and expansion of long standing resident training program at Hennepin County General Hospital in Minneapolis.

Regarding Duluth, the Regents said "graduate programs in chemistry and biology sufficient to provide the university base for Medical School development" should be established soon. They also proposed "collegiate programs in medical technology, physical therapy, occupational therapy, nursing, and other allied health professions," and supported establishing a full range of medical education in Duluth. The Board did not say whether this would be an autonomous Medical School or a division of the present University Medical School.

The Regents looked favorably on an expansion of medical education programs in Rochester, and said this would be a "Mayo decision," even though it offers "major promise for meeting urgent state, regional, and national needs."

The Regents expressed keen interest in the program for training "primary physicians" now being developed at the main campus Medical School, and said the production of more M.D.'s would involve taking additional third year transfer students from the Universities of North and South Dakota in the future.

The comprehensive medical education plan for the state of Minnesota is due to be presented to legislative interim committees later this year.

### FAMILY DOCTOR TRAINING

This summer a program to train family physicians will enter its "developmental phase" at the Medical School, with a tentative target date of July, 1969 for the beginning of formal training. Undergraduate medical students would enter the Family Practice curriculum at their option during the fourth year of Medical School. A resident training program in Family Practice would also begin. The Family Practice program is to be a Division of the Department of Medicine. Dr. Benjamin Fuller is directing the development of the program (See MEDICAL BULLETIN, March, 1968).

## NAME OF MEDICAL CENTER CHANGED

The Board of Regents also signalled a formal University alliance of health education units last month by approving the joint recommendation of seven health sciences deans and directors which:

*\*Changed the name "University of Minnesota Medical Center" to "University of Minnesota Health Sciences Center;"*

*\*Created a Council of Health Sciences Deans and Directors as an advisory body for health science programs;*

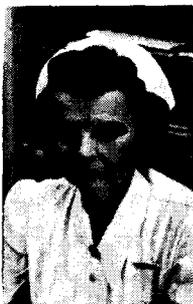
*\*Designated Dr. Robert B. Howard, dean of the College of Medical Sciences, as chairman of the council, and*

*\*Charged the council with the responsibility of identifying programs that are "health-science-wide," making those programs operational, and developing alternatives.*

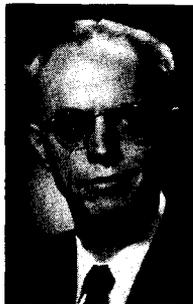
In addition to Dean Howard, the Health Sciences Council will include Dr. Gaylord W. Anderson, director of the School of Public Health; Prof. Edna Fritz, director of the School of Nursing; Dr. Erwin Schaffer, dean of the School of Dentistry; Dr. William T. S. Thorp, dean of the College of Veterinary Medicine; Prof. Lawrence Weaver, dean of the College of Pharmacy; and John H. Westerman, director of University Hospitals.



Robert Howard



Edna Fritz



Gaylord Anderson



Erwin Schaffer



John Westerman

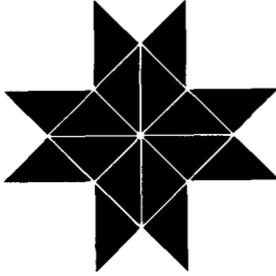


Lawrence Weaver



William Thorp

The new logo of the University of Minnesota Health Sciences Center combines several ideas. The basic form of the design



is a cross, which is a symbol for medicine. Four arrows, representing the four major administrative units of the health sciences, move toward the center, showing dynamism and centralization of purpose. The central diamond is divided into eight parts, for the health sciences units and the associated health professions, which interact with each other. Each vertex of the cross forms a Minnesota "M."

### INTERNSHIPS AT MAYO

Thirty-four internships in medicine, surgery, pediatrics, and pathology will be established at the Mayo Clinic in July, 1969 according to an announcement made in February. An internship program represents a major innovation in Mayo graduate medical education, which currently enrolls 700 residents and is affiliated with the Graduate School of the University of Minnesota.

The internships will be both "straight" and "rotating," with the interns selected on the basis of academic achievement and professional promise as are Mayo residents.

The announcement said the internship program would be an aid in the recruitment of outstanding residents and potential staff physicians for the Mayo Clinic, and could be expected to enhance the superior care of patients at the clinic.

Establishing an internship program now, the announcement said, would provide time to "develop a superior internship program" should a Medical School in Rochester become a reality.

# Psychiatry

## Thirty Years of Child Psychiatry at the University of Minnesota\*

Reynold A. Jensen, M.D.†

Since 1938, a full time children's psychiatric program has been part of medical teaching, research, and service at the University of Minnesota. Inasmuch as the first such full time service in the United States was established in 1930 at Johns Hopkins, the University of Minnesota ranks as one of the pioneers in this phase of medical education. Had our state legislature acted favorably upon a 1925 University request for \$15,000, the University of Minnesota would have been the very first to develop and support a program of child psychiatry in this nation.

Adding this important area of Medicine to the Medical School program was the result of: (1) recognition that mental illness, because of its frequent occurrence, constitutes one of major health problems, (2) growing awareness that significantly large numbers of disturbed children, overlooked and untreated, contribute to later and more difficult psychiatric problems, (3) knowledge that many complaints of children suggesting physical illness can be accounted for on the basis of emotional disturbances, and, (4) realization that the physician dealing with children is in a strategic position to develop a program of preventive mental health service.

Initially the children's psychiatric service at University Hospitals operated exclusively on an outpatient basis. It soon was clear that many referred children required hospital study and evaluation. Until 1951 children were admitted to the pediatric or the adult psychiatric service. Neither setting was satisfactory. The Children's Psychiatric Hospital was opened here in 1951,



Reynold A. Jensen

\*From a report to the Staff Meeting of University Hospitals on April 19, 1968  
†Professor and Director, Division of Child Psychiatry, University of Minnesota

made possible by special legislative appropriation of approximately \$200,000. From 100 to 120 children between the ages of eighteen months and sixteen years of age have been admitted annually since October, 1951.

An active teaching program has been in effect from the outset in 1938. Medical students graduating today have had instruction in the basic principles of child psychiatry. Instruction of graduate students has also been an important function. Every resident in psychiatric training has had three or more months of orientation and training. Until the early 1960's, pediatric interns and residents were regularly assigned. Since 1960, the Division of Child Psychiatry has been an accredited training center for the specialty of child psychiatry and has developed an active program for the psychiatrist interested in the specialty. Students from foreign countries have spent varying periods of time with us.

In addition to teaching and training medical personnel, the Division staff has provided opportunities for advanced clinical training for psychologists, occupational therapists, teachers of special education, and others interested in children. The staff has conducted seminars and participated in scores of others offered by the University's Center for Continuation Study.

Because of the necessity for sustaining support, management, and care for many children following psychiatric study and evaluation, the Division was one of the first units of the Medical School to engage itself in a meaningful way with the community through local agencies—the school, courts, welfare departments, etc. The Inter-Agency Conference, originated as a part of the regular teaching and treatment procedures in the demonstration years, has proven to be an effective planning device for this purpose.

Approximately 400 children and their families receive annually some kind of service—consultation, diagnosis, or treatment—from the Division of Child Psychiatry. On this basis more than 10,000 children and their families have been served since 1938.

The Child Psychiatry staff has and is making a modest research contribution. During the early years of operation attention was directed largely to the study of psychosomatic conditions occurring in children and to the collection of evidence to support the fact that severe psychiatry disorders are not peculiar to adults. These findings have been reported and published. Presently members of the staff are engaged in a follow up study of 1,000 adolescents seen during the years 1938-1950. In addition, data is being systematically collected on all patients and

their families and being transferred to IBM cards, providing a pool of research data for analysis in the future.

To Doctors Diehl, McQuarrie, McKinley, Clarke, and to Mr. Ray Amberg, who initiated the program, credit is acknowledged for their wisdom and their sustained support during the early years. Gratitude is likewise expressed to the Commonwealth Fund and the Stevens Avenue Home of Aged Women and of Children for their generous financial support during the first seven years of operation.

The Division of Child Psychiatry presently is an integral part of the total teaching, research and service program of the University Medical School and Hospitals. If its 30 years of operation has caused children in Minnesota and elsewhere to be better understood and more effectively served, the functions originally assigned have been fulfilled.

EDITOR'S NOTE: *Reynold A. Jensen will relinquish his post as head of Child Psychiatry at the University of Minnesota this summer. Although not yet of mandatory University retirement age, Dr. Jensen is voluntarily returning to student status—in Communications—at the University of Minnesota. Deeply concerned about the need for improved communication between and among professionals and people, he has hopes to devote his final University years to learning and teaching in this field.*



# Anesthesiology

## Dissociative Anesthesia with CI-581\*

Joseph J. Buckley, M.D.†

Recently a new anesthetic compound, CI-581, has been developed which shows promise of fulfilling a long-standing need for a potent short-acting analgesic agent. During the last 10 months, the clinical usefulness of this compound has been tested in 162 patients at the University of Minnesota Hospitals.

CI-581, 2-(*o*-chlorophenyl)-2-(methylamine) cyclohexanone, is a member of a broad family of drugs known as the phenylcyclohexylamines. Although several compounds in this group have anesthetic properties, CI-581 is the only one which possesses adequate potency and few side-effects.

CI-581 can be administered intravenously or intramuscularly. It quickly produces a cataleptic coma during which the patient's central nervous system is rendered incapable of properly associating afferent sensory input. This results in a profound anesthetic and analgesic state quite different from that produced by conventional anesthetic or hypnotic drugs. The term "dissociative anesthesia" has been suggested to describe this unusual state of altered reactivity of the central nervous system. The exact mode or site of action of the drug are not known but evidence exists for both cortical and subcortical effects.

Transient respiratory depression follows the injection of the drug but in two to three minutes normal respiration resumes. Of great importance is the fact that no relaxation of the muscles of the upper airway occurs; the floor of the mouth retains its tone and the tongue does not fall back to obstruct air flow. The reflexes of the tracheobronchial tree are neither depressed nor enhanced so that the patient coughs normally if mucus or foreign material stimulate the larynx.

The cardiovascular response to CI-581 is one of mild stimulation. The systolic and diastolic blood pressures usually rise 15 to 25 mm. Hg. The pulse rate also is temporarily elevated approximately 20% following the injection. There is no change in cardiac rhythmicity.

Analgesia lasts six to seven minutes following a single intravenous dose of the drug and consciousness returns after 10 to

\*From a report to the Staff Meeting of University of Minnesota Hospitals on May 17, 1968

†Professor, Department of Anesthesiology, University of Minnesota

15 minutes. Gradually over the next 30 minutes, normal orientation and awareness are restored. During the arousal period the patients occasionally experience vivid dreams which are usually of a pleasant nature; rarely they are bizarre or terrifying. The dreams usually relate to the dissociated state which the drug produces, the patient stating that he felt isolated, cut-off from his surroundings, as if he were dead, in outer space, etc. Such psychological reactions occur for the most part in young adults and rarely are seen in children or older patients. They seem to appear more frequently if the patient is stimulated or disturbed during the arousal period.

Table I lists the procedures accomplished here under CI-581 anesthesia. Table II indicates the age span of the patient group. The youngest patient was two weeks old, the oldest, 81 years. About two-thirds of the procedures were accomplished in 30 minutes or less but in 31 cases anesthesia was required for over an hour. The longest surgical procedure managed under CI-581 lasted three hours and 15 minutes.

There have been no significant intraoperative or postoperative complications; one patient experienced a slow induction of anesthesia (18 minutes); another patient exhibited delayed arousal (12 hours). Postanesthetic nausea and/or vomiting were uncommon. No functional or morphologic changes in the hepatic, renal or hematopoietic systems occur nor have any genetic or teratogenic effects been reported.

CI-581 has its greatest usefulness in surgical procedures which require intense analgesia but little muscle relaxation. Thus it is especially useful in angiography, pneumonencephalography, skeletal manipulations such as closed reduction of fractures, insertion of Stieman pins, etc. Superficial surgical procedures such as myringotomy, probing of nasolacrimal duct, skin graft, burn debridement and dressing, incision and drainage of abscess, lymph node and marrow biopsy, cystoscopy, proctoscopy, etc. are easily done with this compound. The drug may also be used as an induction agent since it is compatible with all conventional anesthetic agents and muscle relaxants.

CI-581 is contraindicated for procedures which encroach upon the respiratory tract such as laryngoscopy and bronchoscopy; it probably should not be used in patients with a history of convulsive disorder. It is contraindicated when profound muscular relaxation is required or when a body cavity will be entered, unless provisions can be made to use supplemental muscle relaxants. It should not be used in patients suffering advanced hypertensive cardiovascular disease or with a history of cerebral vascular accident.

The ultimate place that CI-581 will occupy in anesthetic

practice is not completely clear at this time. However, the compound promises to be a valuable agent to provide brief but profound analgesia for painful manipulations of short duration. Since the drug tends to stimulate and support cardiovascular homeostasis it may be especially useful in high-risk patients who are likely to suffer depression of the cardiovascular system by conventional anesthetics. CI-581 may also have great value as an outpatient anesthetic since return to wakefulness is reasonably prompt and the hazards of respiratory and cardiovascular depression are less than those encountered with conventional agents.

Even though the drug rarely produces severe respiratory depression or untoward cardiovascular response it should be used only by physicians skilled in the management of cardio-respiratory failure and airway obstruction. CI-581 should not be employed unless provisions for suction, airway maintenance and oxygen therapy are at hand.

TABLE I  
USE OF CI-581 ANESTHESIA IN SURGICAL DIAGNOSIS AND THERAPY

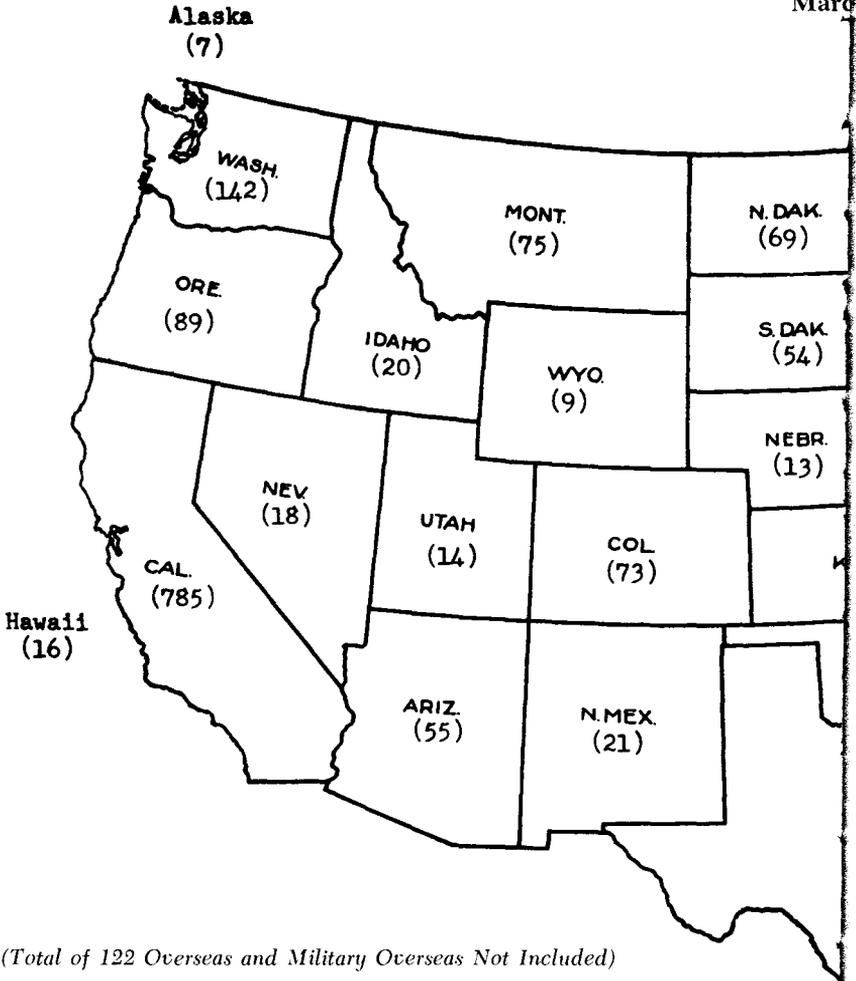
<i>Diagnostic Procedures</i>		<i>Surgical Procedures</i>	
<i>Service</i>	<i>Patients</i>	<i>Service</i>	<i>Patients</i>
Ophthalmology	30	Ophthalmology	43
Neurosurgery	13	Otolaryngology	17
Urology	11	Plastic Surgery	4
Proctology	3	Cardiovascular Surgery	4
	<u>57</u>	Orthopedic Surgery	4
		General Surgery	20
		Radiology	11
		Neurosurgery	2
			<u>105</u>

TABLE II  
CI-581 ANESTHESIA - PATIENT AGE DISTRIBUTION

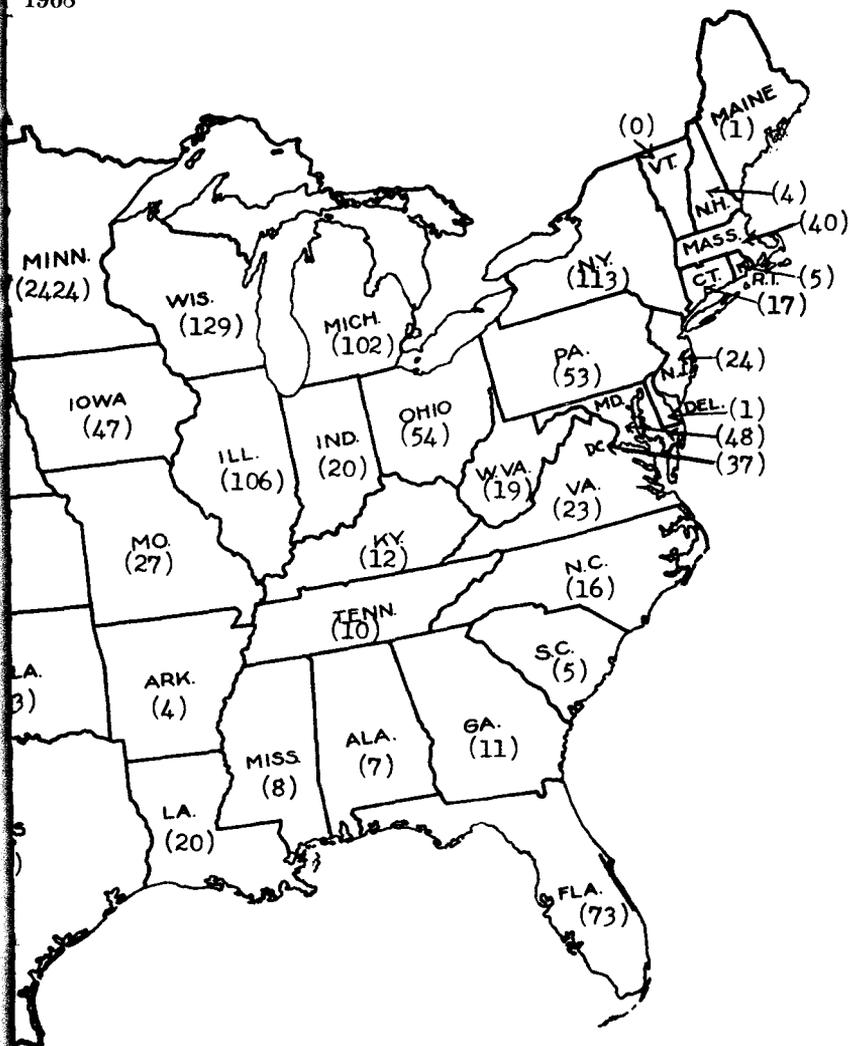
<i>Age</i>	<i>Patients</i>
Newborn - 1 year	30
2 - 5 years	58
6 - 10 years	38
11 - 20 years	20
21 - 40 years	5
> 40 years	11
	<u>162</u>
Youngest Patient - Two Weeks	
Oldest Patient - 81 Years	

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 1968



## Medical Education

### The Community University Health Care Center as an Educational Instrument\*

Edward C. Defoe, M.D.,† Lloyd Fish, M.D.,‡  
Henry Staub, M.D.,§ Robert tenBensel, M.D.¶

*A*n 18 month study by the National Advisory Committee on Health Manpower concludes that the current "health crisis" reflected in medical costs will soar far in excess of the general cost of living increases. This is not just a product of health personnel shortages although numbers may be of some importance. The Commission found that the "Health Care System" in the United States is not a system at all, but "more a collection of bits and pieces with overlapping duplication, great gaps, high costs and wasted effort".



Edward Defoe

At a 1965 University Hospitals staff meeting one of us described the increasing detachment of University educational systems from the realities of health and medical care delivery in the community.

Identified as consequences of this detachment were: (1) **Inadequate ongoing scientific analysis of community needs by educational-research centers.** (2) **Lack of realization of the essential importance of primary professionals in the community in the maintenance of health.** (3) **Lack of training oriented to prevention, recognition and treatment of common (not necessarily simple) problems.** (4) **Lack of appropriate ongoing intellectual and educational support of the practicing professional by the educational center.** (5) **Decreasing enthusiasm on the part of competent professionals for a practicing role.** (6) **Decreasing enthusiasm on the part of the medical student for a career in**

\*From a report to the Staff Meeting of University of Minnesota Hospitals on April 26, 1968

†Associate Professor, Department of Pediatrics

‡Assistant Professor, Department of Pediatrics

§Assistant Professor, Department of Pediatrics

¶Assistant Professor, Department of Pediatrics

community medicine. (7) Diminution in quality and quantity of care within some communities. (8) Society discontent. (9) Arbitrary, frequently inappropriate legislation.

The present author group is now associated with the new Community University Health Care Center. We offer two additional introductory points for this discussion:

First, within educational institutions such as our College of Medical Sciences there has developed over the past 25 years, in the wake of specialization, increasing individual professional department identification and segregation. For purposes of administrative function, research stimulation and funding, technical education to depth and professional identification, this has been a natural logical expeditious development. However, it has also created problems with serious implications for the future of the health care delivery process.

The health care delivery process—and this is used in a broad sense with medical care of disease only a part of the whole—the health care delivery process of the present and the future is becoming more and more complex with increasing numbers of professionals required to work in concert. Interdisciplinary separation within an educational institution tends to interfere with exploration and development of new approaches to this process. Methods must be found for bridging the separation in order for professionals to understand each other's roles, the manner in which these can be meshed, and new roles developed to answer changing needs.

The second point relates to the relationship between patient service and clinical education. Clinical educational visualization logically should take place in a setting providing effective and efficient service. Often bandied about is the statement that the function of a University Medical Center is education and research—not service. If taken at face value such a statement is ridiculous. The professional in training who is not exposed to a sound service model pertinent to his ultimate function is short changed. We have clearly recognized and adjusted for this in sub-specialty technical training. We have been myopic in developing appropriate training environments for professionals whose ultimate primary function will relate closely to the general health care of people.

The Community University Care Center, located off campus at 2016 16th Ave. S., Minneapolis, was conceived through recognition of the need to grapple with these problems.

The Center is designed to function ultimately as an effective and efficient health care delivery model for families (currently only children are served). It is centralized geographically to best

serve the population. It is staffed by Community and University professionals for broad health care coverage. Finally, it is functionally structured to amalgamate the various participating professional groups into a cohesive unit.

*Basic Goals are Professional Education and Health Care Delivery Research*

Design and planning for the service model which is evolving has come from all of the professional groups involved with a clear eye to ultimate involvement of students in their area. At least one member of each professional group represented has a full time academic appointment in their department in the University.

Although these individuals spend the major portion of their time at the center, each is responsible for keeping his or her home department informed as to the Center's development. Most of these individuals also have some teaching and/or research responsibility within their home department. Implicit in their appointment is a commitment from their department to the project as a potential educational (and research) instrument.

*Summary*

The Community University Health Care Center was conceived and is developing as a pilot scale health care delivery model for clinical education of professionals and ultimately for health care research.

It has a defined child and family population in a natural environmental setting close to the Center.

It has professional resources from the University serving in the areas of Medicine, Dentistry, Psychology, Social Work, Nursing, Speech-Language and Hearing, Nutrition, Health Education, Health Administration and Education.

Community resources committed and relating directly to the Center are the Minneapolis Public School Administration, the Minneapolis Health Department, adjacent Community Hospitals, Settlement Houses, and Social Work agencies.

From the service standpoint there is the potential for extension of care to adult members of the families served and greater inclusion of community resources.

Educational extension logically could include professional disciplines in adult medicine, sociology, cultural anthropology and economics to name a few.

We are grateful for the University of Minnesota and Community support received to date. We are hopeful that it will continue and perhaps be amplified.

## *Alumni Notes*

Seventy members of the Class of 1963 were located in a recent survey by the *MEDICAL BULLETIN* editors. Now five years out of school, most are either in specialty training or still guests of Uncle Sam. A few are in medical practice.

# '63

**Allen K. Larson**, class president and second year resident in ophthalmology at University Hospitals, announces plans for a Class of 1963 Informal Reunion Dinner. It will be held Saturday evening, October 12, 1968, in the Radisson Hotel, Minneapolis.

The dinner will be at 7:30 p.m., preceded by cocktails at 6:30 p.m., preceded by the Minnesota-Illinois Homecoming football game in Memorial Stadium. Dinner tickets will be \$7.00 per person. Reservations can be made with the Minnesota Medical Foundation office, 1342 Mayo Bldg., University of Minnesota.

Football game tickets can be reserved by contacting the Minnesota Medical Alumni Association, 205 Coffman Union, University of Minnesota.

Larson said detailed announcements will be circulated to the class this summer. He urged everyone to make their plans now to attend.

**Bob Adams** is in general practice with the Bloomington-Lake Clinic, Minneapolis. He and Mrs. Adams announce the birth of a son May 11, to add to their two-year-old daughter.

**Capt. Marv Ament** has spent two years with the Air Force in the Philippines and is chief of pediatrics to 16,000 U.S. children dependents, as well as having public health responsibilities with the native population. In August he will come home to begin training for a career in academic medicine as a fellow in gastroenterology at the University of Washington.

**John D. Anderson** is taking an internal medicine residency at the University of Oklahoma.

**Robert Avant** is a GP in Hopkins, Minn.

**Richard C. Baker** is a general surgery resident at Hennepin County General Hospital, and also studying biometry at the University. The Bakers are parents of 4-year-old Richard Jr., and "expecting another this spring."

**Stan Balchunas** is a radiology resident at Orange County (Calif.) Medical Center, having switched from OB-GYN, and lives in Santa Ana.

**Michael J. Bell** is still in the Army, but now as a radiology resident at Tripler Hospital, Honolulu. He was formerly with the Special Forces in Vietnam.

**Bob Cameron** is finishing his second year as a resident in eye at the N.Y. Eye and Ear Infirmary, and lives at 145 E. 16th St., Apt. 4H, New York City.

**Terry Capistrant** is spending two years with the U.S.P.H.S. in Washington, D.C., having completed a neurology residency at Minnesota. The Capistrants have two sons.

**Peter Christenson** is a resident in neurosurgery at University Hospitals.

**Jim Collinge** is finishing a surgery residency at St. Paul-Ramsey Hospital and is headed for military service.

**Charlie and Susan Crutchfield** are at Fairchild AFB, Washington, where Charlie has a year's duty left before they "come home to Minnesota" to practice in 1969. Charlie finished his OB-GYN training; Susan is mother of two sons and is Health Service Physician at nearby Ft. Wright College.

**James Dunn** finishes his ENT residency in June at University Hospitals.

**John Eckholdt** is a resident in neurology at the University of Maryland, married, and has two children.

**Charles P. Ehlen** begins a urology residency at Minneapolis V.A. Hospital this summer.

**Hartley Erickson** is a resident in orthopedics at Minneapolis V.A. Hospital.

**Larry R. Erickson** is a second year resident in dermatology at the University of Colorado, and is still on duty with the Air Force.

**John Farr** is a resident in OB-GYN at University Hospitals.

**Abe Fox** finishes a pathology residency at Mayo Graduate School this summer and will enter the service. He and his wife, Shirley, have a son, Forrest, age 1½.

**Dennis C. Frisbie** took a GP residency in California and is now in practice in Redmond, Ore. He is also interested in the medical missionary field.

**G. Bruce Gerstenkorn** is a GP in Milaca, Minn. He's "amazed at the pathology present, works long and hard, and enjoys it very much."

**James L. Gorder** is completing Year II of a radiology residency at the University of California, San Francisco, Calif. Jim reports: "... appreciate what a really great school I attended.

Minnesota's reputation here at Cal. (as elsewhere) is unsurpassed."

**Bob Hanek** was with the PHS in Alaska, practiced briefly in Park Falls, Wis., and has now returned to live and practice in Fairbanks, Alaska. His address is 522 Fifth Ave., P.O. Box 1330, Fairbanks 99701. His wife, Judy, and two children are well and happy.

**H. Thomas Hobday** is reported set to begin a residency in ophthalmology at the University of Minnesota this summer.

**James House** will join the Minnesota faculty upon finishing his orthopedics residency at University Hospitals this summer.

**Robert P. Huber** spent two years in California with the Air Force, and is now a resident in OB-GYN at Kaiser Hospitals in Los Angeles.

**Bruce L. Jensen** spent three years in Japan with the Army and has begun a psychiatry residency at the University of Colorado, Denver. The Jensens have three children, (the youngest, "made in Japan", according to Dad).

**Brad Johnson** is a GP with the Golden Valley (Minn.) Clinic. His military service included a hitch with the Marines in Vietnam.

**Richard W. Johnson** is a second year resident in radiology at Minneapolis V.A. Hospital.

**H. David Knudsen** is practicing radiology at Bethesda Hospital, St. Paul.

**Thomas Koelz** is a resident in anesthesiology at University Hospitals.

**Nick Koropchak** is in general practice in Fridley, Minn.

**Brian Krasnow** is a neurologist with the Air Force until July, 1969, stationed at Wright-Patterson AFB, Dayton, O.

**Klaus Kuehn** will begin a residency in ophthalmology at Sawtelle, Calif. V.A. Hospital on July 1, 1968.

**Raoul T. Kunert** served 13 months in Vietnam and is now beginning a pathology residency at the Mayo Graduate School. He now has a wife, Sandra Bidinger, and a new son, Raoul.

**Jerrold V. Larson** is a resident in Medicine at Minneapolis V.A. Hospital.

**Rolf H. Larson** is senior surgical resident at St. Paul-Ramsey Hospital, and expects to begin private practice next January.

**Larry Leider** is a resident in orthopedics at University Hospitals.

**Bob Lindholm** is in general practice in northern New Hampshire (14 Church St., Groveton), is married to an R.N. from Philadelphia, and has three children. His Air Force tour was in general surgery, and he studied a year at the Lovelace Clinic also.

**Robert F. Mack** finishes a pathology residency at St. Mary's Hospital, Duluth, this summer, and moves his wife and three children to take up practice at the Marshfield, Wis. Clinic.

**Edward Maeder** is a resident in OB-GYN at St. Paul-Ramsey Hospital.

**John Mahler** is a resident in urology at Minneapolis V.A. Hospital.

**Patrick Malone** is a resident in radiology at Minneapolis V.A. Hospital.

**James Medelman** is taking a psychiatry residency in Denver,

**David O. Monson** is completing Year IV of a surgery residency at Cook County Hospital, Chicago, and will train further at the Lahey Clinic before the Army calls this summer. The Monsons are expecting in August.

**Glen D. Nelson** is chief surgery resident at Hennepin County General Hospital, and will finish training in July, 1969.

**Tony Nesse** is living at 8345 Knox Ave. S., Minneapolis and is a radiology resident at University Hospitals.

**Richard T. Olson** moves from St. Paul-Ramsey to Minneapolis V.A. this summer to continue his residency in ophthalmology.

**Don Person** is a resident in microbiology at the Mayo Graduate School, Rochester. The Persons now have two sons.

**John O. H. Peterson** is a GP in Hastings, Minn.

**Dean Pratt** is now a resident in surgery at Hennepin County General Hospital after three years of Army duty mostly in Munich, Germany.

**James Quakenbush** is in general practice in Los Gatos, Calif. Colorado.

**William C. Reed** is practicing OB-GYN in Chico, Calif., having trained at Santa Clara county hospital. The Reeds now have two sons "to keep Betty busy" since her retirement from nursing."

**Spencer Robnik** is a resident in radiology at Minneapolis V.A. Hospital.

**Hugh A. Scanlon** is in general practice in Little Falls, Minn.

**Bob Schneider** was located in the Army in West Germany as airborne brigade surgeon. He has made 34 parachute jumps,

and expected to head for Vietnam this year as a "flying and jumping doctor" with the Special Forces.

**Alan K. Schultz** spent four years in the Navy and is now a GP with the Tyrol Clinic in the west Minneapolis suburbs. He lives in New Hope with his wife and three children.

**Dick Siebert** is a resident in neurosurgery at Mayo Graduate School. He was with the Navy in Vietnam and had other surgical training at St. Paul-Ramsey and St. Alban's Naval Hospital, NYC.

**Dick Sletten** is completing two years of orthopedic surgery residency at Minneapolis V.A. Hospital and lives in Bloomington with his wife and three children.

**Barlow Smith** is a resident in pathology at Hennepin County General Hospital and is in part time psychiatry practice in Minneapolis.

**Peter Strand** is a resident in orthopedics at Minneapolis V.A. Hospital.

**Daniel J. Ulyot** (surgery) and his wife, Joan (pathology) are in residency training at Boston City Hospital and Beth Israel, respectively. They visited Minneapolis recently with their nine-month-old son, Theodore Warren.

**James VerSteeg** is a resident in radiology at Minneapolis V.A. Hospital.

**Darryl Washa** is a resident in radiology at Minneapolis V.A. Hospital.

**John Watson** is a resident in OB-GYN at University of Wisconsin Hospitals.

**John Wheeler** is practicing internal medicine in Minneapolis.

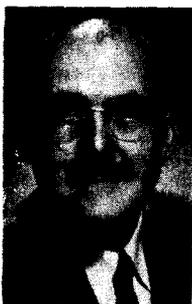
**Ken Williamson** is a resident in pathology at the Mayo Graduate School, Rochester.



## Medical School News

### Visscher and Hastings Relinquish Headships

Two of Minnesota's foremost medical educators have resigned the headships of departments at the Medical School.



Maurice Visscher

**Dr. Maurice B. Visscher**, Regents' Professor of Physiology, has announced he will retire as chairman of the Department of Physiology in order to devote full time to teaching and research. He will remain on the faculty and will continue as acting head until a successor is chosen.

Dr. Visscher became head of physiology in 1936, and was a member of the Medical School's graduating class of 1931. His work in cardiac energy metabolism is internationally known for its contribution to modern cardiovascular surgery. Dr. Visscher's list of achievements is virtually unsurpassed. He will continue to do research related to degenerative diseases of the heart. He is also currently president of the National Society for Medical Research.

**Dr. Donald W. Hastings**, professor and head of the Department of Psychiatry and Neurology, has resigned the chairmanship effective when a successor is named. Dr. Hastings said he will continue with his academic work and embark on several new research projects. After a splendid career with the Army Air Force in World War II, Dr. Hastings became chief of the psychiatric service at Minnesota in 1946. He is also head of the trans-sexual program at the Medical Center, and author of numerous articles and several books in his field. His most recent book is titled *Sexual Expression in Marriage*.



Donald Hastings

## Student News

Recipient of the 1967-68 Rural Medical Scholarship of the Minnesota State Medical Association is **Larry E. Lyon**, a freshman. He will receive \$1,000.00 a year for each of the four years of Medical School, in return for his agreement to practice medicine for five years in rural Minnesota following graduation. Larry is the son of Rev. and Mrs. D. F. Lyon, Sleepy Eye, Minn., and a magna cum laude graduate of Hamline University.

**Roger Nelson**, sophomore was co-author with Harry I. Katz (Med. '61), of a scientific paper titled "*Ultrastructure of Mast Cells During an Antigen Antibody Reaction*", which won the 1968 *Clemens von Pinquet Award* given by the American College of Allergists. The work was done during summer of 1967 in the Medical School's Division of Dermatology.

**Paul M. Spilseth**, member of the junior class, has won a Smith Kline & French Foreign Fellowship. This summer he will journey to Fort Dauphin, Madagascar, to spend ten weeks working at a Lutheran mission hospital.

Twenty-five new members were initiated into Alpha Omega Alpha, honor medical fraternity, in ceremonies held by the Minnesota Chapter on May 7, 1968. Keith W. Johnson is president of the chapter. Lee R. Wales is vice president; Thomas C. White is secretary; Richard S. Gregory is treasurer.

The Chapter also presented a \$500.00 scholarship grant to the Minnesota Medical Foundation for the 1968-69 school year, continuing a tradition of support for the Scholarship Fund.

### Senior members are:

John Bergman	*Richard S. Kostick
Robert M. Bruce	Richard E. Latchaw
John W. Copenhaver, Jr.	James E. Levernier
Joel T. Deweese	*Mark W. Mahowald
Rodney R. Dick	W. Vincent Perrelli
Allan R. Frost	Robert E. Reick
David E. Gambill	Margaret Ellen Rick
*Dale N. Gerding	Ronald D. Soltis
*Richard S. Gregory	Jon M. Talsness
Allan L. Goldman	*Lee R. Wales
James E. Heeter	David L. Wallace
*Keith W. Johnson	*Thomas C. White
*John C. Keohane, Jr.	*John F. Zurek

### Junior members are:

Roger D. Berglund	Howard D. Gilbert
Richard S. Burns	Michael J. O'Connell
William C. Doebler	Darrell V. Lewis, Jr.
Roger L. Gebhard	Richard A. Wright

\*Initiated in 1967

## *Alumni Deaths*

◆ 1919

**Dr. Virgil J. Schwartz**, Minneapolis, Minn. Died April 16, 1968. He was 73 years old and widely known as an ophthalmologist. A native of Romania, Dr. Schwartz trained in surgery and taught ophthalmology on the University of Minnesota faculty and at Minneapolis General Hospital. He was in private practice over 40 years.

◆ 1920

**Dr. Raymond M. Eppard**, Cloquet, Minn. Died January 1, 1968 of heart disease at the age of 71 years. He was in general practice many years in the Cloquet-Duluth area.

**Dr. Frank C. Kinsman**, Eau Claire, Wis. Died April 20, 1968 at the age of 71. He had retired in 1958 after 36 years of practice in Eau Claire, and was a member of Alpha Omega Alpha and Phi Beta Pi.

◆ 1921

**Dr. LeRoy Maeder**, Philadelphia, Pa. Died April 15, 1968 at the age of 69 years. He also held a law degree from the University of Pennsylvania. Among survivors is a brother, Dr. Edward C. Maeder (Med. '26), Minneapolis.

### **MEMORIAL GIFTS**

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

Alice Adler	John E. Nordeen
Hyman Berg	Dr. Elmer Ng
Dr. Herbert Busher	A. J. Radley
J. Selmer Drage	Ruth Elaine Riggs
Allen Firestone	Dr. P. A. Sorokin
Mitchell Goldstein	Joseph Waisman
Mrs. Karin Mahachek	Irving Warren
Dr. Laura L. Miller	

Memorial gifts are a thoughtful means of honoring the memory of a relative, friend, or colleague. Gifts may be designated for specific purposes. The Minnesota Medical Foundation acknowledge all gifts to both donor and next of kin.

# Continuation Medical Education

## POSTGRADUATE COURSES FOR PHYSICIANS

*University of Minnesota Medical School*

The following postgraduate medical courses have been scheduled for the months ahead. Note the dates and make your plans now to attend. For information, write Director, Continuation Medical Education, 1350 Mayo, University of Minnesota, Minneapolis, Minn. 55455. Telephone: (A.C. 612) 373-8024.

### 1968

Sept. 17 - 19	.....	Pediatrics
Oct. 18 - 19	.....	Dermatology
Oct. 21 - 25	.....	Radiology (Nuclear Medicine)
Nov. 13 - 15	.....	Ophthalmology (Refraction)
Nov. 21 - 23	.....	Orthopedic Surgery (Scoliosis)

### 1969

Jan. 16 - 18	.....	Otolaryngology
Jan. 23 - 25	.....	Obstetrics
Feb. 6 - 8	.....	Psychiatry
Feb. 13 - 15	.....	Pediatric Neurology
Feb. 17 - 19	.....	Internal Medicine
Apr. 21 - 25	.....	Proctology
Apr. 19	.....	Trauma
Apr. 28 - 29	.....	Ophthalmology (General)
May 22 - 24	.....	Surgery
May 22 - 24	.....	Anesthesiology

### MINNESOTA MEDICAL FOUNDATION

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## WHERE ARE THE MEDICAL ALUMNI LOCATED?

State-by-State report on  
Special 1968 Alumni Map,  
pp. 232-233