

MEDICAL BULLETIN

BLOOD PLASMA OFFERS HOPE TO MEN WITH FATAL DISEASE

UNIVERSITY OF MINNESOTA
GORDON SLOVUT

MSDH
GALB
The Future of Medicine
The Role of the Consumer
John S. Milkis, PhD

Assisting Survival*
1970

Average Hospital Bill: \$88 a Day

EDITOR'S NOTE: Even if you're healthy, price increases and inflation have probably affected your pocketbook. If you're ill—particularly if you're likely to be hospitalized—you'll find that the cost of medical care is increasing.

NEW TECHNIQUES USED

Even Newborn Can Be Saved by Modern Surgery

The Factor of Disease in the World Food Problems

Herbert Postek, MD, PhD, and Donald R. Sheldon, PhD

EDITOR'S NOTE: Minnesota's hospitals are calling upon new skills and new technology to battle to prevent deaths and crippling defects.

The paramount world health problems appear to be those of malnutrition and infectious disease.

DOCTORS WANT LID LIFTED ON CONTRACEPTION

By GORDON SLOVUT
Minneapolis Star Staff Writer

DULUTH, Minn.—The Minnesota Medical Association Tuesday called for the removal of barriers to the prescription of contraceptives for individual patients.

Doctors pushing abortion law end

Doctors urged to help cut patient cost: Page 13A

By GORDON SLOVUT
Minneapolis Star Staff Writer

DULUTH, Minn.—The Minnesota State Medical Association Sunday urged doctors to help cut patient costs.

Extras Make Visit to Doctor Costly

Second in a series

By LEWIS COPE
Minneapolis Tribune Staff Writer

A Minneapolis doctor, who charges the same visit fee that he charges his patients at that office.

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19 222

Pay The High Cost of Health

MEDICAL BULLETIN—UNIVERSITY OF MINNESOTA

WALLACE D. ARMSTRONG, M.D., EDITOR / EIVIND O. HOFF, JR., EXECUTIVE EDITOR

ROBERT J. QUIST, MANAGING EDITOR

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GRADUATION

The Class of 1970

Graduation . . . a timeless and recurrent event. We are forever graduating from new playthings to new centers of learning to new positions of responsibility to new levels of achievement and to new attitudes and perspectives. For the medical student, graduation means he has passed a difficult initiation rite and been admitted to a challenging, demanding, but rewarding profession; it means he has graduated into more training and in most cases into more education for a medical specialty. Yet, graduation for the medical student certainly means moving to new levels of responsibility and trying his hand at solving the riddle of improving health care delivery and establishing new priorities for health care in a troubled world.

The largest class in the history of the Medical School — 179 strong — graduated from the University of Minnesota in ceremonies held June 5, 1970. The Recognition Day Exercises began with an academic procession to Northrop Memorial Auditorium. Nearly 1,500 guests attended and heard the main address, "The Physician as Citizen," given by retiring Regents' and Distinguished Service Professor of Physiology, Maurice B. Visscher.

Dean Robert B. Howard gave the official welcome and Associate Dean H. Mead Cavert, Assistant Dean Robert J. McCollister and Assistant Dean W. Albert Sullivan, Jr., presented the Class of 1970. Class president, Jerry Jay Noren, delivered the traditional Class Response, and Owen H. Wangenstein, Regents' Professor of Surgery Emeritus, administered the Declaration of Geneva to the graduating class.

Students were singled out for the following awards: American Medical Women's Association Award of Scholastic Achievement, *Mary*

A. Tanghe; Southern Minnesota Medical Association Award for Proficiency in Medicine and Surgery, *Ronald W. Keller*; Borden Award for Research Achievement, *Milton C. Hanson*; Rollin E. Cutts Memorial Award for Surgical Research, *Ernst W. Lampe*; Upjohn Award for Outstanding Services and Leadership, *Jerry Jay Noren*; Minnesota Medical Foundation for Promise as a Clinical Practitioner, *Eugene Ol-lila*. The recipient was chosen by his classmates. *Thomas Cosgriff* received the K. Wilhelm Stenstrom Award for Excellence in the Radiation Sciences.

Also, students were honored as members of these medical societies and student government activities: Alpha Omega Alpha, medical honor society; James E. Moore Society; Cyrus P. Barnum, Jr., Society; Medical Student Council; Medical Student Adytum Cabinet; and student members of Medical School Administrative Committees.

Seventy-four members of the Class of 1970 (43%) will be taking internships in Twin Cities or Duluth hospitals. California ranked as the second choice as 18% of the graduates are headed there. Rotating internships, giving experience in several major specialties and preferred by most interested in general practice, were chosen by 66% of the class. Seven members of the class will intern at the University of Minnesota Hospitals. Another 119 graduating seniors from other states will be coming to Minnesota hospitals for internships also.

In the National Intern Matching Program graduating medical seniors list their internship preferences; the participating hospitals do the same. The Program's computer does the rest to complete the matching process. 85% of the Minnesota seniors got either their first or second choice.

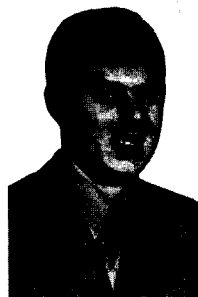
CLASS OF 1970



Daniel B. Ahlberg



David E. Anderson



Gordon P. Anderson



Bruce A. Asleson



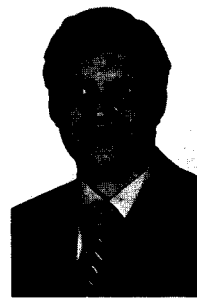
Frederick H. Bagley



Bernard C. Baier



Richard C. Bailly



Daryl J. Batalden



Charles H. Beck



Richard L. Beck



Lowell L. Becker



Forrest C. Bennett



William D. Berg



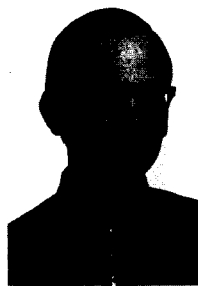
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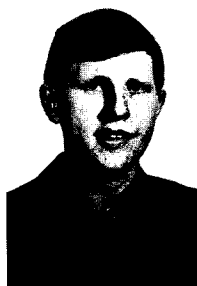
Gary A. Blackmore



Berton D. Blewett



Michael C. Brabeck



John R. Brage



Donald E. Brandt



James D. Brosseau

CLASS OF 1970



Wesley E. Brugger



Paul E. Buhr



J. Paul Carlson



John D. Cervenka



Devron H. Char



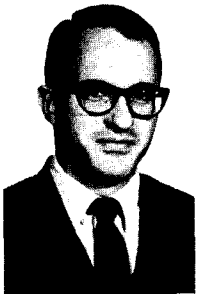
John E. Coonan



Gary D. Cooney



Thomas M. Cosgriff



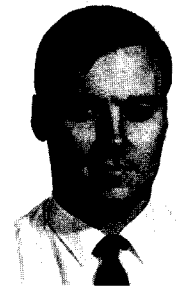
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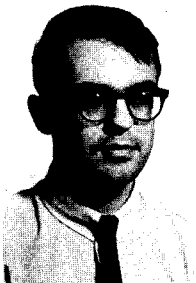
Dorr G. Dearborn



Dirk Jon Derksen



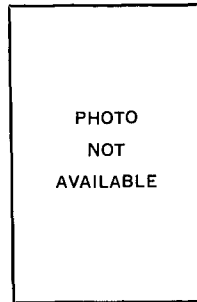
James W. Dey



Robert P. Dickey



William C. Duane



Raymond L. Duncan



Noel K. Dysart



James R. Eckman



K. James Ehlen

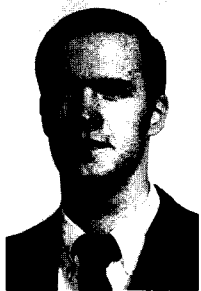


James D. Elkjer



James R. Enright

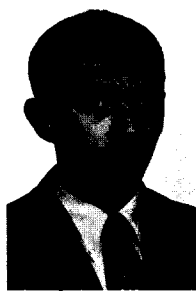
CLASS OF 1970



Ralph J. Faville



Ralph E. Fedor



John A. Flaskerud



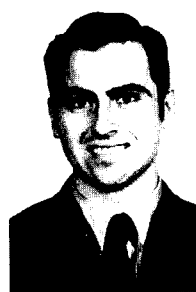
William L. Flood



Daniel H. Frenning



Carroll M. Galvin



David C. Gauvin



James J. Gerding



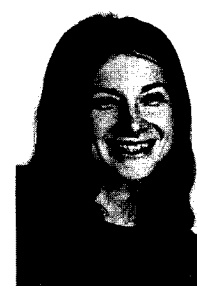
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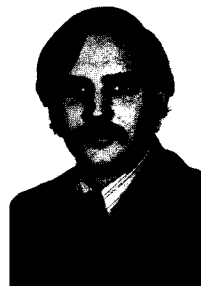
Richard L. Good



Alan M. Gorden



Kathleen M. Grant



Mark A. Gray



Edward W. Green



Thomas W. Hadley



Dale E.
Hammerschmidt



Carl W. Hansen



David L. Hanson



Milton C. Hanson



John R. Hastings

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Frederick D.
Hathaway



Susan A. Hedberg



Michael J. Hennessy



Stephen G. Henry



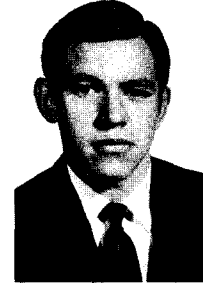
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Patrick W. Irvine



Richard J. Ivance



Robert B. Jacobson



Robert J. Johnson



William J. Kane



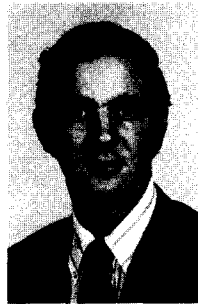
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Dwight A. Kauffman



Patrick A. Keenan



Ronald W. Keller



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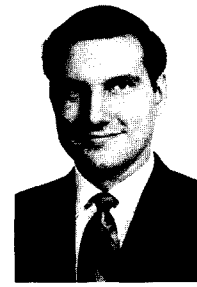
Richard G.
Kirchdoerfer



Gene F. Kishel



John D. Lamey



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Steven M. Larkin

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Herbert A. Levin



Jeffrey S. Liebo



G. Patrick Lilja



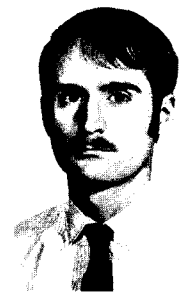
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Mark S. Lindau



Robert S. Lund



Jon A. Maier



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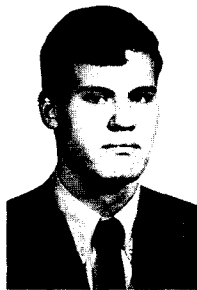
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Howard G. Milstein



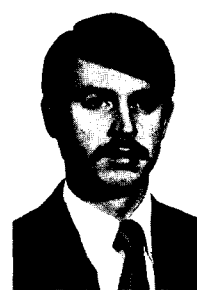
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Wayne Moore



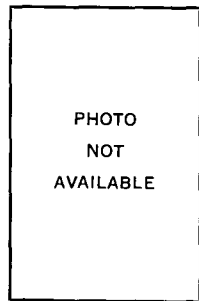
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Joe L. Morgensen



John C. Muesing



John H. Myhre



Gregory G. Nelson



Roger L. Nelson

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Frederic D. Nemer



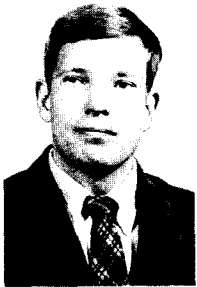
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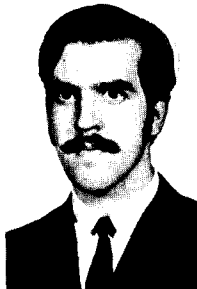
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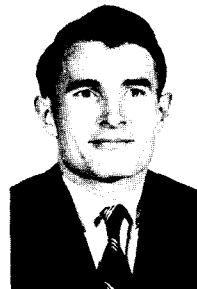
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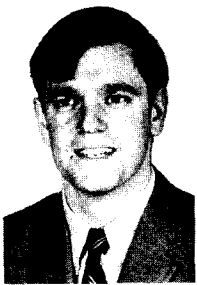
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J. David Peterson



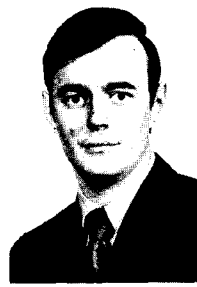
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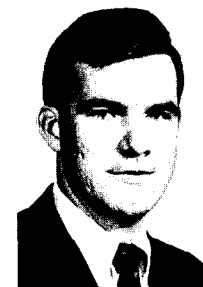
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Barbara S. Puckett



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John R. Ragan

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George D. Rawley



John J. Regan



William H. Reid



Nicholas F. Reuter



Virgil T. Rhodes



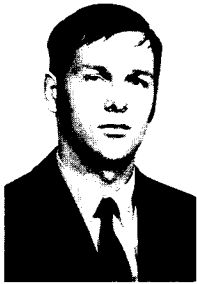
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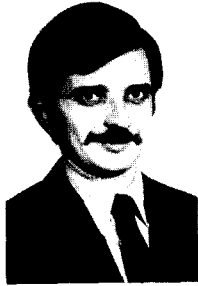


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Carl W. Sjoding



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Primus J. Skumatz



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Allan B. Solum



Ronald M. Sorenson



Bernard W. Steele



David J. Stone



Frederic M. Stone



Erik G. Strom



James C. Strom



James K. Struve



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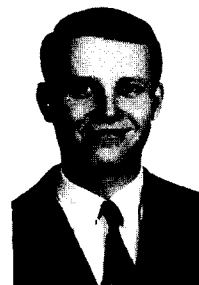
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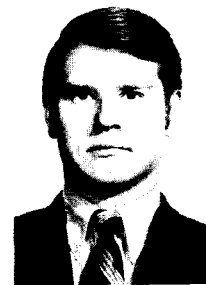
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Mary A. Tanghe



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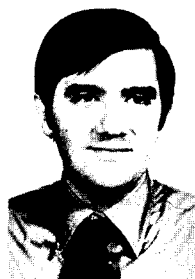
CLASS OF 1970



Paul E. Thompson



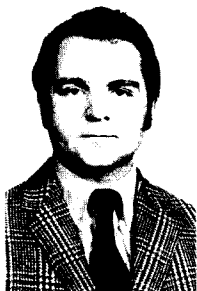
Mary B. Tierney



James W. Toskas



Terrence D. Truhler



Thomas H. Tschetter



Thomas M. Turek



Donald J. Twito



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Harold R. Veits



Ronald F. Voltin



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James R. Walker



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Paul T. Wicklund



Thomas A. Wittkopp



John V. Wrigley



J. Thomas Ylvisaker



Victor L. Yu



The Physician As Citizen*

by Dr. Maurice B. Visscher

Times of graduation are always events of great importance to persons who graduate. You and I both graduate this month, you from a program of four years as students, I from thirty four years as a teacher in the University of Minnesota Medical School, and an additional ten years in other Medical Schools. Graduates of the Class of 1970 have, however, a more challenging prospect, I think, than graduates of any earlier years in my forty-eight years of association with medical education as a student and as a teacher. You are graduating at the end of a year during which for the first time in American history hundreds of Colleges and Universities across the country have had their activities suspended or greatly curtailed by student protest movements. The student protests have had as their major focus the undeclared war in Southeast Asia, but social issues have also been prominent in the list of complaints of young people. Racial discrimination, gross social inequities in a generally affluent society, maldistribution of educational opportunity and of health care, are among the general problems of concern. There is also among students a strong demand for a greater voice in the character of the educational program itself.

These dissatisfactions are not limited to students. For example, on May 7, 1970 the Executive Faculty of the Medical School of the University of Minnesota passed by a large majority (seventy to ten) a resolution which said "The Executive Faculty of the Medical School hereby declares that it is the majority view of that body that the continuation and escalation of the Vietnam war is both immoral and con-

trary to the best interests of the people of the United States."

This Medical School has also responded to the obvious need for improvements in mechanisms for distribution of medical care by inaugurating experimental projects for neighborhood centers in economically depressed areas of the cities. It has recently greatly increased its enrollment so that it may increase its output of physicians. It has instituted a wholly new Department for instruction and experience in Family Practice in response to the public-felt need for more physicians of first call, family doctors if you will, who can properly deal with a great share of health problems without calling in specialists.

This Medical School has also recognized the propriety of student desire for participation in policy decisions. Curricular reform has been planned with student representation on all Committees. Students sit on all search Committees for new major appointments to the faculty.

In other words it is not only the students, that is the young, who have recognized needs for change. It is significant that the "establishment generation" has, in major part, agreed with the young generation.

Impetus for Change

I wish to stress another point to which I have referred before, namely that the strong impetus for change is of recent origin, although many of the problems have been existent or growing for a long time. The impetus for

* Commencement Address for Medical School Class of 1970.

change has come to a high point during the past year. The forces exerting pressure for change have not yet necessarily reached their maximum. It seems probable that there will continue to be inflation and progressive unemployment. Unless the Southeast Asian war is ended and military spending is drastically reduced there will be inadequate Federal funds available to meet critical domestic national needs. At the present moment there is no indication that military spending will soon be curtailed to a great enough degree to permit such ameliorative action. Consequently one fears that tensions will build up rather than subside, before adequate remedial actions will be taken.

However, the present tense situation is already serious enough, so that medical graduates of 1970 can be sure that they will be entering their careers with a different set of prospects immediately before them than their predecessors faced. Their predecessors have, to be sure, already begun to face new prospects, but the difference for the new generation and for the older ones is that the new generation can look at problems from a fresh viewpoint, less influenced by tradition and past practices. I think I should add that the young generally have fewer ingrained prejudices than the older do.

Medicine today is the same respected profession that it has always been. The prevention and cure of disease, the saving and improvement of human lives is now as always a rewarding experience and most physicians look upon their work as a profession with human values as their greatest reward. A few look upon their work majorly as an opportunity for financial gain, and this minority causes the true disciples of Aesculapius much grief.

Health Care as a Human Right

One of the problems that the health professions face today is that of how to meet the challenge of a society that has come to a realization that access to health care is a human right in a just society. Some physicians, unfortunately, have not yet come to realize that the ethos of society at large has changed in the last few

years, and that there has been an advance in common ethical thought in this regard. There never were adequate mechanisms for distributing medical care to meet the needs of society as a whole, but previously the inadequacy was either ignored or accepted as inevitable and non-correctable. In fact, it is considered imperative that it be corrected.

The recognition and acceptance of modern scientific medical care as a human right has introduced problems of great magnitude both for society at large and the medical profession in particular. They will not be resolved in a day. Medicare and Medicaid, systems for providing funds to pay for health care for the elderly and for certain groups of the poor, have met part of the problem, but by no means all, and pressure is mounting to extend some health care distribution system to much larger groups in the population. However, existing mechanisms are proving too inefficient and too costly to allow larger coverage. Even the present coverage is in jeopardy for financial reasons.

I urge the graduates of the Class of 1970, and other physicians, of course, too, to look dispassionately, and with the interests of society at large in mind, at the problems involved in fulfilling the expectations of the American people regarding health care. A majority of Americans now have some form of insurance against parts of the costs of health care. However many do not.

Present major mechanisms for financing health care are not only inadequate, but they are uncertain, inefficient and subject to abuse. It must not be thought that the major costs of health care are professional fees. In the State of Minnesota the Welfare Department spends seventy-five per cent of its health care funds on Hospital and Nursing Home bills. Physicians determine to a large extent the magnitude of these expenditures. It is a matter of record that hospitalization costs for comparable population groups under different types of organization of medical service differ by as much as a hundred per cent. When all medically feasible diagnostic work is done on an outpatient basis and careful attention is paid to limiting hospitalization stays to medically justified limits, the hos-

pitalization costs of comparable groups are about half that of those served by solo practitioners performing much of their diagnostic studies in hospitals. Specifically, population groups served by well-staffed clinics operating on the basis of comprehensive prepaid medical insurance, have utilized as little as half as many dollars for hospitalization per person covered as have groups outside such plans. From a social viewpoint such differences are vitally important. Society must allocate its resources in conformity with some standards of priority and in the health care field it is certain that the most enlightened decisions can be made if laymen can be guided by the disinterested judgment of physicians.

A Physician's Social Responsibilities

A great responsibility rests upon the physicians of the future to play major roles in guiding the selection and development of methods of provision of health care in a society which will unquestionably demand more and better care for all of the people, not simply for the more affluent minority. The role of the physician will be, in part at least, to make certain that quality will not be sacrificed to quantity. The physician, better than anyone else, can point out how efficiencies can be achieved which will increase the output without decreasing the quality of the medical care product.

Time was when physicians were important factors in the decision-making process in American society. Unfortunately the image of the organized physician group as one concerned primarily with the public good has been distorted and even tarnished by the public exposure of the major organization of physicians as being preoccupied with preserving the status quo in relation to methods of economic compensation of physicians. From the point of view of the public there is nothing sacred about solo practice, and there is nothing unethical about having a physician accept a yearly salary rather than a fee for each service. The public is concerned with whether the Mayo or some other clinic provides competent medical service, not

with whether they compensate their physicians by a salary rather than by fees for services rendered to specific patients. It doesn't care whether Permanent or Group Health Plans operate with salaried physicians. It cares a great deal about whether these Plans provide first-rate scientific medical care at costs which society can bear.

A major question which physicians of tomorrow must help the public answer are those related to how people can obtain the best, the most widely distributed health services, at costs which can be borne.

It is not only in the matter of influencing the public choice of methods of distributing medical care that physicians have social and political responsibilities. By virtue of his technical training the physician is in a better position than most other citizens to comprehend the facts about the hazards to society of environmental pollution of various sorts. He or she should, as a responsible citizen, share his greater knowledge by participating in public education and decision-making about pollution control.

The education of the physician also provides a background of knowledge about such social problems as over-population, drug abuse and crimes of violence against persons and property. These problems are of growing importance in our society and we need more knowledge in order to deal with the ethical and practical problems associated with them. The next years will undoubtedly see a critical need to limit population growth nearly everywhere in the world. How shall it be done? Eugenicists have already suggested that dependence upon purely voluntary measures will expose society to the likelihood that the less intelligent fraction of population will outbreed the more intellectually gifted and that consequently the mean level of human intelligence will fall in future generations. Artificial insemination from sperm banks is already a practicable procedure and artificial implantation of ova is certainly not impossible of development. Even chemical manipulation of the DNA molecule is not now beyond the realm of plausibility some time in the future, how far no one knows. There are

of course ethical judgments as well as technical scientific problems involved in these issues, but scientific facts are not irrelevant to value judgments. A knowledge of the consequences of various actions is certainly essential to judgments concerning the morality of any particular action.

Pot and Alcohol

In the case of the use of various kinds of central nervous system drugs the medical profession has a most obvious role to play. It is said that half of the high school and college age population in urban America have at least experimented with the personal use of mood-changing drugs, other than ethyl alcohol. There is great public agitation over the wide-spread use of marijuana by young people. Three quarters of all Americans use ethyl alcohol with variable frequency—essentially as a mood-changing drug. I mention alcohol in connection with other drugs because “pot” use has aroused such great alarm while alcohol use is taken for granted as a lawful source of pleasure. There is as yet no scientific evidence that marijuana is intrinsically as dangerous a drug as ethyl alcohol. The most obvious difference today as to danger to society is that the selling of pot is a felony while the selling of alcohol is a perfectly respectable business. Consequently the pot user deals with criminals and tends to become a part of our criminal sub-culture. Society forces pot addicts to become part of the criminal world if they cannot or do not deny themselves the pleasure they get from smoking pot. We repealed the Volstead Act in the United States thirty-odd years ago as the only practicable method of depriving the flourishing criminal underworld of its income. We may find it necessary to repeal the laws that make felons out of pot-dealers and pot-smokers in order to keep our young people from associating with the criminal underworld. There is no more compelling reason for putting marijuana in the same class as LSD and the so-called hard drugs than there would be for putting alcoholic beverages in the same class with heroin.

I am not suggesting for an instant that there are no drug addiction problems. There are serious ones, but I am suggesting that it is altogether likely that society is itself creating a major part of the problem by its inept handling of important parts of it. If half of our young people could be arrested for committing a felony for an offense no worse in reality than taking a couple of drinks of hard liquor, who can wonder about a decline in respect for a great many of the other rules of society that we call laws.

I have devoted some time to this subject for two reasons. First, because physicians and other medical scientists must concern themselves with it if progress is to be made. More research, observation and analysis must be carried on, and public education must be furthered. The new generation of physicians will have more, not less, to do with the investigation and control of all kinds of central nervous system drugs.

My second reason is to point up the growing involvement of all health professionals with public problems and the need for them to take a more active interest in such problems. Drug addiction is undoubtedly related to “crime on the streets,” theft of all sorts, because drug dependence drives addicts to thievery to buy their drugs. The Justice Department has responded to this growing problem by proposing a comprehensive law which would place all addictive drug regulation and control in its own hands and would include virtually all drugs affecting mood in any way. It would attempt to control manufacture, importation, wholesale and retail distribution and physician’s prescriptions. It would authorize search of any premises without prior warning—the so-called “no knock” provision—and would legalize the seizure of a physician’s records on patients. The no-knock search provision would legalize entry into any private home to search for pot, amphetamines, barbiturates and other sedatives, in fact for any of scores and scores of drugs, or for papers related to traffic in drugs. The physician would lose completely the confidentiality of the doctor-patient relationship. The Senate of the United States has already passed this measure. It is having second thoughts and the House of Representatives is fortunately rewriting the bill

in its entirety. A few alert physicians and civil libertarians have been responsible for the current halt in putting this monstrosity into Federal law.

It is unlikely that the Supreme Court would have upheld the constitutionality of a law such as the one proposed because it would have resulted in flagrant violations of the rights of privacy without due process, but I describe the proposal to warn Graduates of the Class of 1970, and incidentally all other physicians that ill winds are blowing which could be as chilling to them as to any drug-pusher. Certain kinds of people are apparently quite willing to throw the baby out with the bath water, to change the metaphor. The physician must be alert to public issues of all sorts if he is to be able to serve his patients effectively.

I have mentioned criminality as a public problem, in solving which health professions have a major role to play. I shall do no more than to mention the self-evident fact that anti-social behavior is a phenomenon which requires more than laws, enforcement officers, courts and judges to prevent or even to minimize. We have seen that stringent laws and continually increasing numbers of law enforcement officers have not prevented a rise in crime rates. There have been cries of frustration from "law and order" people about the supposed "coddling" of criminals by the courts as the reason for the rise in crime. However, such an explanation cannot possibly account for the increases in numbers of first offenders and it probably has little relevance to the rise in the overall crime rate. The facts are that we do not understand the causes of the upsurge in crime, and that we need more knowledge of the kind that psychiatrists, psychologists, sociologists and anthropologists might be able to give us if they were adequately funded to carry on the research that would have to be done to gain such knowledge. Criminality is surely in part a medical problem. It is a challenge for the future.

A Cheerful Chord

Finally I should like to strike what I hope you will agree is a more cheerful chord. The

most hopeful sign on the contemporary scene to my mind is the fact that young people have begun to protest and dissent from the complacency of their elders in acceptance of improprieties of various sorts. I disapprove of rock-throwing and of the rhetoric of violence, which a minority of protestors use, although I can understand how frustration can cause such behavior. However I believe that such actions are counter-productive and I deplore them. But most student protest is totally non-violent. It is the reasoned dissent that will in the end bring progress without destruction. Hopefully the process will not be interminably long, but however long it takes, so long as progress is occurring, the result will be happier than it would be if the fires of revolution forced us all to build like Phoenix out of ashes. The rock-throwers are convinced that anarchy is a necessary prelude to progress. They ignore the history of other democratic countries, Great Britain, the Scandinavian countries, Holland and others where social inequities have been and are being corrected through democratic political processes. We can do the same. I have confidence that we will.

It is a tragedy that we of the United States are enmeshed today in a useless and inhuman war on the other side of the planet that is draining our blood and our resources, and polarizing our people. It must be stopped. When it is we shall have a chance to move in the directions that young people want to see movement, namely for the achievement of finer humanitarian goals. There is no nobler profession than the practice of medicine. In the words of Hippocrates 2400 years ago: "Medicine is of all the Arts the most noble."

The *noblesse oblige* for the physician today is, as it always has been in the ideal, to put his talents and his training to work for human good. Today the sphere of his potential service is enlarged. To the Class of 1970 I wish to say simply "Try to live up to the ideal in the troubled but nevertheless challenging times in which you leave your Alma Mater." No one can do more. No one should do less.



M. E. Herz, President of the Minnesota Medical Foundation

MONEY AIN'T EVERYTHING BUT IT SURE HELPS!

Today's tight money situation is pinching vital functions of the nation's medical schools, including the University of Minnesota Medical School. Federal backing is falling off; some authorized funds are being withheld, and new requests for aid are not being approved.

As a consequence, building programs are curtailed, research is cut back, and the urgently-needed expansion of enrollment is endangered. Also in jeopardy are the programs for disadvantaged students, loans, and scholarships.

The squeeze is on.

One hope for the Minnesota Medical School is the Minnesota Medical Foundation. But the bulk of its financial resources are restricted. Most donors have stipulated the purposes for which their gifts are to be used. Other donors have established endowments from which only the income is available.

As Federal funds dry up, the University of Minnesota Medical School must obtain more and more unrestricted funds. Through the Minnesota Medical Foundation, you can help insure the financial stability of the school.

With an increase of 65 students in the 1970 University of Minnesota Medical School freshman class, the needs of our scholarship program are substantially increased. Future years will bring even greater dependence on the Minnesota Medical Foundation for financial help. A plan is now being developed to make the scholarship program self-sustaining, but it will take time.

A few years ago the Scholarship Appreciation fund was established whereby scholarship recipients were asked to sign a pledge to repay an amount equal to or more than they received. In the 1970 graduating class there are 46 schol-

arship recipients and 40, or 87% have signed pledges to repay. That is most commendable and encouraging and we are grateful. But they have done more!

On May 20 and 21 these Seniors put on a telethon and phoned former scholarship recipients and asked for pledges. Of those they succeeded in reaching, over 90 responded favorably, some by cash and others with pledges. As a result, the Scholarship Appreciation fund is more than \$75,000 richer. Our hats are off to the 1970 Seniors who participated in this successful program for a job well done.

While this is an excellent start toward making our scholarship program self-sustaining, it will take many years to achieve our goal. In most cases the pledges will not be paid until 5 to 10 years after graduation. In the meantime we must continue the program at an accelerated pace as the Medical School increases its enrollment.

The Minnesota Medical Foundation is serving a most useful purpose to the Medical School, the faculty and the students. It pledges to continue its efforts to be of assistance whenever and wherever help is needed. You can help by telling your friends and by continuing your own support.

There is an urgent need for contributions to the Minnesota Medical Foundation scholarship and "unrestricted" funds. We appeal to medical societies, physicians, lay people and private foundations for financial assistance if we are to meet our responsibility. All contributions are tax deductible. The need is real. The time is Now! Your help is respectfully requested and will be gratefully received.

ALUMNI HONORS



"Surgeon, soldier, author, teacher, healer . . ." This eloquent tribute was given Dr. Harold G. Scheie (Med. '35) when he was presented a 1969 Pennsylvania Award for Excellence in the Life Sciences. As one of nine recipients, he was flanked by an array of prominent other Americans, including the skipper of the Apollo 12 flight, Captain Charles "Pete" Conrad, at award ceremonies January 19, 1970. This year's awardees represent diversified fields: the creative arts, performing arts, human relations and community service, journalism, athletics, life sciences, education, industrial and business leadership, and science and technology. They join 27 distinguished Pennsylvanians who have been selected since 1966 when the Pennsylvania Awards for Excellence were established. In addition to this honor, Dr. Scheie is probably the only alumnus to have a building complex named after him. Ground was broken on December 8, 1969 for the 8.8 million dollar Scheie Eye Institute at Presbyterian-University of Pennsylvania Medical Center.

These awards were designed to further and foster what Pennsylvanians believe is a state tradition of excellence. Both native and "adopted" Pennsylvanians have been selected for this high honor. Dr. Scheie is one who has adopted the state, but who remains deeply attached to the state of Minnesota.

Scheie was born in South Dakota and is a graduate of the University of Minnesota Medical School. Since he began his internship 35 years ago,

" . . . Surgeon, soldier, author, teacher, healer—Dr. Harold G. Scheie has served mightily the Hospital of the University of Pennsylvania a mecca for those with threatened sight."

Dr. Scheie has been affiliated with the University of Pennsylvania. He completed his ophthalmology graduate work there and received a Doctor of Science in Medicine in 1940.

"Surgeon, Teacher, Healer . . ."

Dr. Scheie is Chairman of the Medical Board for the University of Pennsylvania Hospital; Chairman and Professor, Department of Ophthalmology, Division of Graduate Medicine and the William F. Norris and George E. deSchweinitz, Professor of Ophthalmology; and Chairman of the Ophthalmology Department of the University of Pennsylvania School of Medicine. He is also a practicing ophthalmologist with a private practice limited to diseases of the eye.

"Soldier . . ." Dr. Scheie's army service includes a series of promotions from his commission as 1st Lieutenant in the Medical Corps in 1936 to Brigadier General in 1954. During World War II, he was attached to the 20th General Hospital as Chief of Ophthalmology section of the Eye Center, Crile Army Hospital, in Ohio. He was also Commanding General, Headquarters, 303rd Hospital Center, Philadelphia. Dr. Scheie is the recipient of numerous decorations and awards for his war-time services.

"Author . . ." He has been an author, co-author, or contributor to fifteen books on the eye. In addition, Dr. Scheie's mettle as a scholar is attested to by over 160 articles in medical journals.

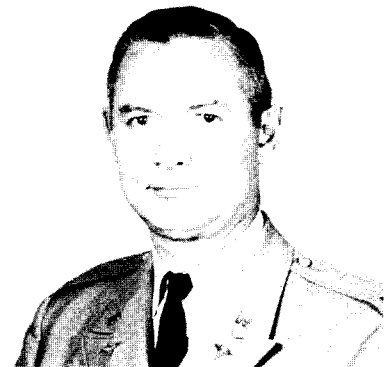
The tribute on which this article begins is eloquent, but it omits an aspect of Dr. Scheie's service, his civic-mindedness. Among his prominent civic services are memberships on the National Advisory Commit-

tee of the Eye Bank for Sight Restoration, Inc.; Research Executive Council of the National Society for the Prevention of Blindness, Inc.; and a special advisory staff member of the Philadelphia Chapter of the Reserve Officers Association.

Dr. Scheie's adoption of the state of Pennsylvania does not preclude a strong interest and profound concern for Minnesota's medical affairs. He is a Board of Trustees member of the Minnesota Medical Foundation. Recently, he and Dr. Leonard S. Arling, classmates in 1935, have conceived and founded a prestige association for Minnesota Alumni, the E. T. Bell Associates. This is a special giving club requiring substantial donations from persons with unusual concern for preserving the excellence of medicine at Minnesota.

MILITARY HONORS

Two Minnesota graduates recently received *Legion of Merit* awards, Col. Paul E. Teschan (Med. '47) and Col. Alan R. Hopeman (Med. '50). Col. Teschan was chief of the Department of Metabolism at Walter Reed Army Institute of Research and chief of Renal-Metabolic Service, Walter Reed General Hospital. He retired after 21 years of service and was cited for his outstanding skill as physician, scientist and organizer. Col. Hopeman was recognized for assuming a major role in the instruction and development of the staff and residents of the Thoracic Surgery Service at Walter Reed General Hospital.



Col. Alan R. Hopeman

ALUMNI NOTES

Class of 1939

Eugene E. Ahern has been practicing radiology with Radiologists Professional Assoc. in Minneapolis for 23 years and is an assistant clinical professor at the U. of M. Gene enjoys photography, painting and travel. He and his wife, Mary Lou, have 3 children and live at 6709 Harriet Ave., Minneapolis. *Dr. Leo Rigler.*

"I gave up my general practice in orthopedic surgery in 1964 and took 6 mos. additional training in hand surgery in New Orleans and in leprosy work in India and have limited my practice to hand surgery since 1965," reports **Gerald S. Ahern**. In addition, he is a consultant in hand surgery at the Univ. of Texas and the U.S. Naval Hosp. in Corpus Christi, Tex. Gerald and his wife, Margaret, live also in Corpus Christi at 432 Santa Monica. They have 3 children. *E. T. Bell and his great path conferences!*

Nels Ahnlund lives at 880 Quince, Santa Clara, Calif. He has been with the San Jose Orthopedic Group for 23 years and is a clinical assistant professor at Stanford Univ. Nels and his wife, Stella, have 7 children. *Rasmussen*

Formerly dean of Stanford Medical School, **Robert A. Alway** is presently a professor of pediatrics there. Bob and his wife, Sophia, who is also an M.D., have 5 children. *Maurice Visscher.*

Charles L. Anderson retired from the U.S. Army in 1965 and lives at 921 N. 40th Ave., Duluth, Minn. He is no longer practicing medicine. Charles and his wife, Anne, have one son. *Dr. Jackson*

Robert J. Anderson is medical director of the American Thoracic Society. For 27 years, he served in the USPHS. Bob and his wife, Ruth, have two children and live at 3624 N. 36 Rd., Arlington, Va.

Racing sports cars and ceramics are hobbies that **George Arack** enjoys. The Aracks live at 2150 Grace Dr., Santa Rosa, Calif. George has been a soloist in internal medicine for 20 years and is an assistant clinical professor of medicine at the Univ. of Calif. George and his wife, Phyllis, have 4 children. *E. T. Bell*

"Finding a bit more time to enjoy camping and fishing, now that our children are grown, married, and pursuing careers of their own (Sally in teaching, Michael at achieving his doctorate in Business Adm.)," says **Edward M. Baldigo**. He and his wife, Marcia, live at 2319 Creekside Rd., Santa Rosa, Calif. Ed has spent 10 of his 30 years as a solo G.P. in Santa Rosa.

***William M. Balfour** says, "I have been Dean of Student Affairs at Univ. of Kansas for 2 years after 10 years of teaching and research in neurophysiology. The position is challenging and rewarding. I still teach a course in Human Physiology to non-science majors in the Univ. and have no connection with the K. U. Medical Center in Kansas City." He received an M.S. from the Mayo Foundation and served in the medical corps in the South Pacific during WWII. The Balfours have 4 children and live at 1505 University Dr., Lawrence, Kansas.

"Having lived in this resort area for twenty-one years, the whole family is rather sports oriented, and we enjoy golf, tennis, swimming, and skiing, with some hunting and fishing thrown in," comments ***Hosea C. Ballou**. After advanced work in internal medicine, Hosea has spent most of his career at the Greenbrier Clinic, the Greenbrier Hotel in White Sulphur Springs, W. Va. He and his wife, Catherine, have 3 children.

After serving with the 8th Air Force in ETO from 1941-46, **John D. Barker** has been practicing at the Morgan Park Medical Center in Duluth. One of three children, John D. Jr., graduated from the U. of M. Medical School also. The Barkers live at 8715 Arbor St., Duluth, Minn. *Dr. Bieter.*

Ernest F. Beber lives at 534 Doborout, Myrtle Point, Ore. and has been in a G.P. partnership for 30 years. Ernest and his wife, Bessie, have two children, a boy and a girl. *Dr. Irvine McQuarrie*

John J. Beer married a classmate, Marjorie Hartig. They have 5 children and live at 1665 Summit Ave., St. Paul, Minn. John has a solo practice in orthopedic surgery and is a clinical instructor at the U. of M. During WW II, he was stationed in the South Pacific and returned for a residency at the U. of M. *Dr. Wallace Cole and Dr. E. T. Bell*

***Norman B. Bloom** says, "My son is entering Medical School in the fall of 1970." Norm has been a solo G.P. in Minneapolis at the same location for 22 years and teaches both at Mt. Sinai Hosp. and the U. of M. During WW II, Norm served 63 mos. in the U.S. Army and attained the rank of major. He and his wife, Priscilla, have 3 daughters in addition to their son and live at #1 Fletcher Place, Hopkins, Minn.

Paul P. Boswell has practiced dermatology for 30 years in Chicago and teaches at the Univ. of Illinois, Chicago Circle. His wife is an assistant professor of social work at the Univ. of Chicago, and their daughter is currently studying anthropology at the Univ. of Ghana, Africa. The Boswells live at 5216 B. University Ave. *Dr. Carl Laynon*

* An asterisk signifies membership in the Minnesota Medical Foundation.
Italics relate most vivid memory of medical school.



Bob Bowers

"I followed my uncle and father in general practice in Lake City," observes ***Robert N. Bowers** who is in a partnership there. Except for 3½ years in the Army Medical Corps, Bob has practiced in the Lake City area. He and his wife, Virginia, have three children including a son, Michael, who is currently enrolled in the U. of M. Medical School. The Bowers live at 1122 So. Oak St., Lake City, Minn. *E. T. Bell*

"So far three of our seven children are in allied medical fields; medical librarian, physical therapy, and nursing. They are all graduates of the U. of M.," reports ***Ohrmundt C. Braun**. He has been doing both general surgery and G.P. work at the Itasca Clinic for 20 years. The Brauns live at 124 14th St., Grand Rapids, Minn., and enjoy small community living to the fullest, says Ohrmundt.

Wesley H. Brunham and his wife and 3 children live at 7130 Willow Creek Rd., Eden Prairie, Minn. After a stint in the Army Medical Corps, he has been a solo orthopedic surgeon since 1947. Wesley is interested in big game hunting, photography, travel, private flying, and sports cars.

John P. Burton lives at 1107 N. 3rd St., Monroe, La. He practices psychiatry and is director of Mon-

roe Mental Health Center. John was in the Army during WW II. *C. D. Creevy*

***Everett B. Coulter** has been a soloist in general surgery for 23 years. He and his wife, Marilyn, have 3 children and live at East 2109 Southeast Boulevard, Spokane, Wash. *Owen Wangenstein*

"I retired from active practice in January, 1970, and am devoting my time to teaching, research, hobbies and family," reports **Leonard L. Cowley**. He was a solo general surgeon for 23 years and served in No. Africa and Sicily during WW II. Len and his wife, Frances, have a daughter and a son and live at 411 E. 10th St., Long Beach, Calif.

"I have been practicing internal medicine since 1946 with the St. Paul Internists, P.A." says ***David M. Craig**. He is also an associate clinical professor at the U. of M. During WW II, Dave was in the Army Medical Corps attached to the 26th Gen. Hosp. He and his wife, Carol Jean, have five children and live at 1423 Highland Parkway, St. Paul, Minn.

After residency training at the Univ. of Illinois, ***Donald J. Cronin** has practiced otolaryngology at the Wichita Clinic for 22 years. He enjoys hunting and golf. Don was in the Navy from 1942-46. He and his wife, Ruth, have 1 son and live at 618 Rutland Rd., Wichita, Ks.

Doris E. Dahlstrom (Van Dalson) has been a G.P. for 30 years in Kalamazoo, Mich. She is married to Jack Van Dalson. Doris is the mother of 3 children and lives at Rt. #1, Hickory Corners, Mich.

"We have enjoyed our many years in the Army Medical Corps very much, especially the tours as a family to Japan, Korea, Iran, and Southern Germany, but am now looking forward to living in Brainerd, Minn." says ***Ivan D. Dimmick, Jr.** He is now medical director of the Brainerd State Hosp. Ivan's wife, Marion, is a graduate of the U. of M. in public health



Ivan Dimmick, Jr.

nursing. The Dimmicks have 3 daughters and a son. *Dr. Cecil Watson*

"My wife and I spend considerable time hunting and fishing and have recently become rock hounds, with all the paraphernalia needed to polish and cut," says **Kenneth W. Douglas**. During the past 21 years, he has been superintendent of five different state mental institutions in Minnesota, Michigan, and Washington. Before turning to administrative psychiatry, Ken spent nine years in private practice. He is now Superintendent and Medical Director of Interlake School. He and his wife, Florence, have two sons and live at S. 4117 Lamonte, Spokane, Washington. *Tommy Bell and Cecil Watson*.

For a real way out activity I play baritone horn in the 'Krausmeier German Band' together with two other M.D.s, a couple of dentists and a 'bunch of guys named Joe,'" comments ***Paul A. Dressel**. Following military service and post graduate work, he has been a solo G.P. Paul and his wife, Joanne, have a family of four and live at 433 Mesa Lila Road, Glendale, California. *Difficult to single out one individual—J. C. Litzenberg, C. J. Watson, E. T. Bell and all the other great ones of our time.*

***George W. Drexler** says, "I am the senior member of the Blue Earth Medical Center, Blue Earth, Minn. We have four men in the group and are adding another doctor in August, 1970. We are also building a new hospital and are in the planning stages of a new clinic building." After serving in the Army Medical Corps, he has been in general practice for 24 years. George and his wife, Mary, have seven children ages 27 through 13. The Drexlers live at 215 East 4th Street in Blue Earth. *Dr. William T. Peyton.*

John E. Eckdale and his wife, Dorothy, live at 228 N. Whitney Street, Marshall, Minn. John has been a G.P. for 30 years and is in a partnership. He served in the U.S. Air Force during WW II. The Eckdales have four children. *No special one.*

William W. Engstrom is Professor and Chairman of the Department of Medicine at Marquette University School of Medicine. Bill received his M.S. at the Mayo Foundation and served in the U.S. Army specializing in tropical diseases. He was cited for the Outstanding Achievement Award of the University of Minnesota in 1964. He and his wife, Elizabeth, have three children and live at 735 Brinsmere Drive, Elm Grove, Wis. *C. J. Watson and E. T. Bell*

Eldon W. Erickson lives at 29385 East River Road, Grosse Ile, Mich. He practices internal medicine and is director of Lynn Clinic and Hosp. (100 bed general hospital). Eldon teaches at Wayne State Univ. and received an M.S. in internal medicine from the U. of M. He and his wife, Elsie, have two children. *George Fahr*

Martin Even has a private practice in urology and is also a clinical instructor at UCLA. He and his wife, Beatrice, have a son and a daughter and live at 13766 Sunset Blvd., Pacific Palisades, Calif. Martin enjoys music and sports. *C. M. Jackson*

David L. Fingerman has practiced internal medicine for 22 years and is a clinical instructor at the U. of M. Dave served in WW II in the ETO. He and his wife, Harriett, have one son and three daughters and live at 2515 Inglewood in Minneapolis. *George Fahr and Moses Barron*



L. Ben Franklin

***L. Ben Franklin** has been a solo G.P. for 29 years in Los Angeles. He says, "The mother of my children died 6½ years ago and I have since remarried. My daughter is a graduate of Stanford and is now working on her Ph.D. and my son is a graduate of Harvard and is now a junior in medical school at UCLA. I have had a psycho-analysis and spend about a third of my practice doing psycho-therapy." The Franklins live at 1812 Bel Air Road, Los Angeles. *William A. O'Brien*

Lyle A. French is Professor and Head of the Department of Neurosurgery and Chief of Staff, University Hospitals at the U. of M. After serving in the army during WW II, Lyle returned to receive his M.S. and Ph.D. in Neurosurgery from the U. of M. He and his wife, Jane, have three children and live at 85 Otis Lane, St. Paul, Minn. *A. T. Rassmussen*

***Harry S. Friedman** is president-elect of Mt. Sinai Hosp. in Minneapolis. He is a solo ophthalmologist and clinical assistant professor at the U. of M. and Hennepin County Gen. Hosp. He served in WW II at the 24th Evacuation Army Hosp.

Harry and his wife, Gertrude, a psychiatric social worker, have three children and live at 4230 Basswood Road, Minneapolis.

Louis S. Gerber lives at #2 Berm N.W., Albuquerque, New Mexico. Lou retired from the USPHS because of rheumatic heart disease after 15 years following 12 years of general practice. His last assignment was as Deputy Director of USPHS Hosp., Baltimore, Md. His future plans include probable mitral valve replacement. Lou and his wife, Ragnhild, have a daughter and a son. *O'Brien and Fahr*



Lou Gerber

***William P. Gjerde** has been a G.P. in Lake City for 22 years in a partnership with Bob Bower, classmate and friend of 36 years. Bill spent 4½ years with the Air Corps during WW II. He and his wife, Elizabeth, have three sons and live at 1004 South Lakeshore Drive, Lake City, Minn. *Cecil Watson*

Marjorie Hartig (Beer) says, "There's not a doctor in the crowd." She has been a soloist in OB-GYN for 28 years and is married to classmate **John J. Beer**. The couple have five children. *Dr. Cecil Watson—a true teacher.*

***Donald Q. Heckel** has been an internist for 24 years. Don and his wife, Rosemary, have three children and live at 1624 Hillcrest Ave., Glendale, Calif. *E. T. Bell*

After serving with the Army Medical Corps during WW II, **Clifford W. Hogan** returned for

a fellowship at the U. of M. in orthopedic surgery. Since then he has had a practice limited to orthopedic surgery in Jamestown, North Dakota. He and his wife, Louise, have a son and a daughter.

***Milton M. Hurwitz** has been in a group practice for 25 years in the Lowry Medical Arts Bldg., St. Paul, and is a clinical associate professor of medicine at the U. of M. Milt received an M.S. from the U. of M. He and his wife, Eunice, have two daughters and live at 1804 Bohland Ave. *E. T. Bell*

***Wyman E. Jacobson** practices at the St. Louis Park Medical Center, where his responsibilities are clinic management and in the department of internal medicine, endocrinology. He is also a clinical associate professor at the U. of M. He is past president, Twin Cities Diabetes Assn.; current president, Minnesota Diabetes Assn.; past president, Minneapolis Society of Internal Medicine; and member of two A.M.A.s, the second being American Management Assn. He and his wife, Marion, have a son and a daughter and live at 2900 Cavell Avenue South, Minneapolis. *Dr. Jackson, Dr. George Fahr, Dr. Downey were all memorable influences. However, Dr. Richard V. Ebert gave me self-respect, courage, confidence and personal identity.*

"Oak Ridge is a challenging place to practice with a highly educated community (nuclear energy projects and ample opportunity for research). The Smoky Mountains and numerous T.V.A. lakes provide excellent areas for our outdoor hobbies," says **Raymond A. Johnson**. Ray is in a solo practice of ENT. He and his wife, Frances, have three sons and live at 110 Balboa Circle, Oak Ridge, Tenn. *Dr. Bell in pathology.*

***Vilhelm M. Johnson** has been at the Dawson Clinic for 24 years as a generalist. He served in WW II in Ireland, North Africa and Italy. The Johnsons have four children and live in Dawson, Minn. Vilhelm's hobbies are hunting, fishing, traveling, and water sports. *Bell and Litzenberg*

***Richard H. Jones** practices at the Evans and Riley Clinic as an orthopedic surgeon and is a clinical associate professor at the U. of M. He took his residency at the V.A. and Shriner's hospitals in Minneapolis and served in WW II in the ETO where he earned a Bronze Star and Oak Leaf Clusters. Dick enjoys photography, electronics, fishing, and auto mechanics. The Jones' have five children, 4 grandchildren and live at 128 West Elmwood Place, Minneapolis. *Dr. Wallace H. Cole*

David B. Judd has been a soloist in general surgery in Eugene, Ore. since 1947. He received his M.S. from the U. of M. (Mayo Graduate School) in 1943. He and his wife, Betty, have 4 children and live at 2167 Potter Street, Eugene. *Cecil Watson as a scholar and a teacher.*

After receiving an M.S. in physiology and a fellowship in surgery at the Mayo Clinic, **Jack J. Kaplan** has practiced internal medicine in Minneapolis for the past 18 years. He and his wife, Marian, have two sons and a daughter and live at 511 Irving Avenue South, Minneapolis. *Dr. Maurice Visscher*

After advanced training at the International College of Surgeons, **Chauncey M. Kelsey** has been in a solo practice of surgery in St. Paul. He and his wife, Marion, have two sons and two daughters. Chauncey says, "Both of us are active in scouting (boys and girls), PTA, church, and community health activities." The Kelseys live at 3150 West Owasso Blvd., St. Paul. *Dr. Bell*

Gerhard E. Knutson has been in a group practice of pediatrics since 1942 in the Lowry Medical Arts Building, St. Paul. He and his wife, Margaret, have five children. One son is in internal medicine, Univ. of Indiana and another is a pre-med junior at the U. of M. The Knutsons live at 1848 Pinehurst Avenue, St. Paul, Minn. *Irvin McQuarrie*

Fred C. Kohlmeyer has been in the solo practice of ophthalmology in Sioux Falls, S.D. for 22 years. He

received his post graduate training at Washington Univ., St. Louis and Wills Eye Hospital, Philadelphia. The Kohlmeyers have three children and live at 1900 S. Lincoln, Sioux Falls. Fred says, "his outside interests run heavily to vacation trips and futile efforts to play better golf." *Bjarne Houkom*

"I have over 30 years as a commissioned officer in the U.S. Public Health Service and intend to explore retirement opportunities in the near future," says **Stanley E. Krumbiegel**. He is currently Regional Program Director, Health Facilities Planning and Construction Service, U.S. Public Health Service in Kansas City, Missouri. Stan has advanced training in psychiatry from the New York Psychiatric Inst. He and his wife, Lois, have a daughter and a son and live at 9216 Cherokee Lane, Leawood, Kansas. *Not one but many! Rasmussen, Baker, Creevy, Wangenstein.*

***Maxwell B. Llewellyn** is a senior partner in a four man group of pathologists with a private clinical laboratory servicing three hospitals in the Janesville, Wis. area. He received advanced training at Wayne State University and Henry Ford Hosp., Detroit. Max and his wife, Gertrude, have three children and live at 33 South Blackhawk Street, Janesville. *Dr. E. T. Bell*

Frederick H. Lott practices pathology in association with two others at Northwestern Hosp., Minneapolis. He served in Europe during WW II. Fred and his wife, Artis, have three children and live at 3720 Edmund Blvd., Minneapolis. *E. T. Bell, Clarence Jackson*

Joseph A. Loucks has been in a solo general practice for thirty years in La Mesa, Calif. He served in the U.S. Army during WW II. He and his wife, Wanda, have three children and live at 7910 Wetherly, La Mesa. Joe says he enjoys "this marvelous San Diego climate!"

Robert C. Love served with the Army during WW II and from 1947 to 1963 was in the Air Force.

He is now in medical administration on the staff of the American Hospital Association. He and his wife, Janet, have three sons. Their address is 2141 Ridge, Evanston, Illinois.

John D. Lyon has been a member of the Drill Clinic in Hopkins, Minn. since 1956. He served with the Marine Corp., 34th Division F. A., Mediterranean Theatre during WW II. He and his wife, Evelyn, live at 6233 Belmont Lane, Hopkins. For recreation, John is a member of the Abbott Hosp. Dixieland Band. *Thomas Peppard*

David G. MacMillan is in a group family practice in Barron, Wis. He did a preceptorship in OB-GYN at the Nicollet Clinic in Minneapolis and served in the Central Pacific during WW II. He and his wife, Marian, have 4 children and live at Rt. #1, Barron. His interests are skiing, hunting and farming. *Dr. Bell*

After receiving a M.S. in Medicine at the U. of M. (Mayo Foundation), ***C. Naumann McCloud** was a solo internist until 1967. Since then he has been working as a medical consultant in St. Paul, Minn. and teaches at Ramsey Hosp. He and his wife, Deborah, have 3 children and live at 100 Imperial Dr., Apt. 201, St. Paul. *Dr. C. J. Watson*

"My wife, Linnea, a graduate of Northwestern Hospital (I took a bit of Minnesota with me) works as my nurse, secretary and all around office trouble shooter," says **Samuel J. Megibow**. He has a private practice limited to general surgery in Cliffside Park, N.J. The Megibows have 2 sons, one of whom is working on a doctorate at the Univ. of Virginia. They live at 130 Edgewater Rd., Cliffside Park.

Wallace M. Meyer lives at 116 E. Wagon Wheel Dr., Phoenix, Ariz. He is a soloist in proctology and received a M.S. in surgery-proctology at the U. of M. (Mayo Clinic). Wallace was in the Army Medical Corps during WW II. The Meyers have 3 children.

***Harry A. Miller** is in a partnership in general surgery in Brownsville, Tex. He received his advanced training at Wayne County Gen. Hosp., Eloise, Mich. and served in a USNR-FMF during WW II, receiving a silver star, a bronze star, and a Navy Unit Citation. Harry and his wife, Jeanne, have a daughter and 2 sons and live at 1344 Honeydale Rd., Brownsville. *E. T. Bell*

***Anthony J. Miltich** practices in Flint, Mich., at the Miltich Medical Center. Tony took his residency at St. Joseph Hospital in Flint. He and his wife, Elaine, have 6 children and live at 2222 Colfax Ave., Flint. *R. N. Bieter*

After serving as a flight surgeon in WW II in both Africa and Italy, **John E. Minckler** is practicing internal medicine at the Western Montana Clinic in Missoula. The Mincklers have 3 children and live at 530 Canyon Gate Dr., Missoula. *Wesley Spink, E. T. Bell, A. B. Baker and many more fine teachers.*

***Berton D. Mitchell** has been in a solo general surgery practice for 25 years in Minneapolis and is an instructor at the Hennepin County Gen. Hosp. He received advanced training for 3 years at the Minneapolis General Hosp. and a year and a half at the Lahey Clinic. Bert says he is now doing strictly consultation surgery. He and his wife, Karen, have 2 daughters and a son and live at 641 So. Westwood Dr., Minneapolis. *Dr. George Fahr*

***Arnold S. Moe** is in a 3 man group, 2 in cardiology and 1 in gastro-enterology in East St. Louis, Ill. Also, he teaches at Washington University. He and his wife, Evelyn, have one daughter. Arnold says his interests are in music, traditional Dixieland, that is, (no rock) and sculpture, painting, lapidary, jewelry making and a life-long interest in water, boats, and fishing. The Moes live at 4226 N. Belt West, Belleville, Ill. *Dr. Rasmussen*

***A. Eugene Muller** is a G.P. at the No. St. Paul Medical Center.

He served with the Army Medical Corp—6th Infantry Division during WW II. He and his wife, Hazel, have 4 children and live at 2618 East Swan Ave., North St. Paul, Minn. *Many, but probably Dr. Litzzenburg the most.*



Gene Muller and Family

***Benjamin J. Palen** practiced general surgery in Minneapolis until March 1965. He says, "My association as a general surgeon with the Palen Clinic was terminated in 1965 due to cardiovascular disability." He has been a Fellow of the International College of Surgeons since 1951 and served in WW II with the Air Corps. Ben and his wife, Effie, now spend the cold winter months in Scottsdale, Arizona and summers at their lake residence at Lake Sylvia, Rt. #1, South Haven, Minn.

"I'm doing a retirement type of practice with some teaching. It's a slow down from the practice I was in before and I'm enjoying it," says **Donald H. Peterson**. He has been a radiologist for 21 years and a clinical associate professor at the U. of M. He received specialty training in radiology at the U. of M. and served in the U.S. Army during WW II. Don and his wife, Betty, live at 664 South Prior Ave., St. Paul, and have 5 children. *Drs. Bell and Rigler*

Robert T. Potter has been a dermatologist for 21 years in Seattle, Wash., and is a clinical professor at the Univ. of Wash. He received advanced training at Johns Hopkins University. Bob and his wife, Mary Elizabeth, who received a degree in medical technology at the U. of M., have a son and a daughter and live at 3545 46th N.E., Seattle. *Dr. Thomas Bell*

"I practiced obstetrics and gynecology in Missoula, Mont. for 24 years before going into industrial research. This change in direction was largely due to my increasing concern regarding over-population," observes **Stephen N. Preston**. He is now associate director of Experimental Clinical Therapeutics in obstetrics, gynecology, endocrinology for Parke, Davis and Co. He and his wife, Charlotte, have 2 daughters: one is a clinical pathologist at UCLA and the other is completing her Ph.D. in classical archaeology and is presently studying in Athens, Greece. The Prestons live at 1050 Well Street, Apt. 5-D, Ann Arbor, Mich.

Fred J. Prout has been in general practice and general surgery for 24 years in Monahans, Tex. He was in the U.S. Navy in the Asiatic-Pacific Theater during WW II. Fred was a resident in general surgery at the Milwaukee County Gen. Hosp. and Johnston Emergency Hosp. He and his wife, Agnes, reside at 701 S. Dwight Ave., Monahans. For recreation, Fred enjoys hunting and stamp collecting. *Dr. C. M. Jackson*

***Charles S. Robb** says, "I spent April of '69 in a Free Methodist Mission at Kibogora, Rwanda (East Central Africa) at the west end of Lake Kiwu and my wife accompanied me." He is in a general surgery partnership in Grand Rapids, Mich. He and his wife, Lynette, have 2 sons and a daughter, and live at 201 Honey Creek Rd. N.E., Ada, Mich. *Dr. E. T. Bell*

General surgery is the specialty of ***Robert G. Rogers**, who has practiced for 22 years at the Dakota



Bob Rogers

Clinic in Fargo, N.D. He was a captain in the Marine Corps during WW II in the E.T.O. The Rogers live at 1621 7th St. So., Fargo. Bob enjoys golf and travel. *E. T. Bell*

Julian M. Sether practices surgery at the Los Angeles Tumor Inst. He took a surgical residency at Memorial Hospital for Cancer and Allied Diseases in New York City and served in Europe during WW II. Julian and his wife, Raffaele, enjoy travel, deep sea fishing and sports cars. They live at 171 No. Mansfield, Los Angeles. *E. T. Bell*

***Edward W. Sickels** has practiced for 19 years at Medford, Ore. He is a member of the National Ski Patrol and Mountain Rescue and served in the Navy during WW II for 4 years. Ed and his wife, Isabel, have 2 children and live at 2608 E. Jackson Dr., Medford. *Owen Wangersteen*

Anesthesiology is the specialty of ***Marvin J. Stewart** who has practiced with the Anesthesia Associates, P.A. in Minneapolis for the past 20 years. After returning from Medical Corps service during WW II, Marv took a residency in anesthesiology at the U. of M. Marv is the father of 2 children. His son is now completing a surgical residency at the Univ. of Calif. The Stewarts live at 3527 Cedar Lake Ave., Minneapolis. *Dr. Bell, Dr. Rasmussen*

After completing a residency in OB-GYN at Cornell Univ., **William**

B. Stromme joined a group practice in Edina, Minn. He is a clinical associate professor at the U. of M. and the father of 3 children. Bill's outside interests include travel, golf, tennis, and skiing. The Strommes live at 4805 E. Sunnyslope Rd., Edina. "*Litz*"



Bill Stromme

***Walter Subby** specializes in atomic and clinical pathology and is a clinical instructor at the U. of M. He took his residency at the U. of M. and V.A. Hosp., Minneapolis, after returning from service in WW II in the Central, South Pacific and European theaters. He and his wife, Peggy, have 3 daughters and a son and live at 21 Cooper Circle, Edina, Minn. *E. T. Bell*

Bartow, Florida, is home for ***Janet Sutton (McMullen)**, who married a U. of M. mining engineer, Donald McMullen. Janet has been in general practice since graduation and is the mother of 2 daughters and a son. The Suttons live at 535 S. Jackson, Bartow. *Dr. Leonard Lang in obstetrics*

John E. Teisberg is practicing with the Physician's Clinic, St. Paul, Minn. He served in England and France during WW II. He and his

wife, Terry, have 8 children and live at 215 So. Grotto St., St. Paul.

James E. Trow is a G.P. in Minneapolis. He spent 41 months attached to the Engineers in Alaska during WW II. He and his wife, Lois, have 4 children and live at 1540 E. Minnehaha Parkway, Minneapolis. *Raymond Bieter*

***Sydney J. Weisman** says he shares office space with 3 other internists including Samuel A. Weisman, his father, a U. of M. graduate in 1918. He had been practicing in Los Angeles for 21 years and teaches at USC. He received an M.S. from the U. of M. Sydney is the father of a son and a daughter and enjoys studying Pre-Columbian artifacts. The Weismans live at 550 N. Cliffwood Ave., Los Angeles. *Dr. E. T. Bell, "The Chief"*

Orthopedic surgery is the specialty of **Milo A. Youel** who practices with the Orthopedic Specialists' Medical Group, Inc. and is part of the clinical staff at the U. of Cal. in San Diego. Milo took his residency in orthopedic surgery at the U. of M. and was a flight surgeon in the U.S. Navy both from 1939-1947 and 1950-1951. He and his wife, Helene, have 2 daughters. The Youels live at 1433 Puterbaugh St., San Diego. *I idolized C. W. Jackson, E. T. Bell, Irving McQuarry, Cecil Watson, Owen Wangenstein, Leo Rigler, Litzenberg, as well as others—and still do—they were "The Greatest."*

W. Birnbaum	A. E. Morrison
R. Blomberg	R. A. Murray
R. Carlson	A. M. Nielson
W. I. Davis	A. B. Nietfeld
M. P. Ersfeld	Elsie L. Renning
J. Forsythe	(Davies)
M. A. Garetz	C. O. Robinson
Emily H. Gates	F. G. Rosendahl
(Whitehead)	W. M. Schulze
Jane E. Hodgson	S. Shaub
(Quattlebaum)	A. W. Shea
D. B. Kuris	H. B. Thale
W. Larrabee	E. S. Vanderhoof
P. P. Liu	T. O. Wellner
S. Masler	J. A. Williams
A. D. Mattson	• Other class members

Death Notices

E. W. Corrigan	E. Knight
L. W. Flora	K. Lindstrom
M. G. Fredricks	J. E. Low
G. G. Geissler	J. D. McGovern
J. D. Greathouse	W. E. Proffitt
J. Hartman	H. J. Reif
A. J. Hill	G. Tornberg
Helen J. Kelly	C. B. Will

Alumni Deaths

Bruce W. Jarvis—1915

Died January 16, 1970, age 84. He served as a medical missionary of the Methodist Church in China and India and in the medical offices of the church in New York City, retiring in 1958 and returning to St. Paul, Minn.

Harold A. Noreen—1916

Died December 19, 1969, age 82, of cerebral artery thrombosis and arteriosclerotic heart disease at St. John's Hickory Memorial Hosp. in Anderson, Ind.

Siegfried F. Herrman—1920

Died recently in Tacoma, Wash. He was recognized as an outstanding surgeon and humanitarian. He served on tours to South Vietnam and Ecuador on the American hospital ship, USS Hope.

Richard H. Lindquist—1921

Died on March 3, 1970. He practiced in Minneapolis for 44 years and taught electrocardiology at the U. of M. Dr. Lindquist also was an instructor of nursing at the Swedish Hosp. and chief of electrocardiology and chief of staff there.

Louis J. Pankow—1922

Died November 5, 1969, age 72, of carcinomatosis. He was past president of the South Dakota State Medical Assoc. and was on the faculty of the Univ. of South Dakota.

Donald S. Branham—1923

Died March 25, 1970. He was a retired army colonel and a member of the American Psychiatric Assoc. and the Assoc. of Military Surgeons of the U.S.

Paul R. Gronvall—1924

Died September 12, 1969, age 71, of carcinoma of the lung. He was on the staff of the Swedish Hosp. in Minneapolis.

Harold A. Kaplan—1943

Died March 5, 1970, age 50. He practiced internal medicine in Minneapolis and lived at 3554 France Ave. S., Minneapolis.

John B. McAdams—1943

Died September 23, 1969, age 50, of nephritis. He was on the staff of the Pinal Gen. Hosp. in Florence, Ariz.

James E. Bondurant—1946

Died November 10, 1969, age 47, of myocardial infarction and ventricular fibrillation. He was regional medical director for the Children's Bureau of the Dept. of Health, Education, and Welfare and lived in Wheat Ridge, Colo.

MEMORIALS:

Gifts have been received recently by the Minnesota Medical Foundation in memory of the following:

R. E. Archer
Bernice Carlstrom
Edward Pietrazewski
Harold Perkins
Mr. Fred Huch
Rubin Swanson
Mrs. Dorothy Resig
Mrs. Josephine O'Connors
Mrs. Edna K. Kirkenapp
Allen R. Foss, MD
Lawrence W. Klopp
Mrs. Lyle Jones
Maurice B. Gorst
Mrs. Regina Cable
Frank Featherstone
Dr. Philip K. Arzt
Vivian Hopmann
Mrs. Daniel Small
Mrs. Floyd Gartzky
Dr. Stanley Roberts
Mr. Jack Beugen
William Weitzman
William Roppe
Mrs. Emma Pennington
Dr. Chauncey A. McKinlay

THE SCHOLARSHIP APPRECIATION FUND: QUID PRO QUO, WITH A STUDENT TOUCH

The Class of 1970 has departed, diplomas in hand, from the Medical School. They will be remembered here as a concerned, activist group which asked penetrating questions of the faculty and which worked hard through channels to improve the quality of medical education at Minnesota.

We are especially fond of 40 members of the Class. They left a legacy of lasting value to the Minnesota Medical Foundation.

The 40 are part of a group of 46 seniors who received scholarship aid from the Foundation. With some prodding from the Foundation, the 40 put their names on pledges promising to repay all of the scholarship dollars which they received. Their combined promise represents more than \$43,650.00 in future gifts to the Foundation. *They did not have to do this, but they did.*

But they also did more. Two dozen of them got on the long distance telephone lines to ask alumni for similar pledges to the Scholarship Appreciation Fund. The result: nearly 90 new pledges totaling more than \$75,000.00. In only two evenings of telephone solicitation, these students gave a major shot-in-the-arm to student financial aid programs at the Medical School.

I call this one of the more constructive student activities on college campuses this Spring. To my knowledge, it is the first instance of medical students going to work for Minnesota's medical alumni fund. They were tremendous, enthusiastic salesmen, and they matched in two evenings of telephoning the amount pledged in five years of mail solicitation.



The Foundation now has cash and pledges of over \$150,000.00 from 175 doctors in the Scholarship Appreciation Fund. A major step has been taken toward voluntary recycling of these funds. It means there will always be local financial aid available to Minnesota's students.

I can't think of a better do-it-yourself program for Medicine. Not all will agree, but it seems logical to assume that the Quid Pro Quo concept ought to be at the heart of the Scholarship Program.

The days of broad public giving to medical education have probably peaked. From now on, the doctors are *going to have to do this contributing themselves.*

The Class of 1970 legacy, then, is important because it holds promise of a new mood of alumni giving.

Oh yes, the cost of the PHONOTHON held May 17-18 was less than \$50.00. A generous local brokerage firm provided the long distance lines free, and tossed in \$1,000.00 itself for the Fund.

We intend to get on the telephone again soon.

Sincerely,

Eivind O. Hoff
Executive Director

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M. E. HERZ

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CLASS OF 1939

