

1974
1975

MEDICAL BULLETIN

UNIVERSITY OF MINNESOTA



**HE BENDS
... SHE MENDS**

EDITORIAL COMMENT

We took some risks when we published the recent Minnesota Medical Foundation Annual Report Issue of the *Medical Bulletin*.

The membership lists were a rather ambitious undertaking for our small, non-computerized operation. We checked and double-checked our lists against our donor records. We feared we would misspell some names, make some "mistakes" out of M.D.s, and omit some donors altogether. Our fears were justified because we did all of those things.

Overall reaction to our efforts were gracious and gratifying. Readers appreciated being told exactly who we were and what we do for the University of Minnesota Medical School. We received a \$500 gift from an alumnus not heard from since he was graduated from the Medical School more than 30 years ago. We added more than a dozen new Centurion Club members within a couple of weeks of delivery of the Bulletin.

Our "updated" membership report on page 16 of this issue includes people we missed the first time around and new members since the lists were published.

Once more, we extend our thanks to all.

—tom patterson
Managing Editor



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MEET KARL AND JAN KASSULKE:



A Pro Team in Different Games

Karl and Jan Kassulke make an interesting husband and wife team. They follow their separate careers and frequently meet at the hospital.

Karl is paid well by the Minnesota Vikings professional football team to employ his exceptional talent for bending other people's bodies, using his own as a battering ram. They call him strong safety but his *position* is usually wherever the opposing offense carries the ball.

Jan makes amends for her husband's savage ways by tending to the sick. She will receive her M.D. degree from the University of Minnesota Medical School this June.

BEAUTY AND THE BEAST?

Local columnists and sportswriters have had a field day with variations on the "beauty and the

beast" theme ever since the Vikings leaked the news that the beautiful wife of one of their most aggressive defensemen was soft on pain.

Taking half the case at a time, one would have to say that Jan is beautiful. But you wouldn't call Karl ugly. As a matter of fact, you'd probably call him, "Sir," as I did. Karl wouldn't win any beauty contests when he takes the field in his Viking gear — with black grease smeared under his eyes to shield them from the sun, most of his teeth removed to save opponents the trouble, bowlegs that earned him the nickname "Cowboy," and various abrasions and contusions.

Off the field, my wife thought he looked like actor Omar Sharif, with an extra bend or two in his nose. It must have been something like that which attracted Jan.



Here and on the cover Jan Kassulke makes friends with Heather Howery, a patient of the Pediatric Clinic at University Hospital, while Heather sits on her mother's lap.

When asked to evaluate Medical Student Jan Kassulke, male faculty members never failed to mention her beauty. Sometimes they mentioned first that she was brilliant. Most of the time her brains got second billing. One doctor complained of increased palpitations of his heart just talking about her. It's no wonder Karl refuses to even consider letting her become a Viking team physician. "Injuries would increase beyond belief," he says, "and I've already turned down scores of requests for complete physicals."

FAMILY PRACTICE

With sports medicine out of the picture, Jan is planning on a career in family practice. She says she settled on general practice because she loved every clerkship she's been on, and just couldn't make a choice to specialize. She would like to practice in a small to medium-sized community where she could do a good deal of her own surgery and see non-surgical cases, as well.

At present, she's serving an externship at the Shakopee, Minn., Medical Center. Before the start of the 1971 football season, while Karl was

in training camp, she spent three months studying in Cardiff, Wales, in a medical student exchange program. She hopes to intern at Hennepin County General Hospital in Minneapolis.

Jan has been an active medical student, serving on several committees. She worked at the West Bank free clinic during its formative stages.

Lest I leave you with the impression that Karl doesn't care a fig about human suffering, I should report that he will direct the March of Dimes campaign in St. Paul next year, and that he has been director of the drive twice before. When Karl Kassulke asks a woman to join the Mothers' March, how can she refuse?

FORMER MED TECH

Jan didn't think Karl would like his wife to be a doctor, but she never asked him and never mentioned that her undergraduate major was pre-med. When she completed her undergraduate work, she became a med tech rather than broach the subject of medical school. Later, when she finally mentioned that she'd often



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when she started medical school. Kory is now four. His brother, Kurt, is six. Kurt says he might become a professional football player but not a doctor.

MET PLAYING FOOTBALL

Karl and Jan met playing football, of course. Karl was playing his football for Drake University at the time and Jan was the starting center on her sorority football team. The sorority was practicing in the gymnasium when Karl happened on the scene and asked a friend to discreetly find out her name. The friend asked her and then bellowed back across the gymnasium, "Hey, Kassulke, her name's Jan Thatcher." They were married seven months later, in July, 1963. Karl was later drafted by the Detroit Lions and then was traded to the Vikings.

Because of Karl's valuable talents, they haven't experienced the financial difficulties

ed by most married medical students. They
e a comfortable split-level home in Burns-
, Minn., with contemporary furniture, open-
beam ceilings and the expected collection of
Minnesota Viking paraphernalia, including
cups, glasses, ashtrays and the like.

While Jan's medical pursuits have presented no barriers to marital bliss, the Spartan life of the Vikings has proved annoying on occasion. Given the choice of Jan or Viking Ed Sharockman for a roommate, Karl will opt for Jan almost every time. But the Vikings pick Sharockman for the night before games and don't give Karl a choice. Jan doesn't travel to road games because players' wives aren't even allowed to stay in the same hotel as their husbands. The Vikings all check into the Holiday Inn in Bloomington, Minn., the afternoon before home games.

Now you know the real reason the Vikings were whipped by Dallas in the Christmas Day playoff in Minneapolis — Sharockman snores.

— tom patterson

About Author and Article:

The following article was originally written for medical students. We thought it would also be of interest to our readers.

Carol Erwin is a past winner of Minnesota Medical Foundation Scholarships. Her parents, Mr. and Mrs. B. L. Erwin, live in the Southeastern Minnesota community of Caledonia.

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A SUMMER IN GENERAL PRACTICE

BY CAROL ERWIN

Senior Medical Student

REPRINTED FROM *THE TOWNMEETING NEWSLETTER*, AN INDEPENDENT PUBLICATION OF MEDICAL STUDENTS.

General practice is where the action is! This summer I spent my free quarter working with the doctors at the Red Cedar Clinic in Menomonie, Wisconsin. Menomonie is on I-94 about 60 miles east of the Twin Cities (55 minutes by ambulance from Ramsey's ER). The Clinic consists of 12 doctors — eight GP's, two surgeons (one arrived new just as I left), one ENT man, and one orthopedic surgeon — and they serve an estimated population of 30,000 patients. In addition, several GP's from surrounding towns are on the staff at Menomonie's Memorial Hospital. I worked especially with Dr.

Frederick Melms but spent some time with each of the others.

For those students who have had no exposure to general practice, let me shatter a few myths I had picked up in medical school.

MYTHS SHATTERED

1). *GP's do not necessarily work themselves to death.* Some, of course, have heavier practices than others. However, the work week here is four days long, roughly 8 to 5 or 6, plus every third Saturday morning and call about one night a week. Those GP's who do obstetrics (some do, some don't) get extra calls, but if they are

out of town the doctor on call will take the delivery. The Clinic pays for a three-week vacation annually, and doctors are free to leave town any night or weekend they're not on call. Menomonie is on the southern edge of Wisconsin's pine tree and lake country and is well known as a tourist spot. Most of the doctors love the outdoors and manage to find time for hunting and fishing. One carries his canoe on his car all summer. The Clinic is an easy bicycle ride from one of the swimming beaches on Lake Menomin, and I found this an ideal way to spend lunch hours.

2). *GP's need not be isolated from modern medicine.* The hospital is new and well equipped, including a coronary care unit with excellent nurses and a surprisingly complete library. The doctors are strongly encouraged to spend at least two weeks a year (with pay) at post-graduate seminars and conferences, and are welcome to go more often. Radiologists from Eau Claire spend three days a week at the hospital doing the GI studies, IVP's, arteriography, etc., and pathologists also come certain days as well as being available for autopsies and frozen sections. Specialists of all kinds — especially in Eau Claire, Madison, the Twin Cities, and Rochester — are only as far away as your telephone. Often we got consults faster than could be expected within a Minneapolis hospital. For example, one afternoon we diagnosed anencephaly in a 7-month pregnancy. Before telling the mother, we wanted to be absolutely sure, so the x-rays were put on the bus to the radiologist in Eau Claire who called back to confirm the diagnosis a few hours later.

Some of the GP's read regularly a stack of journals that boggle the mind of a medical student. Medical students have occasionally said that when they spent time with general practitioners in rural areas the GP's were anxious to learn from them what's new in medicine. I didn't get this chance — the doctors here knew as much about latest developments as I did. I even got pimped in surgery about my knowledge (or lack of it) of anatomy as much as in any teaching hospital.

Of course, you may pick up some attitudes that would horrify a large medical center. In general practice the emphasis is on treating the patient rather than searching the literature for precedents. To take an example, terminal cancer patients may be allowed to die at home with adequate analgesia, surrounded by their loved ones, rather than being rushed to the hospital, pumped full of IV's, having special nurses, and then dying a few days later at tremendous cost.

CASUAL DRESS

3). *You don't have to be cold and formal and sterilized to be respected by your patients.* This summer, for the sake of photographs with the two medical students (myself and a sophomore from Wisconsin), one doctor broke an 8-year personal rule never to wear a tie in summer. Some of the doctors wear white jackets, others feel that these scare the little kids. Several times doctors answered emergency calls at night wearing shorts and sandals. Some patients are more comfortable with a doctor who puts his feet up on the desk and hands his patients a stick of gum before inquiring about the present illness.

4). *The majority of our cases were not psychosomatic.* Actually, over half were trauma, OB, URI's, and physical exams. (I realize, of course, both trauma and OB may have their roots in psychological problems). We had three or four couples being seen for marriage counseling, one schizophrenic undergoing her first pregnancy (and later the trials of raising her first baby), two attempted suicides and one who succeeded, and two women who were complete hypochondriacs. Most of our patients had some psychological components to their illness — such as pain, anxiety, or fear — but most were basically healthy people undergoing a temporary illness or injury.

One nice point, I only saw one gomer all summer. (EDITOR'S NOTE: *A Gomer is a sweet little old gentleman whose brain consists of two neurons soaked in alcohol, occasionally connected by a spirochete. A rather large percentage of the patient population at some teaching hospitals falls into this category.*)

5). *Solo practice does not have to be hell.* I was fortunate in being able to spend some time with one of the solo practitioners near Menomonie. Elmwood has 700 people and one doctor. Dr. Springer gets fewer night calls than the group practitioners in Menomonie get (even when they're not on call), and he says that except for OB patients he probably only actually has to go out at night about once a month. His patients know he practices alone and they wait until office hours to call when possible. Of course, he does have the disadvantage of driving to Menomonie to see his hospital patients — if you can call a 20-minute drive through a fresh, crisp Wisconsin morning, listening to stereo tapes, a disadvantage.

INTERESTING CASES

6). *GP's do not see only routine, boring cases.* To my astonishment, I found that the most interesting cases are *not* referred in to the city. Mostly we referred in things we didn't want to bother with, like comatose head trauma patients who would need lots of bedside care. Of course, we did lots of athletic and boy scout physicals (and picked up only an occasional defect — like one aortic stenosis and one spondylolysis) and saw lots of sore throats and ear infections and well babies. However, we saw lots of other things too.

For example, we had one screaming emergency C-section. The patient's teenage daughter called in from a neighboring small town to say mama (at term) was bleeding all over the kitchen. She was rushed in by a neighbor and we raced from the Clinic to the hospital. Almost before she was undressed she was in the ER with her GP and the surgeon, getting examined with a double setup. Placenta previa was confirmed, the baby's heart tones were now down to 100, and I saw the fastest C-section of my life. The baby took considerable resuscitating, but both mother and baby came through nicely.

We had one 16-year-old girl with severe recurrent diarrhea whose upper GI showed constriction of the duodenum by an aberrant superior mesenteric artery — and who had a blood type which couldn't be matched. (One fellow had obtained a grant, a few years ago, to

take samples of her blood to Europe to try to match it, and failed.) Since we did not want to operate around this artery with no blood available, we referred this case out. The buck was promptly passed back to us — after a GI workup and a completely normal MMPI, the patient was told her problems were psychological, due to a domineering mother. She still has her diarrhea.

I saw one of the old mastoidectomy patients with a hole behind the ear halfway down into her skull, which still drains a little pus from time to time. I saw one dendritic ulcer recurrent over 30 years and several corneal abrasions. I saw one young man with ulcers almost down to the bone on his leg apparently secondary to abscesses from thrombophlebitis. I saw one teenage girl entering for an ulcer workup for severe epigastric pain; her upper GI was negative but her CBC showed 92% lymphs with many Downy type 2's, and a heterophile agglutination test was 1:7000. Her epigastric pain was just from the swelling of the spleen and liver from her mononucleosis. I saw placenta accreta and pityriasis rosea.

SOME ROUTINE, TOO

In addition, of course, I saw more common things (many of which never reach the teaching hospitals). I saw my first cases of chickenpox, mumps, and poison ivy. (I even caught poison ivy myself, on my last day.) I saw basal cell CA's, acne, and lots of warts. I became a lot better at seeing the eardrums of a screaming two-year-old and learned the dose of ipecac for a toddler who's gotten into poison.

I delivered lots of babies, put on lots of casts, scrubbed in on lots of surgery (and even did a few minor procedures myself — like D&C, circumcision, and lancing a peritonsillar abscess), saw volumes of office patients, took care of the ER some nights, and went along on house calls. (Yes, Virginia, in Menomonee they still make house calls.)

I got to attend business meetings of the Clinic and learn something about the financial aspects of medicine and how new doctors are interviewed. I participated in a disaster drill; a school bus was tipped over, 37 school kids were made up with very realistic injuries, and then the sheriff was called. The police and fire departments and ambulance drivers got to practice first aid on the scene, and as they were brought into the hospital (under the eyes of TV cameras) the staff got to demonstrate their ability to classify patients, render immediate treatment, and maintain less urgent cases until the OR's were free.

Actually, real disaster came that afternoon with a car accident in which four of the six people had to be admitted (one child D.O.A.), with two severe facial lacerations which tied up the O.R. for hours; later the same afternoon we got a child with a concussion and a severe burn case. As one nurse said, at the end of a thoroughly tiring day, we didn't really need drills and make-believe disasters; the real thing came often enough.

BIG WEEKEND

My last weekend was a classic ending to the summer. It included a food poisoning epidemic at the junior high

school (fortunately, of over a hundred students who ate ham, only seven were sick enough to be admitted). A teenager came into the ER at 1 a.m. Sunday morning with the posterior tibial artery spurting from an ankle laceration that had been sutured several days earlier (we stopped the bleeding with pressure and the next morning the doctor came in to repair it). A body was found floating in the lake (he had been missing two days and was pretty ripe when found; the final diagnosis wasn't in when I left town — questionable MI, CVA, or murder?).

I managed to miss two of the three going away parties in my honor. Friday morning, when the hospital staff threw me a surprise party, I was scrubbed on a hip operation and nobody remembered to tell me. They saved me a doughnut, and when I went down to lunch they showed me the centerpiece and gave me my present. Friday afternoon the clinic staff held another party. Unfortunately, half an hour before it was to start the food poisoning cases started pouring in. Two hours later I grabbed the suspected ham (it later grew out beautiful staphylococci) in one hand, and my present in the other, and waved goodbye to everybody.

I did finally make it to the third party. The ambulance drivers had planned to call me at 3:30 a.m. Monday morning for an "ambulance run," but when I was up at 3:00 for a laceration they took pity on me and held it early. They had a cake with pink and blue frosting mixed into bruise-colored purple, with a hypo stuck in one side, a test tube in another, and a bandaid in front. Then they had washed out an IV bottle and filled it with cherry drink and poured it through the IV tubing into specimen cups. We thought about calling in the doctor on call for an "emergency" to share the party, but decided he might not appreciate it.

At 5 a.m. I saw my last patient at the hospital — who was also one of the only real nuisance cases I had all summer. This elderly gentleman mostly wanted somebody to talk to in the wee hours, so he came in to get a dressing change.

HER WORK 'FOR REAL'

One striking thing about the summer was that it was for real. When I worked up a patient, no one else did — it wasn't a question of being the fourth in line to tire the patient out in order to fulfill requirements of so many workups for the clerkship. My last 10 days I lived in the hospital and was on call 24 hours a day. I saw ER patients first and was able in some cases to save the doctor on call a trip in. (He was always called even if he didn't come in.)

Undoubtedly, other students would have different experiences working with GP's. Each GP's practice differs slightly, depending on his location, his years in practice, his personality, and his preferences. But if you have any interest in or curiosity about general practice, try it — for a six weeks externship, three months for a free quarter, or a year in the Physicians Associate Program — to see for yourself.

Come where the air is clean, the streets are safe, the patients are people, and medicine is for real.

Because general practice is what it's all about. □

DULUTH PICKS 8 FOR CLINICAL FACULTY

Eight Duluth physicians are among the first doctors to be named to the clinical faculty of the new UMD Medical School.

UMD Medical School will enroll its first 24 students in the two-year basic sciences medical program beginning next September. As part of the emphasis the school will make toward training family physicians, the students will gain early clinical experience through lectures and hospital contact with many physicians in the Duluth-Superior area.

The first eight clinical faculty members are:

Dr. Samuel H. Boyer, clinical professor of internal medicine. He received his M.D. degree from the University of Wisconsin, Madison. He is currently chairman of the Northern Minnesota Council for Medical Education.

Dr. Volker Goldschmidt, clinical professor of pathology. He received his M.D. degree from the University of Munich.

Dr. Arthur Aufderheide, clinical professor of pathology and head of community-wide pathology teaching for the UMD Medical students. Dr. Aufderheide received his M.D. degree from the University of Minnesota.

Dr. Bruce F. P. Williams, clinical professor of obstetrics and head of the obstetrics curriculum committee, who received his M.D. degree from the College of Physicians and Surgeons, New York City.

Dr. John V. Thomas, clinical associate professor of surgery and head of the surgical curriculum committee. He received his M.D. degree from the University of Minnesota.

Dr. Gordon S. Strewler, clinical associate professor of surgery and head of the surgical specialties committee. He received his M.D. degree from the University of Wisconsin, Madison.

Dr. Cyrus C. Brown Jr., clinical associate professor of medicine and head of the internal medicine curriculum committee. He received his M.D. degree at Harvard Medical School.

Dr. William Jacott, clinical assistant professor of family practice and head of the family medicine curriculum committee. He received his M.D. degree from the University of Minnesota.



Dr. Robert A. Good, head of the department of pathology, accepts a rare book donated to the Bell Museum of Pathology by Stanley Slotkin, left. Mr. Slotkin is founder of Abbey Rents.

BELL PATHOLOGY MUSEUM TO BE 'WITHOUT WALLS'



Dr. Day

With the help of a \$2,500 start-up grant from the Minnesota Medical Foundation, development of the Bell Museum of Pathology is underway. The museum is named for the late E. T. "Tommy" Bell, beloved and distinguished faculty member of the Medical School.

Stacey B. Day, M.D., Ph.D., D.Sc., recently joined the department of pathology as curator of the Bell Museum, and has announced his intentions to develop the concept of a "museum without walls." The museum is being developed as a working unit in educational and research endeavors, according to Dr. Day, and rare books in its collection will be used beyond the walls of the traditional museum.

MINNESOTA'S OWN MR. CHIPS: *A Tribute to Stewart C. Thomson, M. D.*

BY GAYLORD ANDERSON, M.D.

Dean Emeritus

School of Public Health

BULLETIN

When this tribute to Stewart Thomson was written by Dr. Anderson, Dr. Thomson was alive and busily collecting his memoirs at his home in Byron, Ill. Dr. Thomson was found dead in his home, Friday, Jan. 21, presumably dead for a day or more. We could think of no better written memorial than the following article by his lifelong friend, Dr. Gaylord W. Anderson. Gifts to the Minnesota Medical Foundation in Dr. Thomson's memory will be allocated to the Bio-Medical Library Fund in Dr. Thomson's name.

“Dr. Thomson, in the four years I’ve been in this University I’ve never had an instructor whom I loved more nor hated worse.”

“Dr. Thomson, this is the fourth time I’ve taken this course. I’m now trying to organize a club of students who have flunked one of your courses, but I can’t find a big enough room for the organization meeting.”

“Boys, this is the man who wrote your father that nice ‘A’ letter than hangs in the den.”

Who was this teacher who prompted the attractive graduating coed to make such a remark as she turned in her examination paper, or inspired the laggard student to comment on what he considered undue harshness of grading, or caused the small boys to glare menacingly at the man who had given their father an excuse to prod them to study by reminding them of his own achievements?

The son of a country doctor of Scottish parentage, Dr. Stewart Craig Thomson was reared in medicine, literature, history and the classics. His maternal grandparents were early settlers in Byron, Illinois, where they had moved from Pennsylvania by prairie schooner. His father was the family doctor for a large rural area which he travelled by horse and buggy (or sleigh), or later by

model-T Ford. When travelling was particularly difficult, grateful farmers frequently “ferried” him from farm to farm where he ministered to the sick, delivered the baby, or did emergency surgery on the kitchen table. Killed in an accident while on a mission of mercy, he is remembered by a grateful community which erected a monument “in loving memory of our country doctor.”

TRUE SCHOLAR

A childhood victim of rheumatic fever that had interfered with his school attendance, Stewart had accompanied and at times assisted his father on many of his calls. While on these trips of practical indoctrination in the art and social responsibility of medicine, he had been drilled in history and the classics by his father, who had helped support himself through medical school by teaching Latin and was an ardent student of Scotch and English history. Confined to bed for long periods by his rheumatic fever, Stewart became an omnivorous reader of history and literature, providing a rich background on which he drew in his teaching.

With a liberal arts training at the University of Illinois, a medical degree from Loyola, an internship at Mercy Hospital and graduate study at Edinburgh, Dr. Thomson’s interests turned to anatomy and medical his-



Stewart Thomson with a frequent companion, his pipe.

tory. As a teacher of anatomy, assistant dean and later acting dean at Loyola, his work brought him into close association with students, who to this day carry lasting memories of his classroom and laboratory instruction and cherish an affectionate regard for his manifest personal interest in their welfare. As acting dean at Loyola and an elder of the Fourth Presbyterian Church in Chicago, he proudly claimed the distinction of being the only Scotch Presbyterian elder in the Catholic Who's Who.

WORLD WAR II

World War II marked the beginning of a new career which was later to bring him to Minnesota. Inducted into the Army and assigned to the Office of The Surgeon General, Captain Thomson served under my direction as liaison officer between Medical Intelligence, SGO, and G-2. It was here that I came to perceive the potential role that he might play in the academic setting of Minnesota.

Among the many responsibilities of the School of Public Health is the teaching of personal and community health in the undergraduate colleges. The chief burden of this program had been carried for many years by Dr. William A. O'Brien, but more staff was going to be needed in the post-war years. The challenge of instruct-

ing the lay public on matters of health and medicine had already interested Dr. Thomson, who, while serving at Loyola, frequently addressed general audiences and found fascination in the difficult task of presenting technical information to a non-technical audience.

100,000 MINNESOTA STUDENTS

Thus, when after a year of post-war service as acting dean at Loyola, the friendship developed in Washington led to an invitation to come to Minnesota, Dr. Thomson moved here in the Fall of 1946, beginning a teaching career that was to cover a quarter of a century and bring him into classroom association with more than 100,000 students. With the death of Dr. O'Brien a year later he assumed full responsibility for this program. At the same time he shared in the teaching of medical and public health students and provided a unique program of instruction on medical terminology for non-medical personnel.

Dr. Thomson was in every respect the epitome of the tough, strict teacher who endears himself to students through his personality, his classroom teaching, his conferences with those in need of help, and his obvious concern for their intellectual and cultural development. Reared with a strict Calvinistic background of religion,



Dr. Thomson was KUOM'S voice of health for more than 20 years. His recorded programs are now kept in the Library of Congress.

social responsibility and respect for knowledge, he adhered firmly to his convictions of the responsibilities of both student and faculty.

Health was for him not merely a biologic phenomenon in the absence of which disease would appear. He conceived of health as a social force with significant effect not only on the individual and his family but also on the history and economic, social and cultural development of man and his community. He believed that health should be taught with the same adherence to standards that characterize courses in calculus, history or chemistry—that instruction short of this standard was a travesty on the academic tradition. To him the personal reading of student papers and examinations was as essential a part of teaching as the delivery of lectures or the conducting of seminars.

PRAISE FOR AN 'A'

To be introduced to knowledge was for him a privilege, not to be ignored or despised. He had little patience or sympathy for the student who did not want to learn, the student who came to the University only because it was "the thing to do," and studied no more than was necessary to avoid being dropped. The student who excelled, however, and earned a grade of 'A' was

Capt. Stewart Thomson looked like this when he reported for duty to Lt. Col. Gaylord Anderson during World War II. The meeting marked the beginning of a long friendship, many years of which were spent in teaching association at the University of Minnesota.



rewarded with a friendly personal note of congratulations and greetings, a note that has been cherished and in more than one instance brought the recipient significant financial reward from a parent who not only took delight in the son's or daughter's achievement but also realized that, despite the size of classes and the enormity of teaching load, the University does not have to be as impersonal as many critics believe. Dr. Thomson's concept of academic standards, his insistence on precision of statement, on correct spelling in prepared papers and care with respect to bibliography, earned for him a well-deserved reputation for adherence to high standards—a feared yet respected teacher.

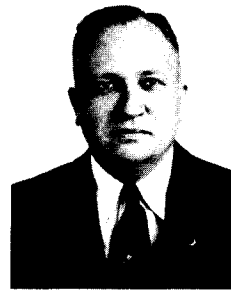
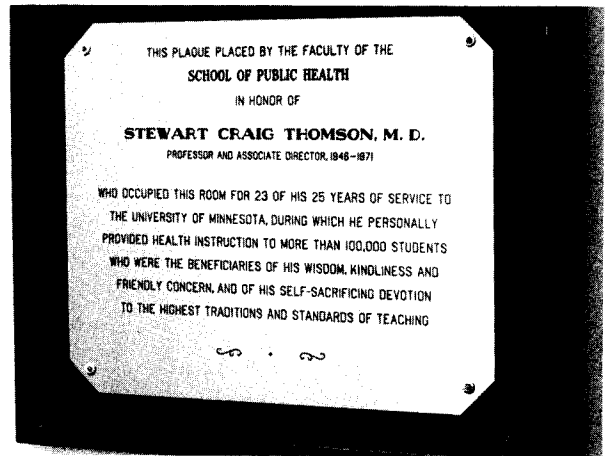
REMEMBERED WELL

At the same time, he was to thousands a beloved teacher to whom they developed a lasting attachment that persisted long after college. Wherever his travels took him, whether downtown to Dayton's, the train to his Illinois home, or to distant London, Edinburgh, Paris or Honolulu, he met former students who greeted him with a warmth and affection rarely accorded a former teacher—the clerk at Dayton's, the traveller on the Zephyr, the tourist at Edinburgh Castle or Picadilly, the pilot and stewardess on the plane to Seattle, even the



Dr. Thomson at reception of the Chesley Award of the Minnesota Public Health Association in 1969.

This plaque hangs in a room in the Campus Club, where Dr. Thomson lived for most of his years with the University of Minnesota.



Dr. Thomson in the late 1940's, about the time he came to the University of Minnesota.

hula-dancer in the lobby of the hotel on Waikiki Beach, who, despite the obvious envy of the other men in the audience, sat with him between her dances and reminisced about PH50 — wherever he went he met former students who greeted him as a friend and “my old teacher.”

While Dr. Thomson's students remember vividly his informal, anecdotal manner of lecturing and his frequent references to history and literature, especially that of his beloved Scotland, his friendly association with them made him different from other instructors. Unmarried and living in the Union, the campus was his home. In the cafeteria where he usually ate his dinners he joined students at their tables, informally sharing his scholarship and wisdom with them. He was a frequent dinner guest at sororities, fraternities or dormitories and served as a faculty member on student committees. Students in search of knowledge were always welcome in his office, where for years he devoted his afternoons and Saturday mornings to conferences with those who found difficulties with his classes or the papers required of all graduating medical students.

Dr. Thomson's influence extended far beyond the campus classroom. A popular speaker at high school

graduations, PTA's and church groups, he shared his knowledge and the warmth of his personality with innumerable community groups. For ever 20 years he conducted a weekly radio program over KUOM as a part of the “University of the Air.” These talks were beamed into the schools of Minnesota where each week over 100,000 children listened to his message, along with countless adults in all walks of life. Recordings of these talks became regular parts of the curriculum in schools of many cities, including Cleveland, Pittsburgh, Omaha and Oklahoma City, and are on deposit in the Library of Congress.

RETIRED TO ILLINOIS HOME

Last June when Dr. Thomson brought his academic career to an end, a mystery friend sent him from Chicago a copy of *Goodbye, Mr. Chips* inscribed “To Minnesota's Mr. Chips.” He has now retired to his Byron home where he receives a constant stream of visitors — former Loyola and Minnesota students and colleagues, visitors from Scotland, family friends and former patients of his father.

He is not forgotten, for to thousands upon thousands Stewart Thomson is an unforgettable character who greatly enriched the lives of all who knew him. □

'67 ALUMNUS LETS 'LITTLE ONE' GO

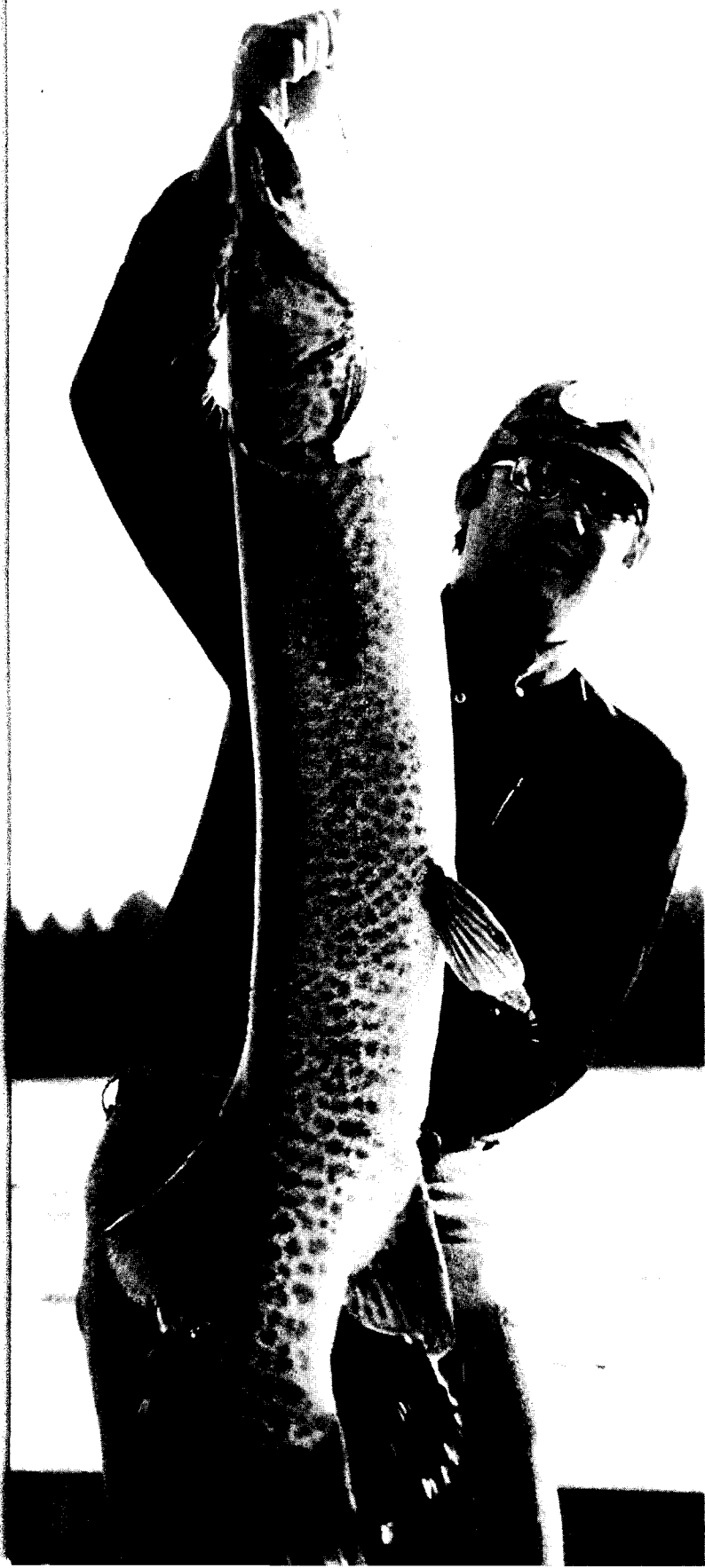
Dr. Gerald Jurgens with 4-foot, 27½ lb. throwback. (Minneapolis Star photo).

Dr. Gerald Jurgens caught a 50-inch muskie during a recent fishing contest in the Leech Lake, Minn., area, and then released it after nearly an hour of resuscitation.

After a record fish, or at least a winner for the day, Dr. Jurgens got neither. A Minneapolis Star photographer was among the contestants and he took the accompanying photo before Dr. Jurgens began the hour-long task of resuscitating his fish. He swished it back and forth in Lake Winnibigoshish to force water through its gills. Sluggish at first, it finally perked up and swam away with enough strength to assure Dr. Jurgens that it would live to fight another day.

The winning fish for the day was two inches shorter, but about a pound and a half heavier.

Dr. Jurgens, a 1967 graduate of the Medical School, is a medical fellow at University Hospitals.





(L-R) Tom McNamara, John Balkins, Eivind Hoff, Russ Hanson, David Dahlgren and Roger Lillemoen.

CLASS OF '66 FUND TO INVEST WITH MMF

Local members of the Class of 1966 met in Minneapolis November 24 to discuss their class fund project. Dr. Tom McNamara, class fund chairman, was visiting from California and attended. Others attending the meeting were Drs. John Balkins, David Dahlgren, Roger Lillemoen and Russell Hanson, and Eivind Hoff, executive director of the Minnesota Medical Foundation.

Dr. Dahlgren was chosen co-chairman of the fund. Gifts to the Class of 1966 Fund will hereafter be deposited with the Foundation for investment as part of the Foundation's portfolio,

and will share proportionately in the Foundation's annual yield on investments. Buying of mutual fund shares will be discontinued.

Gifts to the Class of 1966 Fund through June 30, 1971, totalled \$7,345. Accumulated earnings to that date brought the full value of the fund to \$8,338.80.

Information forms and gift checks to the Class of 1966 Fund should be sent to the Minnesota Medical Foundation, Box 193-Mayo, University of Minnesota, Minneapolis, Minn. 55455.

Alumni Notes

1896

Walter Ramsey, founder of St. Paul Children's Hospital and oldest living alumnus of the Medical School, was 99 years old on November 6. Dr. Ramsey was featured in a major article in the September-October 1969 **Medical Bulletin**.

1921

Edwin J. Tanquist will this year celebrate 50 years of marriage and 50 years of medical practice in Alexandria, Minn.

1924

Frederick N. Grose was recently honored for 43 years of practice in Clarissa, Minn., where he has also been active in community affairs.

1929

James E. Perkins, managing director of the National Tuberculosis and Respiratory Disease Association, has been named to the Society of Scholars of The Johns Hopkins University. The society honors former postdoctoral fellows at Johns Hopkins for distinction in their field.

1935

Harold G. Scheie, chief of the University of Pennsylvania's department of ophthalmology, will see a lifelong dream come true with the completion of the Scheie Eye Institute at the University of Pennsylvania this year. Dr. Scheie will be the first director of the new eye hospital, which will include 24 examining rooms, five large operating rooms, 36 rooms for up to 72 bed patients, plus research laboratories.

Dr. Scheie is a member of the Board of Trustees of the Minnesota Medical Foundation.

1937

Harry A. Hanson, Rochester, N.Y., has been named medical director of the Eastman Kodak Co. He has been with Kodak since 1940, except for five years in the Marine Corps.

1941

Henry A. Korda was recently honored by Pelican Rapids, Minn., for his 25 years of service to the community.

1942

Howard A. Andersen, Mayo Clinic, is the new president of the Minnesota Thoracic Society, succeeding D. S. Fleming, '36. Dr. Andersen is a member of the Board of Trustees of the Minnesota Medical Foundation.

1952

Russell J. Eilers, professor of pathology and director of clinical laboratories at the University of Kansas Medical Center, was named Pathologist of the Year at the annual meeting of the College of American Pathologists.

1954

Emery A. Johnson, assistant surgeon general and director of the Indian Health Service, was awarded the Public Health Service Meritorious Service Medal recently for his "successful and eminent public health career, his outstanding achievements in a total comprehensive health services program utilizing consumer involvement, and for his contribution in elevating significantly the level of health among the American Indian and Alaska native populations."



Warren R. Lawson

1956

Warren R. Lawson has been elected chief executive officer of the Minnesota State Board of Health, succeeding Dr. Robert N. Barr, who died in December, 1970. Dr. Lawson has been acting executive director since Dr. Barr's death.

Dr. Lawson has had wide-ranging experience in public health and environmental protection. After graduating from the University of Minnesota with a degree in chemical engineering, he served the Minnesota Department of Health from 1942 to 1952 as a public health engineer, working on the state's water pollution control program. He also served in other areas of environmental health, including solid waste disposal, water supply protection, plumbing standards, milk and food sanitation, and rodent control.

In 1945 he received a master of public health degree from the University of Minnesota and became a Registered Professional Engineer. He returned to the University in 1952 to enter the Medical School.

After a year's internship at General, he returned to the state health department as chief of the section on radiation and occupational health and supervisor of the Minnesota Poison Information Center Network, which he designed. He helped write the state's first regulations for the control of ionizing radiation sources and planned the on-the-job health services provided for state employees in the St. Paul Capitol office complex.

James R. Pluth has been named a Fellow of the American College of Surgeons. Dr. Pluth joined the Mayo Clinic as a consultant in surgery in 1969, after fellowships in surgery and thoracic surgery in Mayo Graduate School of Medicine.

1957

LaVonne B. Bergstrom, a member of the faculty of the University of Colorado Medical Center since 1968, has been named assistant professor of otolaryngology.

1960

Robert E. Kalina has been appointed associate professor and chairman of the department of ophthalmology at the University of Washington School of Medicine, Seattle.

1965

Adrian J. Wolbrink has been appointed a chief resident associate in orthopedics at Mayo Clinic.

1966

Charles L. Johnson has opened a surgical practice at Lakeview Medical Arts Center, Sun City, Ariz.

1968

Stephen E. Schmitz has a residency appointment in Urology at the Mayo Clinic.

ALUMNI DEATHS

Harlan A. Alexander—1929

Died November 19 at 65. Dr. Alexander specialized in venous vascular surgery for 25 years. He was associated with Mt. Sinai Hospital and was a past president of medical board of Methodist Hospital.

Reuben F. Erickson—1926

Died December 31 at 75. Dr. Erickson was a surgeon and practiced in Minneapolis since 1927. He was a past president of the Hennepin County Medical Society, the Minnesota Academy of General Practice and the Minnesota Geriatric Society. He was a Minnesota State Legislator in 1941 and was Mayor of Edina for eight years. His son, Hartley J. Erickson, is a 1963 graduate of the Medical School.

Burton C. Ford—1921

Died Oct. 17. Dr. Ford practiced in Marshall, Minn. for 49 years, retiring in 1970.

Norbert Kulzer—1933

Died October 20 when caught in a snow storm while on a hunting trip in Colorado. Dr. Kulzer practiced in Hastings, Minn.

Carroll Edwards Palmer—1928

Dr. Palmer, nationally renowned specialist in medical measurement sciences, tuberculosis, public health, preventive medicine and children's diseases, died Jan. 8 at his home in Rochester, Minn. He had only recently returned to Minnesota, after an absence of 41 years, to join the Mayo Clinic as a special projects consultant.

He retired from the U.S. Public

Health Service in 1967, after 33 years of service. For the past several years he has been a clinical professor of biostatistics at the University of California (Berkeley) School of Public Health. He was formerly with Johns Hopkins University School of Hygiene in the department of biostatistics and Johns Hopkins Hospital as statistician and supervisor of records. He was director of tuberculosis research for the World Health Organization at Copenhagen, and had been a teacher of pediatrics and anatomy.

Edward Regnier—1920

A Minneapolis surgeon for 50 years, Dr. Regnier died recently at the age of 75.

Milton H. Seifert Sr.—1929

Died November 14 at 67. Dr. Seifert was living in Excelsior, Minn., at the time of his death. He had seven children, among them three M.D.s; Milton H. Jr., Excelsior, Gregory L., Excelsior, and John D., Dallas.

James Bradford Vail—1921

Died July 31 at Santa Cruz, Calif., of disseminated lymphoblastoma. He was 75. He had a general medical and surgical practice in Santa Cruz for 25 years. Earlier in his career, he practiced for 18 years in Minnesota. He left Minnesota for five years with the Navy, attached to the Marine Corps. He became regimental surgeon for the 8th Marine Regiment and was chief of staff at the U.S. Navy Special Convalescent Hospital in Santa Cruz.

UPDATING THE ANNUAL REPORT

The recently published Minnesota Medical Foundation Annual Report Issue of the Medical Bulletin acknowledged gifts of many donors to various programs of the Foundation. The following changes and additions bring those lists of MMF supporters up to date:

DONORS TO SPECIAL PROJECTS

American Cancer Society,
Minnesota Division
Mrs. Frances L. Dahlstrom
L. G. Idstrom, M.D. '38
Minnesota Mutual Life Insurance Company
The Morse Foundation
Mr. Harold Pond

SCHOLARSHIP APPRECIATION FUND

Two more past scholarship winners have now completed payment on their voluntary pledge to restore all of their scholarship funds to the Minnesota Medical Foundation. They are *Charles I. Benjamin*, class of '65, and *Lowell A. Kleven*, class of '58.

NEW ANNUAL MEMBERS

Curtis E. Davis, M.D.
Albert J. Greenberg, M.D. '42
Robert B. Howard, M.D. '44
Konald A. Prem, M.D. '50
Robert E. Rocknem, M.D. '46

CENTURION CLUB

(\$100-A-Year Gift Club)

Allen M. Anderson, M.D. '57
Reuben Berman, M.D. '32
Eugene Gedgudas, M.D.
Raymond L. Gregory, M.D. '29
Roland M. Hammer, M.D. '58
Gerald E. Howe, M.D.
Rodney C. Johnson, M.D. '61
Robert W. Keyes, M.D.
Henry H. Michel, M.D. '29
Harold E. Miller, M.D.
Gordon G. Nelson, M.D. '26
Walter W. Walker, M.D.
Edwin O. Wicks, M.D. '50
James F. Zagaria, M.D. '40

WHO'S WHO IN ALUMNI MEMBERSHIP

The Minnesota Medical Foundation and the Minnesota Medical Alumni Association recently formed a joint committee of the two organizations to investigate ways of clarifying dissimilarities and improving cooperative programs for the benefit of both groups.

While the two organizations have separate memberships and programs, they also share many common interests — a prime factor in creating confusion complained of on occasion by members of both groups. The Minnesota Medical Alumni Association is a fraternal organization made up entirely of alumni of the Medical School. The Minnesota Medical Foundation has faculty and lay members, as well as alumni members.

The recent joint committee study produced some new information about the memberships of the two organizations. MMF has 1480 donor/members. MMAA has 1750 members. 611 of these are members of both groups. All of MMAA's members are M.D. or post-doctoral graduates of the University of Minnesota Medical School. 1255 (82.7%) of MMF's members are alumni of the University of Minnesota Medical School, 142 are M.D. graduates of other schools. Less than 100 of MMF's members are non-M.D.s.

MMF has 1158 Annual Members (\$25 per year) and 322 Centurion Club Members (\$100 per year). 160 of MMF's Centurions and 451 of MMF's Annual Members are also members of MMAA. (All MMAA members pay \$10 per year).

The joint committee agreed that joint membership in the two organizations was untenable but that greater efforts should be made by both groups to explain dissimilar functions and purposes, while encouraging dual memberships for alumni.

We hope that's all perfectly clear.

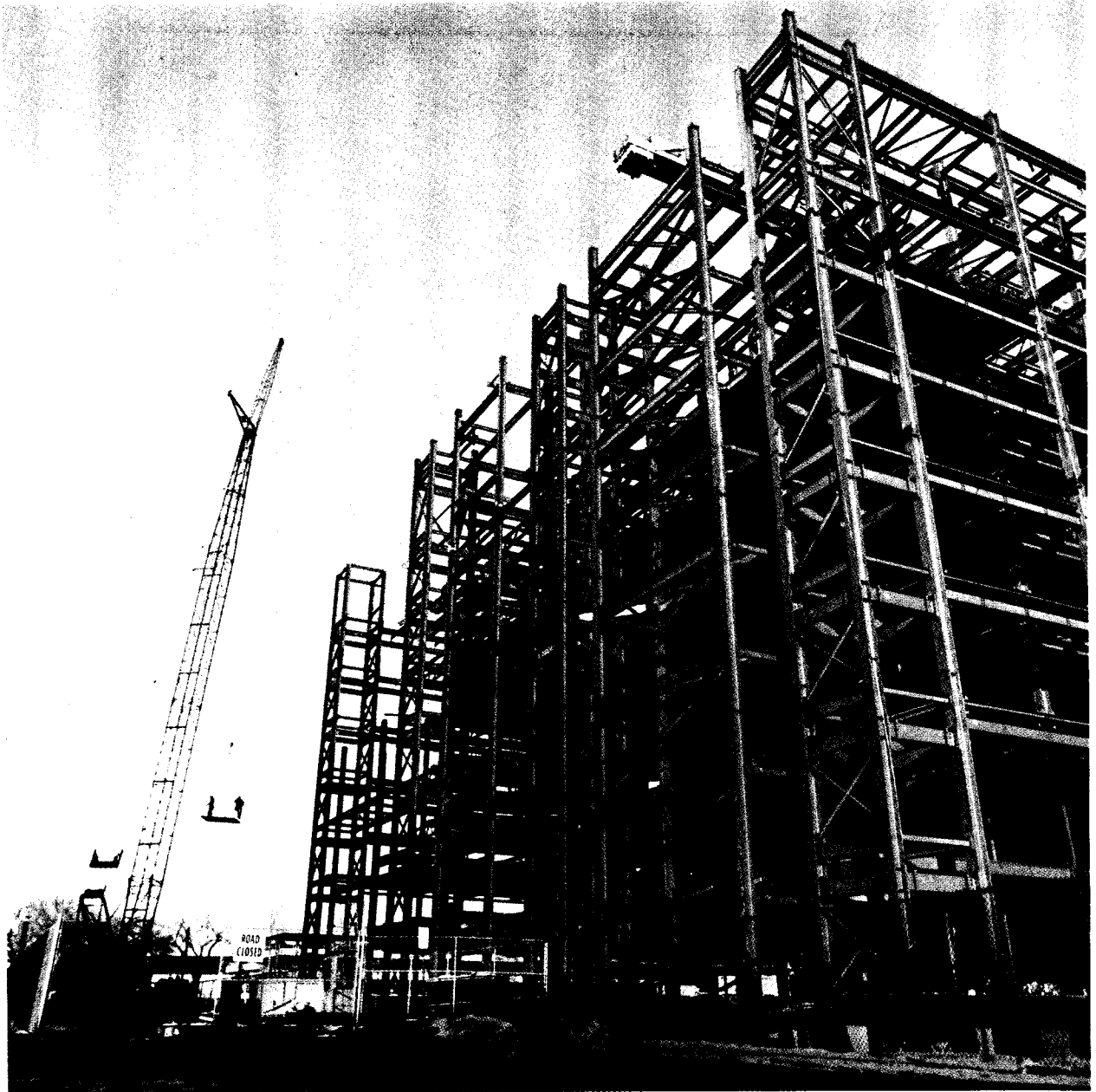


Photo by Medical Art and Photography, U of M.

Progress continues on the \$45 million Unit A of the planned \$120 million new Health Sciences Complex at the University of Minnesota. Unit A, now halfway to its planned 19-story height, will provide space for the Dental School, School of Public Health and Medical School. Unit A is scheduled for completion in the Spring of 1973.