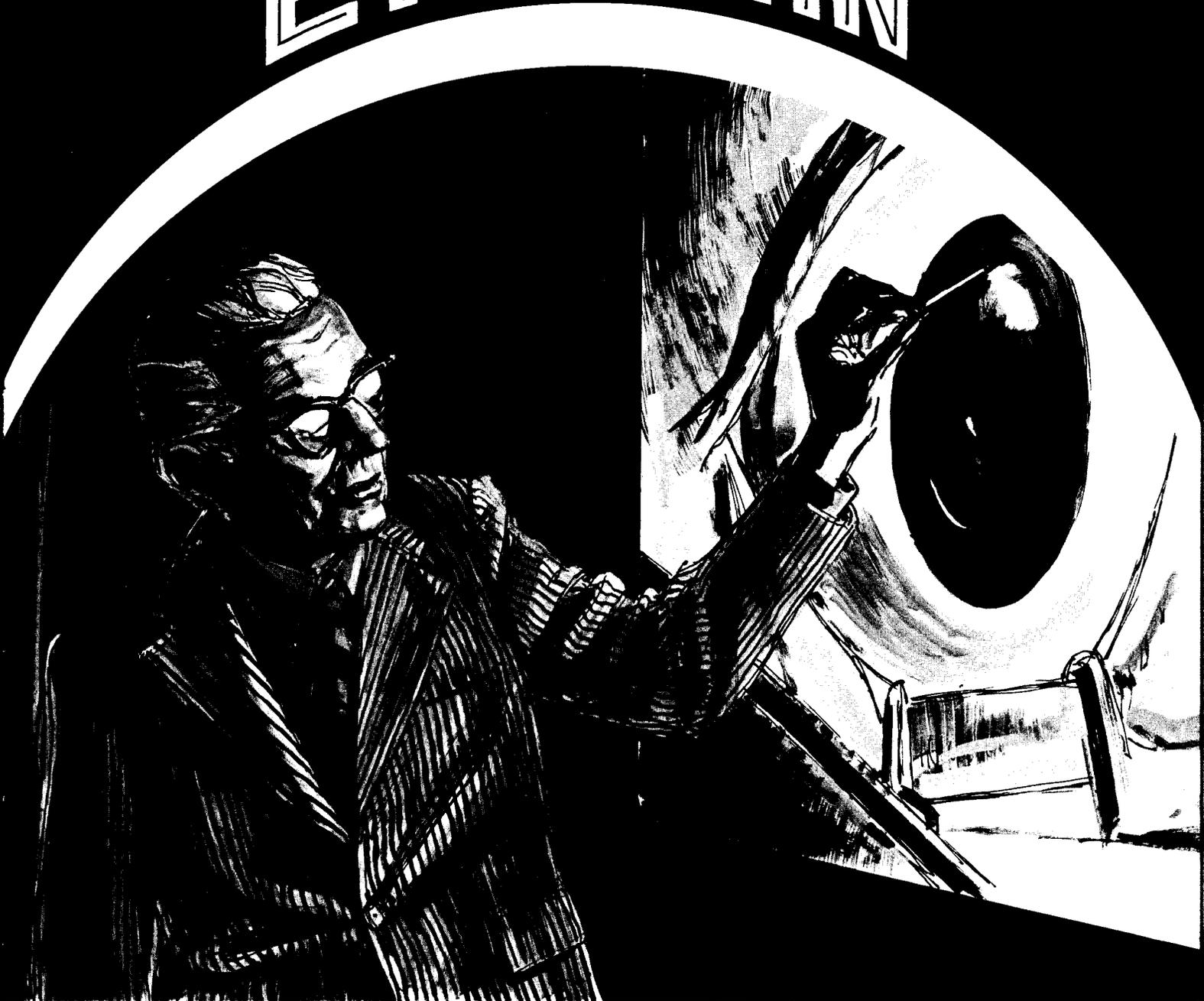


A look at Alumnus Harold Scheie...

EYE MAN



MEDICAL BULLETIN

UNIVERSITY OF MINNESOTA

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Editorial: "SPECIALIZATION"

We are publishing in this issue a fascinating glimpse into the life of a hard-driving, immensely successful specialist, Dr. Harold G. Scheie. Thinking about his great contribution to medical knowledge and the health and happiness of his patients prompts us to remark on the balance between primary care and specialty care.

Health sciences centers are currently experiencing a pendulum swing in Federal support for graduate medical education to an ultra-pragmatic position. Perceiving quite correctly that specialization, spawned by the explosion of biomedical knowledge, has produced fragmentation in the delivery of personal health services, the Federal Government is now threatening to over-react by cutting back severely on subsidies to specialty training while increasing support for the training of primary care physicians.

We agree completely that personal health services should be as comprehensive and integrated as it is possible to make them. We also agree that much more impetus should be given to the training of primary care physicians. While doing so, however, we must carefully engineer the organization of health services and the ratios between primary and specialty physicians to be sure that every patient, regardless of geography or circumstances, has equal access to the bright promise of good medical care.

We must not, in correcting the shortage of primary care physicians, lose sight of the integrated team needed to provide truly comprehensive health services. Kaiser Permanente (and others) are beginning to assemble data regarding the necessary mix of specialists to serve the total health needs of a defined population. It is now our responsibility as medical educators to produce the right numbers of the right kinds of physicians in the right places.

The exciting story of Harold Scheie's contributions to the lives of his patients through his exceptional judgment and skill in ophthalmic surgery, should serve to remind us that specialist *versus* generalist is not the argument. Both are needed in precisely the right proportions. The challenge to our nation is to make the entire spectrum of health services available to everybody.

— WRF



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WILLIAM R. FIFER, M.D., EDITOR
EIVIND O. HOFF, EXECUTIVE EDITOR
TOM PATTERSON, MANAGING EDITOR

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Dr. Harold G. Scheie, a 1935 graduate of the University of Minnesota Medical School, saw a dream come true with the opening of the Scheie Eye Institute in Philadelphia in 1972

EYE MAN



By Tom Patterson

Dr. Harold G. Scheie is a pleasant blend of Minnesota farm boy, dedicated healer, big city super-specialist and efficiency expert par excellence.

"Good morning. Time to feed the chickens and pail the cows." With that friendly wake-up banter recalled from boyhood days in Warren, Minn., Dr. Scheie gently roused me out of my very comfortable bed in the guest room of his home in the Philadelphia suburb of Ardmore. He stood by my bed in his pajamas, holding out a cup of coffee for me. It was 4:20 a.m.

It was Tuesday, a surgery day for him, so he woul-

dn't drink any coffee himself. He has never been troubled with coffee nerves but he prefers to take no unnecessary chances when he operates on a patient's eyes.

I gulped the coffee between moves as I shaved, dressed and packed my things. It was the third and last day of my visit with Dr. Scheie. I would leave for Minneapolis from his office later that day and wouldn't have time to return to the house. It took me about 15 minutes. Dr. Scheie was already warming up his car when I went out the front door to join him for the ride through West Philadelphia to the new Scheie

Eye Institute, connected to Presbyterian-University of Pennsylvania Medical Center at Myrin Circle. Past block on block of iron gates protecting shops from after-hours visitors. Stopping for traffic lights which signaled only to us. Reading white chalk philosophy on crumbling brick walls.

5 A.M. AT THE OFFICE

We arrive at the Institute about 5 a.m. Except for a vacuum cleaner humming somewhere it is quiet. Scheie takes me to a dressing room for residents and staff before going to his own office just a few steps away, where he will dress and make a last-minute check of his surgery schedule. He shows me a locker and suggests I carry my wallet in the elastic band of my socks as he does. There were only two doctors in the room with me. One showed me where to find my Institute-issue cap, gown, mask and shoe covers. Then they both left to join more than 20 other doctors already working or scrubbing in for surgery.

Everything about the Institute has Scheie's stamp on it. His office close to the operating room. The operating room itself — a large room with four operating tables, each self-supporting and with ample walking space between them. An adjacent one-table operating room can be used to isolate potentially infectious cases. It is used in the regular routine if it isn't needed for isolation.

Each operating table has from three to six people around it. Patients are being wheeled in and transferred to the operating tables. The patients are draped in white, except for an uncovered eye staring straight up as if through a knothole.

Scheie administers paralyzing shots to two of the patients, to freeze the side of the face and prevent reflex movements of the eye. The anesthetic is local. The patients are awake.

When the first block has taken effect, Scheie begins a surgical technique which is called the "Scheie Procedure" nearly everywhere else. At the Scheie Eye Institute it is called "Peripheral Iridectomy With Scleral Cautery." The patient doesn't care much what it is called and neither does Scheie. They both care a great deal that it will provide an excellent chance of saving his eye from the blinding effects of glaucoma. It is exactly 5:40 a.m.

"I LOVE YOU"

"I'm not hurting you, am I?" Scheie asked. The reply from the very large middle-aged man under the white sheet would have seemed stranger in other circumstances: "Uh-uh. I love you, Dr. Scheie."

Scheie hands the first needle away and it is taken from his hand, silently, and replaced with a tweezers-like instrument with which he grips the tissue of the eye, gathering it for an incision with tiny scissors.





The instruments pass in and out of his hands without words. He never looks up. The assistants passing instruments are first-year ophthalmology residents. Second and third-year residents are also at each operating table and have their own assigned tasks. Scheie does all of the surgery which involves cutting of the eye for his own patients.

"The cautery is too hot," Scheie says, and a nurse moves quickly to turn a dial. Dr. Gary Gustason, a third-year resident under Scheie and a 1966 graduate of the University of Minnesota Medical School, looks up from Scheie's surgery to make a hand signal to the doctors around another operating table. It's time to administer local anesthetic to their patient.

Scheie completes all of the sewing critical to the eye of his first patient and turns the man over to his residents. He tells the patient that the surgery has gone well. The man says he's not worried because the only surgeons who take chances are the ones who do circumcisions: "They cut some off before they know how big it's going to be."

Scheie is still laughing when he goes to his next patient. He has changed his gown, mask and gloves and administered the all-important paralyzing block to patient number three before beginning surgery on the second patient, a lady who is having a cataract removed. He asks her how her husband is and she answers as he begins operating on her eye. It is 5:50 a.m.

The first patient is moved out and another patient replaces him. And so it goes, Scheie going from one patient to the next. Going ahead to give the block. Going to the corner of the operating room to change

gloves, mask and gown between patients. Madelene Ewing, a senior medical student, helps him change clothes between patients. Of her Scheie says, "Can you imagine turning a medical student out day after day at 5:30 in the morning? She's really something."

Scheie designed the blunt-tipped scissors he is now using to cut the corneal flap of his second patient. He places sutures at the edges of the incision and they are held by residents to protect the patient's eye when the clouded cataract lens is slipped out. First he injects an enzyme solution which dissolves the ligaments that hold the lens in place. He gently inserts the cryoprobe which freezes to the lens ("like putting your tongue on a metal post in Minnesota in January," he says) and then so carefully maneuvers the worthless lens out of the eye. Later, the patient will be able to see again with a new lens worn outside her eye.

"Hold out your hand," he says to me and drops the lens into my hand when I obey. "Now you can tell your wife you have a cataract."

What's more important, the lady can tell her husband she doesn't.

THANKS FOR THE PIE

His opening comment to another patient is, "That was the *best* pie." The patient says "Glad you liked it." The patient is having a cataract removed from the same eye on which Scheie performed a successful corneal transplant 17 years ago. Scheie leans close to the surgery, looking through the magnifying glass on the loupe around his head.

The patient he had planned to take next wasn't ready. The local anesthetic hadn't had the desired effect. Scheie has said that when things don't go smoothly in surgery he gets "a little cranky." Now he gets a little cranky. He tells a resident to hold the patient's head while he gives him a shot. The resident says he can't because the patient's head isn't draped. "Hold his head now and then change gloves," Scheie says sharply. He gives the shot and then marches out of the large operating room into the smaller one around the corner. The resident raises his eyes and says, "Whew!" Then goes for a change of gloves.

Scheie is talking to the next patient as he gives the block. "Look at my finger, up here to the left. That's it." Just a couple of minutes later he says, "You don't have a cataract anymore. What are you going to have for breakfast?"

"Thank you, doctor. I think I'll have bacon and eggs."

NO WASTED MOTIONS

A couple more times he has occasion to "fuss at" his assistants, but mostly things go smoothly. When a scissors doesn't work right he says, "They should



Five operating tables and more than 20 assistants help Dr. Scheie make quick work of early morning cataract removal and other eye surgery.

have been tested and ready," and leaves to do something else. He's back in less than a minute and is handed a working scissors.

Mary Gowarty is the nurse in charge of the operating room. She keeps patients moving in and out and is responsible for all the instruments. Scheie tells me she is the best eye OR nurse in the country. Later, outside the operating room, he heads her off around a pillar as she tries to escape being introduced to me and being teased by Scheie. He tells her she wasn't worth a damn all morning. She laughs and says she was out late last night.

We're on a coffee break. He's finished with the local anesthesia patients. He has done 10 cataracts and three glaucomas. It is 7:25 a.m.

The general anesthesia patients are next, mostly children with congenital cataracts. Some are extra-ocular procedures — crossed or drifting eyes. The removal of what Scheie calls "kiddie cataracts" is a two-step procedure. First he injects the enzyme to dissolve the lens and ligaments that hold it to the eye. A few days later he goes back and sucks out the dissolved lens with a very fine syringe.

It's now 7:40 a.m. Fewer people are working in the operating room. Most of the more than 20 doctors assisting in the earlier surgery have gone to the several area hospitals to begin their own day's work.

TEMPERAMENTAL MOVIE DIRECTOR

The small operating room is set up for a movie. The patient is blue-eyed because blue eyes are best for

movies. That little detail was arranged the night before when Scheie reviewed the surgery schedule with Dr. Gustason and Dr. Richard Winslow, senior residents.

Scheie has an excellent collection of slides, photographs and movies of patients eyes before during and after surgery. He appears to be at his crankiest when playing the role of film director, perhaps because somebody else is at the controls. The pictures will be used for teaching and he wants them perfect. "Get out of the light," he says to a resident who moves in a little too close. When he can tell the photographer doesn't have a good angle he orders her to move closer and to get directly over the eye. She says she's afraid she'll get in his way. He says photographers can't afford to be timid. "If you're in my way, I'll tell you! If I'm in your way, you tell me to move!" Running short of movie film he conserves by ordering the camera to stop and restart only for essential action. "Stop. You're wasting film. Ok, shoot. Stop!"

When all of the sophisticated audio-visual equipment planned for the new Scheie Eye Institute is installed, movie cameras and closed-circuit television will roll automatically every time the operating room lights are turned on an eye. The electronic equipment already installed is impressive enough.

MODERN CONVENIENCES

In his office are two closed-circuit color televisions to show what is happening in the operating room or carry regular shows. He can video-tape any show and play it back on the same sets. He can pick up and

broadcast from an electron microscope in the research labs. He touches a button and a screen lowers for movies or slide shows which he can also run from his desk. There is a bank of lighted buttons on his desk that tell him how many patients are waiting to see him and in which rooms. He can also tell which room each of his residents is in.

There is a smaller button bank on the wall outside each examining room. When three colored lights are on it means the patient inside has had drops in his eyes or is otherwise cleared to see Scheie. When Scheie goes in he changes the buttons to show a single red light. From the outside it shows which room Scheie is in. Another large bank of buttons is on the wall inside each room, showing Scheie and his residents where everybody else is.

One young woman patient laughingly tells Scheie when he enters the room that she has been trying to follow his progress on the light board but she couldn't figure out the code. Scheie "punches in" outside the examining rooms so that he won't have to turn away from the patient to do it once he's in the room. Once he enters the room the patient has his undivided attention. Although the visit is brief, it is friendly and thorough. One young patient said to me, "I waited two hours to see him for less than a minute and I'm perfectly happy. Isn't that a little crazy?"

His office telephone is connected directly to his secretary's dictation recorder. He takes a call from a referring physician, discusses a patient he has seen that morning. He presses a button on the receiver he is holding to disconnect the call, pushes the button and dictates, "Dear Dr. —: This letter is to confirm our telephone conversation of . . ." Sometimes he just likes to see how the flow of patients is being handled in the lobby below his office. A wide-angle lens gives him a fish-eye view of the SEI lobby.

SERVICE IS CENTRAL

The Institute's first patient was admitted in August. A formal dedication ceremony was held in October. The building is round and service is central. Examining rooms and inpatient rooms are on the perimeter of the circle, the registration desk and nursing stations at the center. Architect Vincent Kling worked closely with Scheie to assure functionalism of the design.

Patients enter the outpatient service area on the ground floor. The waiting room is a spacious two-story-high court, comfortably furnished. The elevator shafts are round, the telephone booths are round, the registration window is round. Everything is round. There are 26 examining rooms on the perimeter of the court. There is a retina clinic, a clinical research laboratory and the latest equipment for diagnosis and treatment. Each of the various sub-specialties in

ophthalmology is headed by its own expert. While Scheie is certainly the dominant force in the Institute, he does not run a one-man show.

Encircling the court on the second floor level are the pre-operative facilities, operating rooms and recovery area. There is a waiting room for families of surgical patients. When he operates on children he slows his pace between operations to go to the waiting room and talk to the parents. Offices for the staff doctors are also on the second floor — not for seeing patients but for writing papers and preparing lectures.

Inpatients have their rooms on the perimeter of the third and fourth floors. The 38 carpeted rooms will accommodate up to 72 patients. Parents can stay in a room with their children if they desire. Several patients remarked that it was like a modern motel. A punster once called it the "Scheie Hilton." Another punster, impressed with the colosseum-like appearance of the exterior, called it "Scheie Stadium."

RESEARCH NOT NEGLECTED

The sixth floor is devoted entirely to research, which Scheie believes can prevent most blindness. The fifth floor will remain vacant until it is decided whether the Institute needs most to expand the research area or the inpatient facilities.

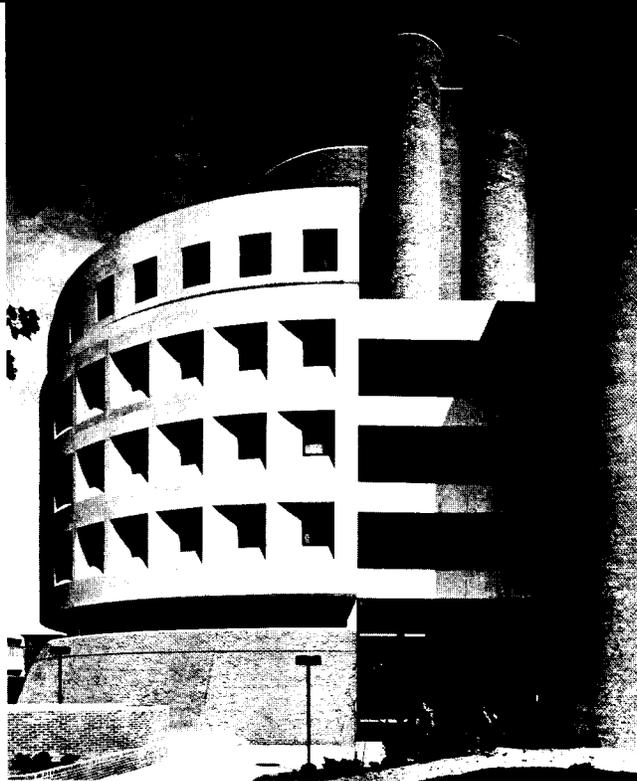
Teaching takes place throughout the building and in a lecture hall in the basement. The lecture room has its share of ultra-modern audio-visual equipment and other conveniences. The podium has a telephone, built in water fountain and an overhead television camera to project the speaker's diagrams. The screen will show a giant television picture or slides and movies projected from the rear.

The basement also houses the animal labs, in a unique use of the building's round design. The animals are kept in rooms built under the lawn of the Institute, outside the perimeter of the building but connected by a corridor which has the outside of the building as one of its walls and the entrances to the animal areas as the other wall.

The building is connected to the Presbyterian-University of Pennsylvania Medical Center from the basement level through the fifth floor. The sixth-floor research area is isolated for privacy.

NO PUBLIC MONEY

The Institute is the Ophthalmology Department of the University of Pennsylvania. Scheie has been chairman of the department since 1960. He accepts no salary from the University of Pennsylvania and there is no University, state or federal money invested in the \$9.5 million Scheie Eye Institute. Funds were raised by Scheie and his friends, mostly patients, over the past several years. 90 former residents of Scheie gave



The Scheie Eye Institute, where "Service is Central."

\$250,000. An anonymous former patient got the fund drive off to a leaping start with a gift of a million dollars in 1966 and dictated that the Institute would be named for Scheie.

Scheie continues to direct most of his own fund raising program. One day while I was there he received about \$10,000 in gifts in the mail. Wealthy Greek industrialist Angelos Canellopoulos, a friend of Scheie's, donates his 90-foot yacht for an annual two-week cruise of the Greek Islands as the grand prize in a fund-raising benefit that last year raised \$23,000.

While his wealthy patients willingly donate large sums of money to the Institute, about 12% of his patients pay nothing. He never charges clergy, military personnel, the blind or the poor. Believing that most doctors will voluntarily care for the poor free of charge, he'd socialize hospitals. "The doctor can provide his own services free of charge but he can't get the penniless patient into a hospital on the same terms," he says.

ALL FOR PATIENTS

The eyes that have been his life belong to patients and he never forgets that his patients are what the Institute is all about. He has an incredible memory for faces, names, places and other things important to his patients. When he picked me up at the Philadelphia airport on Sunday afternoon he stopped a man in the terminal to ask how his daughter was doing. The man's daughter had been a patient several years earlier. He took me on a whirlwind tour of Philadelphia that would put Grey Line to shame. We

stopped at Independence Hall and Ben Franklin's grave, which Scheie admires for its simple stone slab. He told me how Franklin invented the bifocal lens out of need. (He couldn't order from a menu and see the person across the table from him with the same glasses.) Scheie wheeled his Toronado through the narrow streets of the Italian section with the same kind of confidence he demonstrates in the operating room. If the tour had come after I had seen him in surgery I probably would have felt more comfortable as a passenger in his car.

HIS FAMILY

At dinner that night at the famed Merion Cricket Club near his home I met his attractive wife, Polly, and his teen-age daughter, Nancy, a senior in high school. His son, Eric, is at the University of California at Berkeley. Scheie delights in making much of Berkeley's reputation for student activists and tells everyone that Eric lives at the "Castro Arms." It isn't true but it makes a good story. He gets plenty of "Oh, Daddy" blushes out of Nancy by talking about how pretty and how smart she is. Among many things for which he is grateful to the Army is that it led to his meeting his wife, Polly (Mary Ann Talmann). A friend he met in the Army introduced them. He acquired vast experience in ophthalmic surgery and administration as head of the ophthalmology section of the famed Twentieth General Hospital in the China-Burma-India theater. More than 80 beds were occupied by his ophthalmic patients. His research on ocular changes associated with scrub typhus among soldiers later framed the basis for his thesis for the American Ophthalmological Society. He stayed in the Army Reserve after release from active duty and retired as a brigadier general in 1964.

HEADHUNTERS & BRITISH LORDS

While in India he once removed cataracts from the eyes of a chief of a tribe of Burma headhunters, under the watchful eyes of spear-bearing guards. He also treated the damaged cornea of Admiral of the Fleet the Earl Mountbatten when Lord Mountbatten was struck in the eye by a piece of bamboo while riding in his jeep. Lord Mountbatten, cousin of Queen Elizabeth and great-grandson of Queen Victoria, was the Supreme Allied Commander of all troops in the China-India-Burma theater during World War II. Lord Mountbatten suffered no permanent injury to his eye and has remained a friend to Scheie since. He was guest speaker at the dedication ceremonies for the Scheie Eye Institute in October. (The headhunting chief showed his gratitude by presenting Scheie with 100 chickens and two young tribal women to be his wives).

Back at the Institute on a recent Monday morning. Scheie begins his rounds at 6:40 a.m., trailing behind him from room to room is a small army of residents and assistants. The brigadier general leading his troops. He is friendly, enthusiastic, confident and quick. There is some cheery personal note for each patient, an examination of the eye and on to the next room. He frequently carries on two conversations simultaneously, one with the patient and one with his assistants: "Good morning. You're looking well. How do you feel? Is that heterochromia or isn't it? Are you fellows betting? Your eye looks beautiful."

SIGHT AND 24-HOUR FINES

To his patients he is a man who dispenses sight and 24-hour fines. It is a standing joke at the Institute that patients are "fined" an extra 24-hours if they ask Scheie when they can go home. As a result he has model patients. "Dr. Scheie, I can't ask any questions until my first office visit, is that right?" asks a woman who has just had surgery for glaucoma. He tells her she can always ask him questions.

"When will I know if the operation was a success?"

"We won't know the outcome of the surgery for a matter of a few weeks. What we do is create an opening into the eye to release this fluid and we hope this opening remains open. The body is out to defeat you and me right from the start because any opening you put in the human body tends to seal. We have probably an 80 to 90 per cent chance that this will work. That's a pretty good chance and it looks perfect now."

After checking the next patient, he says to me, "A man like that makes you realize what ophthalmology means. He may not be important to you. He's a truck driver. He's 42 and has a family to support. If you louse up his eyes, where's he gonna go?"

The next room was hot. To the patients: "Can't you control the heat in here?" To his assistants: "Write down this room number and put it on my desk."

We went into a small treatment room where three corneal transplant patients were waiting. He addresses one of the patients, a young man, "How's double-trouble this morning? I mean you, not the eye." After examining all of them he gives instructions to the residents to take them off medications. Double-trouble says, "Do I have to keep taking those pills?" Scheie says, "Keep him on them another day, will you?" Everybody laughs. Scheie says, "He's more trouble. I can tell him and he just doesn't listen. I'm going to have to appoint him an assistant resident around here." Double-trouble says, "Is that one of the requirements?" and everybody laughs again. Score one for Double-Trouble.

On to a room shared by two elderly women: "Good morning. You look awfully contented this morning. Why are you so contented?"

"My vision. Everything."

"How about you, are you contented?" he asks her roommate.

"I sure am. I'm Dr. Scheie's patient."

FASTEST PEN IN EAST

From rounds he spent a short time in his office and then went to the outpatient area, where organization, efficiency and speed are aided by nurse-technician Theresa Wlodarczyk, the fastest pen in the East. She has been with Scheie for 10 years. She follows him from room to room recording his findings (which he reports out loud as he works), writing prescriptions for his signature, typing admission slips and moving on with him to the next patient. They both get plenty of help from other staff members. Patient charts are placed outside each door as the patient is assigned to a room. The color-coded file folders (blue means glaucoma) tell Scheie the nature of the patient's complaint even before he reads the chart. He looks at the chart, punches his red button on the light panel and enters the room. As always, his first comment is some personal greeting: "You've been so generous to us," he says to a patient who gave a large gift to the Institute. He examines the patient's eyes, prescribes treatment (sometimes no treatment) and is with his next patient in a couple of minutes. The patients have all been screened by residents before Scheie sees them.

He is quick to advise surgery when it is necessary ("Can you come in tomorrow morning?") and equally quick to advise against it when it isn't necessary. He tells the mother of a little girl with a "drifting" and very myopic eye that her doctor was wise to advise against both surgery and a patch. The little girl has one very good eye. Her bad eye is so near-sighted the drift doesn't matter. The patch would just draw too much attention to her eye. "Raise a happy, pretty little girl. Don't teach her to worry about her eye."

OLD AND YOUNG

An 83-year-old man has cataracts (almost 100% of people his age do) but his vision has only been seriously impaired in one eye. He can see just fine out of his good eye and has come to Scheie to get the bad eye fixed. The man is nearly deaf and Scheie shouts his advice, "It would be wrong to operate on you. Don't let anybody operate on your eye."

From octogenarian to infant. The baby's mother is feeding her child a bottle when Scheie enters. "I'd rather you wouldn't feed him," he scolds. He has her move to the examining chair and says, "OK, now

you can feed him," and laughs. A bottle for a hungry baby makes a good anesthetic. The child has congenital cataracts and the family pediatrician has advised against surgery at this time. Scheie agrees and commends the pediatrician to his patient. Later that same day he will confer with the pediatrician by phone and write a confirming letter.

Special conveniences in the examining rooms save time and steps. Most of the equipment he uses requires a dark room. So, the instruments hang on a panel connected to the lights. When he picks up an instrument, the lights go off. It makes for neatness, too, since the lights go back on when he puts the instrument away.

A six-year-old boy is giggling when Scheie enters the room. "What kind of mischief are you up to," Scheie asks. The boy pulls out a gift-wrapped package he has been hiding behind his back. After an exaggerated debate about spoiling the package it is opened to reveal a bottle of English Sterling aftershave lotion. The boy picked it out himself. The present was his idea. "I'm so happy I can see better," he tells Scheie.

Of older patients with cataracts he always asks the same question, "What can't you do that you'd like to do?" The extent to which impaired vision affects the patients enjoyment of life is his main criterion in deciding on surgery for adult cataracts.

Some patients just want to be reassured that their eyes are fine. "You're just worried about your good eye. That's natural. When you've lost one shoe it's natural to wait for the other one to fall. Your good eye is fine." The lady says, "Thank you, doctor. You're wonderful."

He tilts a patient's head back and makes a couple of quick motions at her eye. "There, the stitches are all out. Wasn't that awful? How did you stand it?" The patient, who obviously felt nothing, says, "I just struggled through it."

His patients are content to know that Scheie cares about their ailing eyes and that he will do what he can to help them. They know, of course, that he has an institute named after him. Some may know that there is also a Scheie Test (mecholyt sensitivity test for the tonic pupil), a Scheie Syndrome, Scheie surgical instruments and procedures and literally hundreds of other honors extending over many years to attest to his many contributions to his field. He has published more than 160 medical papers and written and contributed chapters to several books.

His interest in the eye started with a part-time job as an optician for the University of Minnesota Student Health Service while he was still a medical student. He had other jobs, also, to help finance his way through the University of Minnesota Medical School in the

depression years. He parked cars in the garage under Northrup Auditorium. The garage is where he met Eugene Ormandy, now the conductor of the Philadelphia Orchestra. Dr. and Mrs. Scheie now attend concerts of the Philadelphia Orchestra as guests in Mr. Ormandy's box.

While in Medical School, Hank Scheie lived at the home of Dean Elias P. Lyon, doing odd jobs to earn his board. Since he had little time to work in the laboratories, he once broke all the rules and smuggled the leg and pelvis of his cadaver into Dean Lyon's basement for midnight dissection. When the maid announced its discovery with a loud shriek, the Dean and Mrs. Lyon were very understanding. For penance he was assigned the task of cleaning the basement for the remainder of his time in Medical School.

He graduated from the Medical School in 1935 and was elected to Alpha Omega Alpha medical honor society. Although he went to Philadelphia for his internship and stayed, he has maintained his interest in the University of Minnesota. He has been a member of the Board of Trustees of the Minnesota Medical Foundation since 1966 and has given large gifts to the Foundation despite the fact that his own fundraising projects have been of great importance to him. He received the Outstanding Achievement Award of the University of Minnesota in 1968.

He has many fond memories of Minnesota. He grew up in the small northern Minnesota community of Warren, where he was captain of the high school football and basketball teams. He played varsity basketball for the University of Minnesota, being recruited out of the intramural sports program. He almost lettered in basketball his sophomore year, even though he missed much of the season with a badly sprained ankle. The Spring of his junior year he nearly died of pneumonia. By the time he was strong enough to think of playing sports again, he had too much school to make up. Failing to get his Minnesota "M" is one of the few disappointments in his life.

For relaxation today he gets away for ocean fishing whenever he can. He took a five-week around-the-world tour with his family last year, and greatly enjoyed himself even though he managed to combine vacationing with delivery of 17 guest lectures while on the tour.

Dr. Scheie has the unquestioning respect of nearly everyone around him. The only exception may be Baron, a lovable boxer dog who greets visitors to the Scheie home with great affection and a physical enthusiasm only slightly short of rape. A warm, humorous, somehow incongruous scene: Dr. Harold G. Scheie on the landing of his large open stairway, commanding in a firm voice, "Sit! Sit! Sit!" Below, Baron only stands and wags his tail.

MINNESOTA EYE DEPARTMENT STUDIES RETINOPATHY TREATMENT UNDER \$100,000 NIH GRANT

The University of Minnesota's eye department is one of eight U.S. clinical centers involved in a study of the effectiveness of photocoagulation therapy for diabetic retinopathy. The study is sponsored by the National Eye Institute of the National Institutes of Health and is directed at Minnesota by Dr. John Harris, head of the University's Department of Ophthalmology.

Diabetic retinopathy, the primary ocular complication of diabetes, involves progressive alteration of the retinal blood vessels and ranks as the second leading cause of new adult blindness, Dr. Harris said.

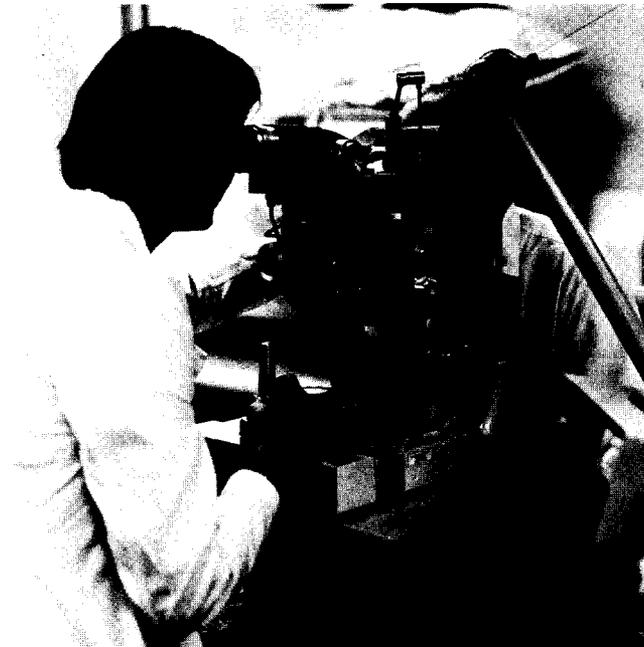
While the cause of diabetic retinopathy is unknown, the incidence and severity of the condition are generally proportional to the duration of the patient's diabetes. Of patients who suffer from diabetes for 10 years, 50 per cent show some retinopathy; of those who have had diabetes for 15 years, 75 per cent show some degree of retinopathy, and for 25-year diabetics the incidence of retinopathy is 95 per cent.

Photocoagulation is used to prevent newly-formed retinal blood vessels from hemorrhaging into the vitreous. Although photocoagulation has been used at the University of Minnesota for several years, Dr. Harris



Dr. John Harris

A patient receives argon laser treatment.



said that its true value has not been clearly documented, nor have the various techniques of photocoagulation been tested against each other.

Patients who volunteer for the study are randomly divided into three groups. One group will be treated with white light from the xenon-arc photocoagulator, a second group with the blue-green beam from the argon laser and the third group with a combination of the two methods. Initially only one eye of each patient will be treated, with the other eye followed as a control. According to Dr. Harris, only if photocoagulation proves beneficial will the second eye be treated.

The nationwide study will eventually involve some 1800 patients over the next 10 years. Dr. Harris said the study should determine what the ultimate benefits of photocoagulation are and which eyes are best left untreated.

Dr. Harris said that study of the therapy in humans is necessary because repeated attempts to produce diabetic retinopathy in laboratory animals have not been successful. The University of Minnesota received a three-year \$111,000 grant from the National Eye Institute to conduct the therapy tests.

GEORGE JANDA ELECTED PRESIDENT OF MEDICAL ALUMNI ASSOCIATION



George Janda, '47

George Janda, a 1947 graduate of the University of Minnesota Medical School, has been elected president of the University of Minnesota Medical Alumni Association, succeeding Ed Segal of the class of 1953.

Janda is a member of Alpha Omega Alpha medical honor society. He served his internship at St. Luke's Hospital in Duluth and then went into family practice in Bertha, Minn. (Pop. 512), between Alexandria and Brainerd, with Drs. William W. Will, '05 and Charles B. Will, '38. Janda returned to the University of Minnesota in 1950 as a fellow in obstetrics and gynecology. After completing his residency he volunteered for the Army Medical Corps and served as chief of the obstetrics and gynecology section at the Fort Clayton Hospital in the Panama Canal Zone. In 1952, he returned to the University of Minnesota as an instructor of obstetrics and gynecology.

He entered private practice of OB-GYN in 1959, with offices in downtown Minneapolis and Wayzata. He continues his teaching of medical students, holding the appointment of clinical assistant professor of OB-GYN. He serves on the medical staffs of Abbott and Methodist Hospitals.

He belongs to various local and state medical societies and is a past president of the Minneapolis OB-GYN Society and serves as a member of the board

of the Minneapolis Council of OB-GYN. He is medical advisor of the Minneapolis chapter of the National Foundation and is gynecological consultant for the Veteran's Administration Hospital.

Dr. Janda and his wife, Mary, have two daughters and a son.

OTHER MMAA OFFICERS

Richard L. Engwall, '56, was elected first vice president; Donald D. Dahlstrom, '62, second vice president; Irving C. Bernstein, '42, secretary; John A. Nilsen, '57, treasurer.

Committee assignments for 1973 were made as follows: Annual Meeting Program Chairman, Dick Engwall; Diehl Awards, Konald Prem, '50; Membership, Irving Bernstein and Tony Peterson, '39; Nominating Committee, Ed Segal and Tony Peterson.

1973 ANNUAL MEETING

The 1973 Annual Meeting of the Medical Alumni Association has been set for October 25-27 and will be held at the St. Paul Hilton Hotel. Details of the program will be announced later.

MINORITY RECRUITMENT GRANT

The University of Minnesota Health Sciences Center has received a three-year grant of \$561,000 from the National Institutes of Health Bureau of Health Manpower Education to recruit minority students to health education programs at the University. Barbara Uppgren, formerly assistant director of lower division for the University's College of Literature and the Arts, is coordinator of the new program.

SWAIMAN ELECTED PRESIDENT OF NEW NEUROLOGY GROUP

Dr. Kenneth Swaiman, professor and director of pediatric neurology at the University of Minnesota, was elected president of the Child Neurology Society at its organizational meeting in Ann Arbor, Mich.

Other University faculty elected to office are Dr. Francis Wright, chairman of the membership committee; Dr. Lawrence Lockman and Dr. Robert Kriel, newsletter and publicity committee; Dr. Jerrold Milstein, scientific program and publication committee, and Dr. William Hosfield, incorporation and legal affairs.

\$1.4 MILLION FOR ALLIED HEALTH PROGRAMS

The University of Minnesota Health Sciences Center has received a \$1.4 million five-year grant from the National Institutes of Health Bureau of Health Manpower Education to support the University's allied health programs, establish an integrated curriculum and develop new allied health professions.

The grant will help support established programs in medical technology, occupational therapy, physical therapy, dental hygiene, dental assisting and the allied health coordinating unit under vice president for health sciences, Lyle A. French (Med. '39).

Efforts will be made to reduce existing barriers between health care professionals as well as determine the supply of and demand for health manpower in Minnesota.

New interdisciplinary courses will deal broadly with the contributions of allied health professionals to total health care and provide extensive examination of patient-professional relationships and ethical standards for health care professionals.

New programs proposed for the next five years include those for consumer health educators, gerontology specialists, alcohol and drug abuse counselors, clinic managers, health career counselors, health media consultants, emergency room nurse-practitioners, respiratory therapy educators and support personnel for a variety of health specialties.

OB-GYN GETS \$3.3 MILLION FOR FERTILITY RESEARCH

An international program to solicit fertility research has been established at the University of Minnesota.

The Agency for International Development has given the University's department of obstetrics and gynecology a \$3.3 million three-year contract to solicit, evaluate, and monitor research proposals dealing with new and improved methods of fertility control for both men and women.

Dr. John Sciarra, head of obstetrics and gynecology, is project director. Dr. Julius Butler Jr., assistant professor of obstetrics and gynecology, is project coordinator.

HEART ASSOCIATION HONORS HOWARD BURCHELL

Dr. Howard B. Burchell, professor of medicine and chief of cardiology at University of Minnesota Hospitals, has received the American Heart Association's James B. Herrick Award for his extraordinary achievements in the advancement and practice of clinical cardiology.

Dr. Burchell, who spent much of his career at the Mayo Clinic, has been active on many American Heart Association committees and was editor of the organization's official journal, *Circulation* for five years.

The Herrick Award is named for the pioneer cardiologist who first defined coronary thrombosis.

RITCHIE LECTURE

The first Wallace P. Ritchie Memorial Lectureship in Neurosurgery was held at the University of Minnesota Nov. 16. Speaker for the program was Dr. Charles B. Wilson, professor and chairman of the department of neurological surgery, University of California, San Francisco.

The late Dr. Ritchie was a well-known neurosurgeon in St. Paul and teacher in the Medical School. His son, Wallace Ritchie Jr., is also a neurosurgeon and has done graduate study at the University of Minnesota.

SEXUALITY PROGRAM GETS TWO LARGE GRANTS

The Program in Human Sexuality, a unit of the Medical School of the University of Minnesota, has received grants of \$418,555 from the Bush Foundation of St. Paul and \$300,000 from the Commonwealth Fund of New York.

The sexuality program was designed to prepare medical students to counsel patients with sexual problems, but enrollment includes clergymen, social workers and other persons frequently called on for marriage and sex counseling.

The program is interdisciplinary and draws its faculty from many departments, including, medicine, theology, sociology, social work, education, counseling, family studies, psychology, public health and law.

The grants will be used to help pay the heavy start-up costs of the new program, including special facilities with a large group meeting room and adjacent rooms for small group discussions.

The sexuality program has received several smaller grants, including one for \$30,000 from the Division of Social Services of the American Lutheran Church.

ALUMNI DEATHS

David J. Halpern — 1930

Died Sept. 26 at the Worthington, Minn., Regional Hospital where he had served on the staff for the past 40 years. He was 65. Dr. Halpern was a member of the Southwestern Minnesota Medical Society, the Minnesota State Medical Association and the American Medical Association.

Erling W. Hansen — 1915

Died Dec. 17 at the age of 82. Dr. Hansen retired from the University of Minnesota medical faculty in 1958 after an association of more than 40 years. He was a former president of the Hennepin County Medical Society and the American Academy of Ophthalmology and Otolaryngology.

Albert T. Hays — 1932

Died Nov. 6. Dr. Hays, a surgeon, was a member of the Hennepin County Medical Society, the Minnesota State Medical Association and the American Medical Association. He was born in St. Paul and practiced in Minneapolis.

James Marion Hilton — 1924

Died Sept. 8 at age 72. Dr. Hilton lived in Klamath Falls, Ore., and was affiliated with the Presbyterian Intercommunity Hospital. He was certified by the American Board of Radiology.

Walter Royle Johnson — 1924

Died at Asheville, N.C., Aug. 6 at age 73. Dr. Johnson was certified by the American Board of Internal Medicine and once served on the medical faculty of the University of Minnesota.

Cathryn Knights-Jones — 1934

Died Sept. 28 in the Buffalo, New York, General Hospital at age 62. Dr. Knights-Jones served as assistant Medical Director of the Buffalo Chapter of the American Red Cross.

Elizabeth A. Leggett — 1927

Died July 31 in California at age 74.

Maxwell Bowler Llewellyn — 1939

Died Oct. 14 at age 58. Dr. Llewellyn was certified by the American Board of Pathology and served on the staffs of the Fort Atkinson, Wis., Memorial Hospital, Memorial Community Hospital in Edgerton and Mercy Hospital.

Axel B. Lund — 1906

Died Aug. 12 in Devils Lake, N.D., at age 92.

Arden L. Miller — 1943

Died recently in Scottsdale, Ariz. Funeral services and interment were in Minneapolis.

Frederick H. Poppe — 1907

Died recently in Florida. He had a general practice in Minneapolis for 50 years before retiring to Florida.

Carl O. Rollie — 1926

Died recently in Marshalltown, Iowa. He was 84. Dr. Rollie was born in Barnesville, Minn. and was police surgeon in St. Paul for 20 years. He belonged to local, state and national medical associations.

Arthur B. Shuldberg — 1947

Died Aug. 29 in Denver at age 48. Dr. Shuldberg taught at the University of Colorado School of Medicine.

Sheldon H. Stuurmans — 1924

Died Aug. 20 in Los Angeles at age 74. He was certified by the American Board of Pathology.

Nere J. Sundet — 1936

Died July 14 in Rapid City, S.D., at age 62.

Benjamin A. Weis — 1930

Died January 15. He was president of the Ramsey County Medical Society in 1962. He was a member of the Minnesota State Medical Association, the American Medical Association, the American College of Physicians, the Twin Cities Diabetes Association and was former chief of staff of Miller Hospital.

Frederick A. Willius — 1914

Died Oct. 19 at age 83. He was a Mayo Clinic emeritus cardiologist. He was certified as a specialist in internal medicine by the American Board of Internal Medicine and was a fellow of the American College of Physicians. He was a former president of the Minnesota Society for the Study of Diseases of the Heart and Circulation. He was the author of several books and more than 300 papers. He was a member of the Zumbro Valley Medical Society, an Associate and 50 Club member of the Minnesota State Medical Association and a member of the American Medical Association.

Dr. Frederick Willius



THE ROBERT WOOD JOHNSON FOUNDATION GIVES GRANT FOR MEDICAL STUDENT AID

The Robert Wood Johnson Foundation, Princeton, N.J., has given the University of Minnesota Medical School a grant of \$185,000 to be used over the next four years for financial aid to three categories of medical students; minorities, women and students from rural backgrounds. The grant is being administered free of any charge for the Medical School by the Minnesota Medical Foundation. The grant was the University of Minnesota's share of \$10 million given to all U.S. medical schools for the same purpose.

The Minnesota Medical Foundation has set up three continuing programs for qualified students. They

include a short-term emergency loan fund providing interest-free loans for up to 90 days, a long-term low-interest loan fund and a Reciprocal Aid Bank grant program through which recipients are urged to voluntarily pledge restoration of grants for perpetuation of the program.

Eivind Hoff, executive director of the Minnesota Medical Foundation, said that the grant is especially important at this time because of cutbacks and slow-downs in federal support programs for medical students.

Eivind Hoff, executive director of the Minnesota Medical Foundation, presents a check to medical student Margaret MacRae, one of Minnesota's first recipients of funds from The Robert Wood Johnson Foundation grant in support of women, minorities and rural medical students.



Letters to the editor

To the editor:

I appreciated the recent letter of explanation of the difference between the Foundation and the Medical Alumni Association.

I was greatly pleased at the recent reunion of my class to learn that the alumni had provided a lounge for students and microscopes. I also am much in favor of loans to students and honors where indicated.

We also depend on our universities for contributions through research. However, having spent six years teaching medical students, I had more than the usual opportunity to observe the good and the bad in research. I also have been among those who have criticized the emphasis on research in recent years in our universities at the expense of teaching. Some publications of recent years, with their absurd conclusions, eg. pointing the finger at certain products as the cause of cancer on the basis of ridiculous work, shakes one's faith in research as a meaningful field for many of those engaging in it. And so I would hope that the money would be spent on research only after careful consideration of the project and the person.

The programmed and computerized aids that are available to students in the Bio-medical Library were most impressive. Are there enough duplicates to fill the demand? There must be many projects that are very worthwhile.

Elizabeth Conforth, M.D.
San Diego, California

To the editor:

I am foregoing my donation to the Minnesota Medical Foundation this year and am very disappointed to arrive at this decision. When I was at the University Hospitals a while ago and when I saw the pictures in the *Medical Bulletin*, I decided not to donate any more money until there is some kind of a dress code there that I could approve of. The appearance of many students and others is very repulsive to me. And I believe it creates a bad image in the public's eye. When that situation is corrected I will gladly contribute again.

B. W. Bunker, M.D.
Anoka, Minn.

To the editor:

Congratulations to you on your "Alumni Album" issue of the *Medical Bulletin*. As usual your articles provided interesting and informative reading. The photographs were attractive with a nice "lay-out." A special pat on the back for the articles on Dr. J. Richards Aurelius and the Doctors Puumala of Cloquet, Minn., the recipients of the 1972 Diehl Awards.

On behalf of the Minnesota Medical Alumni Association, I wish to thank you for the excellent coverage and publicity that you have provided in the past year for the Alumni Association. Keep up the good work.

Edward L. Segal, M.D.
Minneapolis

To MMF:

The Foundation's thank you card seems to have yielded an extra dividend. Please keep the check.

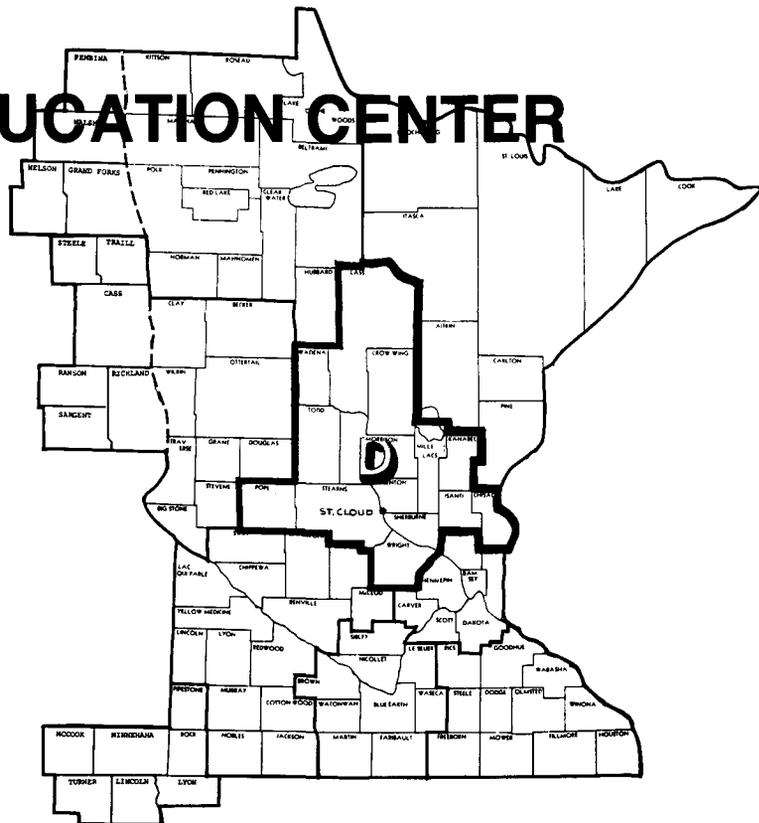
This past November I roamed a bit about the Medical School area in awe of the great progress that has been made. I had a fine visit with Dr. J. A. Myers, my cherished friend and link with the past. Seeing the complete obliteration of the Phi Rho house where I lived the first year it opened (1927-28) gave me an emotional tug along with a sense of being unjustly deprived of my link with the past on Union Street. I thought at least there should be a small plaque in the new structure to mark the site.

Thanks for writing concerning the check.

Richard M. Burke, M.D.
Oklahoma City, Oklahoma

Editor's Note: Dr. Burke, like some other regular donors to the Minnesota Medical Foundation, mistook MMF's "thank you" note for a reminder of an unpaid annual gift — and sent another gift. When MMF suspects a gift is made in error, the check is held until the donor's intentions can be clarified. One busy doctor recently responded to MMF's reminder notice for a \$25 annual gift with a check for \$570.80 — the exact amount of his checking account balance at the time. The mistake was cleared up and the doctor increased his gift to \$100 as special thanks for the prompt return of his check.

AREA HEALTH EDUCATION CENTER



The 14 counties included in the AHEC project, called "area D," are outlined in this state map.

The University of Minnesota has received a \$3.4 million five-year contract from the National Institutes of Health to assist Central Minnesota in improving the quality and availability of health care in the area. The contract, between the University's Health Sciences Center and NIH's Bureau of Health Manpower Education, provides for the establishment of an Area Health Education Center (AHEC) with St. Cloud as the hub. The University will assist the St. Cloud Hospital and other Central Minnesota health facilities in providing training in health sciences careers for area residents in area facilities.

AHEC's general purpose is to improve the distribution, supply, quality, utilization and efficiency of health personnel and bring health manpower and consumer needs into balance. The concept was first proposed two years ago by the Carnegie Commission on Higher Education.

Minnesota is one of 12 states selected for AHEC programs. The Central Minnesota area was approved for the project because of the scarcity or nonexistence of health facilities in certain parts of the area, the poor distribution of services and health education opportunities and the nucleus of health resources around St. Cloud. The area is described as being, on the average, more rural, older, and poorer than other areas of the state. Three-fourths of the area's

population lives in communities of fewer than 2,500 persons. The area's residents tend to require more medical services because more of the population is over age 65 than the state average. The number of low income families is also greater than the state average, meaning less buying power for the "purchase" of needed health care. There are 61 physicians per 100,000 population, compared with the state average of 99 per 100,000. Dentists, nurses, pharmacists and other health professionals are also in short supply compared to state averages.

Teaching centers include the 523-bed St. Cloud Hospital, the 1,378-bed St. Cloud Veteran's Administration Hospital, the College of St. Benedict, St. John's University and St. Cloud State College. Health career courses are also being taught at Brainerd Junior College, at vocational schools in Brainerd and St. Cloud, at state hospitals in Brainerd and Cambridge and in other health and educational facilities.

The AHEC training programs will be new ones, rather than extensions of existing programs. One goal of the program is to make it easier for people who live outside large metropolitan areas to receive training in health professions. A hope is that by training the health professionals in outstate areas, they will be more likely to stay there — to work where their services are needed most.

ALUMNI NOTES

Have you moved up, changed directions, dropped out, been elected to an office, or just moved from one city to another? Tell the Medical Bulletin about it. We'll tell everybody.

1939

Milo A. Youel is president of the Western Orthopedic Association, succeeding Robert A. Murray, also a 1939 graduate of the University of Minnesota Medical School. Youel will preside at the group's annual meeting Oct. 21-25 in San Diego.

1940

John W. LaBree, director of medical education at St. Mary's Hospital in Minneapolis, is the new president of the Hennepin County Medical Society.

1943

Benjamin Bofenkamp has been elected president of the Eden Prairie, Minn., Chamber of Commerce.

James C. Mankey is chairman of the board of the Hennepin County Medical Society.

1944

Robert G. B. Bjornson, chairman of the radiology department of St. Paul-Ramsey Hospital, is co-director of a training program to assist health professionals and social workers in understanding drug abusers. The project is funded by a \$395,000 three-year grant from the division of narcotic addiction and drug abuse of the National Institute of Mental Health.

1945

James C. Breneman has been named chairman of the food allergy committee of the American College of Allergists.

1946

Ray V. Rose, Pasco, Wash., has been elected president of the Washington state chapter of the American College of Surgeons. He has practiced in the area since 1954. Dr. Rose reports that the oldest of his five children, Steven, is a medical student at the University of Washington, Seattle.

1958

John W. Lester has been named to a Mayo Clinic committee to help develop an educational program in family medicine. He is a family physician in Mapleton, a community of 1,200 about 15 miles from Mankato. He is a former chairman of the education section of the Minnesota Academy of Family Practice.

Ronald C. Young, a consulting psychiatrist in private practice in Minneapolis, has been named head of the Minnesota mental hospital system. He is psychiatric consultant to the Minnesota state and Hennepin County welfare departments, and is consultant to or director of psychiatric programs in Crookston and Thief River Falls, Minn., Northwestern Hospital in Minneapolis and the Hennepin County area mental health program.

1964

Thomas Canfield has completed his pathology residency and is practicing in Montrose, Colorado.

Stephen F. Hodgson has been appointed a consultant in internal medicine at the Mayo Clinic.

1966

Thomas F. Rolewicz is one of four researchers sharing in a \$200,000 grant from the Pharmaceutical Manufacturers Association Foundation to stimulate research and teaching in clinical pharmacology. He is a medical fellow of the University of Minnesota.

1968

John H. Berg Jr. has built a three-doctor clinic in New Prague, Minn., and would like to hear from physicians interested in joining his practice.

1969

James M. Cooper, will begin a residency program in neurosurgery at the Mayo Clinic.

John W. Lester, '58



FULL-COURT PRESS ON MEDICAL EDUCATION

It's somehow appropriate that a President who loves sports the way Mr. Nixon does would borrow the full-court press from basketball in his defense against upward-spiraling federal spending. The roadblocks are everywhere, at every step of the way, even where the opponent tries to throw his ball into the contest.

The "Nixon Press" is on medical education. Don't be misled by reports of federal grants to various departments as covered on other pages of this issue. It's more important to understand where grants are *not*, at the University of Minnesota.

Medical Student Aid — The Health Professions Loans and Scholarship Program, cornerstone of medical student aid for a decade, has been delayed and reduced in effectiveness by two vetoes of HEW appropriations. Medical students who received Health Professions aid for Fall and Winter quarters for 1972-73 have received only delay notices for Spring. The University's Office of Student Financial Aid now estimates that when the paperwork is cleared medical students will get about half of their assessed need for Spring and that there won't be any money for Summer.

Research — An estimated 301 young University of Minnesota medical scientists are affected by drastic cuts in NIH training grants which have been a part of funding graduate medical education costs since the 1950s. The General Research Support Grant for the Medical School was cut from last year's \$367,000 to \$133,000. The latter grant has in the past provided "seed" money for young researchers and support of laboratory safety personnel, among other important projects.

Construction — The present size of the Medical School entering classes — 239 students — was decided in large part on the expectation of new facilities in the near future. Construction of Unit A of a planned A-B-C complex is nearing completion. But much of Unit A will solve space problems for dentistry, while Medicine would benefit most from B-C, for which federal matching funds of from \$10 to \$13 million were "approved but not funded."

The Minnesota Medical Foundation has already stepped up its programs to come to the aid of medical students. More than one-third of the four-year grant for medical student aid from The Robert Wood Johnson Foundation (page 15) has been spent by MMF in half of the first year of the grant. MMF's own Student Aid Programs, and staff, are being called on for greater efforts. In the first half of the 1972-73 school year, MMF has counselled twice as many medical students and given twice as many student loans and grants as in all of the previous year.

At a time like this, your gift to the Minnesota Medical Foundation counts even more. Private aid is the best way to counter the press.

—Eivind Hoff
Executive Director, MMF

Coming soon in the Medical Bulletin:

QUEST FOR THE COUNTRY DOCTOR

An in-depth report on a statewide program to attract young physicians to rural Minnesota.

