

MSDH/gAIB

# MEDICAL BULLETIN

## UNIVERSITY OF MINNESOTA

WINTER, 1976



At Medical Student Council Meeting (left to right): Alston Lundgren, president of the second-year class and treasurer of the council; Barbara Berg, first-year class officer; Jesse Gomez, Chicano student representative.

## THE STUDENT COUNCIL

## EDITORIAL COMMENT

This issue of the *Medical Bulletin* looks at the way today's medical students at the University of Minnesota get things done — and the kinds of things they choose to do.

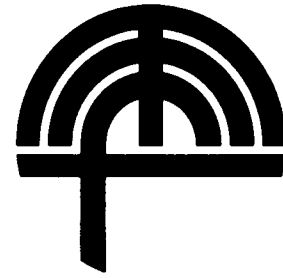
We think one of the most important messages in this issue is printed on the inside of the back cover, where a graduating medical student says "thanks" to the Minnesota Medical Foundation for raising money on behalf of medical students — and for lending some of it to him.

Cost is one of the greatest problems facing medical education today. The Foundation helps both the institution and its students with those costs.

Minnesota tuition and fees for a state resident medical student are now more than \$600 per academic quarter — nearly \$2500 per year (without a summer vacation, which is the way it's done). Non-residents pay \$1355 per quarter — \$5420 a year. Rent, food, transportation and other living costs are piled on from there.

MMF has a total of \$775,000 outstanding in current, low-interest, long-term loans to medical students.

We like to think it helps them keep their minds on more important things.



## THE UNIVERSITY OF MINNESOTA MEDICAL BULLETIN

TOM PATTERSON, EDITOR  
EIVIND O. HOFF, EXECUTIVE EDITOR

WINTER, 1976

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# THE MEDICAL STUDENT COUNCIL

By Frazier Eales\*

The Student Council is the official representative body of medical students at the University of Minnesota Medical School (Minneapolis). It operates under a constitution and by-laws which evolved substantially in the last five years. The members are accountable primarily to the students, but certain responsibilities have also been delegated to the council by the executive faculty of the Medical School.

Each Medical School class elects four members to the council. These students, one of whom is the class president, serve on the council for one year and are eligible for re-election. For the past two years the council has also had representation from groups which have traditionally been under-represented in professional schools. These groups include blacks, Chicanos and women.

The student council is charged with the responsibility of selecting the student representatives to numerous Medical School committees. Each year the council solicits and reviews applications for student positions on the Medical School's admissions committee and scholastic standing committee. We also elect students to serve on search committees. We select one individual to serve on each of these committees, and are currently in the process of trying to expand our representation on the admissions committee to two voting members.

The educational policy committee is another where the student council plays an important role. We oversee the elections of four students (one from each class) serving as voting members of that committee and meet with them from time to time to exchange information and ideas.

The student council itself has a number of committees, perhaps the most important of which is the ethics committee. This committee consists of seven council members (two each from the last three classes and one from the first-year class) and is charged by the executive faculty with ensuring the enforcement of the school's statement of intellectual responsibility under the "Honor Code." Questions related to a student's conduct, either in a test-taking or clinical situation, are reviewed and acted upon by the ethics committee. The ethics committee has also endeavored to emphasize the importance of the ethical aspects of the behavior and the decision-making process of a physician. In the fall of 1974, the ethics committee and the council, with the financial assistance of several charitable



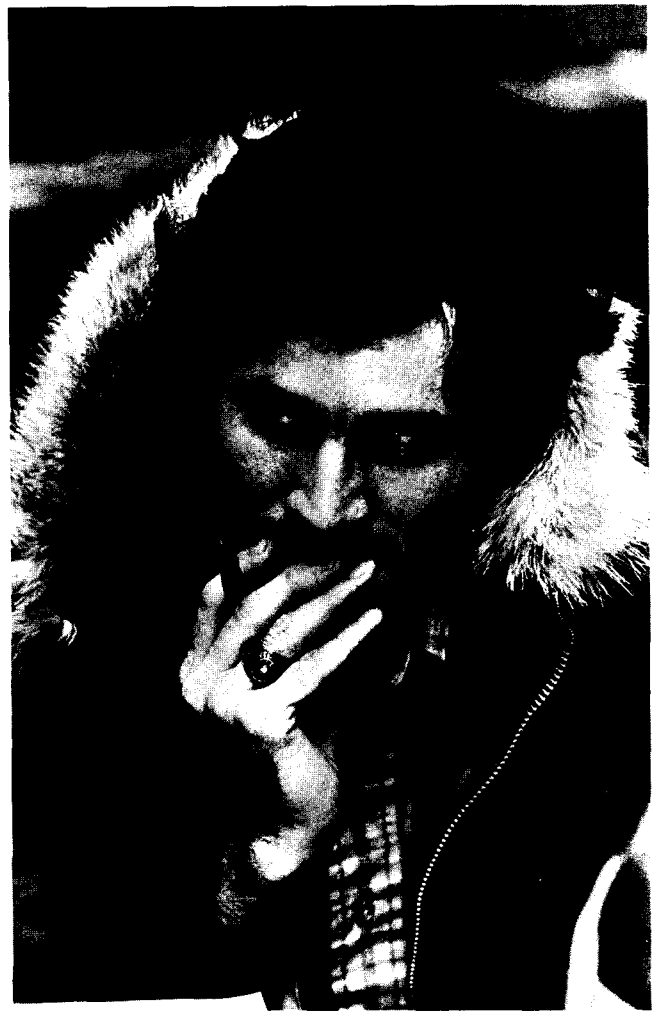
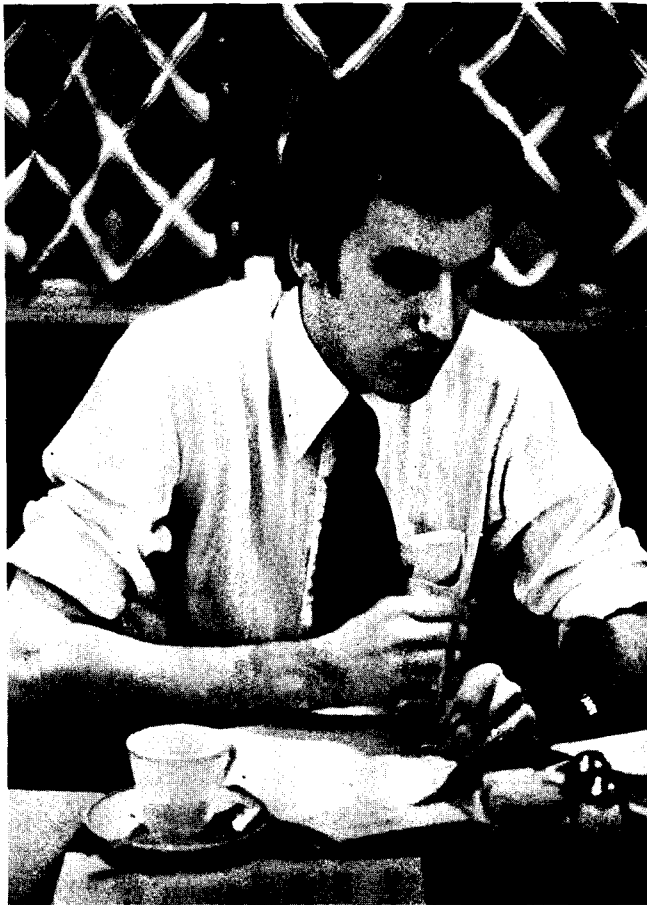
Frazier Eales.

foundations, including the Minnesota Medical Foundation, sponsored an "Ethics Symposium" which brought to the University speakers of national reputation in the field of medical ethics. Topics for the symposium included the right to die, human experimentation, and allocation of scarce resources, among others.

Another important aspect of the council's role is its involvement with organizations which deal at a state or national level with matters concerning medical student education. We have been fortunate in the past few years to be represented in such settings by students who are both articulate and hard working. The council has a representative and alternate to the Association of American Medical Colleges (AAMC), a representative to the American Medical Student Association (AMSA), and has had both formal and informal input to the Minnesota State Medical Association and the Hennepin and Ramsey County Medical Societies.

(Continued on next page)

\*Frazier Eales is a graduating medical student and current president of the Medical Student Council at the University of Minnesota.



Jesse Gomez.

The student council has grown remarkably, both in scope and in strength, in the last five years. The council's budget has grown from less than \$1,000 to nearly \$10,000. Elections which were once in need of candidates have, for the past four years, been uniformly competitive. The council's meetings are open, well-attended and in the past few years have dealt with issues which are truly of major significance to medical students in particular and the medical community as a whole.

Among these issues have been:

1. *Financial Aid.* (Testimony by student council members before the University's Board of Regents helped procure a loan program increase commensurate with the tuition increases of 1973).
2. *Construction of Unit B-C.* (Testimony of student council members before various legislative and public committees helped resolve a "certificate of need" impasse over Unit B-C).
3. *Access to Student Files.* (The council argued for and obtained the right of medical students to see their clinical evaluations).

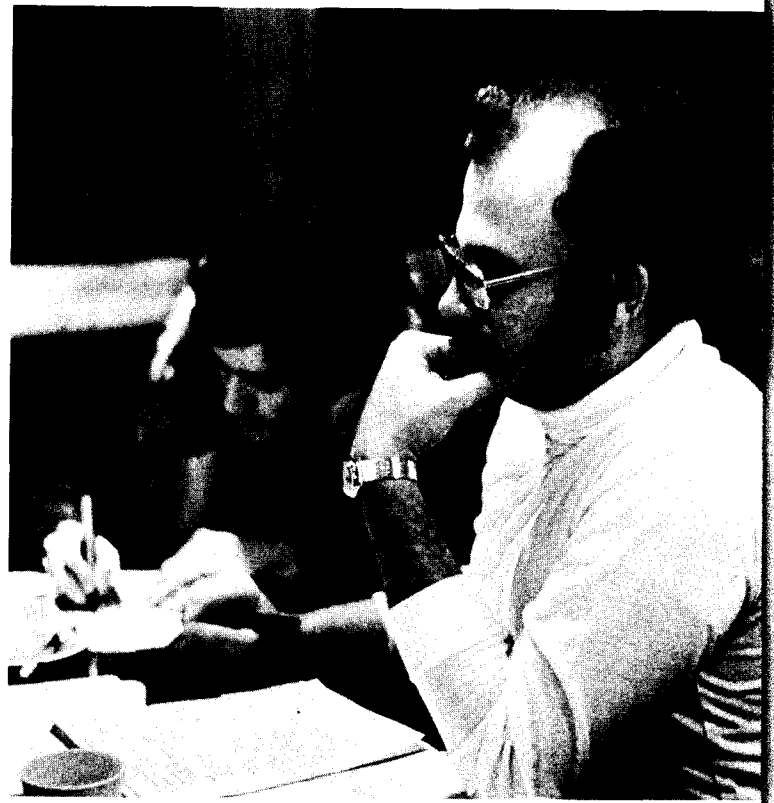
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Dennis Hines, third-year class officer, committee on community projects, Phase D track committee on family medicine.



Pearl Rosenberg, Ph.D., assistant dean, faculty representative to the medical student council.



Tim Miller, representative to Association of American Medical Colleges (AAMC).



Karla Birkholz, second-year class officer.



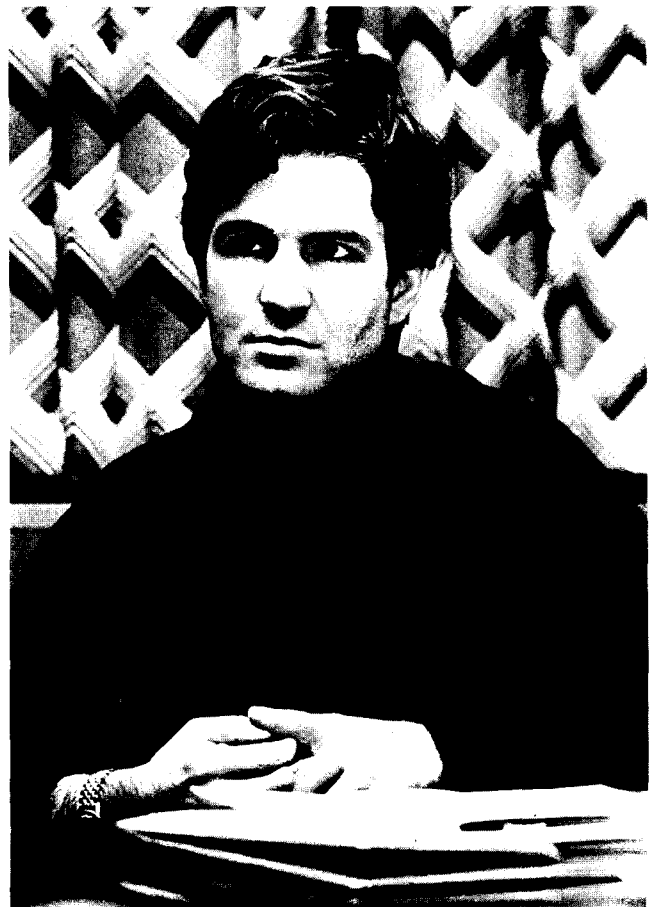
Bob Bosl, first-year class officer.



Jack Gross, second-year class officer.



Barbara Berg and Jesse Gomez.



Alan Kremen, representative to the Medical School's scholastic standing committee.

4. *Re-writing of the Honor Code of the Medical School.* (Now "The Statement of Intellectual Responsibility").
5. Lobbying for passage of the federal Public Health Service Scholarship program.
6. Creation of a Pre-Med Handbook.
7. Creation of a Phase A (First-Year) Guidebook.
8. Major input in admissions policies.
9. Support of minority students in requesting funding for recruiting purposes.
10. Major efforts, in conjunction with the school's educational policy committee and the executive faculty over the question of letter grades vs. OSI (Outstanding, Satisfactory, Incomplete).
11. Work with the curriculum affairs office in trying to improve course evaluations and promote constructive changes in the curriculum.
12. Much, much more.

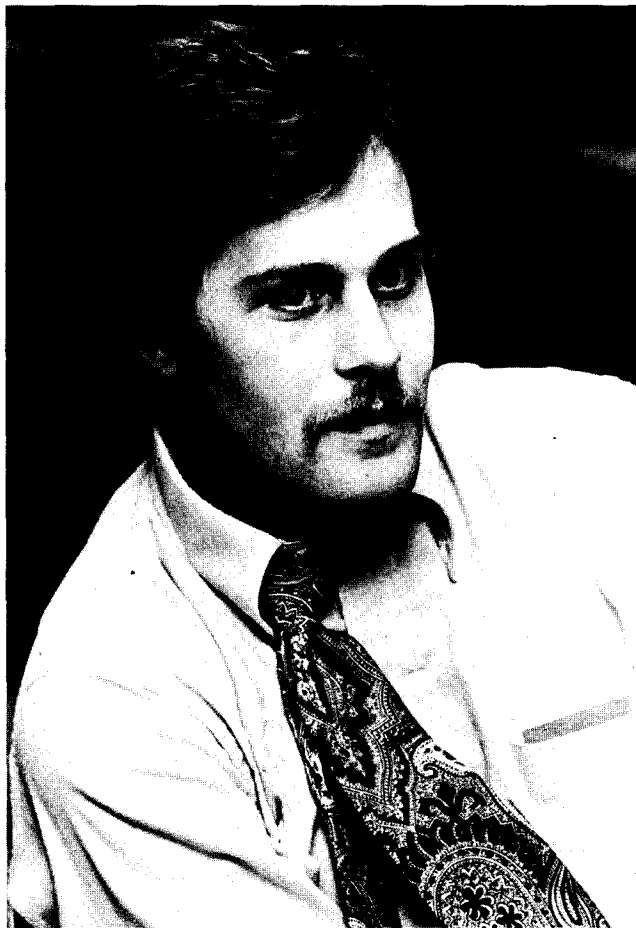
# 1ST YEAR MEDICAL STUDENTS GET COUNCIL-DIRECTED HELP

By Steve Groth\*

The Medical Student Council holds as one of its enjoyable responsibilities the orientation of incoming Phase A (first-year) medical students into the life and affairs of the Medical School. This project has been divided into two major areas, Phase A Orientation Day and the Phase A Guidebook.

The council appoints a special committee to coordinate activities in regard to Orientation Day early in September. The immediate past chairperson was Hildy McCarthy, Phase B. This committee, and especially Hildy, worked in cooperation with the office of the Dean of Student Affairs to:

1. Help select the keynote speaker for the day.
2. Set up student-guided tours of the Medical School complex for new students.



Steve Groth, council vice president, third-year class president, committee on committees and administrative affairs.

3. Set up small discussion groups in correlation with the tours to help get new students acquainted with one another and to answer the flurry of anxious questions from apprehensive first year students.
4. Put together a recommended book list with realistic considerations as to which books are worth buying for the various courses.
5. Help put on the traditional get-acquainted beer and pizza party for new students on the evening of the orientation.

The Phase A Guidebook is a "how-to" book of ways to handle the trials and tribulations of the first year of Medical School here at Minnesota. I conceived of and wrote the first edition in 1974, with generous help from Kathy Bohanon, Steve Doheny, and Ted Schwartzrock. The idea was to put together under one cover all of the practical information that is so hard to assimilate on your own in strange new surroundings and an apprehension-filled new experience. Included are maps of the Health Sciences complex, book lists with practical recommendations by students who used them previously, practical tips on how to best approach and be successful in the various Phase A courses, directory of opportunities for extracurricular activities and recreation and supplementary medical experiences, extensive lists of schedules and general medical school information, and, probably most importantly, a big-brotherly/big-sisterly attitude whose purpose it is to allay excessive fears about the unknown of medical school.

The first edition of the handbook, published in 1974-75, was well received. Many Phase B and D students wanted a copy because it contained things which they *still* did not know about. With this initial ripple of success, a second edition was published in 1975-1976, under the superb editorial guidance of Karla Birkholz, Phase B. More students contributed to this edition, and its scope and graphic design were expanded. Many other medical schools have requested copies of it on which to base similar publications of their own.

It is anticipated that the present Phase A students will further revise the Guidebook and pass on their newly acquired wisdom to the next class.

\*Steve Groth is vice president of the Medical Student Council and president of his third-year class.

## COUNCIL TREASURER RECOUNTS SOURCES, DISTRIBUTION OF FUNDS

Alston Lundgren, president of his second year class and treasurer of the Medical Student Council, reports that the council's current budget of about \$10,000 comes from a number of sources. The council receives about 13 cents per student per academic quarter from miscellaneous fees collected by the University. The largest part of the budget comes to the council through the dean's budget appropriation. The amount requested from the dean is tailored to specific need forecasts of the council.

The Medical Student Council also receives money from the Minnesota State Medical Association, the Hennepin and Ramsey County Medical Societies, and the Minnesota Medical Foundation. Medical society and Medical Foundation funds are usually provided in answer to requests for special funding help, such as travel money for conventions. Last year, the Minnesota Medical Foundation supported the council's Ethics Symposium and paid the cost of printing a medical student directory.

The council spends its money on stationery, postage and printing for opinion polls, lobbying and general business, for magazines for the Adytum (student lounge), and for facilities rental and miscellaneous costs of arranging group purchases of diagnostic equipment and other supplies.

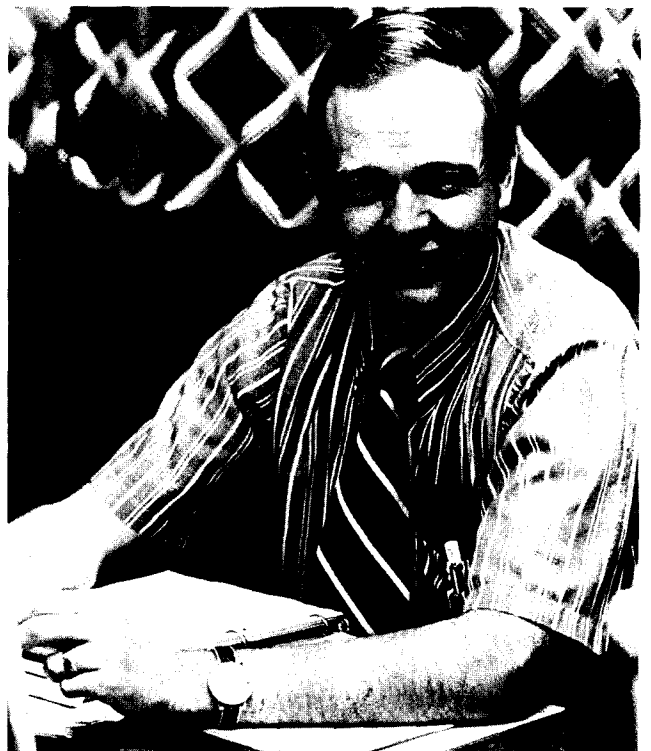
In the past two years, the council has also appropriated funds to send student delegates to major conventions or to work on committees of the Association of American Medical Colleges (AAMC), the American Medical Association, national and regional AMSA (American Medical Student Association), National Chicano Health Organization, the Student National Medical Association, and the American Public Health Association.

The council also funds many special projects that benefit large numbers of students, or even the public. Some of these projects funded in the past year have been: class notes for Phase A and B lectures, new table for the student lounge, student directory (typing and other miscellaneous costs, project funded primarily by the Minnesota Medical Foundation), Ethics Symposia (1974-75 funded by Minnesota Medical Foundation, 1976 to be funded at least in part by council), hypertension screening program (a project of the local chapter of the Student National Medical Association to screen black youths), the Pre-Med Handbook, and some support to the Minority Student Admissions Advisory Committee to help defray costs of minority applicants to the Medical School visiting the Minneapolis campus.

Several proposals are now under consideration for possible funding by the Medical Student Council. They include an anti-smoking campaign, a symposium on the propriety of drug company relations with the medical community, and a drug and disease awareness campaign in local schools.



Alston Lundgren, council treasurer and president of the second-year class.





# THE STUDENT COUNCIL AND PRE-MED ACTIVITIES

By Kathy Bohanon



Kathy Bohanon, council secretary, third-year class officer, member of the pre-medical affairs committee.

The Medical Student Council is very active in helping pre-med students. The Pre-Med Handbook, a council project, is designed to provide as much information as possible in one source, and is directed primarily at University of Minnesota pre-meds hoping to be admitted to the University of Minnesota Medical School. It is a combination of facts from pre-med advisors and deans of the Medical School and advice from students who got through it successfully.

For several years, the council has been making arrangements for medical student volunteers to do informal advising and counseling of pre-med students, at the pre-med advising office in Johnston Hall at the University. The council tries to have two or three students available one or two hours a week for this counseling. Besides providing a perspective the regular pre-med counselors cannot (they weren't pre-med students themselves), this project gives the pre-med students the feeling that even in this large University, somebody is willing to take time out from a busy schedule to help them.

The council arranges to have 20 to 30 students available for the Medical School's Pre-Med Day, to meet with the pre-med students in small groups.

The council also honors requests to send medical students to speak at health science careers programs at area colleges, to meet with pre-med clubs of area colleges, and to find students to meet individually with pre-med students who come to the University for an admissions interview and want to talk to a medical student.

## A WOMAN MEDICAL STUDENT SPEAKS FOR . . . HERSELF

Jean Porwoll has been active on the Medical Student Council. She has represented her fourth year class, served on the council's legislative affairs committee, and served as a representative to the American Medical Student Association.

Earlier in medical school, she helped form an organization of women members of her class, an act she says was considered unnecessary by some and hostile by others. The women organized because they felt the need of a unified action to address certain aspects of their education they felt degrading to women. "There were inappropriate jokes and slides in some of the lectures and changes were made when the complaints were aired," she said. "I honestly don't know if the changes stayed made, or not, but I think there is less of the problem."

"Of course there is a difference between being a medical student and being a *woman* medical student. I am being interviewed because I am a *woman* medical student." (Touche).

Jean Porwoll talks easily of her own experiences as a woman in medicine, but she doesn't want to try to speak for all women medical students. "There are 170 women in this Medical School now, and that's likely to be 170 different points of view. Many male physicians are good to work with. They treat you like a colleague. Many of the man-woman problems will solve themselves as ideas continue to change and as more women enter medicine. Women now make up 17 percent of the medical student body, where we were 7 percent in 1968."

(Continued on next page)



Jean Porwoll.

"Most of the sexist treatment of women medical students is not overt. It is not a question of a written dress code that says no pants for women in the OR, but rather a question of whether your surgeon *likes* you better in dresses than he likes you in pants. You have to pick up on it and deal with it when it's there.

"There is the problem of the doctors' lounge vs. the nurses' lounge. Women doctors aren't usually forbidden to enter the doctors' lounge, but after a woman doctor has walked through the men's dressing room a few times, literally catching the doctor with his pants down, the problem is ready to be discussed.

"Sometimes a male doctor on the teaching staff will totally ignore a woman student — even to the point of not hearing your question and answering everyone else's. Another staff man will do the opposite and single you out to answer *all* the questions, until you don't know the answer.

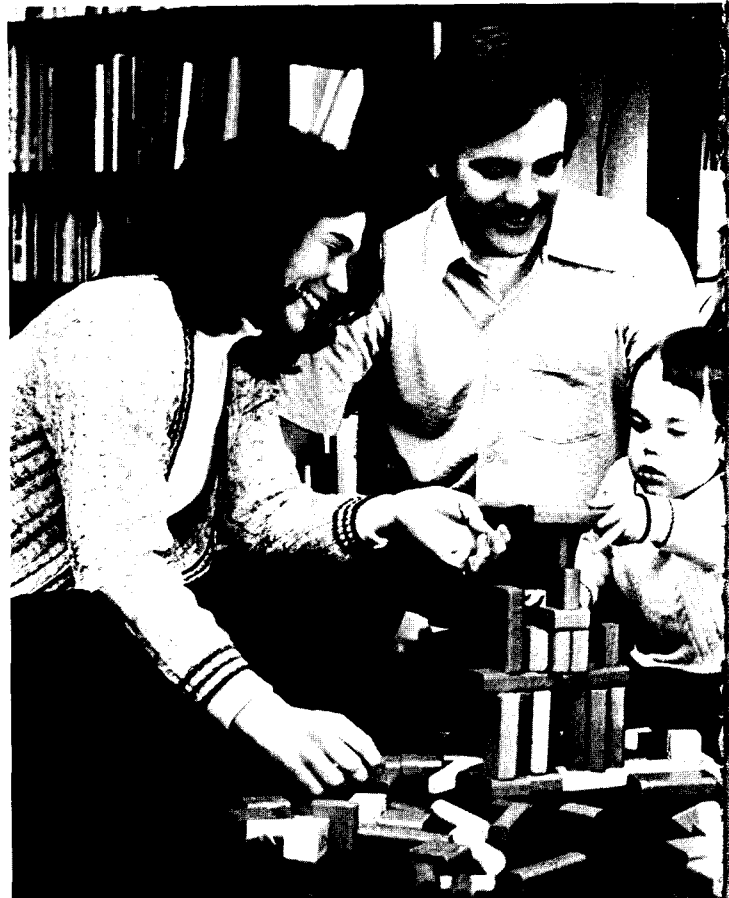
"I've said that I can't speak for all women or for all women physicians, but, when you are the only woman in a group you *are* the female representative. There is no escaping it."

Porwoll says that it is also important to realize that the woman physician can sometimes have trouble relating to other women health professionals for the same type of sexual stereotype reasons. "Some women nurses don't like women doctors one bit. Some women nurses feel the need to 'mother' women doctors."

Porwoll has made some early steps, with the help of Dr. Pearl Rosenberg, assistant dean and faculty representative to the Medical Student Council, to set up meetings between women medical students and nurses and nursing students. She has also done some "role modeling" for young girls by going to grade schools where both girls and boys can see and talk to a real live *woman* doctor.

—Tom Patterson

## POLITICS INFORMAL FOR DULUTH MEDICAL STUDENTS



Delbert ("Casey") Jones, his wife, Susan, and their son, Zack.

The School of Medicine at the University of Minnesota-Duluth doesn't have a student council. But, since there are only 36 students in each class of the two-year school, there hasn't been a need, according to two of the students selected as class representatives at UMD.

Duluth medical students have no formal power. They don't vote on administrative committees. Yet, according to Scott Gerling of the first-year class and Delbert "Casey" Jones of the second-year class, they get along very well without formal power.

"The faculty is very responsive to student needs," Gerling said. "My class was the first to be greeted with the return of letter grades. We circulated a petition to get the OSI (Outstanding, Satisfactory, Incomplete) grades back, and we were back to OSI within the first three weeks of classes."

Casey Jones said that the faculty of the Duluth School of Medicine has no obligation to listen to students — they just do.

Duluth students and faculty have more informal get-



Scott Gerling.

together than they do formal ones. Jones said that even though there is an academic standing committee for the school, by necessity, it is "pretty apparent anyway how anybody is doing academically, just because of the small class size."

UMD students have formed a committee function to develop a continuity between the classes. They felt that even with their small size, the first-year students weren't able to take advantage of the knowledge of the second-year students because nothing was being done to coordinate activities for the two classes. Now students in the two classes help each other and both classes are working together on an evaluation system which examines the curriculum, course content, teaching program, etc. "Again, this is not an official body," Jones says, "But our faculty does seem to be willing to listen to students."

Gerling was never involved in student government as an undergraduate student. He decided to get involved at the UMD School of Medicine because he thought it might be interesting to work between faculty and a class of only 36 students. When he transfers to Minneapolis for his last two years of medical school, to a student body of more than 1,000, he expects that he will probably once again shun student government.

## MINNESOTA MEDICAL FOUNDATION APPROVES \$69,000 FOR 12 RESEARCH PROJECTS

At the January 21 meeting of the Board of Trustees, the Minnesota Medical Foundation approved 12 new research grants totalling \$69,589 and established a book fund of an undetermined amount for the University's Bio-Medical Library.

The new research grant recipients are: **Khalil Ahmed**, Ph.D., associate professor of laboratory medicine and pathology, \$4300 for biochemical studies of chromosomal protein phosphorylation in normal, hyperplastic and cancerous human prostate cells; the department of biochemistry received \$17,274 in support of **Dr. James Koerner's** research in neurochemistry; **Stephen J. Boros**, M.D., assistant professor of pediatrics, received \$500 for testing new silicone tubing as umbilical artery catheter; **Robert J. Clubb**, M.D., resident fellow and Ph.D. candidate in neurosurgery, \$3800 to study the use of barbiturates in treating head injuries; **Mark V. Dahl**, M.D., assistant professor of dermatology, \$4460 to study direct immunofluorescence of rheumatoid nodules; **Ji-Chia Liao**, M.D., Ph.D., assistant professor of anesthesiology, \$5000 to research the toxic levels of various anesthetizing drugs by studying the precise effects of different doses on the cardiovascular

system; **Charles F. Moldow**, M.D., assistant professor of medicine, \$3000 to look for the means by which RNA tumor viruses identify which cells to infect; **Kenneth J. Murray**, M.D., medical fellow in neurosurgery, \$6000 to analyze cystic fluid of astrocytomas; **Theodore R. Oegema Jr.**, Ph.D., assistant professor of orthopedic surgery, \$12,343 to compare normal and cancerous cartilage; **Fred L. Rasp**, M.D., fellow in medicine, \$3500 for study of neutrophil and alveolar macrophage function in patients with infection; **Neal A. Sher**, M.D., medical fellow in ophthalmology, \$3950 to identify and study mediators affecting corneal transplant rejection; **Clark Smith**, M.D., research fellow in pediatrics, \$5462 to test the effect of certain compounds on prevention and reversal of the sickling process in sickle cell disease.

The Minnesota Medical Foundation accepts research grant requests quarterly from students and faculty of University of Minnesota medical schools in Minneapolis and Duluth and their affiliated hospitals. Application forms and information are available from MMF, 5412 Powell Hall, University of Minnesota, Minneapolis, Minn. 55455.



# MMF REACHING OUT TO DULUTH MEDICAL SCHOOL

The Minnesota Medical Foundation (MMF), Minneapolis, doesn't have a branch office in Duluth — yet — but even that may come if MMF's programs for the new two-year medical school continue to grow.

MMF's Board of Trustees voted to extend the Foundation's programs to the UMD School of Medicine when the school opened in 1972. Dr. John LaBree, dean of the UMD School of Medicine, and



(Left to right) David Teslow, Minnesota Medical Foundation development officer; Dr. Edwin Haller, UMD School of Medicine faculty member and MMF grant recipient; Dr. John W. LaBree, Dean, UMD School of Medicine.

Dr. Robert Goldish, Duluth physician and clinical faculty member of the School of Medicine, currently serve on the Foundation's Board of Trustees.

One of the first MMF programs for Duluth was the idea of short-term (usually 90-day), interest-free loans for emergency needs of medical students. The emergency loan program has been operated successfully in Minneapolis for several years. At first, Duluth students simply applied for these loans to Minneapolis. Then Duluth got its own emergency loan fund, made up of gifts in memory of Dr. Gustaf A. Hedberg and named for him.

The Foundation has also provided many long-term loans to Duluth medical students. Last year, family practitioners in the Duluth area contributed \$43,000 to the Minnesota Medical Foundation to begin a long-term loan program for Duluth medical students. Most of that amount has already been loaned to students.

MMF also established a discretionary fund for the use of the dean of the UMD School of Medicine and granted \$7,500 to the UMD medical library to purchase medical publications. A special UMD fund to help fill gaps between existing state and federal funds and UMD needs has meant another \$12,000 to the UMD School of Medicine.

UMD medical faculty members and students have been invited to apply for MMF research grants and two faculty researchers at UMD have so far won MMF support for their projects. Dr. Richard Eisenberg received \$5,482 for his research on the effects of Librium and Valium on the hypothalamo-pituitary-adrenal axis in the rat, and Dr. Edwin W. Haller received \$12,210 for his research in Somatostatin's effect on growth and development in rats.

A special Teaching Award program was established by MMF especially for Duluth, with students selecting the teachers to be honored. The first UMD Teaching Awards were presented in 1975 to Arlen R. Severson, Ph.D., anatomy, and Edward Jiminez, M.D., neurology. Each received a certificate from MMF and a \$500 prize.

Since Medical Student Achievement Award winners are selected by the honors and awards committee of the Foundation, rather than by vote totals in a poll, Duluth students had the same chance as Minneapolis students for selection and UMD faculty and students were invited to submit nominations. Rodney C. Olson, then a UMD student, received a \$1,000 Student Achievement Award from MMF in 1975.

MMF isn't looking for a location for a Duluth office, yet. But there are plans to hold the summer meeting of MMF's Board of Trustees in Duluth.



Jay Arthur Myers, M.D., '19, was recently presented with a plaque from the Minnesota Medical Foundation, commemorating a cover story about him in the *Medical Bulletin*. Dr. Myers, 87, can be seen any day of the week at his office in the Boynton Health Service, where he is working on a book on the history of tuberculosis.

# THE DOCTOR WAS A P.O.W.

## Editor's Note:

*Dr. Lyle J. Roberts, a 1916 graduate of the University of Minnesota Medical School, recently attended a Minnesota Medical Foundation sponsored "Minne-reunion" for Minnesota alumni in the Washington, D.C. area. At that gathering there was a lot of interest in his experiences, especially his years as a prisoner of war of the Japanese. The **Medical Bulletin** asked him to put some of his stories in writing for us and we are most pleased to present his reply.*

I received my medical degree in 1916 and was serving an internship at the old St. Paul City and County Hospital in the spring of 1917 when the United States entered World War I. Almost at once, along with most of the other interns, I enrolled in the Navy as a medical officer.

On Armistice Day (Nov. 11, 1918) I was stationed at the U.S. Naval Station, Guantanamo Bay, Cuba. With the support of Marion, my wife, I decided to remain in the service. I had an interesting and varied experience in the Navy, including about 6 years duty afloat and 28 years ashore. I was able to pursue a specialty and am a Fellow of the American College of Physicians and a diplomate in Internal Medicine.

The Pearl Harbor attack found me serving as executive officer at the U.S. Naval Hospital, Canacao, adjacent to the Navy Yard, Cavite, in the Philippines and across the bay from Manila. Two days later the navy yard was heavily bombed and that afternoon our hospital received about 400 casualties. The hospital was by no means a mobile one but, because of its proximity to military activities, we moved across the bay with our staff, patients, supplies, and movable equipment. In late December, we moved into Manila's Santa Scolastica College from which the students had been evacuated. Here we set up a hospital and here we were when the Japanese occupied Manila on January 2, 1942.

## PRISONER OF JAPANESE

The Japanese immediately took over the military administration of our hospital while we continued to care for our patients. In April we lost our nurses as they were transferred to Santo Tomas where many civilians had already been interned. Our navy nurses had done a tremendous job and they continued to do so at Santo Tomas. As our patients recovered our captors moved them to prison camps. We were finally disbanded in May of 1942 and the hospital staff scattered to various prison camps.

During the ensuing months and years until final liberation I was confined in six prison camps, most of the time with the same group of senior officers including those who had been captured at Bataan and Corregidor, as well as British, Australian and Dutch from various areas of the zone of hostilities. Each group of



Dr. Lyle Roberts, Med. '16.

officers was accompanied by a number of enlisted men of their own nationalities. These men were assigned to various tasks by the Japanese. These groups were assembled in Taiwan where we spent 27 months. We were moved to Manchuria in the autumn of 1944. The winter and spring of 1945 we occupied an old Russian barracks in a rural area some distance from Mukden. We spent the summer in a large prison camp in Mukden.

Our captors never lost an opportunity to humiliate us. We were allowed a totally inadequate diet which saw some losing as much as 100 pounds. (I dropped from 150 to 118 pounds). The diet was markedly deficient in protein. Most of us were soon put to manual labor on the camp farm. We were led to believe that we would be able to augment our diet from vegetables which we raised but it turned out that we got almost none of the produce from our farm. After many months, Red Cross food packages arrived but they were withheld from us for several weeks and when they were issued our regular ration was reduced.

We felt that in general our camp discipline was about the same as that to which the Japanese recruits were subjected. Slappings and beatings in the Japanese army were common. Several times we saw Japanese officers knock down private soldiers. So it wasn't surprising that we were subjected to slapping. Our most common offense was failure to salute a

member of the guard or doing so in an improper manner. Punishment was administered on the spot. Fortunately on only one occasion did I have this experience.

### NO NEWS ALLOWED

Throughout our prison days we were starved for news of the outside world, war news in particular. At first we were allowed to read an English language newspaper printed in Japan. This did not last long, however. Our most important source of information was an occasional Japanese language newspaper stolen from the guardhouse or smuggled into camp. Our own Japanese language experts would then translate the news and pass it along to the rest of us.

A severely upsetting feature of our imprisonment was our almost complete lack of communication with our loved ones. I had lost my wife in May 1944 but did not learn of it until after my liberation.

Medical officer POW's were treated about the same as combat officers. There were more doctors in our camps than necessary to treat the sick. Three were assigned to the little dispensary. Two of us were assigned to a futile attempt to improve sanitation. I had a little black bag of medicines in my possession and answered calls in the barracks during the night. The Japanese were ill equipped with drugs and supplies to treat the POWs.

We had relatively few deaths in our prison camps. There was one death which was considered to be the result of malnutrition. There were fewer than the expected cases of coronary thrombosis. The most common disabling ailment was dysentery. Malaria was common in our Taiwan camps but the Japanese had adequate supplies of quinine. We all slept under mosquito netting except when, as punishment, we were placed in the guard house.

### FLY WEEK

An experience perhaps worth relating involved our camp sanitation. In Taiwan the camp latrines were not screened. Fly breeding was uncontrolled and dysentery was prevalent. The buckets of rice were black with flies. We had repeatedly complained of this situation to the Japanese and they finally came up with their "solution." They would put on a "fly week." We were told to swat flies. Each squad would keep track of the daily number of flies killed. The squad reporting the greatest number of flies killed that day would receive several bananas. It was obviously impossible to keep an accurate count and it just happened that the winner was pretty much rotated among the squads. We got rid of the flies when we moved to Manchuria.

Our move to Manchuria was by no means uneventful. The first stop on our journey after leaving Taiwan was Moji, Japan. But there was a delay. We embarked

at Keelung, an important port on the northern tip of Taiwan and, while our ship was tied up at the dock there, a large U.S. Naval task force passed the island on the way to the Philippines to take part in our invasion at Leyte. Carrier planes came over the harbor. Bombs were dropping. The prison ship's anti-aircraft guns were firing and we were confined in the hold. We were lucky. We sustained no hits. A few days later we were under way for a relatively uneventful trip.

Our life in Manchuria was something of an improvement over Taiwan. True, it was cold but our barracks were adequately heated. Moreover, our rations were greatly improved, partly because we received more Red Cross supplies but especially because soy beans became an important addition to our diet. Many of us promptly recovered from malnutrition.

Liberation after VJ Day was prompt. The day following the cease fire six OSS personnel came in via air drop. One of these was a medical officer. It was through him that I first learned of penicillin. He brought a supply with him and it was immediately put to use. At this time also we obtained radio contact with our country. Meanwhile a Soviet army had been approaching from the north. They arrived a few days after the Japanese capitulation and helped to arrange for our evacuation.

Following my repatriation, and a period of hospitalization and repatriation leave, I was ordered to active duty. Meanwhile I had re-married and Irma accompanied me to my new station in the U.S. Naval Hospital, Astoria, Oregon where I was to assume command. This duty was followed by command of the Naval Hospital, Camp Lejeune, N.C. Finally after duty as District Medical Officer in the Canal Zone and later in Philadelphia, I retired January 1, 1951.

After retirement from the Navy I served for five years as health officer for the three counties of the Eastern Panhandle of West Virginia. Then, in March of 1956, Irma and I moved to our hometown, Omaha, where we had 19 happy years of retirement with opportunity for travel and, during each summer, the pleasure of life in our cabin in northern Wisconsin. In February, 1975, I lost my wife and in June I moved to Carl Vinson Hall in McLean, Virginia. Here I live in pleasant, friendly surroundings, not far from my daughter.

As my memory takes me back to my medical student days at Minnesota, I find that some impressions remain quite clear: Dr. E. T. Bell and his great ability to teach pathology; Dr. Scammon and his enthusiasm for his subject; Dr. Scott and his deep voice and stammering speech as he said, "Uh, Uh, but in the frog it's different." Our class was small, only about 30, as I recall. Most of us stuck together for four years.

—Lyle J. Roberts, M.D. '16

## ALUMNI NOTES

1921

**Louis A. Hauser**, 80 Macdougall St., New York 10012, retired in July, 1975, after 54 years in private practice in New York City. His specialty is internal medicine and gastroenterology and he has been associated with New York Hospital and with Cornell University Medical College. Dr. Hauser and his wife have two daughters, nine grandchildren and four great-grandchildren.

1923

**Esther M. Greisheimer**, Wayne Hall, 139 E. Lancaster Av., Wayne, Pa. 19087, continues to teach classes in lip reading and is working on a book about her life in a man's field before the days of women's lib. The 10th edition of her Textbook in Physiology and Anatomy is now in preparation.

1927

**William C. Bernstein** and his wife, Mildred, helped the Minnesota Medical Foundation host a "Minne-Reunion" of Minnesota medical alumni in San Diego, Calif., Jan. 15. More than 50 persons attended. Speakers were Dr. Bernstein and

Eivind Hoff, director of MMF. Dr. Bernstein, retired professor of colon and rectal surgery at the University, winters in San Diego where he also donates his teaching services to the University of California-San Diego Medical Center. The San Diego meeting was one of a series of "Minne-Reunions" being held for Minnesota medical alumni around the country. Reunions will be held in San Francisco and Los Angeles in November.

1929

**Edward E. Engel** has a new address: 2689 Wintertree Court, Riverside, Calif. 92506.

1930

**Richard G. Edwards** was honored by his community of Kewaskum, Wis., with a recognition day in September, 1975. He has practiced in the small mostly German community for 43 years. The local Kiwanis Founda-



Dr. William Bernstein.



*Richard G. Edwards, M.D.*



tion established a fund for a college scholarship in Dr. Edwards name in honor of the occasion. More than 600 people attended the recognition event in the high school gymnasium. Dr. Edwards still practices full-time from an office in his home. He has delivered more than 3400 babies in his career in Kewaskum, more than twice the current population of the town. He is known as "Mr. Turkey Shoot," for having started the annual fund-raising event which has made over \$100,000 for various community projects. The program for the event featured pictures of Dr. Edwards as he looked when he first came to the community and as he looks today. (See picture).

1933

**E. T. Maitland**, Box 1128, Willmar, Minn. 56201, was in general practice in Jackson, Minn. for 35 years (until 1969) and is still in practice in Willmar.

1935

**Albert S. Brussell** was appointed director of the Veterans Administration Hospital, Marlin, Texas, in October, 1975. He retired from the Army Reserve as a brigadier general in 1968.

**John M. Rumball** is at 7100-34th St. S., Apt. 205, St. Petersburg, Fla. 33711.

**Harold G. Scheie** has given up the chairmanship of the department of ophthalmology at the University of Pennsylvania School of Medicine. He continues as professor emeritus of ophthalmology and director of the Scheie Eye Institute.

1940

**Michael A. Wainstock** is clinical associate professor of ophthalmology and director of the Ophthalmic Ultrasound Laboratory, Kresge Eye Institute, Wayne State University and the University of Michigan Medical Center-Ann Arbor. He was recently appointed by HEW to the FDA's ophthalmic devices and classification panel. He is inventor of a new intraocular foreign body localizer and

a miniaturized ultrasonic guided gamma probe for intraocular melanoma detection.

1942

**Roger Michels** uses musical therapy, provided by his own group, to help lift the spirits of his geriatric patients at Guam Memorial Hospital. "Dr. Mike" went to Guam in August, 1975, from Willmar, Minn.

1943

**Frank J. Dixon**, world-renowned immunologist, received two highly regarded medical prizes late in 1975; the Dickson Prize in Medicine from the University of Pittsburgh and the Albert Lasker Award in basic medical research. The awards were received in part for his work on immune complex diseases. He is director of the Scripps Clinic and Research Foundation, La Jolla, Calif.



Frank J. Dixon, '43.

1944

**F. Douglas Lawrason** has been named president of the Schering-Plough research division. He joined the company in 1973 as vice president for scientific affairs. He was formerly on the faculty of the University of North Carolina School of Medicine and is a former dean of the University of Texas (Dallas) Southwestern Medical School.

**H. P. Van Cleve** has been appointed associate professor of family medicine at the Bowman Gray School of Medicine, after 25 years of private practice in Austin, Minn. He was also a clinical assistant professor of the University of Minnesota Medical School and the Mayo Medical School and is a former Trustee of the Minnesota Medical Foundation.

1945

**M. Elizabeth Craig** is second vice president of the University of Minnesota Alumni Association. She has a full-time pediatrics practice in St. Paul, volunteers at a walk-in medical center for teenagers, and is a consultant to the health council for two suburban schools. Her son, Craig Lincoln, an olympic medalist, is University of Minnesota diving coach. Her daughter, Libby, is a University of Minnesota law student.

**B. J. Kennedy**, director of medical oncology at the University of Minnesota, was awarded the American Cancer Society Annual National Division Award for 1975. Dr. Kennedy has also been named vice president and chairman of the administration committee for the new Geriatric Care Center to be built at the Presbyterian Homes in Arden Hills.

1946

**Richard G. Norby**, 3461 Warrensville Center Road, Shaker Heights, Ohio, is senior clinical instructor in medicine at Case Western Reserve Medical School and is on the staffs of St. Luke's and Hillcrest hospitals.

(Continued on next page)

1951

**W. L. Pew** has been appointed consulting psychiatrist to the Minnesota Valley Mental Health Center. He is co-director, with his wife, Miriam, of the Rudolf Dreikurs Institute for Social Equality.

**Alex Ratelle**, Edina, Minn., set a course record for runners over 50 years of age at the Olympiad Marathon in St. Louis, with a time of 2 hours and 54.5 minutes for the 26 miles.

1952

**Samuel B. Haveson** is in radiology at St. John's Hospital, Santa Monica, Calif. 90404.

1954

**Howard D. Ross**, 9950 Santa Monica Blvd., Beverly Hills, Calif. 90212, has been promoted to associate professor of clinical psychiatry at USC School of Medicine and is senior instructor at the Southern California Psychoanalytic Institute, Los Angeles. He recently received a community service recognition from the Brentwood Community Federation of Los Angeles. Recent publications are, "Use of Obscene Words in Psychotherapy," in *Archives of General Psychiatry* and "The Vicissitudes of an Erotic Transference," in *Southern California Psychoanalytic Institute Bulletin*.

1955

**Maynard Jacobson** has been named chief of medicine at the Veterans Administration Hospital in Minneapolis.

**Neil R. Thomford** is professor and chairman of the department of surgery at the University of North Dakota. He was with Ohio State University Medical Center for 10 years.

1956

**Mitchell J. Rosenholtz** has stepped down from the post of assistant dean for students at University of Missouri Medical School and is back in pathology full time as a teacher and coordinator of the autopsy service at Missouri. He was honored in the Spring of 1975 by the medical student executive committee for "service and belief in all students" as assistant dean.

**H. Jerome Stulberg**, 9735 Wilshire Blvd., Beverly Hills, Calif. 90212, won first prize at the Phi Delta Epsilon Los Angeles Graduate Club winter meeting for a paper entitled "Mammographic Diagnosis of Occult Mammary Carcinoma." He is in the private practice of radiology, is an assistant clinical professor of radiology at UCLA Medical Center, and is attending radiologist at Cedars-Sinai Medical Center. He says he is looking forward to the 20-year reunion of his class this year. "I feel 200 years old and want to see if my classmates look it," he said.

1960

**Julian Berman** has been named chairman of the department of pediatrics at the Chicago Medical School.

**Richard E. Streu**, 1206 42nd Av. N., Minneapolis, has been made a diplomate of the American Board of Family Practice.

1962

**Warren F. Hoffman**, 3440 Lomita Blvd., Torrance, Calif. 90505, has been named chief of staff at Torrance Memorial Hospital. He is an assistant clinical professor of surgery at UCLA and is attending general and vascular surgeon at Harbor General Hospital. He is a marathon runner and also enjoys tennis and skiing.

1964

**Michael Rost** has been named a coordinator of the basics of patient care for students at the University of South Dakota School of Medicine. He served his residency in anesthesiology at the University of Southern California Medical Center, Los Angeles, and was in private practice in Escondido, Calif. for two years. Since 1971 he has been anesthesiologist at McKennan Hospital, Sioux Falls, and director of its departments of anesthesia and respiratory care. He is also medical director of the hospital.

1965

**Audrey M. Nelson** has been appointed Minnesota state director of the American Medical Women's Association. She is an internist at the Mayo Clinic.

**Thomas R. Tephly** is professor and director of The Toxicology Center, Department of Pharmacology, the University of Iowa, Iowa City.

1966

**Dennis K. Ryan**, 230 S. 20th St., LaCrosse, Wis. 54601, has joined the staff of Junderson Clinic-Lutheran Hospital, LaCrosse. His field is ophthalmology.

1967

**Aldred A. Heckman Jr.**, former chief of the non-invasive cardiology laboratory at Brooke Army Medical Center in Texas, has joined the Christie Clinic (Champaign, Ill.) staff in cardiology. He is also a member of the joint Carle-Christie-Mercy open heart surgery program.

**Oksana Mensheha (Manhart)**, is chief of ophthalmology at Downey Veterans Administration Hospital in Illinois and assistant professor of ophthalmology at the Chicago Medical School. Her husband, James W. Manhart, is assistant chief of medicine at Great Lakes Naval Hospital. Their son, Mark Mensheha Manhart, was born December 14, 1975.

1968

**Michael Rietbrock**, W399 N 6056 Lac Labelle Dr., Oconomowoc, Wis. 53066, is in private practice with a 15-man multi-speciality group and is a clinical instructor at the Medical College of Wisconsin. He is a specialist in internal medicine and cardiology.

**Jerald H. Pietan** has been appointed a consultant in diagnostic roentgenology at the Mayo Clinic and is an instructor at the Mayo Medical School.

1969

**James M. Cooper** has been appointed a consultant in the division of community medicine at the Mayo Clinic and is an instructor in the Mayo Medical School.

**Donald T. Eagles** has received a master's degree in otolaryngology from the University of Iowa, Iowa City.

**Robert J. Huse** has established a private pediatrics practice in Mesquite, Texas, after practicing three years with a multi-speciality group in Dodge City,

Kansas. His special interests are learning disabilities, infectious disease, diabetes and gastroenterology. He is still a bachelor and says he is quite happy with his freedom.

1971

**John R. Emery**, 221 Ellis Lane, Fallbrook, Calif. 92028, is family practice clinic coordinator for the Naval regional medical center, Camp Pendleton, until July when he will join the Detroit Lakes, Minn. Medical Center.

**Richard D. Olsen** has joined the faculty of the University of Mississippi School of Medicine at Jackson as an instructor in pediatrics.

**Vit U Patel** has been promoted to clinical assistant professor of psychiatry at the University of Hawaii School of Medicine.

**Neil Stein**, 2500 Johnson Av., Apt. 6R, Bronx, N.Y., is a resident in urology at Montefiore Hospital.

1972

**Jan Kassulke Adams** was named Minnesota's Outstanding Young Woman of the Year for 1975. She is an associate clinical professor of family practice of the University of Minnesota and maintains her own practice at the Sundance Medical Clinic in Shakopee. She is a member of the Shakopee Chamber of Commerce and an associate member of the Smithsonian Institution. She is a member of the American Academy of Family Practitioners and has published numerous research articles in professional journals and presented papers at several professional conferences.



Jan Adams, '72.

**Keith O. Kielmeyer**, 3891 E. Garland, Fresno, Calif. 93726, has finished his residency in ob-gyn and will practice in a multi-specialty group in Fresno.

**John F. Stock** is still in a very active practice in Morris, Minn., where after two deferments of his service obligation because of the high need for physicians in Morris, the Air Force asked him to resign his commission. He did.

1974

**Charles R. Belt**, 7401 Missouri, Little Rock, Ark. 72207, is specializing in emergency medicine.

1975

**Donald Shrewsbury** is at 1007 S.W. Gaines St., Portland, Ore. 97201.

## '26 ALUMNUS FROM MEDICAL FAMILY



Robert B. Bray, Med. '26, holds family picture. (Photo by Rapid City Journal).

Dr. Robert B. Bray, University of Minnesota Medical School class of 1926, has retired after 48 years of medical practice, the last 25 in Rapid City, S.D.

Medicine has been a tradition in the Bray family, to a remarkable degree. Dr. Robert Bray's parents, Charles W. and Mary Basset Bray, were both members of the University of Minnesota's Medical School class of 1895. Robert's brothers both graduated from the Medical School, Philip in 1929 and

Kenneth in 1934. Philip retired recently from his obstetrics practice in Duluth. Kenneth practices anesthesiology in Baton Rouge, La.

Robert's grandfather, Dr. Ebenezer Bray, practiced in Young America, Minn., for many years. A great uncle, Dr. Madison James Bray, was a surgeon and general practitioner in Evansville, Ind., and ministered to soldiers in the Civil War. Elwyn Royal Bray, an uncle, was a 1906 Minnesota medical graduate.



Lassus Van Slyke



John B. Benning



Clarence P. Truog



Sarah Bowen



May Millbrook



L.R. Scherer



R.E. Cutts



Arthur Stoeckman



A.P. Peeke



P.J. Hiniker



S.A. Whitson



J.C. Litzburg MD



A.S. Hamilton M.D.



C.R. Wall



W. Hiemstra



M.H. Manson



T.S. Soine



W.A. O'Brien M.D.



O.J. Campbell M.D.



E.P. Lyon - Dean



Lotus D. Coffman - Pres U of M



C.M. Jackson MS MD



A.C. Strachauer MD FACS



J.W. Edwards



Lawrence E. Cooley



A.D. Hirschfelder BS MD



F.W. Schlutz AB MD



H.E. Michelson MD



E.T. Bell MD



R. Hendrickson



Erwin Kersten



Norman Rud



Geo. R. Duncan



O.H. Johnson



P.W. Harrison



O. Lynde



Maurice E. Mosby



Geo. Watson



Erwin Kersten



Norman Rud

MEDICAL CLASS 1928  
U of M

Portraits by  
Remington Studio  
Mpls

The accompanying photo of part of the medical class of 1928 was sent to the **Medical Bulletin** by Dorothy Remington Cutts, widow of Dr. Rollin E. Cutts, who was a member of the class. Dr. Cutts died Jan. 25, 1975.

This group completed medical school in 1927 and received the M. D. degree after a year of internship. Rollin E. Cutts' father, Dr. George Armstrong Custer Cutts, died the year his son finished medical school. He was himself a member of the medical class of 1900.

Another Rollin E. Cutts, uncle of the 1927 graduate, was a member of the medical class of 1893. A Rollin E. Cutts prize for graduating medical students was established in his name.

Minnesota Medical Foundation records show addresses for living members of the 1927-28 class as follows (corrections are invited):

John B. Beuning  
816 St. Germain St.  
St. Cloud, Minn. 56301

Clarence P. Truog  
833 Lake Dr. S.E.  
Grand Rapids, Mich. 49506

Sarah Bowen  
3009 Grady St.  
Las Vegas, Nev. 87701

L. Raymond Scherer  
311 Medical Arts Bldg.  
825 Nicollet Mall  
Minneapolis, Minn. 55402

Alonzo P. Peeke  
523 Kasan Ave.  
Volga, S.D. 57071

Peter J. Hiniker  
1338 N. Court  
LeSueur, Minn. 56058

George E. Whitson  
401 E. El Valle  
Green Valley, Ariz. 85614

Carl R. Wall  
Box 487  
Grand Marais, Minn. 55604

Melville H. Manson  
350 Beach Rd. #404  
Tequesta, Fla. 33458

Tyler S. Soine  
P.O. Box 468  
Newberg, Ore. 97132

J. Willard Edwards  
33 Hamline Ave. So.  
St. Paul, Minn. 55102

Edwin H. Kersten  
984 Chestnut  
Escondido, Calif. 92025

Orville H. Johnson  
5500 Chantrey Rd.  
Edina, Minn. 55436

Percy W. Harrison  
304 Lake Ave.  
Worthington, Minn. 56187

Orrin G. Lynde  
5 Via Zoragosa  
Monterey, Calif. 93940

M. E. Mosby  
906 Woodland Circle  
Long Prairie, Minn. 56347

George E. Whitson  
401 E. El Valle  
Green Valley, Ariz. 85614

Missing  
May Milbrook  
Lawrence E. Cooley

## ROBERT J. GORLIN GETS DENTAL TEACHING PRIZE

Robert J. Gorlin, professor and chairman of the University of Minnesota Dental School division of oral pathology, was named 1975 Professor of the Year by the school's Century Club, an alumni group. In his 19 years on the faculty of the Dental School, Gorlin has become a recognized authority on many disease syndromes.

Dr. Gorlin has a joint appointment with five departments of the University of Minnesota Medical School: dermatology, obstetrics/gynecology, otolaryngology, pathology/laboratory medicine, and pediatrics. He is author of more than 275 scientific papers.

Robert J. Gorlin, D.D.S.



## DOUGLAS KOEHNTOP, '71 GETS WATSON AWARD

Dr. Douglas Koehntop, now serving with the Army Medical Corps in Frankfurt, West Germany, has received the 11th Watson Award for outstanding research accomplishment by a physician in graduate clinical training at the University of Minnesota.

The award announcement was made by Richard C. Woellner, president of the Minneapolis Society of Internal Medicine, and Eivind O. Hoff, executive director and chief executive officer of the Minnesota Medical Foundation, joint sponsors of the award.

Koehntop is a 1971 graduate of the University of Minnesota Medical School. He completed his post-M.D. training in anesthesiology at the University in 1975.

Koehntop's research has shown that certain drugs which a patient might be taking will interact with Epinephrine in anesthesia and cause abnormal heart rhythms. He recently received the 1975 Residents' Research Award of the American Society of Anesthesiologists for the same project.

The \$500 Watson prize, given 11 times since its inception 14 years ago, is named for Cecil J. Watson, emeritus Regents' Professor of Medicine at the University and senior consultant to the Abbott-Northwestern Hospital teaching unit in internal medicine.

# ALUMNI DEATHS

## **C. Russell Anderson — 1930**

Died Aug. 12, 1975.

## **E. M. Anderson — 1934**

Died Nov. 17, 1975, in Sun City, Ariz.



William Atmore.

## **William G. Atmore — 1946**

Died Nov. 22, 1975, while hunting in the Wolf Lake area near Grand Rapids, Minn. He was senior orthopedic staff member at the Duluth Clinic and served as chief of orthopedic surgery at all three Duluth hospitals. He was a board member of the American, Minnesota and St. Louis County medical societies. He was certified with the American Board of Orthopedic Surgery in 1958 and elected a fellow in 1962. He was a founder of the American Orthopedic Foot Society in 1970. He served as president of the Duluth Rehabilitation Center, vice president of the Minnesota Orthopedic Association, president of the Board of the Duluth Sheltered Workshop, and an officer of the Minnesota-Dakotas-Manitoba Orthopedic Society. He was an assistant clinical professor at the University of Minnesota-Duluth School of

Medicine. An avid skier, he was a past president of the Duluth Alpine Club and regional medical director of the National Ski Patrol. He served as physician for the U.S. world champion hockey team during the 1960 Winter Olympics at Squaw Valley, Calif. Dr. Atmore was also a member of Holy Rosary Cathedral parish, the Duluth Cathedral High School Board and a former member of the Duluth Rotary Club.

## **Edwin G. Benjamin — 1930**

Died Feb. 27 in Minneapolis, at age 70. He was a surgeon in the Twin Cities area for more than 40 years. He was a staff member of Northwestern Hospital and the Metropolitan Medical Center.

## **Donald de Carle — 1924**

Died recently at age 78. He established a life-long practice in San Francisco in the 1930s. He was a fellow of the American College of Obstetrics and Gynecology and a past president of the San Francisco Gynecological Society. He had been a professor at the Stanford University School of Medicine.

## **Raymond J. Dittrich — 1921**

Died Jan. 1 at age 79. He was a diplomate of the American Board of Orthopedic Surgery and was a member of the Ramsey County (St. Paul, Minn.) Medical Society since 1967.

## **Richard I. Dorge — 1913**

Died Feb. 8, 1975, at age 88. Dr. Dorge, an otolaryngologist, was active in the Hennepin County Medical Society and was a 50 Club and life member of the Minnesota State Medical Association.

## **Richard B. Ellingson — 1955**

Died Dec. 30, 1975, at age 47. Dr. Ellingson, an Edina, Minn., resident, was an ophthalmologist on the staff of Northwestern Hospital, Minneapolis, and a clinical associate professor at the

University of Minnesota Medical School.

## **Elvin F. Englund — 1942**

Died Jan. 18 at age 58. A specialist in internal medicine, Dr. Englund was on the staffs of Lutheran Deaconess and Fairview Southdale Hospitals in Minneapolis.

## **Ralph E. Erickson — 1936**

Died Nov. 12, 1975. His residence was in San Rafael, Calif.

## **Charles Farabaugh — 1925**

Died Jan. 22.

## **Joseph C. Giere — 1926**

Died Feb. 3 at age 75. He practiced medicine in Minneapolis for 47 years.

## **James M. Louissell — 1944**

Died July 25, 1975, at age 65. He practiced psychiatry in Southwestern Michigan for about 20 years. He was director of the Houghton County (Mich.) Mental Health Clinic and was former superintendent of the Custer State Home for Retarded Children. Among surviving family is his brother, Dr. Charles T. Louissell, a medical school classmate.

## **Arthur A. Nelson — 1935**

Died April 30, 1975.

## **Alton C. Olson — 1933**

Died Nov. 30, 1975.

## **James D. Stephen — 1943**

Died Jan. 10, 1975.

## **Carl A. Traeger — 1914**

Died Nov. 26, 1975, at age 86, in Faribault, Minn., where he practiced for many years. He was a past president of the Rice County Medical Society. He opened a practice in Faribault in 1914 with Drs. A. M. Hanson and S. B. Haessly. In 1917, the three doctors closed the clinic and they all went to war. They returned in 1919 to reopen their clinic together.

## OTHER DEATHS

Paul W. Bransford, M.D., child psychiatrist and clinical assistant professor at the University of Minnesota, died June 30, 1975. At the time of his death, he was director of the adolescent unit of the Abbott-Northwestern Community Mental Health Center.

## FUND SET UP FOR CHILDREN OF PHILLIP RIERSON

An educational trust fund has been established for the three children of the late Dr. Phillip Rierson, medical class of 1962. Dr. Rierson, a pediatrician, hematologist and oncologist, died last September.

Gifts to the fund will be held in trust for the college educations of Eric, 12, Seth, 8, and Gretchen, 3. Contributions should be designated for the "Rierson Children Educational Trust Fund" and should be directed to Mr. Gordon V. Johnson, 7250 France Av. S., Suite 102, Edina, Minn. 55435.



A portrait of Robert B. Howard, M.D., former dean of the University of Minnesota Medical School, was unveiled at the annual meeting of the University of Minnesota Medical Alumni Association and now hangs in Diehl Hall at the University. The predominantly blue and gray oil painting was done by St. Paul artist Jerome Ryan and was paid for by contributions from friends of Dr. Howard to the Minnesota Medical Foundation.

## FOUR GET DIMES GRANTS

Four University of Minnesota medical researchers have received two-year grants totalling \$161,548 from the National Foundation, March of Dimes. They are Leo Furcht, assistant professor of laboratory medicine/pathology, \$45,000; Alvin Malkinson, assistant professor of psychiatry, \$42,348; John Repine, assistant professor of internal medicine, \$33,500; and John Sheppard, assistant professor of genetics, \$40,700.

Using an electron microscope and

chemicals, Furcht will examine the factors that contribute to the embryonic growth of primitive cells as they mature into specialized tissue. It is thought that disrupting these factors may be responsible for a wide range of birth defects.

Malkinson will explore why certain hormones affect target cells, and why those cells fail to respond in some birth defects. Specifically, he will be studying the receptors on cell membrane surfaces which respond to hormones'

chemical messages, trying to determine their involvement in birth defects.

Repine will use a test he and colleagues developed to measure the ability of the neutrophil to destroy bacteria.

Sheppard will examine the role of hormone-like substances in the formation of myelin sheath. The sheath's faulty formation is known or thought to be a major factor in various birth defects of the nervous system.

# APPLICATIONS FOR 2ND KAPLAN RESEARCH AWARD OPEN UNTIL JUNE 30

*Will of Alumnus  
Provides  
Perpetual Award*

The Minnesota Medical Foundation is now inviting entries in the 1976 competition for the Dr. J. Jacob Kaplan Award for medical research. Application deadline is June 30, 1976. The field of competition for the \$1500 award for 1976 is *Immunology in Diagnosis and Treatment of Cancer*.

Applicants must be currently enrolled as undergraduate or graduate students at the University of Minnesota, Minneapolis or Duluth campuses, or must have accomplished medical research under supervision of any Medical School department at the University of Minnesota. Enrollment during the previous academic year will also qualify an applicant. Applications must include a brief statement of faculty sponsorship and may be filed in the name of single or co-authors.

Manuscripts must be previously unpublished and must describe research conducted during any of the past three years, 1973 through 1975. At least a portion of the research work must have been conducted at the University of Minnesota. The research may cover more than a single year's work. It must have been primarily conceived and conducted by the student.

The winning paper will be selected by the honors and awards committee of the Medical School, which will have final authority on questions of eligibility and merit.

This award program is sponsored by the Minnesota Medical Foundation with an endowment provided by the late Dr. J. Jacob Kaplan, Medical School Class of 1939, and his family.

Dr. Kaplan provided for the award in his will in honor of great medical teaching at the University of Minnesota in the tradition of E. T. Bell, Robert A. Good, Elias P. Lyon, Maurice B. Visscher and Owen H. Wangensteen. The award is given on a rotating basis for research in three areas of medicine; immunology in diagnosis and treatment of cancer, gastroenterology and cardiology.

The award was first offered in 1975, for research in cardiology. Winner of the 1975 award was Louis Terracio who received his Ph.D. in anatomy from the University of Minnesota in 1974 and is now on the faculty of Hahnemann Medical College in Philadelphia. His research showed conclusively that intrave-

nous injection of betahistine hydrochloride stimulates collateral circulation in the hearts of laboratory animals when main arteries are blocked, thus indicating a possible way to minimize permanent damage to the heart for an expected heart attack.



Dr. Louis Terracio, winner of the first Kaplan Award of the Minnesota Medical Foundation.

Further information about the 1976 competition and application forms are available from:

**Minnesota Medical Foundation  
5412 Powell Hall  
University of Minnesota  
Minneapolis, Minn. 55455  
Phone (612) 373-8023**



# Help the Medical Bulletin Follow Your Activities

Date: \_\_\_\_\_

Dear Readers:

To help us keep your classmates, former house officers and faculty, informed of your achievements, we would appreciate your taking a few minutes to fill out the following questionnaire:

Name \_\_\_\_\_ Class \_\_\_\_\_

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Recent activities (publications, promotions, relocations etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors, fellowships, medals, honorary degrees \_\_\_\_\_  
\_\_\_\_\_  
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Major field of practice \_\_\_\_\_  
\_\_\_\_\_  
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**Note: The following letter was addressed to the Minnesota Medical Foundation's student aid program and is printed here with permission of the writer.**

*Dear MMF,*

*This is a note of thanks and deepest appreciation for all the help you have given me and my family in successfully meeting the financial demands of medical school. Because we have two children, my wife Mary was home during the years of school. Consequently, the financial assistance you have had for us was essential to the completion of medical school.*

*It was especially difficult this fourth year because bank loans had been used to their limit and less money was available from the Financial Aids Office. Thus, we again came back to the Foundation in our time of need. I know that I am not alone or in the minority of medical students who continually face the financial obstacles of medical school as well as the demands of a medical education.*

*Your help can only be made possible by the generosity of the people who contribute to your Foundation. Thus, in showing my heartfelt thanks to you, I am really trying to thank all the individuals who go nameless and yet make it possible for students, such as me, to become physicians.*

*I will now be preparing myself for my residency in family practice. Some of the people contributing to your organization have been from Duluth, the school where I began my medical education. Please let the physicians in Duluth know that their generosity has not gone unnoticed. I hope that my performance and dedication will be a reflection of the guidance I received from them while in Duluth. My family and I will remember them in our prayers.*

Thank you very much,  
Mike Clifford, Class of '76

**To send a contribution or ask for information, write or call:**

**Minnesota Medical Foundation  
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University of Minnesota  
Minneapolis, Minn. 55455  
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THROUGH THE FENCE AND DOWN IN THE HOLE . . . Sidewalk superintendent's view of the start of steel construction on Unit B-C of the University of Minnesota Health Science Center. Construction is on schedule for completion in the fall of 1977. The completed 16-story structure will house most of University Hospitals out-patient clinics, an ambulatory surgery center and related laboratories and services.

