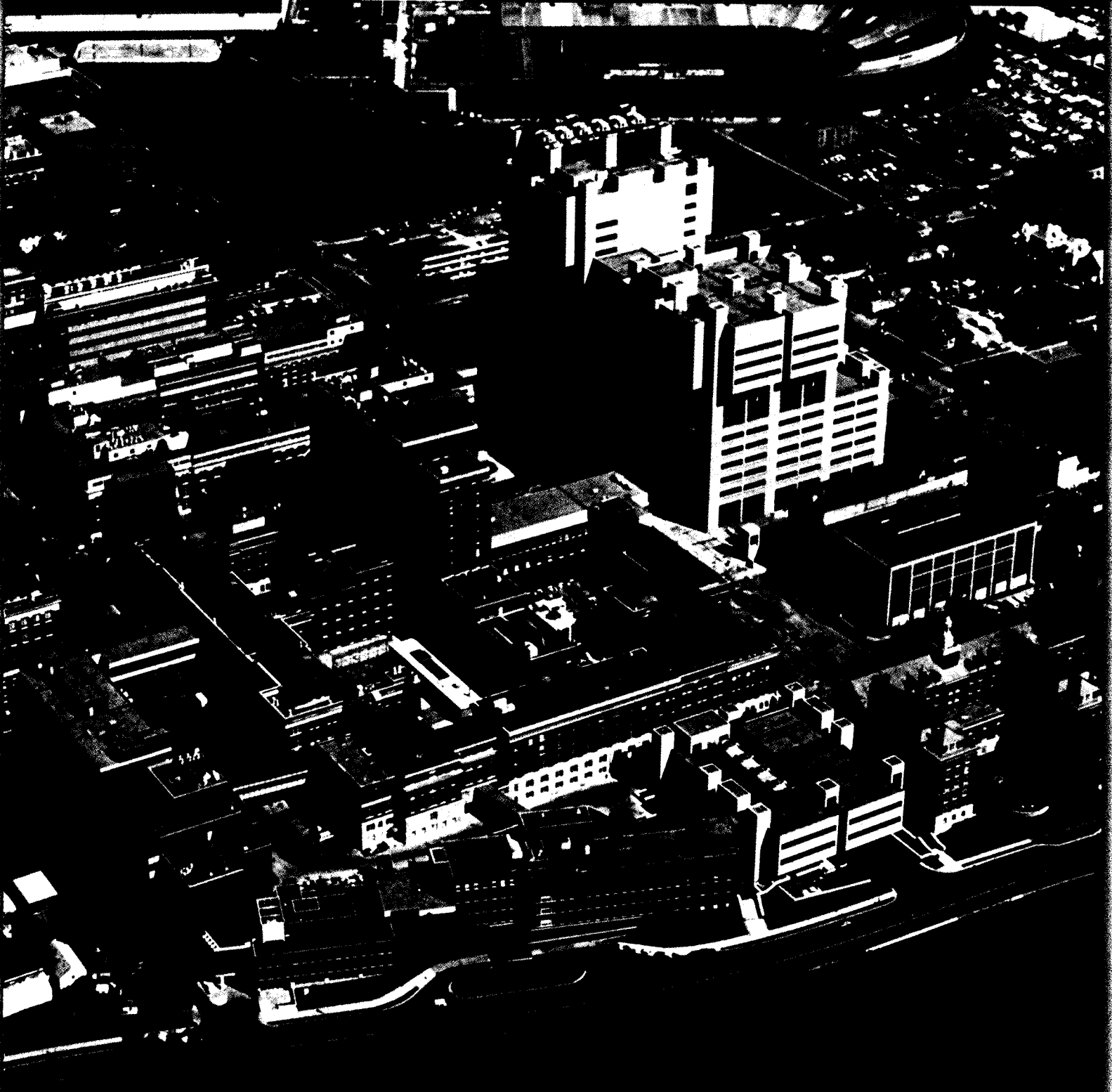
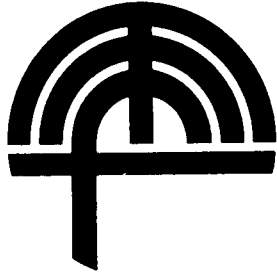


Medical Bulletin



A CHAT WITH THE DEAN . . .





MINNESOTA MEDICAL FOUNDATION

THE UNIVERSITY OF MINNESOTA MEDICAL BULLETIN

TOM PATTERSON, EDITOR
EIVIND O. HOFF, EXECUTIVE EDITOR

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A CHAT WITH THE DEAN

In the first three years of its existence, the University of Minnesota Medical School graduated a total of nine physicians. There were 243 graduates at the June 1977 commencement and 38 more at other commencement dates in 1977.

In 1888, Medical School tuition at the University of Minnesota was \$40 a year for state residents and \$60 a year for out-of-state students. In 1978, tuition is \$2,708 a year for residents and \$6,936 a year for non-residents.

In 1888, the Medical School had 28 faculty members housed in a rented building and was three years away from an \$80,000 legislative appropriation to build its first on-campus medical building. In 1978, it has 857 faculty members and an annual budget of more than \$60 million.

To consider these facts and others relating to the size, cost, methods and reputation of the University of Minnesota Medical School, we visited with Dr. N. L. Gault, Jr., Dean since 1972, and a member of the class of 1950.

Dr. Gault speaks with pride of the fact that the University of Minnesota Medical School continues to train record numbers of medical doctors up to and after the M. D. degree, and of the Medical School's national reputation as a quality institution. He mentioned a Columbia University survey by sociologists Jonathan R. Cole and James A. Lipton which measured the perceived quality of U. S. medical schools through a survey of medical school faculty. Replies showed a high degree of consensus. The authors of the study devised methods for minimizing the effect of "self-aggrandizement" (high ranking by faculty of the ranked school or high ranking for an alma mater).

The study ranked 94 medical schools, but only 13 were on every faculty member's survey list of 40 medical schools. Cole and Lipton found that most respondents rated the 13 schools alike. The questionnaire was designed to gain an appraisal of faculty quality and effectiveness of training. The University of Minnesota Medical School was ranked 12th overall. California (San Francisco) and Michigan were the only two state medical schools ranking above Minnesota. The private medical schools ranking higher than Minnesota were, in rank order, Harvard, Johns Hopkins, Stanford, Yale, Columbia, Duke, Cornell, Washington-St. Loujs, and the University of Pennsylvania.



Numbers on the graph on page 5 show where the University of Minnesota Medical School (Minneapolis) ranks among 114 U.S. Medical Schools on 16 points. Figures are for 1976-77.

Another ranking of 98 U.S. medical schools showed Minnesota to be 9th in the number of living graduates, 3rd in the total number of graduates in family or general practice, 17th in the number of graduates in primary care fields, and 12th in the number of M.D. graduates on faculties of U.S. medical schools.

The Journal of the American Medical Association (JAMA) reported in its 1977 Education issue that the University of Minnesota Medical School was 15th in the number of state residents entering medical school, 11th in the number of state residents *per 100,000 population* entering medical school, and 17th in the number of state residents entering medical school per 1,000 bachelor's degrees conferred in the state.

In addition to its reputation for quality medical education, the University of Minnesota Medical School also ranks high in the *number* of students trained. In 1977, the total teaching load for the University of Minnesota Medical School in Minneapolis was 1,969, including 1,012 undergraduate medical students, 657* graduate medical students in specialty training, 61 candidates for a master's degree in basic science, 191 candidates for a doctorate in basic science, and 48 post-doctoral trainees in basic science.

The teaching job is done by 543 M.D.s, 196 Ph.D. scientists, and 118 faculty with other degrees. Of 857 total faculty members in medicine, 624 are at the University itself and 233 work through the several area hospitals affiliated with the Medical School. The faculty ranks of these teachers are as follows: 196 full professors, 182 associate professors, 291 assistant professors and 86 instructors.

And more people are needed, according to Gault. He says that it is particularly difficult to find good leadership. He had just returned from an unsuccessful attempt to recruit a new faculty member. A search committee continues to look for a qualified person to accept a permanent appointment as head of pediatrics, as one example.

An even greater problem he faces is that the Medical School is far short of the needed funds to complete construction of space in the new Health Sciences Building B-C, the clinical facilities unit. If space in B-C can be completed, he can move people in and then utilize the space they vacate to move still others from crowded laboratories and offices to more adequate quarters.

He would also greatly like to see more endowed chairs for the Medical School — at least one in every

department. There is at present the American Legion Heart Research Professorship, the George Clark Research Professorship in Medicine, the Paul F. and Faith S. Dwan Chair in Pediatric Cardiology, the Paul F. Dwan Chair in Education in Pediatric Cardiology, the Masonic Professorship in Cancer, the Malcolm B. Hansen Professorship in Radiology, the Nesbitt Chair in Medicine, the Pardee Foundation Professorship in Cancer Biology, and the Royal A. and Olive Stone Professorships in Cancer Research and Cardiovascular Pathology.

Gault sees a special need for space and personnel to develop a program in neurosciences. He sees neuroendocrinology opening as a major new research area and finds the Medical School lacking at this point in the means to take advantage of new knowledge. He hopes to be able to expand Minnesota's research efforts in the area of immunogenetics.

"And while on the subject of need," Gault said, "the need for medical student financial aid is virtually insatiable."

There has been a 77% increase in enrollment in the University of Minnesota Medical School over 19 years. Applications remain high but dipped slightly in 1977 from the peak year of 1974.

APPLICANTS AND ADMISSIONS

YEAR	1958	1962	1966	1970	1974	1977
Applied	282	504	639	974	1898	1758
Enrolled	135	152	163	227	239	239
Increase		13%	7%	39%	5%	

Nationally, there are more students in U.S. medical schools than at any other time in history, according to an Association of American Medical College's (AAMC) study. AAMC says there were 16,136 first-year students admitted to 120 U.S. medical schools in 1977, bringing total medical student enrollment for all classes to an all-time high of 60,039. Women composed 25.6% of the entering class and minority students 9%. The study shows that in the "nation's" first-year class there are 1,085 Black students, 51 American Indian or Eskimo students, 246 Mexican Americans and 68 Puerto Ricans. Enrollment today is double that of 1960 when there were 86 medical schools with a total enrollment of 30,288 and a first-year enrollment of 8,298.

The map on page 6 shows the distribution of state applicants to the University of Minnesota Medical School for 1977-78. The map indicates the number of applicants from each county, the number accepted and the number who actually enrolled.

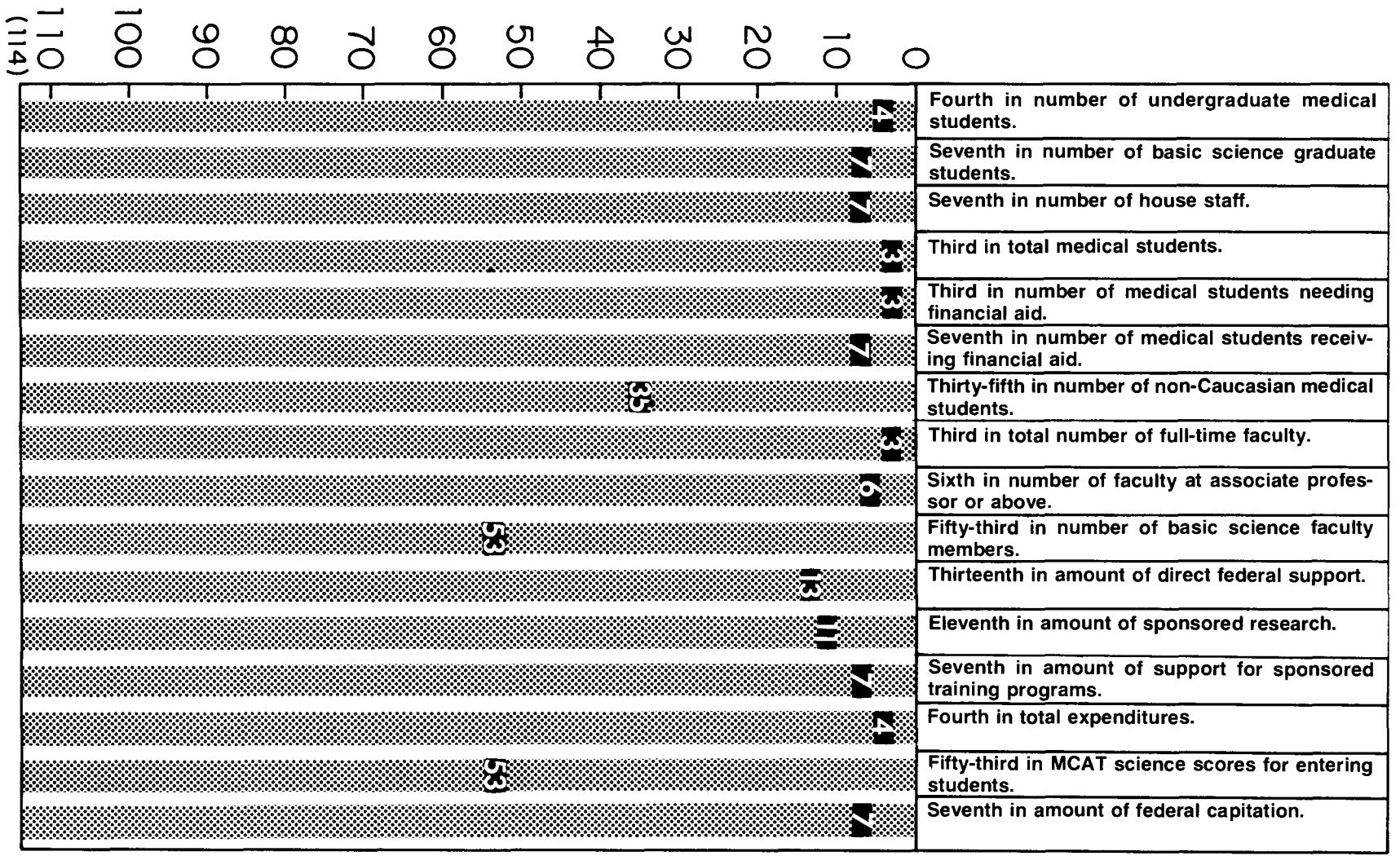
Applicants to the two-year School of Medicine in Duluth are not included in the figures on the map.

(Continued page 7)

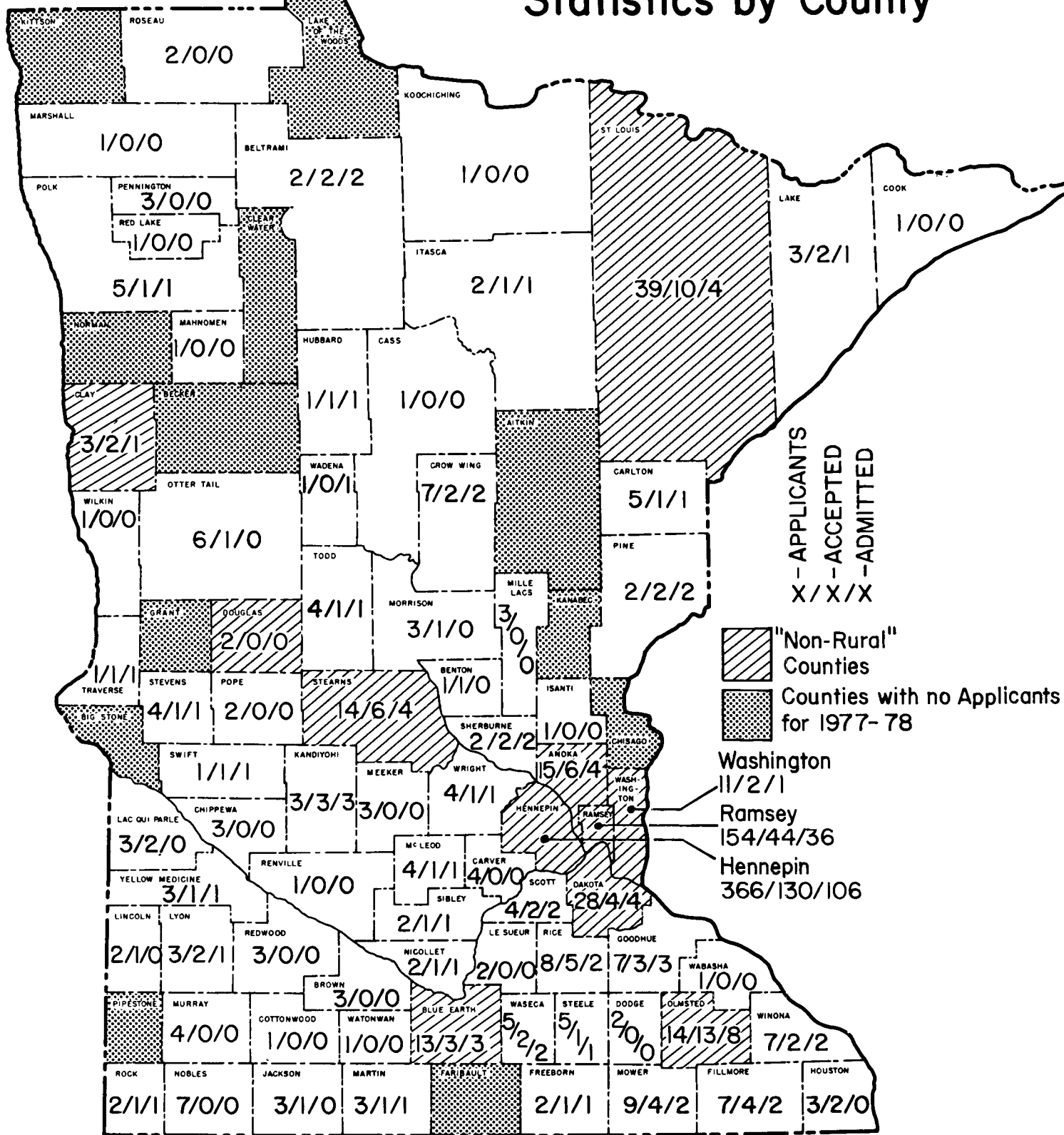
* This number had increased to 1,058 by the fall of 1977.

Minnesota Ranked on 16 Points

Rank among Medical Schools



1977 Entering Class (Minneapolis) Statistics by County



The following indicates for UMD the number of applicants accepted and the number admitted by county: Anoka 2-2, Beltrami 1-1, Blue Earth 2-0, Carlton 1-1, Chippewa 1-1, Cook 1-0, Dakota 1-1, Fillmore 2-0, Goodhue 1-0, Hennepin 8-5, Houston 1-1, Hubbard 1-0, Isanti 1-1, Jackson 1-1, Kandiyohi 2-0, Lake 1-0, Lac Qui Parle 2-1, Lyon 1-1, McLeod 1-1, Morrison 1-0, Mower 1-1, Olmsted 2-0, Ottertail 1-1, Pennington 1-1, Polk 2-2, Ramsey 9-8, Red Lake 1-0, Rice 2-2, Scott 1-0, St. Louis 10-8, Stearns 3-3, Waseca 2-2, Washington 1-1, Watonwan 1-1.

Of 239 students admitted to the entering class in Minneapolis, 93 (39%) did their undergraduate work at the University of Minnesota. Minnesota private colleges prepared 80 (33%); 6 (2.5%) took their undergraduate training at other Minnesota state universities, and 60 (25%) got their undergraduate training out of state (representing 48 different schools).

MEDICAL SCHOOL (MINNEAPOLIS) 1977

Applicants: 1,758

Minn. Residents	889 (51%)	Non-residents	869 (49%)
Males	667 (75%)		653 (75%)
Females	222 (25%)		215 (25%)

First-Year Class

Residents	224	
Non-residents	15	(6%)
Males	184	
Females	55	(23%)
Minorities	22	(9.2%)

Origin of Students

Number from the Twin Cities and Suburbs	152
Number from Duluth	3
Number from Rochester	6
Number from 45 Other State Communities	63

The chart on page 8 shows how available first-year post M.D. positions in Midwest states were filled in 1977, as places offered and places filled per 100,000 population. Comparison scales are shown for Minnesota, the combined Midwest states and the entire U.S.

The top bar (or left on the key) of each double bar segment represents all graduates, including those who did not participate in the National Intern-Resident Matching Program (NIRMP) and those who participated but did not match. The lower bar (right on the key) represents the number of first-year graduate medical positions available. Raw numbers of graduates and positions are included for Minnesota. The chart was devised by John Graettinger, M.D., executive



vice president of NIRMP and dean of faculty affairs at Rush.

Minnesota offered positions (385) for about 9.5 first-year medical graduates per 100,000 state population, and filled about 8.5 per 100,000 population. Minnesota graduated 281 M.D.s — about 8 per 100,000 population — in 1977. This compares with about 6.2 graduate physicians per 100,000 population for the U.S. and about 7 graduates per 100,000 population for the Midwest. About 8 first-year graduate medical positions per 100,000 are available for both U.S. and Midwest. Minnesota filled more graduate medical positions per 100,000 population than any other Midwest state, and attracted more post-M.D. trainees than were graduated from the state. The Midwest as a whole loses about 1,000 medical graduates per year to both Coasts and the South.

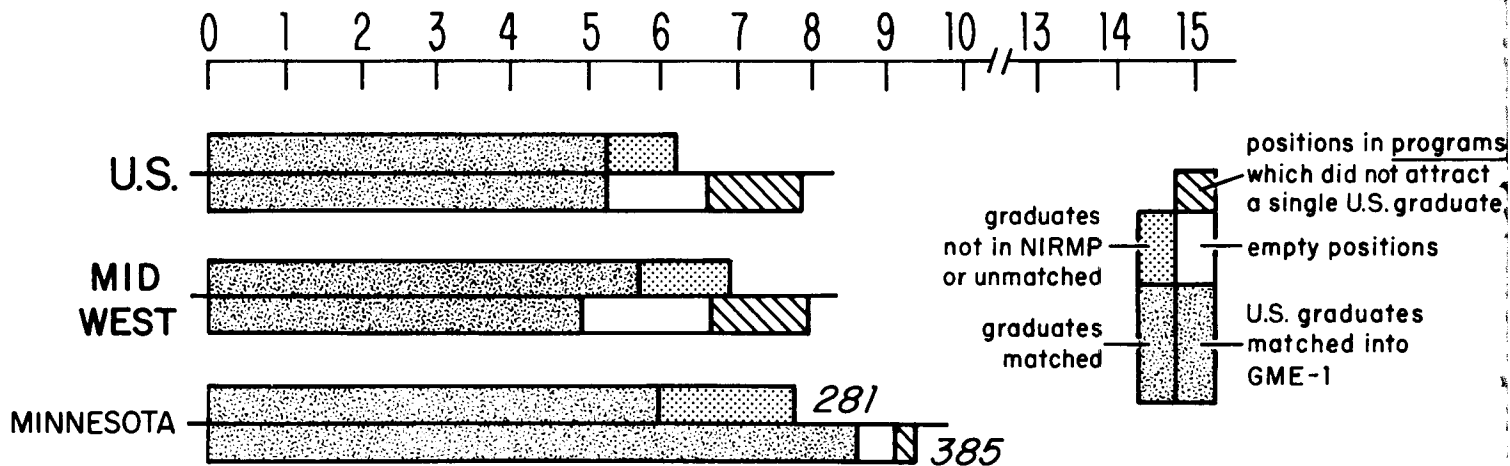
JAMA's 1977 Medical Education issue reports that Minnesota is the 4th largest educator of graduate medical students, with 213 interns and 587 residents, when all levels of training are considered. Michigan is first with 205 interns and 689 residents and Illinois and Ohio State are second and third.

(Continued)

(Explanation of this chart on page 7).

Intern — Resident Match Offered and Filled MIDWEST—1977

Per 100,000 Population



OCCUPATIONAL SURVEY OF PARENTS 1976 ENTERING MEDICAL SCHOOL CLASS (Minnesota Residents Only)

	FATHER	MOTHER
Physician	21	1
Professional	66	50
Managerial	50	9
Own Business	5	
Homemaker		120
Farmer	14	
Sales	13	2
Clerical and Office	1	21
Skilled Trade	18	3
Service Trade	11	8
Unskilled	15	4
Unemployed	2	
Retired	2	1
Disabled	1	
Deceased	1	1
	<u>220</u>	<u>220</u>

WHAT MINNESOTA GRADUATES DO FIRST POST-MD TRAINING YEAR

	1968	1970	1974	1977
Straight				
Primary Care	18%	29%	25%	41%
Specialty	3%	5%	10%	23%
Family Practice				
Rotating	79%	66%	41%	8%

RURAL PHYSICIAN ASSOCIATE PROGRAM

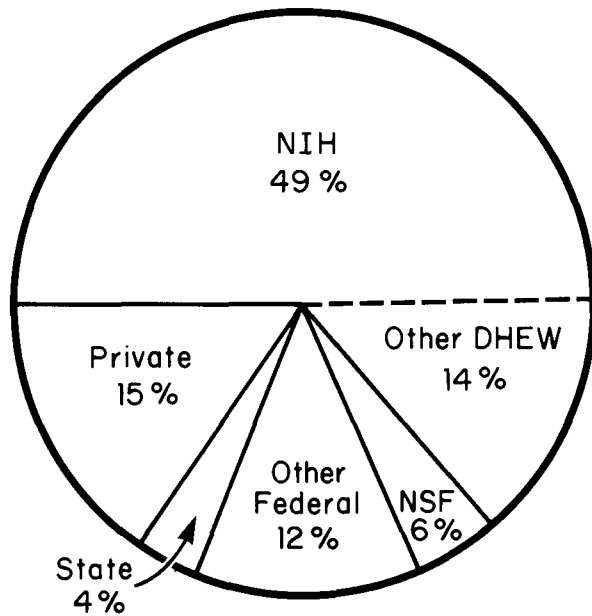
As of 1976, there were 30 graduates who had participated in the program; 20 are in rural practice in Minnesota and 6 are in rural practice in other states. Of 89 RPAP students through 1976, 80% are in primary care residency training. Under RPAP, third-year students practice full-time with rural physicians.

The two pie charts below show, by percentages, the sources of University of Minnesota sponsored program funds and the college units which attract this support. About 58% of all of the University's income for sponsored programs is earned by the health sciences, 42% of it in medicine alone.

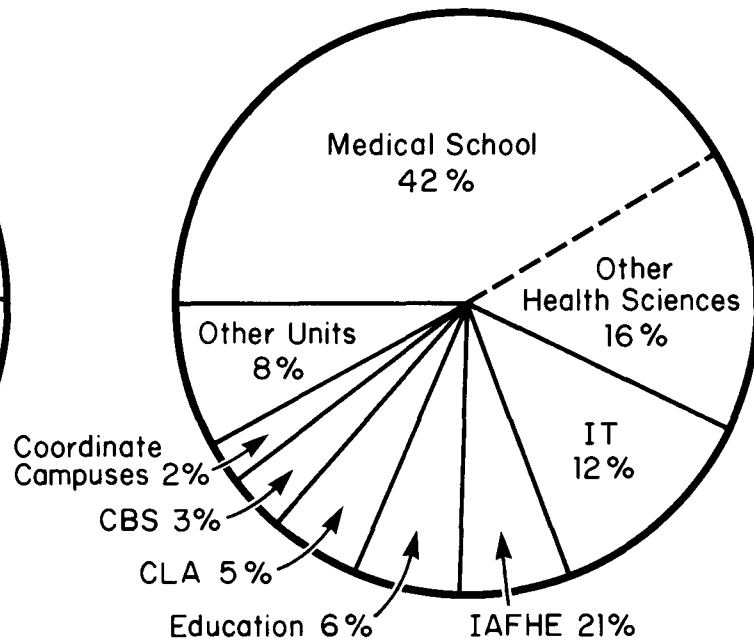
PERCENTAGE OF MINNESOTA GRADS PRACTICING IN MINNESOTA

1965-67	1970-73	1974-77
37.4%	58.2%	58%

Expenditures for Sponsored Programs by Agency



Expenditures for Sponsored Programs by College



Abbreviation key:

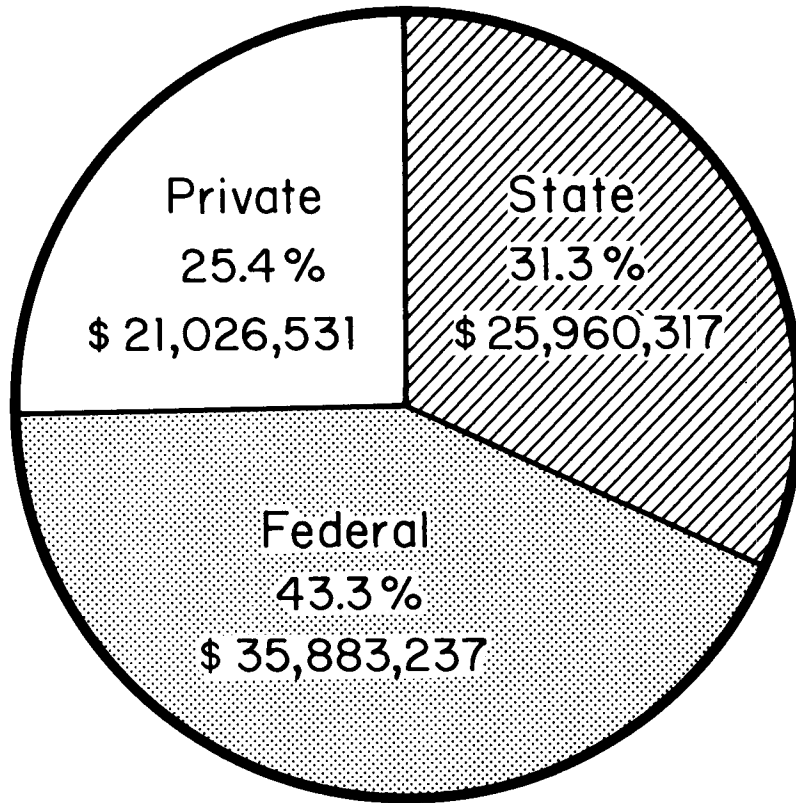
(Figures are for fiscal 1976)

NIH—National Institutes of Health
 NSF—National Science Foundation
 DHEW—Departments of Health, Education & Welfare
 CBS—College of Biological Sciences
 CLA—College of Liberal Arts
 IT—Institute of Technology
 IAFHE—Institute of Agriculture, Forestry and Home Economics.

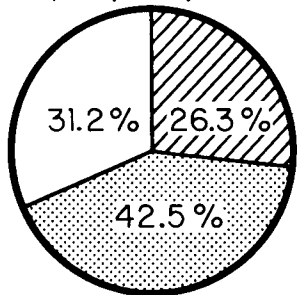
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Health Sciences Major Academic Units

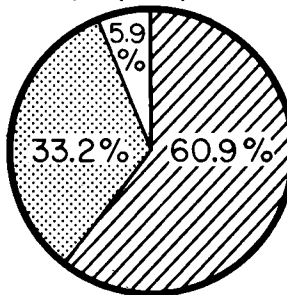
\$ 82,870,085



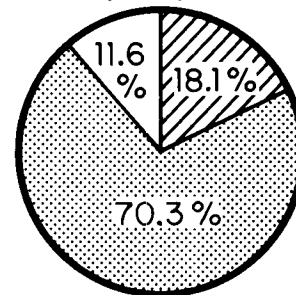
Medical School
Twin Cities Campus
\$ 60,840,280



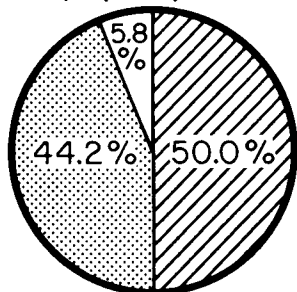
School of
Dentistry
\$ 8,310,759



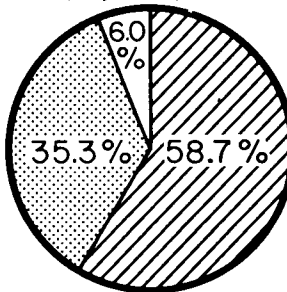
School of
Public Health
\$ 6,837,709



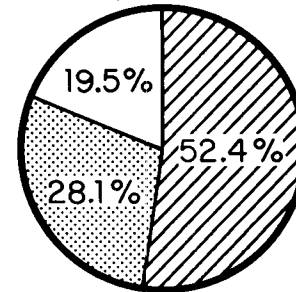
College of
Pharmacy
\$ 2,685,942

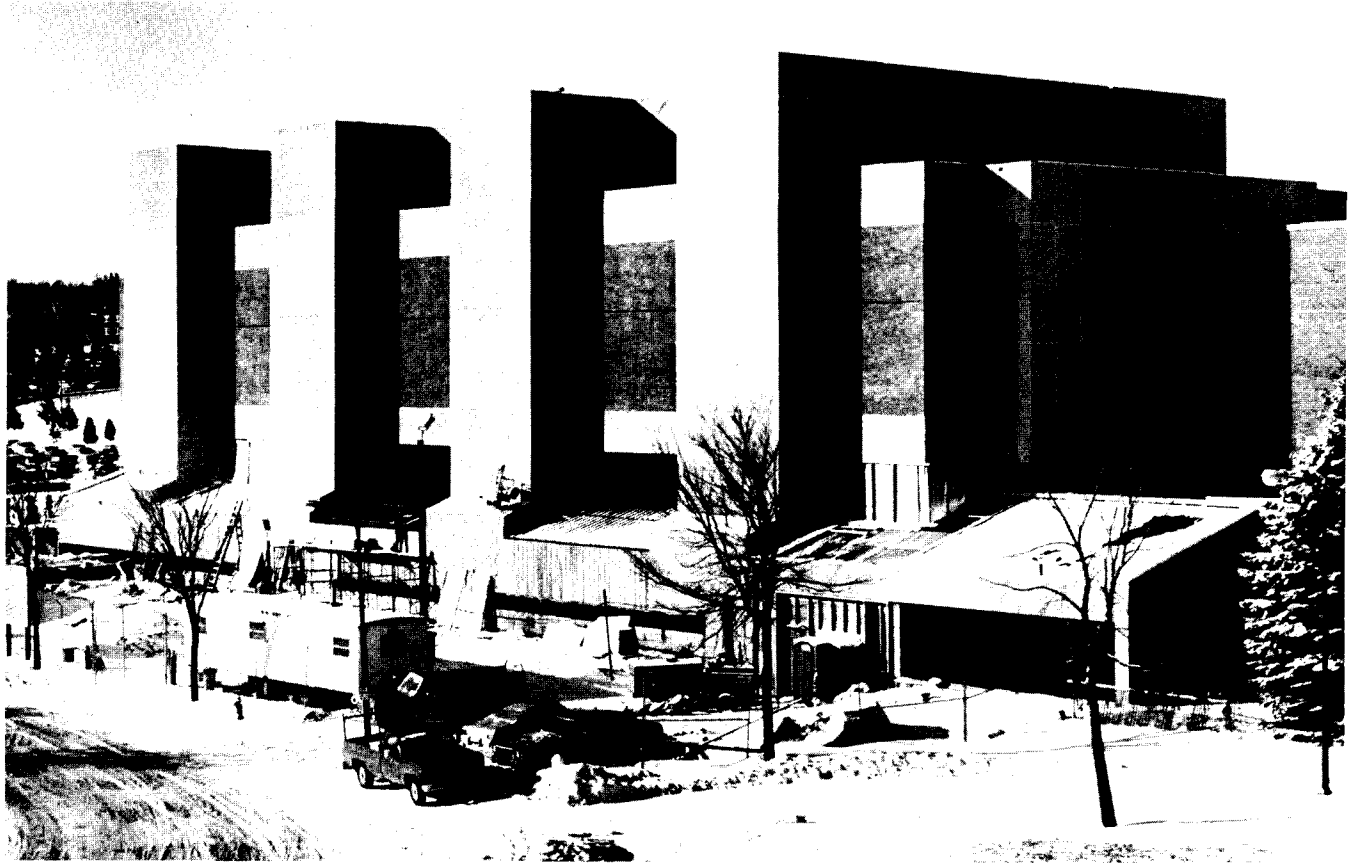


School of
Nursing
\$ 1,726,458



Medical School
Duluth Campus
\$ 2,468,937





The new medical school building on the UMD campus is becoming a reality. Construction is on schedule for completion this summer.

The total budget for University of Minnesota Health Sciences was \$82,870,085 for 1976 — \$60,840,280 of that was for the Medical School.

The pie charts with shading show the amounts and percentages of federal, state and private support in the overall budget and the same breakdown for the six major academic units.

The primary mission of the Medical School is to provide opportunities and programs in undergraduate and graduate medical education for future physicians and related health professionals to serve the health care needs of the state and nation, to conduct basic research for the advancement of health care, and to help maintain and develop competence of health professionals in practice.

Gault says that the Medical School has developed a number of features to attain those objectives:

1. Small groups of student learners; tutorials
2. Numerous optional and elective courses
3. Learning Resource Center — self instruction
4. Student involvement in planning, feedback, evaluation

5. Six alternative pathways (tracks) after the second year
6. Optional three-year shortened curriculum
7. Optional 12-month Rural Physician Associate Program
8. Integrated, systemic approach to “core” curriculum in the second year
9. Combined and correlative clinical and basic science instruction
10. Behavioral science knowledge and skills
11. Opportunities for work with practicing physicians.

The same year that Neal Gault became Dean of the Medical School in Minneapolis a brand new UMD School of Medicine opened its doors in Duluth, enrolling 24 students in its first class and, when they became the second-year class, adding 24 more. The two-year medical school has already experienced the dynamics of increasing enrollments. Its class sizes

(Continued)



Dr. John W. LaBree, Dean of UMD School of Medicine.

were first raised to 36 and then to 48. Today UMD has 34 students in its second-year class and 47 in the first-year class. There are two minority students and 17 women. There are 38 full-time salaried faculty members and 8 part-time salaried. There are 130 non-salaried clinical teachers and 65 non-salaried family practice preceptors.

Dr. John W. LaBree, University of Minnesota Medical School class of 1941, is Dean of the UMD School of Medicine. Despite its youth and relatively small size, "his" medical school is also experiencing growing pains. A new medical school building is expected to be ready for occupancy this summer. Some of the warmth and charm of the present location will be sacrificed to occupy the new building. But, also because of the small size, some of the warmth and charm will no doubt make the move.

In Minneapolis, Neal Gault ponders space problems of a different kind — where to get the money to finish the B-C construction which has such a good start on the outside.

Gault has a favorite answer for those who would ask him if the pressure and responsibility of administering a medical school keeps him awake nights.

"I sleep like a baby," he says. "I sleep for an hour, then I wake up and cry for an hour . . . then I sleep an hour and . . ."

-tp

MEDICAL ALUMNI GROUP SETS 'FALL MEETING' FOR JUNE

In hopes of better weather and a larger turnout, the annual fall meeting of the Minnesota Medical Alumni Society will be held June 17, 1978. This is the first time the group's major annual event will not be held in the fall.

In changing its program to June, the Medical Alumni Society follows the lead of several recent anniversary classes which held successful spring and summer reunions. In another major change, however, the Medical Alumni Society has also done away with its own involvement in organizing and sponsoring reunions for anniversary classes. Instead, the society has planned a one-day Continuing Medical Education (CME) program and will skip the customary evening banquet and dance. Society board members are encouraging quinquennial classes to organize their own reunions, and providing them with the June 17 CME program around which they can plan their own reunion activities.

The society's annual Harold S. Diehl Awards will be presented at a luncheon in conjunction with the CME program, both to be held in Health Sciences Building A at the University.

The three-hour morning session of the CME program will be entitled, "New Imaging Techniques," and will include information on mammography, CAT scans, ultrasonography and nuclear imaging. The two-hour afternoon session will be devoted to the subjects of DNA and chromosome mapping. The fee for the program and luncheon is \$25. Alumni who are not members of the Minnesota Medical Alumni Society will be urged to join for an additional \$12.50, with the added funds going toward future programs.

Quinquennial classes planning reunions around the June 17 date, or persons interested only in the CME program, are urged to contact Jim Barnum at the Minnesota Alumni Center, 2610 University Avenue, St. Paul, Minn. 55114. Telephone: (612) 373-2466.

BRITISH EXCHANGE PROGRAM GOING JOLLY WELL, THANK YOU

The British are coming. The Minnesotans are going. For 17 years, a limited number of University of Minnesota medical students and British medical students have been able to change places for three months because of a pet project of Dr. W. Albert Sullivan, associate dean.

Sullivan's interest in a permanent exchange started in 1961, when he worked with a medical fellow at the University of Minnesota, "Mr." J. Alexander Williams of Birmingham, England. ("Call me mister" is the byword of the English surgeon). Sullivan was impressed with Williams and Williams was impressed with medical education at the University of Minnesota. They agreed that some kind of regular exchange of medical students would be a good idea.

Contributions from surgery patients were first used to finance the program. A few years ago, the Minnesota Medical Foundation began annual support of the exchange program. British medical students coming to Minnesota stay at medical fraternities, where room and board is paid by the Foundation. University of Minnesota medical students going to Birmingham, England, Glasgow, Scotland, and Cardiff, Wales, each receive \$500 in expense money from the Foundation. An average of four students have gone each direction each year. Participants receive credit for the three-month elective. The medical schools on both sides waive tuition to hold down costs of the program.

A committee of the Medical School selects the Minnesota students who participate. This year there were 18 applicants for three available places. Sullivan tries to have a British influence on the committee by selecting at least one member from faculty or graduate students who had training in Great Britain to serve on the committee.

Sullivan has visited Birmingham and Cardiff for a firsthand look at their medical education programs. He has recently received an inquiry about the program from Manchester.

"Participants have been ecstatic on both sides," Sullivan says. "Students are not only exposed to a different medical school, but to a different country and culture."

At least three Minnesota students who have participated in the program would list another advantage. It's how they met their wives.

—tp

Dear MMF:

As you know, I am presently studying at the University of Glasgow under the British Exchange Program. Thus far it has been an excellent experience. I am working at the Royal Infirmary, a large general hospital on the east side of Glasgow, in Professor McGirr's unit, which is a general medicine ward and a regional endocrinology referral center.

As expected, the consultants are excellent clinicians, a feature that British medicine is particularly known for, as they practice general medicine daily in addition to their subspecialty. I am also seeing a wide range of pathology that I have not previously encountered.

This exchange has also been valuable for the interaction with the medical students here. I find that from one-third to half of them have studied or worked in hospitals in the States or Canada. Also, it is routine that consultants in the University unit receive a part of their postgraduate training in the States or do research there. Funding to do research is very hard to come by under the National Health Service. In all, the practice of medicine at the hospital level is much the same as in Minneapolis-St. Paul.

In addition to medicine, I am finding the Scottish society very interesting. The people have been very warm and friendly toward me. It took a few days to be able to understand English as it is spoken here. There are many different Scottish accents (some Highland communities still speak Gaelic) and some Scots have a difficult time understanding Scots from the other side of town.

I've attended a rugby international, Scotland vs. France, and also had a taste of the pub life, which seems to be a high priority among all of the people here. The lager is excellent and also cheap. The hard thing to become accustomed to is the weather. In January, it rained two out of three days — a damp, penetrating cold rain.

The University of Glasgow has accommodated me well and has given me the option to study what I wish. Thus far it has been an excellent experience and I would recommend it to anyone who has the chance.

I appreciate very much the support of the Minnesota Medical Foundation. Without it, I don't think that I could have afforded to be here.

Thanks again and Cheerio!

Joel Holger
Glasgow Transfer Student

(Left to right) Joel Holger, Mark Johnson and Brad Pazandak, Minnesota's 1978 exports to British medical schools, at a last minute briefing with Dr. Sullivan before their departure.



PARENTS' DAY 2

Mothers and fathers of first-year medical students came from as far away as California, Texas and Massachusetts, and from every corner of the state of Minnesota, to attend the Minnesota Medical Foundation's Second Annual Parents' Day on Nov. 12.

More than 325 parents heard reports from faculty and students and toured the school. Speakers were: Dr. N. L. Gault, Dean; Hildy McCarthy, vice president of the Medical Student Council; Dr. Jack Miller, professor of pharmacology and curriculum coordinator for the first year, and Dr. Galen Hanson, assistant professor of family practice, who talked about typical problems of medical students and how the school deals with them. Dr. Pearl Rosenberg, assistant dean, spoke at lunch on, "The Care and Feeding of the Medical Student." Mrs. Ruth Bean, vice president of the Minnesota Medical Foundation, brought greetings from MMF, the host for the day's events.

Many first-year medical students were involved in the program, as tour guides and as speakers. President of the class is Catalina Perez-Lacey.

Faculty members who provided mini-anatomy courses and showed off their labs were Gerald Bratt, Anna Mary Carpenter, James Prince and Morris Smithberg.

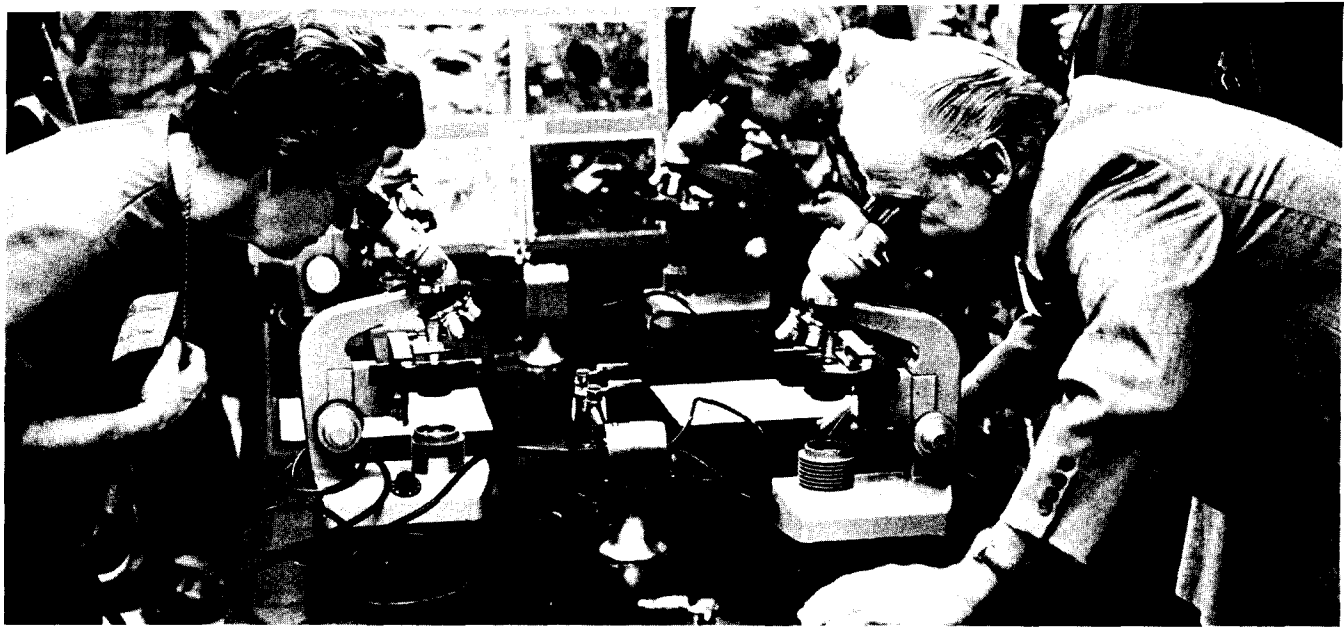


Dr. Anna Mary Carpenter, left, professor of anatomy, talks with the mother of a medical student.



Hildy McCarthy, vice president of the Medical Student Council.





A closer look at a human brain than they ever hoped for Or wanted?

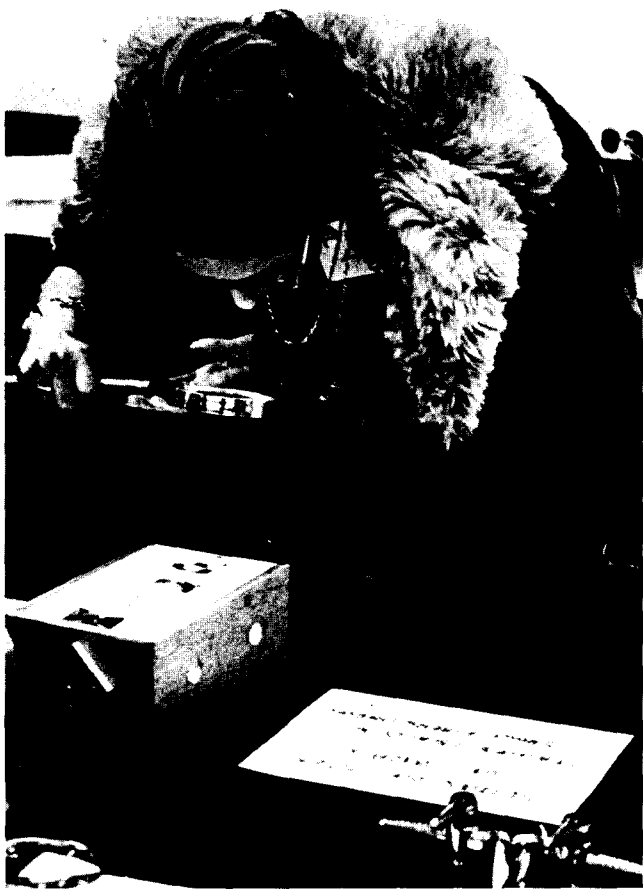
MORE PHOTOS ►



Dr. N. L. Gault, Dean, (right), and Eivind Hoff, executive director of the Minnesota Medical Foundation, (center), answer questions during a break.



Dr. Morris Smithberg gives the parents an abbreviated anatomy lesson.



THIS FACTORY GIVES LIFE

"Bad factories make bad products. If you want to make good products, you need a good factory."

The above would make a pretty sound business maxim, but the subject is health, not business. Dr. John H. Kersey, professor of laboratory medicine/pathology and pediatrics, likes to use the manufacturing example in describing the University's bone marrow transplant program. The marrow is the "factory" and its product is blood cells.

In the past four years, Kersey and his associates have transplanted new blood cell factories into 35 patients with life-threatening blood diseases. All would have died without the transplants. Thirteen are alive today because their new bone marrow is producing normal, healthy cells. Other doctors participating in this promising new research and patient care program are Peter Coccia, William Krivit, Jeff McCullough, Mark Nesbit and Norma Ramsay.

Kersey says the transplant procedure itself is "beautifully simple." About one and a half pints of marrow is aspirated from the donor's pelvic bone. It is injected in a vein of the recipient and finds its home in his bones. The donor will regenerate the lost marrow within a couple of weeks and should suffer no side effects, except, Kersey says, "feeling for a few days as if he had been kicked by a horse."

In the best of results we see successes like transplant patients Gary Smith and David Stahl. Gary, 13-year-old son of a Minneapolis policeman, was critically ill with aplastic anemia only a few years ago. His sister was donor for the bone marrow transplant he received in February of 1975. Three years later Gary has no sign of disease. He has no infections and no bleeding. He has caught up on all of the school he missed while he was sick and he is an active member of a downhill ski club.

David had Burkett's lymphoma. His brother served as donor for the marrow transplant he received in October, 1975. David is 18 now. He is free of disease and has no complications. He attends vocational-technical school in Willmar, exercises regularly at the local sports center, works in a sporting goods store, and, like Gary, is an enthusiastic skier.

David and Gary represent more than the best of the program's successes. They also represent the two categories of patients who have been transplanted in the University of Minnesota program so far — those with severe aplastic anemia and those with severe forms of leukemia or lymphomas. Of 18 patients with aplastic anemia transplanted, 9 are alive. Of 17 leukemic or lymphoma patients transplanted, 4 are



Dr. Kersey (St. Paul Pioneer Press photo).

alive. As the results would seem to indicate, the leukemia and lymphoma patients are the more difficult to treat. Kersey explains that all of the leukemic cells must be destroyed with chemotherapy and radiation, which also destroys any healthy blood cells. (Some forms of leukemia are treated very effectively with chemotherapy alone, or combined with radiation. But, even there, the limiting factor for the treatment is toxicity to the bone marrow).

A major reason for the relatively low number of successes in the leukemic patients is that with only two exceptions the patients were "end-stage" in the course of the disease. The program is now transplanting earlier, Kersey says, with anticipation that the results will be greatly improved, and with preliminary

results bearing that out. (Two of the four survivors were transplanted earlier in the course of the disease.)

Those patients who die after a bone marrow transplant might die of infection, because they are so susceptible during the recovery period. There isn't a problem of immune system rejection of the transplant, as with other types of transplants, since the new marrow effectively gives the recipient a new immune system. But, the opposite can occur, with the new immune system recognizing the host as foreign and attacking it. This graft-versus-host disease doesn't always happen, as in the many successes, and the new immune system seems to know it is outnumbered and tolerates the host.

Because bone marrow transplants give the recipient a new immune system, they can be used to treat some immune deficiency diseases. Kersey sees several other possibilities for the technique. Since chemotherapy must sometimes be stopped short of destroying a tumor because of toxicity to the bone marrow, Kersey suggests that the patient's bone marrow could be removed before chemotherapy, permitting a better attack on the tumor, and then be replaced. It is already known that bone marrow can be safely stored in liquid nitrogen for at least a year.

It is also possible that a person receiving another organ transplant could be given some of the donor's bone marrow as well, thus providing an immune system that will accept the transplanted organ and likely tolerate the rest of the body as its host.

The University of Minnesota's bone marrow transplant center is one of five major ones in the United States. It began only a few years ago with a \$17,000 start-up grant from the Minnesota Medical Foundation. Today the program supports itself with federal grants and patient fees, the latter being provided primarily by third party carriers. But the research must continue. Greater financial support is needed for further development and research.

The future of the bone marrow transplant program can only improve on the past. And the past has been impressive. We know a couple of young skiers who will attest to that.



David Stahl.



Gary Smith and his sister.

EVENTS SCHEDULED FOR 40TH & 50TH REUNION CLASSES

The Minnesota Medical Foundation will host luncheons and programs for medical graduates (M.B.) of the classes of 1928 and 1938, in conjunction with all-school 40th and 50th reunions scheduled by the University of Minnesota Alumni Association.

University of Minnesota alumni, from any division's graduating classes of 1928 and 1938, will be honored by the University on Saturday, May 20 ('38 class) and Monday, June 5 ('28 class).

The University's program for '38 graduates will include a lunch, an afternoon program, and a banquet as part of the University of Minnesota Alumni Association Annual Meeting. The University's class of 1928 program includes a lunch, a bus tour, University President's Reception, and a dinner. Program details will

be mailed soon, or send for information in care of the University of Minnesota Alumni Association, 2610 University Avenue, St. Paul, Minn. 55114.

The Minnesota Medical Foundation will host special events for '28 and '38 medical graduates the day after the University's class of '28 program and the day before the University's class of '38 program. On Friday, May 19, MMF will host '38 medical alumni at a lunch with a program and conduct a tour of the new Health Sciences Center. On Tuesday, June 6, MMF will host '28 medical alumni at a similar program. There will be no charges for the MMF program. Interested alumni should contact Dave Teslow, Minnesota Medical Foundation, 5412 Powell Hall, University of Minnesota, Minneapolis, Minn. 55455.

PROGRAMS ON AGING

Human Aging III is a conference sponsored by the professional schools of the Health Sciences of the University of Minnesota, April 7-8, 1978. The conference will be held in Mayo Auditorium.

Three major themes to be discussed are: trends and issues in public policy on aging, environment-aging relationships, and biological and physiological factors of aging. Each area will be introduced by a nationally-recognized leader in the subject: Robert H. Binstock of Harvard University on public policy; Robert A. Aldrich of the University of Colorado on environment; Harold C. Slavkin of the University of California and Donald M. Watkin of HEW on biology and physiology. Other topics presented are the effects of public policy on the health professions, the effect of sensory deprivation on human function, reality orientation, sensory deficits and the immunologic system in aging.

The registration fee of \$30 is waived for University of Minnesota faculty and students. For registration information contact the Office of Continuing Medical Education, Box 293 Mayo Memorial Building, University of Minnesota, Minneapolis, Minn. 55455.

Frontiers in Aging: Life Extension is a multidisciplinary conference sponsored by the All-University Center on Aging. The conference will be held at the Radisson Hotel in St. Paul which is offering special room rates to conference participants. The conference will be held April 27-28. Sessions focus on such questions as: possibilities for prolonging physical and mental health; social, biological and cultural factors affecting longevity; ethical implications for increased longevity; quality of life considerations in life extension; and how increased lifespan might alter social, political and economic institutions. Conference participants are: Floyd K. Garetz of the University of Minnesota, Robert Butler of the National Institute of Aging, W. Donald Denckla of Harvard, Robert E. Kennedy of the University of Minnesota, Sula Benet of Hunter College, David Hackett Fischer of Brandeis University, Richard G. Cutler of the National Institute on Aging, Robert Veatch of the Institute of Society, Ethics and the Life Sciences, Hastings on Hudson, New York, Herbert Gerjuoy of the Futures Group, Glastonbury, Conn., Jerome Eckstein of the State University of New York Department of Judaic Studies, John L. McKnight of

Northwestern University and Tom McDonald, member of the U.S. House of Representatives Select Committee on Aging. Research reports will also be presented by 10 University of Minnesota faculty members: Thomas P. Anderson, Henry W. Blackburn, A. Saari Csallany, Leonard L. Heston, B. J. Kennedy, Robert G. McKinnell, John P. Brantner, Robert Fulton, John E. O'Brien and Henriette E. Saloshin.

For program or registration information, contact David Chittenden, program chairman, 219 Nolte Center, University of Minnesota, Minneapolis 55455 or phone (612) 376-2578.

SPRING & SUMMER CME

In addition to Human Aging III, the following continuing medical education programs have been scheduled for spring and summer:

Cardiopulmonary Diseases, March 30-April 1, Coffman Memorial Union Theatre, University of Minnesota, \$120.

Cardiovascular Disease; Conference with Clinical Preceptorship, April 13-15, St. Paul-Ramsey Medical Center, Gillette wing, St. Paul, \$300. The program is in two parts. Part 1 is a three-day lecture and demonstration course held April 13-15. Part 2 is a five-day preceptorship on the cardiology service at St. Paul-Ramsey. Part 2 is scheduled on an individual basis with program participants. Both parts must be taken to enroll.

Current Concepts in Retinal Disease, April 17-18, IDS Center Conference Theatre, downtown Minneapolis, \$145.

Current Concepts in Perinatal Medicine, April 20-21, St. Paul-Ramsey Medical Center, St. Paul. The first day considers high-risk obstetrics and reviews common obstetrical problems. The second day is devoted to problems of newborn management in the community hospital setting. \$95.

Common Colorectal Problems, May 5-6, Sheraton Ritz Hotel, Minneapolis, a practical approach to resolving the most commonly encountered anal, rectal and colonic problems, presented under direction of Dr. Carl E. Christenson, \$85.

Practical Dermatology in Primary Care, May 18-20, Mayo Auditorium, University of Minnesota, \$140.

Current Concepts in Radiation Therapy, May 24-26, Coffman Union Theatre, University of Minnesota, major emphasis is on cancer of the pelvic region, \$200.

Recent Advances in Laboratory Hematology and Hematopathology, May 24-26, Health Sciences Unit A, University of Minnesota, Minneapolis, emphasis on the use of cytochemistry, immunology, cytogenetics and lymphocyte membrane surface marker studies in the diagnosis of hematopoietic disorders, \$250.

Gastrointestinal Surgery, June 14-17, West Bank Auditorium, University of Minnesota, Minneapolis, presented as the 42nd annual continuation course of the Department of Surgery, \$250.

For further information on any of these CME programs, contact:

Continuing Medical Education
University of Minnesota
Box 293 Mayo Memorial Building
420 Delaware St. S.E.
Minneapolis, Minn. 55455
(612) 373-8012

MEDICLINICS HONORS DON HASTINGS

Donald W. Hastings, who died unexpectedly of a heart attack Sept. 4, 1977, at age 61, was honored with a memorial lecture at the Annual Mediclinics Refresher Course in Florida March 13. The Don Hastings Memorial Lecture was presented by Dr. Howard P. Rome, emeritus professor of psychiatry at the Mayo Clinic. Dr. Hastings was one of the founders of Mediclinics and a long-time participant in its annual meetings.

Dr. Hastings was born in Madison, Wis., in 1910 and received his undergraduate education and his medical degree from the University of Wisconsin. He served as chief psychiatrist for the famed Eighth Air Force during World War II and joined the University of Minnesota as professor and head of the department of psychiatry in 1946. He created an academic psychiatry program at the University of Minnesota and was organizer of a change-of-sex program begun at the University in 1966. The sex change program received wide attention when

29 transsexuals received male-into-female operations at the University in a three-year period.

Among many honors and positions held by Dr. Hastings were: membership in the National Research Council, consultant to the Surgeon General of the United States Air Force, and consultant to the Advisory Council on Medical Sciences of the Department of Defense.

He is survived by his wife, Jane, and their children, Don Jr., Mary, and Jane Hastings Silver.



Dr. Hastings.

ALUMNI DEATHS

David D. Allison — 1950

Died Jan. 8 at age 52. The Litchfield, Minn., physician was on his way to church after making hospital rounds when he suffered a heart attack. He was born in Brainerd, Minn., April 16, 1925, and married Georgia Sanford there in 1946. He began his practice in Litchfield in 1951. His wife Georgia and their six children survive him.

Theodore Q. Benson — 1929

Died Oct. 24, 1977. He practiced in Grand Forks, N.D.

Rolland A. Bock — 1908

Died Nov. 29, 1977, at age 98. After retirement as a general practitioner, he began work with the Red Cross and continued with that organization well into his nineties. He lived in St. Paul.

Albert Boles — 1917

Died Aug. 20, 1977, in Oakland, Calif. He was captain of the 1914 Minnesota Gopher football team and coached football at Minnesota, the U.S. Naval Academy and the University of California at Berkeley. He practiced medicine in Oakland from 1919 to 1973. He was honored as the San Francisco area "Minnesota Alumnus of the Year" in 1960.

Ruth E. Boynton — 1920

Died Dec. 21, 1977, in Miami, where she made her retirement home. She was selected by the Minnesota Medical Alumni Society for a Harold S. Diehl Award in 1977 but did not attend award ceremonies because of ill health. Her Diehl Award certificate has been placed in the Boynton Health Service Building, the student health service at the University of Minnesota. The building was renamed in her honor in May of 1975. Dr. Boynton became director of the University's Health Service in 1936 and retired in 1961. Under her leadership virtually all of the stated purposes of the health service were fully developed and refined. She was born in LaCrosse, Wis., in 1896. She was named assistant director of the student health service not long after graduating from the Medical School. From 1922 to 1927, she was



Dr. Boynton.

first instructor and then assistant professor of preventive medicine and public health at the University of Minnesota. She received a master's degree in public health in 1927 and accepted a position as assistant professor of medicine and chief medical advisor for women at the University of Chicago. Four years later she returned to Minnesota. For three years, during World War II, she served as acting director of the University of Minnesota's School of Public Health. At the student health service she conducted special studies of tuberculosis, including studies of infection rates among student nurses. She found that student nurses whose training was limited to general hospitals without special tuberculosis services had a tuberculosis infection rate 100 times that of students in the College of Education. She was president of the Minnesota State Board of Health in 1945 and served as a member until her retirement from the University. She became a member of the American Student Health Association, later called the American College Health Association, at its beginning and was its secretary from 1935 to 1940 and its president from 1940 to 1941.

John A. Cowan — 1931

Died June 30, 1977. He received a master's degree in public health from the University of Minnesota in 1940. He practiced in East Lansing, Mich.

Solomon D. David — 1916

Died Dec. 1, 1977, at age 89. He practiced and died in Houston, Texas. He was a Fellow of the American Academy of Orthopedic Surgeons and was a founder of his county orthopedic society. He established a David family foundation for charitable giving and also founded the Endowment Foundation for Worthy and Needy Students at Macalester College in St. Paul, his undergraduate alma mater. He was author of four volumes of Arabic Poetry, as well as many articles on orthopedic surgery.

William W. Hall — 1918

Died Jan. 6 in San Diego. He was 85. Dr. Hall was the first pathologist assigned to the Balboa Naval Hospital. His early success with tetanus immunization aboard a hospital ship in 1934 resulted in routine immunizations for tetanus being started at the Naval Academy in 1938. His efforts were reportedly directly responsible for the total elimination of tetanus in Navy and Marine casualties during World War II. He contributed significant research into the effects of black widow spider venom. After retiring from the Navy in 1949, he worked for 15 years as a pathologist at Mercy Hospital in Bakersfield before moving back to San Diego in 1964. He was a Diplomate of the American Board of Pathology and the American Board of Internal Medicine. He was a Fellow of the College of American Pathologists and a member of the American College of Physicians and the American Society of Clinical Pathologists.

Anderson Hilding — 1919

Died Dec. 5, 1977, in Duluth, Minn. He was 85. A specialist in eye, ear, nose and throat disease, he reportedly did much of the basic research establishing the fundamental functions of the nose, sinuses and lungs.

Gerhard E. Knutson — 1939

Died in St. Paul Feb. 9 at age 70. He had been a hemiplegic since suffering



Dr. Gerhard Knutson.

a stroke in 1975. He graduated from Luther College, Decorah, Iowa, and taught high school music and Latin for five years before returning to college at St. Olaf. After graduating from Medical School, he studied pediatrics at McGill University in Montreal. He served as medical officer and head of the pediatrics department at Oak Ridge Tennessee during the war. After his discharge in 1946, he entered practice in St. Paul with Drs. Vernon D. E. Smith, Malcolm Pearson and Herman Wolff, where he remained until his illness. He married Margaret Johnson of Mankato in 1938, and she and their five children survive him. Their son David W. Knutson is a 1967 graduate of the University of Minnesota Medical School and is now instructing and doing research in nephrology at Wordsworth and the University of California, Los Angeles. Their son Gerhard W. is a doctor of mathematics with his own company, Industrial Health Engineering Associates of Hopkins, Minn. Their son James is a dentist in Mora, Minn. Their daughter Mary Brabeck is an instructor in educational psychology in Rhode Island. Their daughter Karin Grosscup is a clinical nurse specialist at Hennepin County Day Treatment Center.

Kenneth R. Larson — 1943

Died Jan. 4 in Scottsdale, Ariz. He was in the general practice of medicine in the Lowry Medical Arts Building in St. Paul for over 20 years and was on the staffs of St. Luke's, St. Joseph's, St. John's, Riverview and Children's hospitals. He was well known for his

accomplishments in the treatment of alcoholism, diseases of the aging, and endocrine disorders. In 1965 he joined the staff of the Moose Lake State Hospital where he worked primarily in geriatrics. He retired in August of 1976 and moved to Scottsdale. He was the recipient of numerous awards and honors, including citations from the President of the United States, the Governor of Minnesota, the Mayor of St. Paul, the American Red Cross, Alcoholics Anonymous groups and the Calix Society, an organization of Catholic recovered alcoholics which made Dr. Larson its first non-Catholic non-alcoholic member. Dr. Larson was founder and president of American Geriatrics Enterprises, Inc., a company established to give employment to men who were unable to obtain employment due to their age. He was a member of the American Academy of Family Practice, the American Association for the Advancement of Science, the American Geriatrics Society, the American Psychiatric Association, the American Society of Clinical Hypnosis, the Endocrine Society of America, a charter member of the Minnesota Academy of Family Practice, a member of the Minnesota Governor's Committee on Aging and the Governor's Citizen Council on Alcoholism, and many other local, state and national medical and community service organizations. He is survived by his wife, Ella Wilcox Larson, their son Leland L. of St. Paul and three grandchildren.

Lawrence M. Larson — 1927

Died Feb. 13 at age 74. He was an active staff member of Northwestern Hospital in Minneapolis for 52 years and was a clinical professor of surgery for the University of Minnesota Medical School. He is survived by his wife Phyllis and sons Dr. Richard E. of Edina, Dr. Stephen L. of Excelsior, Dr. David E. of Alexandria, and Philip P. of Wheaton, Ill.

LeRoy J. Larson — 1920

Died recently at Bagley, Minn. He practiced medicine in Clearwater County, Minnesota for 57 years. Minneapolis Tribune columnist Robert T. Smith recently wrote that Dr. Larson

delivered at least 4,000 babies in the county and handled everything from measles to heart attacks. Smith also reported that Dr. Larson died "with more than \$100,000 due him in fees. He never was much good at collecting bills."

Stanley W. Lundblad — 1936

Died in February at age 65. He practiced and retired in Minneapolis.

Kenneth P. Malvey — 1933

Died recently at age 73. He was associated with the Boynton Health Service at the University of Minnesota.

Howard Mahorner — 1928 (M.S.)

Died Oct. 27, 1977.

William T. Miller — 1946

Died in February in Minneapolis. He was in general practice in West St. Paul for several years and was recently associated with the VA Hospital in Minneapolis.

Earl Opstad — 1946

Died Dec. 25, 1977, of cancer after an illness of about one year. He was an internist at St. Louis Park (Minn.) Medical Center and former assistant medical director of Northwestern National Life Insurance Company.

Robert B. Radl — 1924

Died Feb. 13, 1977, at Aptas, Calif., where he had been retired for a number of years. He was 75. He was reportedly the first certified specialist in internal medicine to practice in North Dakota. He was a Fellow of the American College of Physicians and of the American College of Allergists. He was the state medical officer for the Selective Service program in North Dakota, and later for Minnesota. He left North Dakota in 1959 for California, where he was medical director for the state department of employment disability insurance in Sacramento. He retired in 1970. His wife Louise survives him.

William R. L. Reinhardt — 1921

Died April 11, 1977.

Walter C. Stillwell — 1922

Died Jan. 14, 1977. He practiced in Mankato, Minn.

Clarence F. Wohlrabe — 1924

Died Feb. 17, 1977. He practiced medicine in Mankato, Minn., beginning in 1939, and in Springfield and Minneapolis prior to that.

TWO ADVICE COLUMNISTS AGREE ON IMPORTANCE OF WILLS

Nationally syndicated advice columnist Ann Landers said in a recent column, "The way to make certain your money and possessions will go where you want them to go is to draw up a will with the assistance of a lawyer. Be aware that changes made at a later date must be witnessed in accordance with the laws of your state. Most states require two witnesses, some three. Without the signatures of the witnesses, the changes will not be considered valid."

In her nationally-syndicated financial column, Sylvia Porter recently told about a widow who divided her husband's estate with a niece of her husband whom he disliked and had not seen in years. The niece got \$10,000 because the state's law was that, in the absence of a will, the spouse of a person who dies without descendants shares the estate with any brother, sister, nephew or niece of the deceased.

Ms. Porter listed the following reasons for having a will, as suggested by the Research Institute of America:

- To dispose of your belongings to those whom you wish, in the proportions that you choose and to provide for your loved ones in the best possible way.
- To let all interested relatives and friends know your wishes.

- To make it easier for the recipients to obtain and use what you left and to avoid fights and irritations.
- To reveal aspects of your financial affairs that may be unknown to anyone else.
- To ease the task of whoever is going to take care of minor children and influence the choice of any guardian.
- To avoid the "bottomless pitfalls" of dying intestate, which means your property will be distributed according to the laws of your state, you may forfeit important tax advantages, your close relatives will share in the estate but probably not in the proportions you would have wanted, and you might actually penalize your loved ones.

The Minnesota Medical Foundation adds to this the suggestion that charitable contributions can be handled quite easily through your will — but charity will receive no part of your estate if you die without a will. We hope that you will remember your Medical School through a bequest to the Minnesota Medical Foundation.

Seven out of every ten Americans who die, do so without having drawn a will. Don't let it happen to you.

REQUEST FOR FURTHER INFORMATION

ON ESTATE PLANNING

MAIL TO: David R. Teslow, Development Officer
Minnesota Medical Foundation
5412 Powell Hall
University of Minnesota Medical School
Minneapolis, Mn. 55455 (612) 373-8023

- Please send information on including MMF in my will.
- Please send booklet on PLANNING YOUR RETIREMENT
- Please send booklet on PLANNING YOUR ESTATE AFTER TAX REFORM.
- Please send booklet on UNDERSTANDING TAX REFORM.
- Please send booklet on TRUSTS FOR FAMILY AND SOCIETY.
- Please send booklet on BEQUESTS.
- Without obligation to me, please call to arrange to visit me at my convenience.

Dr.
Mr.
Mrs.
Miss
Name _____ Telephone _____

Address _____

(City) (State) (Zip)

Birthdate _____ Gift Amount (optional) \$ _____

(Please note questions on an attached sheet of paper)

- Page 285 — Sarah Davidson Wangensteen, Owen's wife, is a Phi Beta Kappa graduate of Vassar, and is indeed senior medical historian for the University of Minnesota, but she is not a physician.
- Page 296 — Add WOLTJEN, M. J., '49, 17 Green Bay Circle, Abilene, TX 79602.
- Page 300 — Evertt R. Youngren is deceased.
- Page 334 — We can't explain how Rochester came to be listed as a country, with E. J. Faber listed as the only Minnesota graduate in practice.
- Page 339 — There were two Hartigs in the class of 1914, Hugo and Hermina, husband and wife. They are both deceased.
- Page 356 — Needless to say, perhaps, but the class of "195" does not exist. **Michael M. Chmel**, who is listed with that non-existent class, was omitted from the 1975 class list, his correct class. Dr. Chmel does appear in the alphabetical section on page 46, correctly listed as a 1975 graduate.
- Page 366 — The entire class of 1977 is listed on pages xiv and xv.

MEDICAL ALUMNI DIRECTORY

ADDITIONS, CORRECTIONS, UPDATES

The first University of Minnesota Medical Alumni Directory in 10 years was published in 1977 by College & University Press, Falls Church, Virginia, under the auspices of the Minnesota Medical Foundation, the University of Minnesota Medical School and the Minnesota Medical Alumni Society. Well over 2,000 of the directories have been sold directly to medical alumni by College & University Press. None of the Minnesota medical affiliates mentioned derives any income from the sale of directories.

Since the directories were released late in 1977, a number of errors have been discovered by the Minnesota Medical Foundation, medical faculty and alumni. The following is the first of what we expect will be many efforts by the **Medical Bulletin** to occasionally update the Directory and point out errors which have been called to our attention. The Minnesota Medical Foundation invites readers of the Bulletin to write concerning other errors in the Alumni Directory. The 1977 Medical Alumni Directory was published in limited quantity based on advance orders. Although the supply is limited, a few copies are still available to alumni who wish to directly contact College & University Press, 803 West Broad, Falls Church, Virginia 22046.

These corrections and updates of the Medical Alumni Directory can be cut from the **Medical Bulletin** and placed inside your directory. Each notation includes the directory page number on which the addition, deletion or alteration should be made, for those who wish to write notes in the directory itself.

Page xi — Charles G. Sheppard received a Harold S. Diehl Award in 1963.

Page xiii — "Sam Foster" in list of recipients of University of Minnesota Outstanding Achievement Awards is Sam Foster **Seeley**.

Page xx — Identifications under photos of Medical School Dean N. L. Gault, and immediate past Dean Robert B. Howard were reversed. A corrected "overlay" was mailed to owners of the Alumni Directory by the publisher. This overlay can simply be placed over the present photos to correct the error. If you own a directory and did not receive the overlay, write to the Minnesota Medical Foundation, 5412 Powell Hall, University of Minnesota, Minneapolis, Minn. 55455 and a corrective overlay will be mailed to you free of charge.

- Page 2 — Madeline S. Adcock is deceased.
Page 4 — David D. Allison is deceased.
Page 5 — Albert E. Amundsen is deceased.
Page 12 — J. Richards Aurelius is deceased.
Page 16 — Add BARNET, E. G., '29, ENT, allergy and headache. 550 W. Thomas Rd., Suite 2230, Phoenix, AR 85013, 602 264-7957
Page 21 — Theodore Q. Benson is deceased.
Page 24 — Alfred N. Bessesen is deceased.
Page 26 — Add BIRKEY, Thomas G., '61, 513 N. 9th St., Montevideo, MN 56265.
Page 30 — Earl N. Bossingham is deceased.
Page 31 — Ruth E. Boynton is deceased.
Add BOYSEN, Alexander M., '48, Ret. Army Col., Rt. 6, Box 191, Bemidji, MN 56601.
Page 41 — Wayne W. Canfield is deceased.
Page 42 — Add CARLSON, Hjalmar E., '29, 525 Penn Park Medical Center, 2929 Baltimore, Kansas City, MO 64108.
Page 49 — Woodard L. Colby is deceased.
Page 52 — Albert D. Corniea is deceased.
Page 53 — John A. Cowan and John Patrick Craven are deceased.
Page 57 — Solomon D. David is deceased.
Page 59 — James E. DeMeules, '64, is an *associate* professor.
Page 68 — S. Paul Ehrlich Jr. is deceased.
Page 77 — D. O. Ferris is deceased.
Page 83 — Add FRENCH, Lyle A., '39, neurosurgery, vice president of health sciences, University of Minnesota, 612 373-7610 and 373-7615, res. 85 Otis Lane, St. Paul, MN 55104, 612 644-7115.
Page 90 — Milton J. Geyman is deceased.
Page 102 — Frederick C. Hadden is deceased.
Page 104 — William A. Hall is deceased.
Add HALD, Chris, '51, general practice, Box 127, Ashland, OR 97520.
Page 108 — Harry P. Harper and William F. Hartfiel are deceased.
Page 111 — Martin C. Havel is deceased.
Page 112 — Philip C. Hedenstrom is deceased.
Page 115 — Erling G. Hestenes is deceased.
Page 116 — A. C. Hilding is deceased.
Page 126 — Edward A. Jackson is deceased.
Page 145 — Gerhard E. Knutson is deceased.
Page 154 — Kenneth R. Larson, Lawrence M. Larson and Leroy J. Larson are deceased.
Page 170 — Howard R. Mahorner is deceased.
Page 178 — Frank F. McKean is deceased.
Page 199 — Carl E. Norberg is deceased.
Page 200 — Add NWOKEUKU, Albert A., '58, 85/87 Okigwe Rd., Owerri, Imo State, Nigeria. Director of Ellison Hospital.
Page 201 — Add NYDAHL, Bruce C., '60, internal medicine, Southdale Internal Medicine, P. A., Minneapolis, MN 55435, 612 920-2696.
Audrey B. Nydahl is not a physician.
Page 202 — Michael David Okada is deceased.
Page 205 — Earl T. Opstad is deceased.
Page 211 — Fritz R. Pearson is deceased.
Page 214 — Add PETERSON, Edward Nohl II, '54, 616 Glengary Dr., Pittsburgh, PA 15215.
Page 223 — Add RASMUSSEN, Ruth Campbell. She is listed on page 41 under Campbell, but does not practice under that name.
NOTE: Most women graduates are listed in the directory under their married names. Those who practice under their maiden name should write or call the Minnesota Medical Foundation, 5412 Powell Hall, University of Minnesota, Minneapolis, MN 55455, 612 373-8023, to alert the Foundation to the incorrect listing.
Page 225 — William R. L. Reinhardt is deceased.
Page 229 — Otto F. Ringle is deceased.
Roger J. Ripple Jr. is not a physician.
Page 231 — Arthur B. Roehlke is deceased.
Page 232 — Lucy Balian Rorke is a neuropathologist.
Page 237 — Add SAINE, Brian, '67, The South Bend clinic, 211 Eddy, South Bend, IN 46617, res. 1842 Southernview Dr., South Bend 46614.
Page 249 — David A. Sher is deceased.
Page 256 — Olaf Ivar Sohlberg is deceased.
Page 260 — Raymond J. Spurzem is deceased.
Add STAVIG, Paul H., '49, obstetrics, 1119 Cottonwood St., Woodland, CA.
Page 270 — Add TANI, George T., '50, ophthalmology, 810 Belmont Lane, St. Paul, MN 55117.
Page 273 — Jon R. Thorshov is deceased.
Page 279 — Robert H. Vadheim is deceased.
Frederick H. Van Bergen is professor and chairman of the University of Minnesota's department of anesthesiology.
Page 281 — A. Verbrugghen, '22, is in neurological surgery, not neurology.
Page 285 — Owen H. Wangensteen, one of Minnesota's best known surgeons, is listed as a general practitioner.

Now you can say...

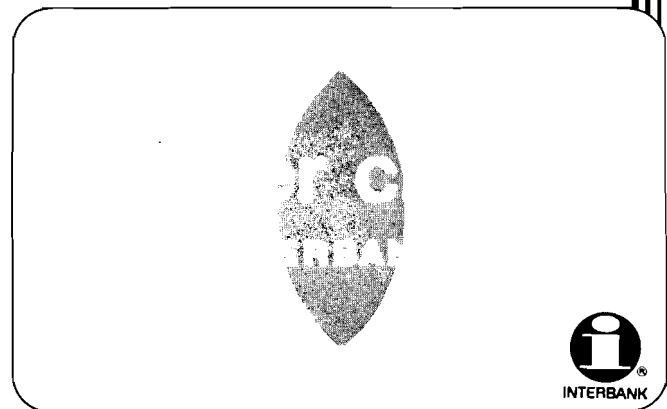
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