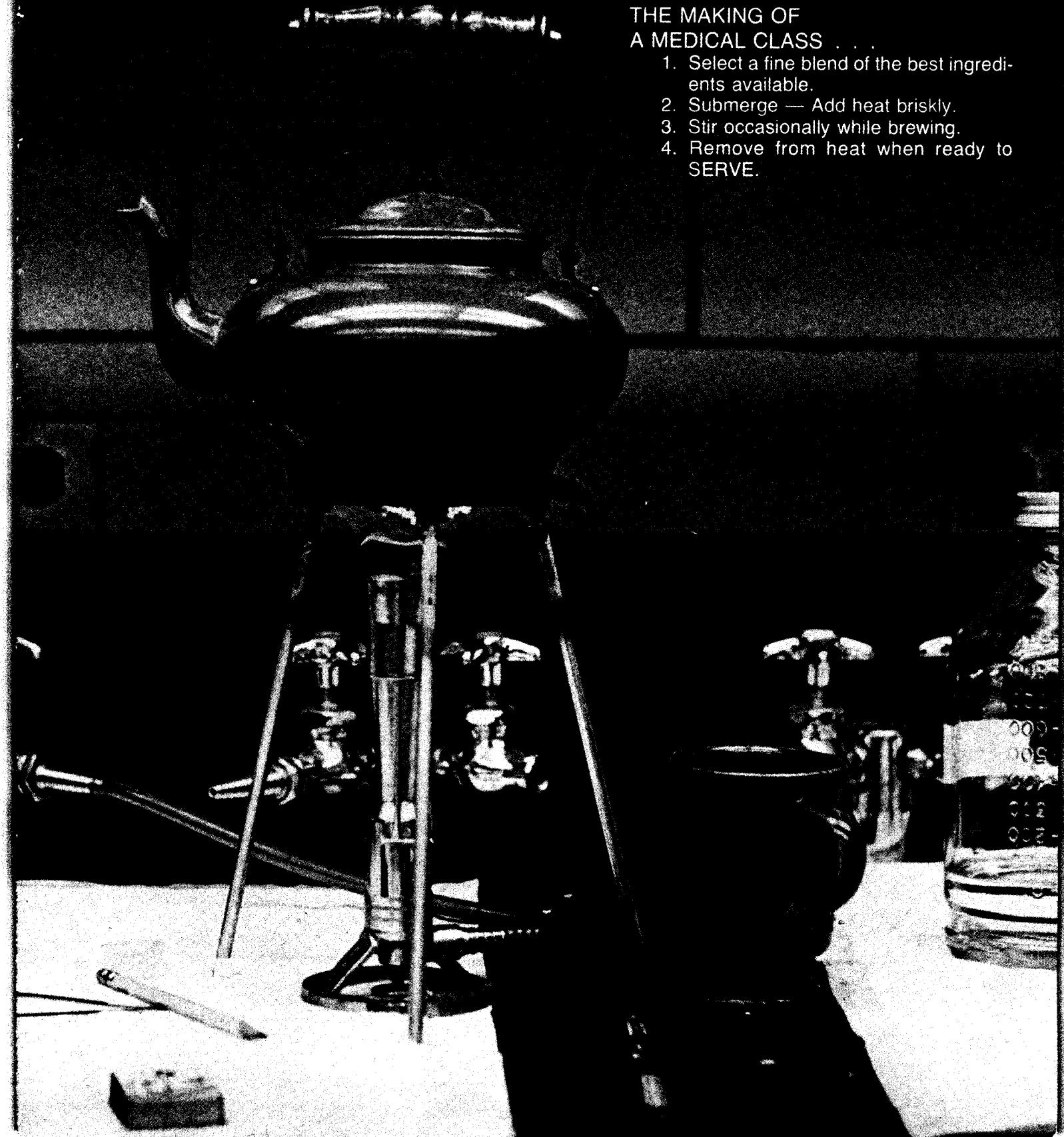


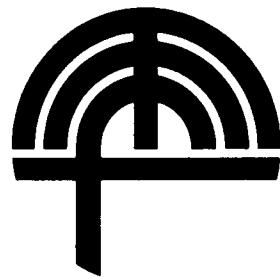
Medical Bulletin

UNIVERSITY OF MINNESOTA
FALL 1978 ISSUE

THE MAKING OF A MEDICAL CLASS . . .

1. Select a fine blend of the best ingredients available.
2. Submerge — Add heat briskly.
3. Stir occasionally while brewing.
4. Remove from heat when ready to SERVE.





MINNESOTA MEDICAL FOUNDATION

THE UNIVERSITY OF MINNESOTA MEDICAL BULLETIN

TOM PATTERSON, EDITOR
EIVIND O. HOFF, EXECUTIVE EDITOR

FALL 1978 ISSUE

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THE 1ST-YEAR MEDICAL CLASS . . .

As usual, the entering medical class of the University of Minnesota is a choice blend of talented individuals. For the moment though, we are going to take a look at the "group" and some of its statistics.

Statistics on the group of students entering the Medical School in '78-'79 show a slightly higher undergraduate grade point average (GPA) than the 1977 entering class (3.49 out of a possible 4.0, as compared with 3.43 for the 1977 entering freshmen).

But, even though the '78 freshmen set a little higher GPA in undergraduate school than their sophomore colleagues, more of them than ever before — or at least in modern history — were admitted because an earlier choice decided not to enroll at Minnesota. Of the 239 selections from 1,584 applicants, 141 decided not to enroll at the University of Minnesota Medical School. (One entered the seminary and the rest went to other medical schools. Of these, 46 were delayed admissions, having been accepted a year earlier, and 31 were minority students). The admissions office used its entire alternate list and surprised some applicants who had been turned down by sending them "change of heart" letters.

Of the 239 who did enroll in the 1978 entering class, 177 (74%) are men and 62 (26%) are women. Among the 239 in the class are 221 Minnesota residents (two-thirds of them from the Twin Cities or suburbs) and 18 non-residents. Of the 1,584 applicants, 784 were state residents (583 men and 200 women) and 800 were non-residents (605 men and 195 women). There were 85 reapplicants from previous years.

The median age of the class is 22, the youngest class member, 20, and the oldest, 36.

Of more than 450 parent occupations listed for the class, 152 are listed as professionals. Forty-six students said their father was a physician and one has a physician mother.

1978 Entering Class By Parents' Occupation

| | Father | Mother |
|--------------|--------|--------|
| Physician | 46 | 1 |
| Professional | 91 | 61 |
| Managerial | 13 | 3 |
| Homemaker | 0 | 128 |

| | | |
|--------------|-----|-----|
| Own Business | 8 | 3 |
| Farmer | 3 | 0 |
| Sales | 22 | 6 |
| Clerical | 0 | 25 |
| Skilled | 27 | 9 |
| Unskilled | 16 | 2 |
| Retired | 5 | 0 |
| Disabled | 2 | 0 |
| Clergy | 3 | 0 |
| Unknown | 2 | 0 |
| Deceased | 1 | 1 |
| | 239 | 239 |

More than 90 of the 239-member class received their undergraduate education at the University of Minnesota, including 4 at the University of Minnesota-Duluth and 3 at the Morris branch. Another 79 did their undergraduate work at private colleges in the state, 4 at other state universities, 16 at colleges in surrounding states, and 16 at Eastern colleges.

Median scores on the new MCAT were 9's and 10's. A chart accompanying this article shows a further breakdown by MCAT subject area. The chart shows the *number* of students in the class scoring within various ranges on each subject of the MCAT.

There are 18 minority students in the 1978 entering class, 13 men and 5 women.

As a comparison of applications versus class size for previous years, we offer the class of 1958 at 282 applicants for the 135-member class. The largest applicant year was 1975, when 2,064 applied for 239 places. Tables on the following pages detail more information on these statistics.

We follow the tables with two maps showing where our *graduates* are, as of the same time this new class started. The maps show alumni distribution by state and within the state.

Considering the Medical School study ahead for our new first-year class, and the lifetime of CME and independent study after that, we can't help reflecting that these students are in not for a sprint but a marathon.

—tom patterson

WHERE THEY COME FROM . . .

Applicants to 1978 Entering Class By County of Legal Residence

The first number following the county name is the number of applicants from the county, the second is the number of applicants accepted, and the third is the number from that county who matriculated.

| | | | | | | | | |
|---------------|-----|-----|-----|--|-----|----|----|--|
| Aitkin | 1 | 1 | 1 | Pennington | 3 | 1 | 0 | |
| Anoka | 17 | 6 | 6 | Polk | 4 | 1 | 1 | |
| Becker | 1 | 0 | 0 | Pope | 1 | 0 | 0 | |
| Beltrami | 5 | 1 | 0 | Ramsey | 113 | 40 | 25 | |
| Benton | 4 | 1 | 1 | Rice | 5 | 2 | 2 | |
| Blue Earth | 8 | 0 | 0 | Rock | 2 | 1 | 1 | |
| Brown | 3 | 2 | 2 | Roseau | 2 | 0 | 0 | |
| Carlton | 4 | 1 | 0 | St. Louis | 39 | 14 | 13 | |
| Carver | 1 | 0 | 0 | Scott | 4 | 2 | 2 | |
| Cass | 1 | 0 | 0 | Sherburne | 6 | 1 | 0 | |
| Chisago | 1 | 0 | 0 | Sibley | 2 | 0 | 0 | |
| Clay | 8 | 5 | 1 | Stearns | 15 | 4 | 2 | |
| Cottonwood | 2 | 1 | 1 | Steele | 4 | 1 | 0 | |
| Crow Wing | 6 | 0 | 0 | Stevens | 1 | 0 | 0 | |
| Dakota | 31 | 10 | 8 | Swift | 2 | 1 | 1 | |
| Dodge | 2 | 1 | 1 | Todd | 4 | 0 | 0 | |
| Douglas | 1 | 0 | 0 | Wabasha | 3 | 1 | 1 | |
| Faribault | 3 | 2 | 2 | Washington | 22 | 7 | 6 | |
| Fillmore | 5 | 1 | 1 | Watonwan | 1 | 1 | 1 | |
| Freeborn | 6 | 3 | 2 | Winona | 8 | 4 | 2 | |
| Goodhue | 8 | 2 | 1 | Wright | 5 | 2 | 1 | |
| Hennepin | 315 | 131 | 109 | Yellow Medicine | 3 | 0 | 0 | |
| Houston | 2 | 1 | 1 | Unidentified | 1 | 0 | 0 | |
| Hubbard | 2 | 0 | 0 | Counties from which no applications were received: | | | | |
| Isanti | 3 | 0 | 0 | Big Stone | | | | |
| Itasca | 2 | 1 | 0 | Chippewa | | | | |
| Jackson | 2 | 1 | 0 | Clearwater | | | | |
| Kanabec | 1 | 0 | 0 | Cook | | | | |
| Kandiyohi | 2 | 1 | 0 | Grant | | | | |
| Koochiching | 2 | 1 | 0 | Kittson | | | | |
| Lac Qui Parle | 1 | 1 | 1 | Lake of the Woods | | | | |
| Lake | 2 | 2 | 0 | Mahnomen | | | | |
| Le Sueur | 1 | 1 | 1 | Marshall | | | | |
| Lincoln | 1 | 0 | 0 | Martin | | | | |
| Lyon | 1 | 0 | 0 | Pine | | | | |
| McLeod | 4 | 2 | 2 | Pipestone | | | | |
| Meeker | 3 | 0 | 0 | Red Lake | | | | |
| Mille Lacs | 1 | 0 | 0 | Redwood | | | | |
| Morrison | 3 | 2 | 2 | Renville | | | | |
| Mower | 8 | 3 | 2 | Traverse | | | | |
| Murray | 3 | 0 | 0 | Wadena | | | | |
| Nicollett | 4 | 3 | 1 | Waseca | | | | |
| Nobles | 3 | 0 | 0 | Wilkin | | | | |
| Norman | 2 | 2 | 2 | | | | | |
| Olmsted | 41 | 15 | 13 | | | | | |
| Otter Tail | 7 | 3 | 2 | | | | | |

**University of Minnesota
Medical Class Entering Fall 1978**

| | | | |
|--|-------|---|-----|
| Total applicants | 1,584 | Non-resident applicants (females 195, males 605) | 800 |
| Minnesota applicants (females 200, males 583, 1 no response) | 784 | | |

| | | |
|--|-----|---|
| Applicants offered positions in 1978 class | 380 | (Including 49 minority students, 80 alternates, & 39 delayed from '77) |
| Declined or withdrew | 141 | (Including 46 delayed admissions and 31 minority students. One entered seminary; rest went to other medical schools) |
| | | Residents 111 |
| | | Non-residents 30 |

1978 Entering Class (N=239)

| | | | |
|---------------|-----|---------|-----|
| Residents | 221 | Females | 62 |
| Non-residents | 18 | Males | 177 |

Total Grade Point Average

| | |
|----------------|-----|
| 3.6 and higher | 106 |
| 3.1 — 3.5 | 101 |
| 2.6 — 3.0 | 27 |
| Less than 2.6 | 5 |

Premedical Education

| | |
|--------------------------------|----|
| U of M (incl. UMD 4, UMM 3) | 91 |
| Minnesota State Universities | 4 |
| Minnesota private colleges | 79 |
| Colleges in surrounding states | 16 |
| Eastern colleges | 16 |
| Other: | 33 |

12 East of the Mississippi

21 West of the Mississippi

| | |
|------------|------|
| Median GPA | 3.54 |
| Mean GPA | 3.49 |

Medical College Admission Test Scores

| Score | Biology | Chemistry | Physics | Science | SA/R | SA/Q |
|--------------|----------------|------------------|----------------|----------------|-------------|-------------|
| 14-15 | 0 | 1 | 10 | 2 | 0 | 0 |
| 12-13 | 25 | 48 | 41 | 37 | 19 | 45 |
| 10-11 | 95 | 86 | 54 | 89 | 100 | 97 |
| 8-9 | 66 | 54 | 79 | 64 | 60 | 45 |
| 6- 7 | 19 | 15 | 20 | 11 | 23 | 14 |
| 5 or less | 1 | 2 | 2 | 3 | 4 | 5 |

(33 Delayed admissions have no new MCAT scores)

| | | | | | | |
|--------------|----|----|---|----|----|----|
| Median score | 10 | 10 | 9 | 10 | 10 | 10 |
| Mean score | 9 | 10 | 9 | 10 | 9 | 10 |

Geographic Distribution of Minnesota Residents Enrolled in Medical School

| | |
|--|-----|
| Total number of Minnesotans enrolled | 221 |
| Number from Twin Cities and suburbs | 146 |
| Number from Duluth | 9 |
| Number from Rochester | 14 |
| Number from other towns, villages in the state | 52 |

There are 40 separate communities represented.

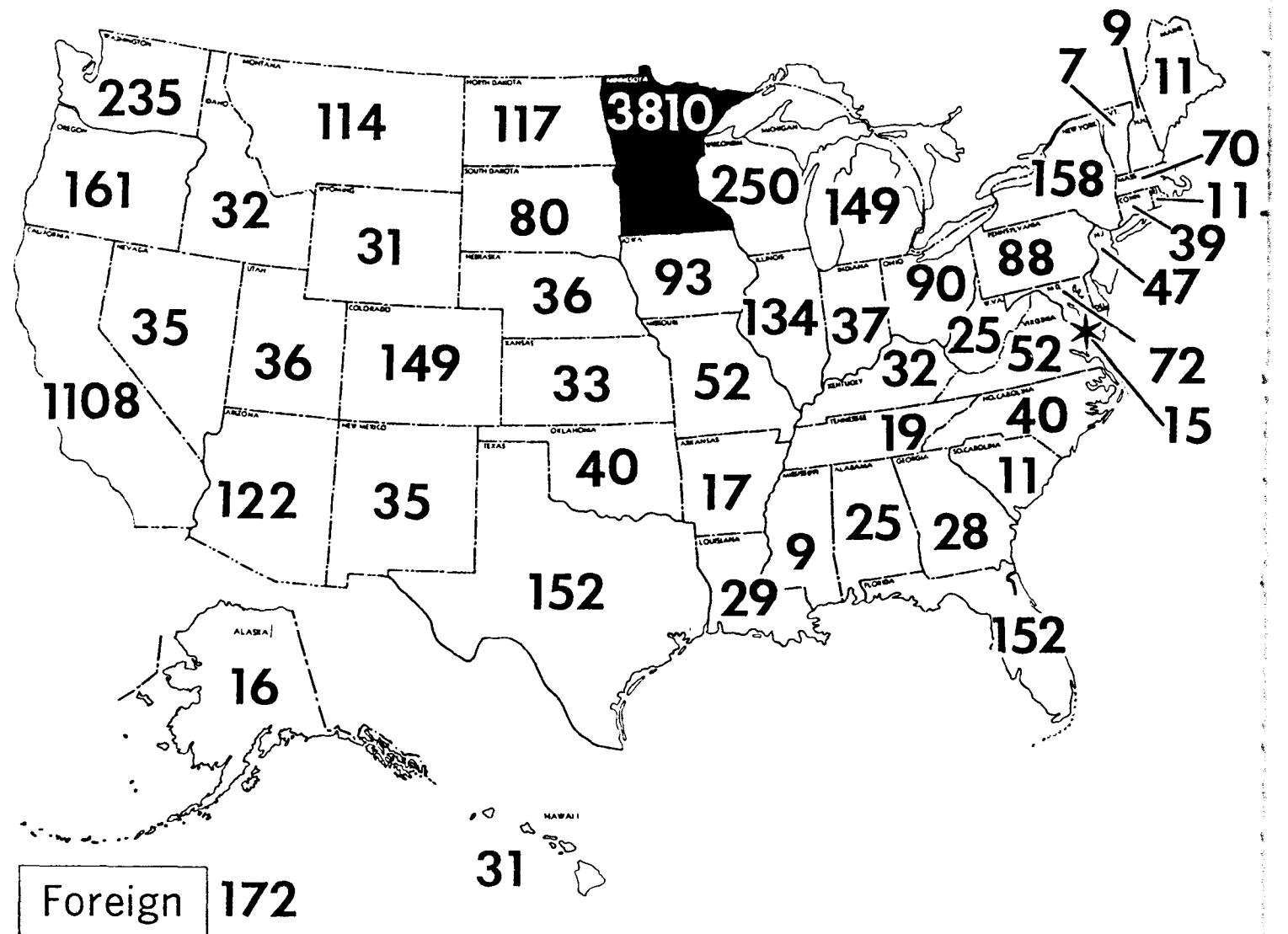
Year — Number of applicants — Number enrolled:

| '58 | '59 | '60 | '61 | '62 | '63 | '64 | '65 | '66 | '67 | '68 | '69 | '70 | '71 | '72 | '73 | '74 | '75 | '76 | '77 | '78 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|
| 282 | 319 | 337 | 392 | 504 | 612 | 689 | 798 | 639 | 643 | 619 | 833 | 974 | 1653 | 1716 | 1638 | 1898 | 2064 | 1743 | 1758 | 1584 |
| 135 | 137 | 147 | 152 | 152 | 155 | 156 | 153 | 163 | 160 | 161 | 164 | 227 | 227 | 239 | 239 | 239 | 240 | 239 | 239 | |

WHERE THEY GO . . .

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

1978-Distribution of Medical Alumni by State

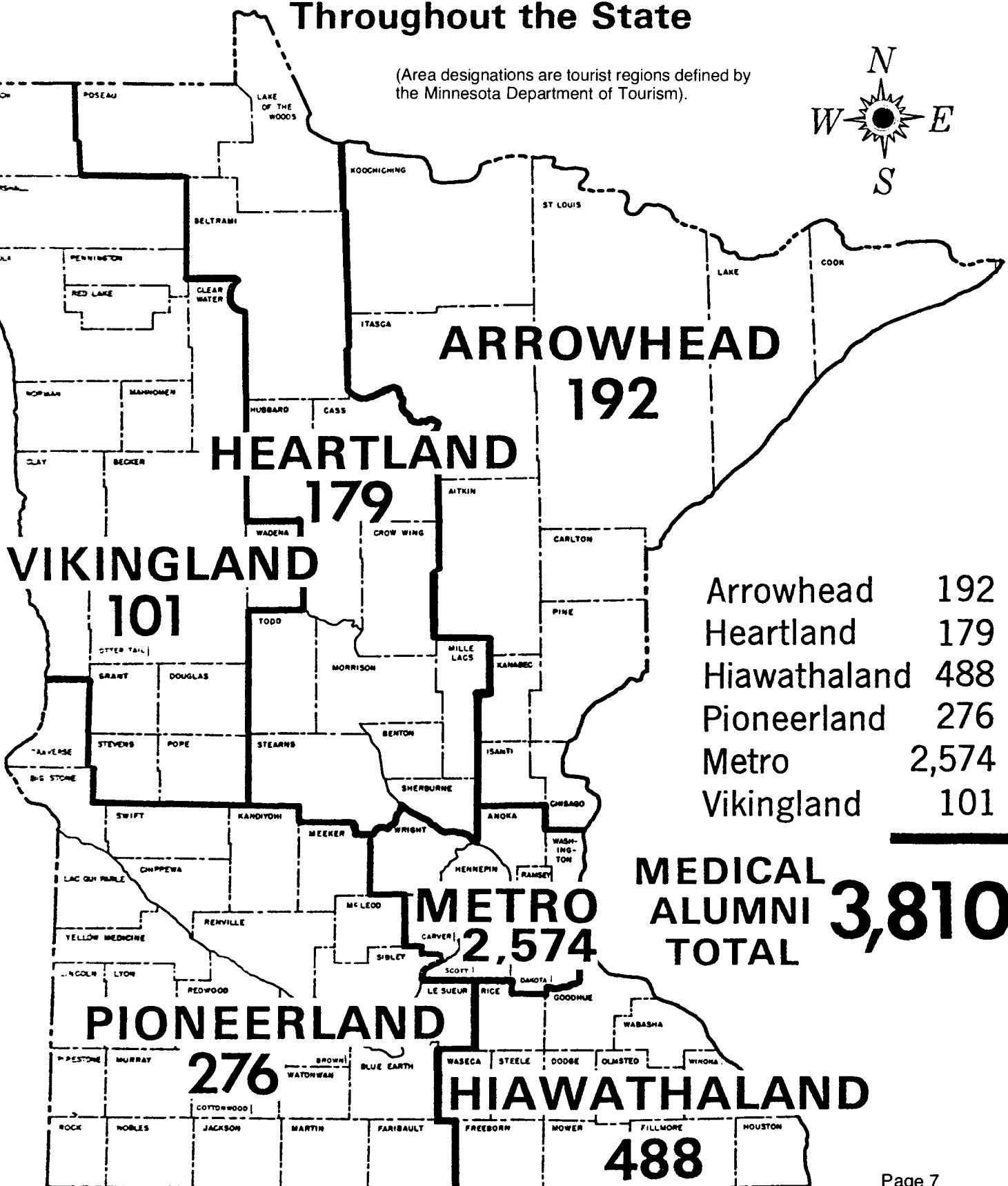
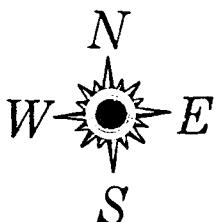


**MEDICAL
ALUMNI 8,316
TOTAL**

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

1978-Distribution of Medical Alumni
Throughout the State

(Area designations are tourist regions defined by
the Minnesota Department of Tourism).



DWAN DAYS

Dr. Paul F. Dwan's life and career have been closely linked with the University of Minnesota for more than 50 years. He started medical school at the University of Minnesota and transferred after two years to Harvard where he received his M.D. in 1928.

He moved back to Minnesota in 1931. For more than 40 years, he taught medical students and attended clinic patients at the University of Minnesota without a salary. Son of one of the founders of the 3M Company, he could do without the salary and instead gave millions of dollars of his own money to the University.

On the evening of Oct. 5, 1978, friends and associates of Dr. Dwan gathered for the naming ceremony for the Paul F. Dwan-Variety Club Cardiovascular Center. On Oct. 28, his friends and associates honored him again at the dedication of the Paul F. Dwan Pediatric Clinic on the fourth floor of the new clinics building at the University.

Dr. Dwan has shown unusual generosity to the University of Minnesota, as a teacher, physician and friend. He was recognized for his outstanding contributions to the pediatrics department with presentation of a Gold-Headed Cane Award in 1973. The University is proud to add his name to a building and a pediatrics clinic in recognition of his service and devotion.

For the cardiovascular center program, Dwan shared center stage with the Variety Club of the Northwest. From its inception in 1928, the Variety Club provided for the unmet needs of children. In response to many requests for encores to the many wonders of the Variety Club Heart Hospital, this group of people from the entertainment business added its support to the cardiovascular research center.



(L-R) Regent Robert Latz, Chief Barker J. Rodney Grubb, and Judge Joseph E. Wargo, chairman of the Variety Club Heart Hospital Association at the ceremonies naming the cardiovascular center.

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University of Minnesota President C. Peter Magrath, left, presents plaque to Dr. Paul Dwan.



Lillian Dwan, Eunice Caron, Paul Dwan, Helen Dwan Schubert.

Paul F. Dwan-
Variety Club
Cardiovascular
Center

425 East
River Road



(L-R) Dwan's son Peter, Dwan, grandchildren Paul S. Dwan (a University of Minnesota medical student), Mary Francis and Bill.



Drs. Russ Lucas, left, and James Moller at the dedication of the Dwan Pediatric Clinic.

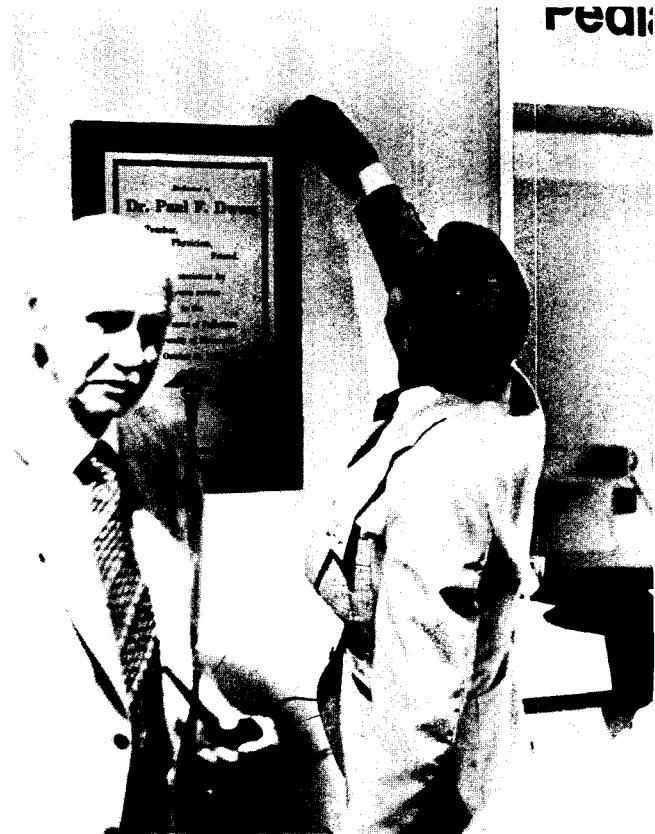




Dr. Toni Mariani and Dr. Bob Rosenthal at the pediatric clinic dedication.



Three winners of Gold-Headed Cane Awards for service to pediatrics were present at the dedication of the Dwan clinic: (left to right) Dr. Larry Richdorf, Dr. Bob Rosenthal, and Dr. Paul F. Dwan.



At right, interim head of pediatrics Dr. Bob Vernier unveils the dedication plaque for the new pediatrics clinic while Dr. Dwan stands by.



Dr. David M. Brown and Dr. Peter Coccia at the dedication of the pediatrics clinic.

PSYCHIATRY: RETROSPECT & PROSPECT

By Francis J. Braceland, M.D.

The following was presented as the Donald W. Hastings Memorial Lecture at the annual meeting of the Minnesota State Psychiatric Assoc., October 7, 1978.

I am proud and honored to give the Donald W. Hastings Memorial Lecture, for I knew him well and held him and Jane and his whole family in high regard and deep affection.

I knew Don from the day he began his residency in Philadelphia in 1936. I was his clinical director and I had just come home from Europe and found him at the hospital. Within a few weeks I saw him off to marry Jane, and I welcomed them both when they returned to the hospital. Thus the span of our acquaintance was over 42 years.

True enough, we hadn't been in close communication for several years before his death, but time and distance could not displace the affection which I held for them, for that was deep within me. Don was a handsome, big, pleasant, most attractive fellow. He was as wide-open as the outdoors which he loved. I said often, and he agreed, that he would have made a wonderful naturalist and forest ranger. He tried to teach me — a product of the city streets — some of the lore of the forest. I remember some of it — one never stepped into a clearing from the woods without a careful scrutiny of what was going on in the clearing. He also taught me to shoot straight and was patient and kind and helpful with me. Somewhere there is a picture of Don and Jane holding me up when we were ice skating. I was new at that, too.

By his very appearance, Don impressed people, and I remember some of the older psychiatrists commenting about how people would trust him naturally. I remember him also going to and from Harvard under the aegis of Earl Bond. Then I remember him in the Air Force and his brief return to the Pennsylvania Hospital before going to Minnesota at the end of the war. I suppose my most recent memories of him were of our times together at St. John's University where we had many long talks. I remember him asking me if I had a hole in my head when I started East to take the job at the Institute of Living. He had been offered the job at the Mayo Clinic before I was and he felt then that it was an impossible task, and I think it might have been at that time.

All of these memories tumble over themselves in my



Dr. Braceland, right, of the Institute of Living, Hartford, Conn., was editor of the *American Journal of Psychiatry* from 1965 until 1978. He is pictured here with Dr. Donald M. Mayberg (Med. '52), president of the Minnesota State Psychiatric Association, and Pat Rowe, executive secretary of the association.

mind. As I return here among all of those who worked with him and who I held dear, I can say unequivocally that of all of the colleagues with whom I was associated over a period of 46 years, Don Hastings stands high and unforgettable in my memory and in my affection. With all of you here I mourn his loss and say with you, "Requiescat in Pace."

In the most recent Maudsley Bequest Lecture given by Sir Denis Hill,¹ entitled "The Qualities of a Good Psychiatrist," Sir Denis noted that the concept of the consultant psychiatrist has recently been challenged and the expectation that in the future he will continue to treat patients personally seems to be doubted. He then makes his own attitude clear. He says, "The psychiatrist, in my view, is a physician in psychological medicine — a clinician — which means that his business and his professionalism are the personal care of patients. He is now called upon to do much more than this and the reasons are several and complex. But the old view of a psychiatrist as physician may be lost if he accepts only the role of administrator, PR man, or a member of a multiprofessional team with far-ranging ubiquitous responsibilities."

Sir Denis went further and noted that as late as 1977 the General Medical Council recognized and welcomed the growing contribution to health care by other professionals and had no desire to restrain them as long as they worked within the proper scope of their skills, but noted that the doctor must be sure of their skills if he is to delegate to them and that he must also retain ultimate responsibility for the management of

PSYCHIATRY continued

the patients because he was the only one "with the necessary training to undertake this responsibility."

Statements akin to those made by Sir Denis are not of recent vintage — they have appeared regularly down through the years. As McIntyre and Romano² recall to us, "The debate over the importance of physically examining the psychiatric patient is not new . . . in his historic jubilee address to the American Medico-Psychologic Association (1894) . . . Mitchell warned 'you were the first of the specialists (to isolate yourselves) and you have never come back into line.'" He went on to state that he was "too often surprised at the amazing lack of complete physical study of the insane" and even "in a certain asylum I could not get a stethoscope or an ophthalmoscope."

Interestingly, McIntyre and Romano's paper is entitled, "Is There a Stethoscope in the House (and Is It Used)?"³ They note in their paper that "Daily we learn that a wide variety of 'medical' conditions can precede or follow, exacerbate or be exacerbated by, resemble, interact, and coexist with the spectrum of 'psychiatric' states and that in fact, this dichotomy of 'medical' and 'psychiatric' conditions in its rigid and exclusive sense is untenable."

The authors note also that several years earlier one of them reported a one day prevalence study in which 53% of the patients hospitalized on the psychiatric in-patient units had notable medical or surgical problems exclusive of those relating to medication or ECT. Don Hastings would agree with this, as do I agree heartily, for in our residency days we were required to be physicians; our patients all had to be carefully examined and there was no hint of the quizzical attitude about the "medical model" which seems to have become fashionable today. The failure of psychiatrists to examine patients has led the psychologists to note that psychiatrists do not practice medicine for which they were trained, and that they do practice psychology for which they were not trained.

It does seem, therefore, that the role of psychiatry needs to be defined but in the redefinition we must be careful not to be so all-inclusive in our definition, or in our sphere of influence. "We have arrived at an untenable position through a host of events and misconceptions — all well intentioned which began about the turn of the century and multiplied almost explosively about the middle third of it. We promised more than we could possibly deliver."⁴

Let's look at the situation from the editor's desk — a catbird seat. You are aware of the fact that I was an editor for 13 years, and thus I have no original research and no clinical discoveries to report to you. The only thing I did have was an opportunity to read what you and your colleagues in the specialty of psychiatry wrote, and one has only to scan the titles of the offer-

ings in order to realize that our specialty, like that of its parent discipline, medicine, is in trouble. Editing the official journal represented a liberal education, for the editor gets an overview of the whole psychiatric panorama and this encourages me to address you. Besides, I did manage to last for 13 years on the job, so I shall try to tell you a few things I learned while editing, and of necessity emphasize the interdependence of medicine and psychiatry. I will hope, all the while, that I shall not (in the words of Calvin Linton) "Exhibit a firm grasp of facts that do not matter," and that "I will not display a brilliant ability to make the subject uninteresting." From the same source I tell you that my job is to talk and yours is to listen, and if you get through before I do, just go out quietly.

One of the most impressive things to comment upon is the changing climate of medicine which is obvious today. In my early years the practice of our specialty was not very far advanced. Today it has advanced but there is a shadow hovering over it now, for the government is deeply involved in the financial and educational aspects of the discipline. Soon a deeper involvement is likely and it will involve the very essence of practice — a detailed management of treatment. The academic community already has had a taste of the destructive and short-sighted interference that hasty government action can cause. Tomorrow it well may be medical practice in its entirety, including the interaction between patient and physician.

However I shall proceed slowly in my remarks, for I am aware of the statement made by Finley Peter Dunn, that "many a man who at the age of 30 could not direct you to the corner post office seem to demand and get a respectful hearing when age has further enfeebled their minds." So I will not try to present to you any plan for fending off government interference, for I am in that age group which Dunn described. Rather after admitting that neither medicine nor psychiatry are exact sciences and probably never will be, I would like to say just a few words about the art of medicine as we might use and teach it today and to emphasize our role as teachers in the medical firmament. In other words, the art which we have to communicate to our medical brethren and our students. Though all of us may not be teachers by profession, we are all teachers in fact — good, bad or indifferent. As teachers it is incumbent upon us to keep abreast of the times, for the medical and psychiatric panorama changes quickly.

Unfortunately, in our efforts to keep up with the times, we sometimes are tempted to neglect those phases of medical care which of old have proven their worth. Dr. Thomas Durant⁵ recalls to us the Apostle Paul's letter to the Church at Thessalonica in which he admonished his readers to "hold fast to that which is good." He probably had in mind the Athenians of that day who spent their time in nothing else but either to

tell or hear some *new* thing. "Therefore, there is nothing new in our tendency to emphasize and perhaps over-emphasize those developments in medicine which are of recent origin at the expense of the old." Mind you this is not to decry the importance of learning new developments that are proven or to analyze critically those that seem good but have not yet stood the test of time. Chief among the older techniques which I would like to recall to you is the humanistic approach to patients, for as we shall see later in this discourse, it is being rediscovered by both scientists and medical students alike.

Humanistic medicine, if you will, is what those of us here have been practicing, but as new scientific discoveries were made, we often have forgotten the patient's feelings. Admittedly, the best physicians are highly motivated and highly intuitive and governed by a strict conscience. There is no substitute for the conscience of the physician and if conscience and motivation are lost, little will be left. Unfortunately current developments are threatening these key essentials.

It is quite important to keep all of this in mind at present, for we live in a period marked by the most rapid changes experienced by man, and understandably medicine and psychiatry are deeply involved in the changes. Something is happening to the whole structure of human consciousness and the older ideas, practices, morals, dedication and beliefs which sustained many of us are now being called into question. A new, even if somewhat dubious, kind of life is starting, and in the face of the present upheaval none of us can remain indifferent. Some of these things I have talked about before but they must be reiterated regularly. In doing so, I will imitate the old preacher who, when found repeating himself, simply took an old sermon and hollered louder in different places.

Along with the changes mentioned, we might note another factor which still influences medical practice in the U.S. In general, we seem to have lost our heroes, due in part to scandal in the high places, but due as well to the general debunking spirit which is manifest in this rationalistic age. Unfortunately, with this spirit there is a pervading cynicism abroad and a false egalitarianism that seems to be comfortable only when all are believed to be reduced to a single standard of mediocrity. Medicine, which is in its golden age of scientific accomplishment, has not entirely escaped this leveling process.

Part of a profession's self maintenance lies in its public image, and in the U.S. the public at present is of two minds in regard to its doctors. In general, the family's personal physician is held in high regard, some even held in affection, and in general the profession of medicine itself ranks highest in public admiration. Yet as a group we have slipped several notches in public regard and we are roundly castigated by labor

and political orators for the deficiencies in the system of health care, and most people in general are quizzical. What they read and what they hear, and perhaps what they have experienced, causes them to be unhappy about the profession on a number of counts. First of all, they have been exposed to a round of reports about miracle cures, and yet they find that their chronic diseases have not been helped. The image of the devoted family doctor of old is replaced in many minds by particularly efficient scientists much better equipped than the old family doctor, but often in a hurry and sometimes brusque, as well as affluent. All of this is regarded as inappropriate and even unethical in a profession which holds itself and is held as interested in humanitarian goals.

This uneasy state of medicine's relations with the public is a cause for serious concern. It is obvious that it had not come about because of medicine's scientific inadequacies. People do not sue doctors because of their lack of scientific acumen; rather they become angry and sometimes litigious because of real or fancied rejection or slights or lack of consideration. If the omens and portents are to be read correctly, people are angry now, and in that anger medicine is regularly being charged with economic ills over which it has little or no control. We in the U.S. will be fortunate to escape regimentation for threats of it in various guises everywhere abound.

Let me proceed quickly, however, to a consideration of modern psychiatry which presently is in a quandary, and quite fairly may be said to be under siege, though as I see it the siege shows signs of lifting. Psychiatry is roundly criticized for following what has been and what is its heritage, the "medical model," for its critics say mental and emotional problems are not diseases and it is the function of physicians only to treat diseases. This is palpably untrue on the face of it, for medicine and medical practice need not be limited solely to scientific principles and known facts. What distinguishes medicine is a philosophic orientation toward dealing with symptoms and signs that represent disease or illness and the belief that elimination of the underlying causes will result in cure or improvement in individual patients.

Man is a social animal whose progress and frustrations arise in relationship to other people and whose daily life is influenced by numerous intrinsic and extrinsic factors. If we are to treat man's ills we must be aware of all of the vectors which influence him, biologic, cultural and social, and understand the part they play in his presenting symptoms. Thus a comprehensive approach will be the natural evolution of medical practice, and attention to the overall influences which color those ills in no way implies a neglect of the great scientific progress which medicine and psychiatry have made and will continue to make. ►

PSYCHIATRY continued

No matter what the changes or the economic climate which lies before us, the only thing we dare not change is our dedication to our ideals as physicians.

Criticism of the medical model strikes directly at psychiatric diagnosis, and the problem is not helped by the differences of opinion among psychiatry's own members which also troubles the profession at the present time. While some colleagues see the advances in biologic research and the advances in psychopharmacology as positive indices drawing psychiatry closer to medical practice, others disagree and see the future of psychiatric diagnosis tied more firmly to the sociologic aspects of the patients' illnesses. Psychiatry's function they see as efforts to be agents of social change. Personally, I know that I and the largest proportion of our colleagues are distressed about the poverty and the blatant prejudice that we see around us, and we are willing to do what we can as interested citizens and professional people, but we are incapable of any large scale effort to eliminate these wretched social conditions. We are not trained for the effort and our attempts to do it are bound to result in failure.

Mind you, every good physician knows that he must take into consideration the sociologic and environmental conditions under which his patient became ill. We do not use a medical model. George Engle said we need a sociopsychophysiological model in order to thoroughly understand the conditions presented to us.

But, we have gotten out of our sphere at times as Branch⁶ stated:

"We can note with some embarrassment Freud's grandiose hopes for the public health possibilities of psychoanalysis; George Stevenson's statement that the American Psychiatric Association was largely responsible for the elimination of the international psychosis war; William Alanson White's hope that international conflict could be avoided if we could psychoanalyze the national leaders of the great powers."

Couple these fantastic statements with the needs of a world population frantically trying to cope with insoluble problems and we wind up with psychiatrists either retreating from the entire scene or futilely trying to apply their skills to what are in the final analysis non-psychiatric problems. It is time we reevaluated our position."

The sixties were disastrous for us. Even the medical students were affected by the general unrest and there was rioting in the colleges. One medical school group refused to learn psychodynamics of behavior saying that it was the masturbatory interest of the uncaring in a time of social change. One Mid-Western law school dean advocated the emptying of all mental hospitals at once and added that if a kookie citizen wants to be kookie, that is his right. "He has a right not to be electrified, mutilated, or coerced into being like

everyone else, and no doctor or policeman, spouse, parent, child, neighbor or busybody has the right to do him out of his kookiness."

The dean saw the withering away of mental hospitals; to replace them there would be an institution which would provide the kind of help rendered already by many psychiatrists, psychologists and social workers but which would resemble neither a prison nor a medical hospital. Personally I have trouble visualizing the kind of institution he was talking about, and he doesn't know that that is what the state hospitals started out to be.

Ordinarily we would spend no time answering silly remarks such as the dean's, but let us just pause for a moment to see what did happen in New York when only a number of the mental hospitals disgorged their patients. These quotations came from Dr. Robert Reich,⁷ director of the psychiatry office of the Department of Social Services of New York City. After noting that the State Mental Hygiene Department had resigned from the care of the chronic mentally ill, he wrote that this backed up so that mentally ill people could not get into city hospitals either, for they have no outlet for the chronically ill if the state hospitals will not admit them. They turn them over to the NYC Department of Social Work in increasing numbers. They either have no family or are too paranoid to deal with them so they appear at welfare offices alone, unattached, without a place to live, without medications, without treatment, hallucinating and delusional — what to do with them?

Dr. Reich then enumerated the various nursing homes and shelters to which these distressed individuals could be sent — all of them overcrowded, none of them giving on-going care. He reported large numbers of mental hospital discharges as well as other psychotic and delusional people, about 12,000 individuals each year, drift to the bowery. "We feed them about 85,000 meals per month and we give out 35,000 tickets per month for lodging. We attempt to involve them in a treatment or rehabilitation program. This population has become so severely mentally ill that even some flop houses are refusing them admission on the grounds that their behavior is too disturbing to their regular clientele."

"Most of our chronically mentally ill patients," he added, "remain in the community, living in deteriorated single-room occupancy dwellings and cheap hotels that have a total capacity of 110,000. Here they find the company of prostitutes, alcoholics, narcotic addicts, criminals and other predators who take advantage of their helplessness. These patients are robbed, abused, murdered, and suffer every indignity. In some hotels the room occupants must be out during the day so that the rooms may be hosed down. The patients hang around bus or railway terminals or out on the

streets waiting to be readmitted to their rooms. You see them on the streets, talking to themselves or eating out of garbage cans. Our geriatric population is the most affected as they are most helpless." Of course, as they seek our garbage cans we observe morbidly that their civil liberties are being protected and they are saved from hospitalization.

Dr. Reich says the solution is simple — end the fantasy that brief hospitalizations and rapid return to the community is an answer to chronic mental disorder. These patients require specialized shelter for they are too ill to live in an open setting or regularly to take medication on their own. The history of psychiatry, he said, has two currents running throughout — scientific and humane ones. In our quest for progress let us not forget our humanity.

It does seem as though in our greatly advanced technologies and our economic straits we, as a nation and perhaps as a profession, are in danger of forgetting our humanity. In a new volume entitled **Medicine and the Reign of Technology**,⁸ Reiser points out that as the physician makes greater use of the technology of diagnosis, he perceives his patient more and more indirectly through a screen of machines and specialists. He also relinquishes his control over more and more of the diagnostic process. These circumstances tend to estrange him from his patients and from his own judgment.

"Medical experts," Reiser states, "interested in emotional and social factors that contribute to illness keep up the appeal they have been making to colleagues since the 20th Century began, that the healing of illness requires more than healing parts of the body — it also requires intensive efforts to communicate with patients — to gain their trust and to understand their needs and hopes."

He continues, "In 1970 this appeal has been joined by new demands that physicians listen more to patients, tell them more about the circumstances of their illness, and tell them with more candor and skill."

These new demands are part of the broad reconsideration of the moral dimensions of medical care that began in large part as individuals' responses to the insecurity and powerlessness they felt as patients in modern medical institutions. This examination focuses on the patient as a person, not just as an object with rights and dignity he is made to forfeit because he is ill.

These events express "a broadly emerging conviction: that the problems of illness hatched from beliefs, illusions, values and other facets of cultural and mental life — and best approached through dialogue with the patient and with humanist learning — are as forceful and significant as the biological problems of illness approached through technology and scientific learning." (p. 250).

Technologies that improve accuracy, and centralized organization (hospital), that enhance efficiency and provide security are essential to modern medicine. Yet accuracy, security and efficiency are purchased at a high price when that price is impersonal medical care and undermining the physician's belief in his own physician's powers. The physician must rebel against this. He can use his strongest weapon — a refusal to accept bondage to any one technique no matter how useful it may be in a particular instance. He must regard them all with detachment as mere tools to be chosen as necessary for a particular task. He must accept the patient as a human being and regain and reassert his faith in his own medical judgment.

A group of medical students known as the Jefferson Humanistic Medical Group,⁹ a part of the national San Francisco based Institute for the Study of Humanistic Medicine, has been formed, and speaking for the Jefferson group one student made this observation: "*The patient assumes the role of dependency upon and submission to the will of the physician, a role which robs the patient of his most human attributes — his will — his right to act upon his beliefs and values — his self-respect and his ability to control and determine the course of his life and death. Perhaps we have all failed to see that this is a role patients are no longer willing to accept and that may be the cause rather than the effect of the physician's declining prestige and respect. Because the interaction takes from the patient a sense of self-respect, the patient may come to dislike the other party to the interaction.*"

The students believe further that: "*The problem in medicine seems to be a reflection of a larger social affliction — an ever-widening gap between knowledge and wisdom. To what extent have our growing scientific and technological skills overwhelmed our ability to integrate them into an understanding of man which acknowledges all his needs and capabilities? This question in turn suggests a primary challenge to the physician in the future. We must maintain a high level of technical skill and clinical competence while exercising these abilities within a humanly relevant person-oriented framework.*"

This interest in the humanistic approach to our patients by medical students augurs well for us, for these students are the wave of the future.

Rather than to extend this dissertation to unseemly lengths, I would just like to touch upon two allegations that have been made against psychiatrists and the "medical model." The first is that it is more often than not sociologic problems that cause mental disease, and the second is that mental problems are not psychiatric problems because they are not diseases.

As to the belief that sociologic problems are the cause of mental illness, anyone who has worked intensely with psychiatric patients knows that there is a

PSYCHIATRY continued

great amount of friction, conflict and unhappiness in families which are neither poor nor militated against. Their alcoholism, depressions, psychosomatic disorders, psychoses and neuroses are certainly not caused by poverty. It is true that the incidence of these disorders is high in those of low economic status, but poverty alone does not produce mental disorders and wealth cannot prevent it.

An individual's emotional reactions are due to his background, his physical and mental state and his environment. The trouble starts when critics sharply delimit the physician-psychiatrist's duties to the treatment of disease and then claim that emotional states are not diseases, and ergo the physician is out of place in trying to treat them. If emotional states are not diseases in the strict organic sense, they are illnesses and they lead to symptoms which may indeed respond to the psychiatrists' ministrations.

In the minds of many individuals, even of professionals, these two terms, *disease* and *illness*, are regarded as synonymous, and this is not correct. The observations of an astute internist, Jeremiah Barondess,¹⁰ are enlightening in this regard:

"Another problem that is slowly becoming clearer for us as clinicians revolves about the distinction that must be drawn between the concepts of disease and of illness. We have tended to regard the two terms as more or less synonymous, but they are not. As definitions, I would suggest the following: A disease is a biologic event of a pathologic sort; it is something that happens to a cell, or to a molecule, or to an organ, an organ system, or even to an entire organism. Ultimately, however, it is a biologic process and is to be understood in scientific (that is to say, objective, quantitative, reproducible) terms. An illness, on the other hand, is a human event; it is a grouping of discomforts, dysfunctions and resultant personal and social dislocations occurring in a person, and reflecting the interaction of that person with a disease."

It (an illness) must be understood as an event in the course of an individual's life, an event which is often of great importance, of course, but nevertheless one event, among the myriad making up anyone's life, and embedded in a matrix of concerns, responsibilities, hopes, and fears, all of enormous importance to the patient. An illness, in other words, is ultimately to be understood not in scientific, but in human terms."

These descriptions do not decry science nor do they find anything antihuman in it. They simply call attention to the humanistic aspects of medicine.

The difficulty for clinicians lies in our ability to understand and treat disease in terms of basic mechanisms; we confuse management of the disease with management of the illness; and in "our scientific approach to the disease, we fail to address the illness

as adequately." Dr. Barondess thinks this distinction is part of the basis for the difficulties doctors and patients are having with each other these days, and that it has caused some of the alienation that has eventuated.

The overall point, of course, is that in our advancing scientific expertise in relation to disease we need to guard against dehumanization of our management of illness. We must recognize that there are two sets of needs to be met and both are important; that empathy is more than courtesy at the bedside and that we have to understand and feel the patient's experience.

Apropos of "the dehumanization of our management of illness" we have already mentioned, this is a serious problem. Health professionals are being severely criticized for their impersonality, undue haste and curtiness, as well as their reliance upon machines and technology.

Thus we see the position of contemporary psychiatry admittedly confused and rather frequently assailed. As to the question frequently asked, "Does psychiatry have a future?" — the vultures seem to be hovering, awaiting its demise. It was looked upon by some as a policeman for the social order — a covert penal system designed to maintain law and order. Some, as Eisenberg¹¹ says, "contend that mental ailments are problems of living and that people from the neighborhood are better able to treat patients than doctors distant from them in status, education, and social class."

To further complicate matters, we find that today a large multitude of people of every description practice psychotherapy of a sort. In addition to psychiatrists and psychologists, social workers, nurses, clergymen, indigenous workers, ex-addicts, and ex-alcoholics and housewives practice their own form of treatment. We are, therefore, in danger of having the population practicing on each other like the people in that mythical community which lived by taking in one another's washing.

Added to all of this is the fact that there are more than 200 groups of various kinds, all operating under the guise of "group therapy." There are marathon groups, week-end groups, the touchies, the nudies, the feelies, all calculated to release inhibitions and to ease social relationships. One patient told me that many of them are orgies; anyone can start a group and many of them are led by people with no training at all. Mind you, it is my belief that eventually psychiatry will shed the so-called "problems of living" and they will become the charge of our colleagues in other fields.

It is obvious now that it is essential for us not to forget our medical base. We sprang from it, we were nurtured by it, and unless we see ourselves as physicians we will not be good psychiatrists. How are we to accomplish this return of the prodigal? Perhaps by the phenomenon of "complementarity."

I have spoken of this phenomenon several times, but at the risk of being repetitive in a good cause, I speak of it again. The famous Nils Bohr, when faced with the dilemma of trying to reconcile the conflicting views of fellow physicists, was able to encompass what on the surface appeared to be diametrically opposing views by noting that they complemented each other. The differences he was getting together were concerned with the phenomenon of light and whether it consisted of particles or waves. World famous physicists were at odds with each other — Planck, Huygens, Einstein, et al. Bohr's great contribution was that he could see overlap in their experiments and he could bring order out of chaos. He could perceive that all his colleagues were right and all were wrong, or that each was incomplete when his views were expressed unilaterally. Realizing they had not carried their thinking to the next logical step, Bohr introduced into the quantum theory one of its basic tenets — the theory of complementarity.

This was not a compromise; it was a gathering together of incomplete ideas, and Bohr realized that this fundamental idea could be applied to many phenomena in life over and above atomic physics. This is what we are trying to do, isn't it? To get warring factions in psychiatry together without compromising anything or anyone. I present it to you as a hopeful vista for psychiatry.

One of the major reasons why psychiatry is in trouble today is because some practitioners are hooked on biologic facts and approaches, and some are hooked on sociological approaches, but the quintessence of medical practice lies in complementarity, which for psychiatry, to use the vernacular, "it gets it altogether." It is the science and the art of medicine. There has been a right and a wrong to the various theories put forth to the psychiatrist. The art is to "hold fast to that which is right and which is good." **Complementarity**, therefore, should be the watchword.

To accomplish it we will first need to pay more attention to the advances in medical practice while we are utilizing the psychiatric knowledge which we have acquired. From the safe base of medicine, the discipline from which we evolved, we can move out in any direction which will be to the advantage of our patients.

Thus I have talked of many things and perhaps qualified for the designation "moralist," "hypocrite," or "utopian idealist," or perhaps just being a "square." If any of these designations fit, so be it, but like Cassiodorus, the Chancellor to Theodoric the Great (454 to 526 B.C.), I believe that "Among the most useful arts that contribute to frail humanity, none may be regarded as superior or even equal to medicine." I am sure that this is at least one thing in my discourse with which you can agree.

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BOOK REVIEW

INFECTIOUS DISEASES: Prevention and Treatment in the Nineteenth and Twentieth Centuries.

by Wesley W. Spink, M.D.
Regents' Professor of Medicine
and Comparative Medicine, Emeritus
University of Minnesota Medical School
University of Minnesota Press, Minneapolis
1979 577 pages \$34.50

Infectious Diseases by Wesley W. Spink has been subtitled . . . Nineteenth and Twentieth Centuries, but it is obvious reading the work that the author attacked the subject on the grandest possible scale for all time up to the present and covering world-wide infectious disease problems. He lists about 1500 references gleaned from over 300 journals.

Section I is a brief review of the history of infectious disease. Section II continues the historical approach describing the steps and the development of

chemotherapy and antibiotics. Section III contains a description of each infectious disease from viral to protozoal infestation.

To me, the most interesting was Section II, the development of specific therapy, most of which occurred within the lifetime of the author (and of mine). He includes many references to his own work and to other contributions made by Minnesota physicians. We have lived through a true miracle of medical science in the last half century, during which time certain diseases have all but disappeared (e.g. small pox) and other scourges of man for the first time can be adequately treated (e.g. subacute bacterial endocarditis). Section III no doubt will serve as a textbook of infectious disease and tropical medicine for several succeeding generations of medical students.

This book is a monumental achievement of Wesley Spink, conceived no doubt in his earliest years in the field, but developed and written during his recent period of retirement from the University of Minnesota.

Reviewed by
Reuben Berman, M.D., President
Minnesota Medical Foundation

REUBEN BERMAN ELECTED MMF PRESIDENT

Dr. Reuben Berman, 1932 graduate of the University of Minnesota Medical School and well-known and respected internist cardiologist in Minneapolis, has been elected the 14th President of the Minnesota Medical Foundation. He succeeds Dr. Donn Mosser, private practice radiologist and former head of radiation therapy at the University of Minnesota.

Other officers elected to two-year terms on Nov. 27

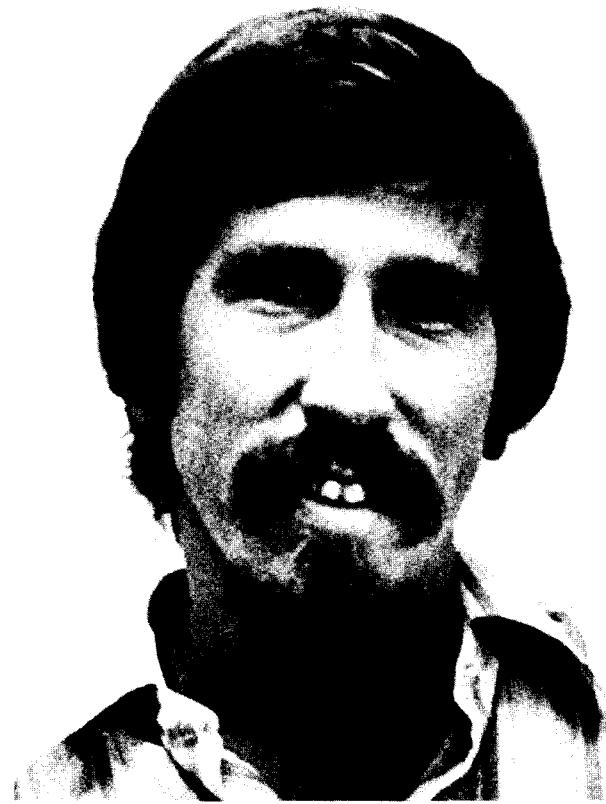
were: Tony Bechik, St. Paul businessman and community activist, vice president; Robert J. Christianson, managing partner of the Minneapolis law firm of Faegre & Benson, secretary; and Edward R. Titcomb, St. Paul, president of Rodman Industries, Inc., treasurer.

The Foundation also elected three new members to four-year terms on its 37-member Board of Trustees. They are: Roger E. Larson, Edina, vice president of Minnesota Mutual Life Insurance Co., St. Paul; Dwight L. Martin, St. Paul internist; and Paul G. Quie, Minneapolis pediatrician and American Legion Heart Research Professor at the University of Minnesota (brother of Minnesota's new Governor, Albert Quie). They succeed retiring board members Ruth L. Bean, Minneapolis; Dr. Vernon D. E. Smith, St. Paul; and Dr. Robert A. Ulstrom, Minneapolis.

Dr. Berman was born in Minneapolis and is a product of Minneapolis schools, including the University of Minnesota. He served as a flight surgeon for the Army in the European Theatre from 1940 to 1945, rose to the rank of Lieutenant Colonel and earned a Bronze Star and Croix de Guerre. He had his first appointment in the University of Minnesota Department of Medicine in 1934 and has been an emeritus professor since 1963. He is a past president of the Minneapolis Society of Internal Medicine and the Minnesota affiliate of the American Heart Association and is a past editor of **Minnesota Medicine**.



MEDICAL STUDENT IS AUTHOR OF TEXT



Scott Henderson.

Scott D. Henderson, 26, has high hopes that royalties from his medical text will help put him through the University of Minnesota Medical School. Henderson is a second-year medical student now but he was still in his freshman year when his book, "Pathology in Computed Tomography of the Brain" was released by Charles C. Thomas Publisher, Springfield, Ill.

For the past several years the University of Minnesota Medical School has offered the option of delaying enrollment for one year to all newly accepted medical students. Henderson was senior computed tomography technician at Rush-Presbyterian-St. Lukes Medical Center, Chicago, when he was accepted to the University of Minnesota Medical School. He decided to take the offered year's delay to work on an idea he had for a book. He put together more than 800 pictures representing more than 400 cases of pathology as demonstrated in computed tomography of the brain. He arranged the cases in chapters according to pathology and added a general definition of each pathology and description of the common presentation on the CT scan. The book provides an opportunity for professionals from technologists to radiologists to review a large number of pathology scans organized into 19 chapters by type of pathology.

Persons interested may write for information or order the book (\$17.50) by writing to Charles C. Thomas Publisher, 301-327 East Lawrence Av., Springfield, Ill. 62717.

ZELICKSON GETS \$76,000 GRANT

Alvin S. Zelickson, a 1955 graduate of the University of Minnesota Medical School and a clinical professor of dermatology at his alma mater, has been awarded a \$76,000 three-year grant from NIH to study the PUVA treatment of psoriasis. PUVA is the use of Psoralen in combination with treatment with ultraviolet light.

TEACHING AWARDS

The Minnesota Medical Foundation sponsors Teaching Awards annually in Minneapolis and Duluth. Winners of these awards are selected by student poll and receive cash prizes and award certificates.

Winners of 1978 Minnesota Medical Foundation Distinguished Teaching Awards on the Minneapolis campus were: **James B. Howard**, Ph.D., associate professor of biochemistry, selected by the first-year class; **Charles F. Moldow**, M.D., associate professor of medicine and course director for the blood organ system course, selected by the second-year class; and the laboratory medicine teaching team of **M. Desmond Burke**, M.D., **Charles A. Horwitz**, M.D., and **Patrick C. J. Ward**, M.D., Mt. Sinai Hospital, selected for the second year in a row by the third and fourth-year classes.

At the University of Minnesota-Duluth School of Medicine, students call their teaching prize the Teacher of the Year Award. For 1978 the UMD Teachers of the year were: **Arthur C. Aufderheide**, M.D., professor and head of pathology, who received the award for the second year in a row for teaching basic science; and **John Bachman**, M.D., who completed his residency at the Duluth Family Practice Center in July 1978, received the Clinical Teacher of the Year Award.

SURGICAL SOCIETY GIVES STUDENT AWARD

The Minnesota Surgical Society's annual prize of \$500 to the University of Minnesota medical student submitting the best essay on a surgical subject was awarded for 1978 to **John A. St. Cyr** for his paper entitled, "The Effect of Hypoxia on Pulmonary Microvascular Permeability."

ERNST AWARD



Eivind Hoff, left, executive director of the Minnesota Medical Foundation, presents the 1978 Ernst Award to Dr. Robert Risdall.

The second annual Kenneth F. Ernst Award of the Minnesota Medical Foundation was presented Nov. 3 to Dr. Robert Risdall at the E. T. Bell Fall Pathology Symposium at the University of Minnesota.

The Ernst prize, consisting of a plaque and \$300 cash award, is given for outstanding research achievement by a student in anatomic pathology. The award is named for Kenneth F. Ernst, a retired 1930 graduate of the University of Minnesota Medical School, and is endowed by Mr. and Mrs. Thomas Turner of Clearwater, Fla.

Dr. Risdall is a 1973 graduate of the University of Minnesota Medical School and is now working in San Antonio, Texas. His research is in anatomic-hematopathology and he and his coinvestigators described a viral induced histiocytic disorder which simulated a malignant process both clinically and pathologically.

PHARMACY CHANGES PROGRAM

The College of Pharmacy at the University of Minnesota will discontinue its bachelor of science in pharmacy program and expand its patient-oriented

doctor of pharmacy (Pharm D) degree program. No students will be admitted to the bachelor of sciences degree program after the fall quarter of 1980, and by 1985 the Pharm D degree could become the minimum entry-level degree for state pharmacy practice.

ALUMNI PROGRAM SET FOR MAY 19

The Minnesota Medical Alumni Association's Spring Program, "New Horizons in Minnesota Medicine," will be presented May 19 in Health Sciences Unit A at the University of Minnesota.

A Friday evening (May 18) Dean's reception will be held at the Minnesota Alumni Club in the IDS tower. There will be a cash bar and light snacks and a chance to visit with Dr. N. L. Gault Jr., dean of the University of Minnesota Medical School.

The scientific program on Saturday, May 19, will qualify for 5½ hours of CME credit and is a bargain at \$25, which includes lunch.

The Program

"The Role of Prostaglandins in Blood Pressure Control," Dr. Thomas Ferris, head of the department of medicine at the University of Minnesota;

"Plasmapheresis in the Management of Myasthenia Gravis," Dr. Gary Birnbaum, department of neurology;

"Studies on the Development, Control and Reversal of Vascular Complications of Diabetes," Dr. Michael W. Steffes, department of laboratory medicine;

"New Aspects of Radiology," Dr. Richard Latchaw, diagnostic radiology department;

"Comprehensive Approach to Spinal Cord Injury," Dr. Keith Sperling, department of physical medicine and rehabilitation;

"Total Lymphoid Radiation," Dr. C. Kim, department of therapeutic radiology;

"Microsurgical Techniques in Tubal Surgery," Dr. Julius Butler, department of obstetrics and gynecology;

"Endo-Urology," Dr. Elwin Fraley, head of the department of urology;

"What's New in Surgery at Minnesota," Dr. John Najarian, head of the department of surgery.

There will also be a presentation by a member of the department of orthopedic surgery, but subject and speaker have not been confirmed at this writing. The luncheon keynote speaker will be Dr. Owen Wangenstein, emeritus Regents' professor of surgery. The 1979 Harold S. Diehl Awards will be announced and presented at the luncheon.

ADYTUM REVISITED

Dr. John E. Mulvahill, a psychiatrist and 1957 graduate of the University of Minnesota Medical School, is chairman of a Medical Alumni Board ad hoc committee to refurbish and remodel the Adytum.

Alumni may remember the Adytum fundraising project of 15 years ago which was successful in financing the establishment of the medical student lounge and study area on the first floor of Mayo Memorial Building. After 15 years, the Adytum (a Greek word describing a special place in the temple accessible only to the high priest) is showing signs of wear and also of changing times. When it was built, the greatest need was for a private lounge area for medical students to get away, meet together, eat their lunches, play cards, etc. A small study area was included. In the new Health Sciences complex there is a good deal of lounge space and little quiet study space. Plans are to expand the study area of the Adytum and greatly improve the lighting, reduce the "lounge" area, refurnish, and perhaps carpet the room for quietness.

Among ideas for expanded use of the facility is the medical students' plan to invite practicing physicians to the Adytum for monthly, or perhaps weekly, question and answer sessions.

Individuals or groups wishing to contribute to the Adytum refurbishing project may send contributions to the Minnesota Medical Foundation, Box 193 Mayo Memorial Building, University of Minnesota, Minneapolis, MN 55455.

Appreciation Report Additions

Some contributors to the Minnesota Medical Foundation were mistakenly not listed in the Foundation's 1978 Appreciation Report.

Missed in the listing of E. T. Bell Associates were Dr. George L. Adams, Dr. Leon L. Adcock, Dr. John F. Alden and Dr. William G. Shepherd.

David Kaplan was inadvertently missed in the list of Centurion Club donors, as were Dr. and Mrs. C. I. Karleen.

Readers are encouraged to call other errors or omissions to the attention of the Minnesota Medical Foundation, so that corrections can be made in donor records.

'78 Retirees

Civil Service and faculty retirees in 1978 included these persons from medical fields: *Eleanor M. Anderson*, nursing; *Jacob E. Bearman*, School of Public Health (Biometry); *Ernest A. Greene*, physiology research; *Sheldon C. Reed*, genetics; *Lucille Schultz*, Medical School; *Alma G. Sparrow*, nursing; and *F. H. Van Bergen*, anesthesiology.

UPCOMING CME

The following Continuing Medical Education Programs are scheduled:

Allergy and Clinical Immunology, March 1-3, Mayo Memorial Auditorium, University of Minnesota, fee \$150. It is the purpose of this course to present an up-to-date general view of the immune system and its relation to health and disease for the clinician. Emphasis will be on practical features of doing sound allergic and immunologic work-ups and treating patients in a safe, medically-approved way.

Invitational Conference on Psychiatric Factors of Drug Abuse, March 4-6, Spring Hill Center,

Wayzata, Minn., fee \$45 for commuters and \$75 for participants staying at the center. Investigators from a number of neuroscience fields will present papers.

Psychiatry for the Primary Care Physician, March 15-16, Nolte Center for Continuing Education, University of Minnesota, fee \$100. Topics to be covered include anxiety management, chemical dependency, personality disorders, depression, psychosis, situational problems, and counseling services in the physician's office.

Sexual Attitude Reassessment Seminar, March 23-24, Program in Human Sexuality, University of Minnesota, fee \$90. The SAR seminar is designed to help physicians examine their own attitudes and values as a basis for dealing effectively with patient problems in this medically important area.

Hypertension Update, March 28, L'Hotel de France, Bloomington, Minn., fee \$10. The objective of this half-day program is to present recent advances in the diagnosis and management of hypertension.

State of the Art Review of Cardiopulmonary Diseases, March 29-31, Coffman Union Theater, University of Minnesota, fee \$125. The program will review cardiology, infectious diseases, pulmonary diseases and acute respiratory failure.

Patient Education in Primary Care, April 5-6, Leamington Hotel, Minneapolis, fee \$135 for the first registration from an organization and \$110 for each additional registration from the same organization. This is the third national gathering on patient education, the first two having been held at the University of Wisconsin. The meeting will include plenary sessions, discussion of controversial issues, workshops and scientific exhibits, and displays of patient education materials.

Workshop on Sexual Health Care, April 20-21, Program in Human Sexuality, University of Minnesota, fee \$75, \$15 for residents. Focus will be on practical, clinical issues in sexual health care.

Cardiovascular Disease: Conference with Clinical Preceptorship, April 26-28, St. Paul-Ramsey, fee \$300. Part one is a three-day lecture and demonstration course on cardiovascular topics. Part two is a five-

CME continued

day preceptorship on the cardiology service at St. Paul-Ramsey Medical Center. The preceptorship portion can be taken anytime within a year of the course, by arrangement with the department. The fee covers both parts.

A Symposium on Structure-Function Relationships in Proteins, Nucleic Acids and Viruses, May 4, University of Minnesota. Nobel Laureate William N. Lipscomb will join the department of biochemistry in the Medical School as a visiting professor during Spring Quarter and has organized this symposium involving 14 prominent scientists who will describe their work and participate in discussions.

Family Practice Review, May 21-25, Radisson Hotel, St. Paul, fee \$275. This symposium has two purposes: to provide a systematic, comprehensive review of the field of family-medicine, and to help prepare family physicians planning to take the American Board of Family Practice certification or recertification examination.

Current Concepts in Radiation Therapy, May 23-25, Mayo Memorial Auditorium, University of Minnesota, fee \$200. The course will review the radiobiologic basis of the principles of radiation therapy as a background for in-depth presentations on breast cancer, soft tissue sarcomas, pediatric tumors and Hodgkin's and non-Hodgkin's lymphomas in children and adults.

Laboratory Medicine Update, May 23-25, IDS Center Conference Theater, Minneapolis, fee \$200. Emphasis will be on proper selection of tests or test batteries, best test methods, and factors affecting interpretation of test results.

Hepatic, Biliary and Pancreatic Surgery, June 13-16, Willey Hall, West Bank Auditorium, University of Minnesota, fee \$250. This is the 43rd annual surgery continuation course.

For further information or brochures on these programs, call or write the Office of Continuing Medical Education, Box 293 Mayo Memorial Building, University of Minnesota, Minneapolis, MN 55455. (612) 373-8012.

NIH GRANT FUNDS U EPILEPSY STUDIES

Two new studies on epilepsy drug therapy will begin in the University of Minnesota's Comprehensive Epilepsy Program (CEP) as part of a \$2,177,800 research continuation grant from the National Institutes of Health (NIH).

One study, directed by sociologist Michael Patton, will examine factors that contribute to the non-compliance of some epilepsy patients with lifelong drug regimens prescribed for them. Researchers hope to develop strategies to improve compliance.

The second study, directed by neurologist Ilo Leppik, will explore the seizure control ability and side-effects of two anti-convulsive drugs, Dilantin and Tegretol, when administered singly or in combination.

The three-year studies will involve about \$150,000 of the NIH grant, which is renewed annually. CEP is one of five such programs in the country supported by the NIH institute on Neurological and Communicative Disorders and Stroke. The program includes community services for people with epilepsy and their families, community education programs on epilepsy and epilepsy research at the University and the Mayo Clinic.

tions (about CF) will be answered by finding that protein."

Through chemical analysis, researchers are searching among the 50,000 to 100,000 cellular proteins for those associated with CF. Shapiro's evidence greatly narrows the field of candidates.

Shapiro's discovery of premature cell aging was spurred by a discrepancy in the literature on CF studies. Researchers, including Shapiro, who had grown colonies of CF cells in culture reported conflicting growth rates for the cells. Upon closely examining the data, Shapiro found that growth rates varied according to the number of generations the cells survived. In follow-up studies, he showed that whereas normal cells produce about 27 generations, CF cells survived only about 18.

"The programmed life span of cells is clearly shorter in those with CF," Shapiro said.

Additional studies amplified Shapiro's findings. Two aging-related factors, increased oxygen consumption and calcium concentration, were found in CF cells by graduate students Bob Feigal and Louis Lam.

"We have preliminary evidence that the calcium abnormality is caused by the abnormal CF protein. That's what we are hunting after now," he said.

CANCER GRANT BACKS INDICATOR STUDY

A major discovery by University of Minnesota geneticist Burton Shapiro has brought researchers closer to exposing the genetic culprit in cystic fibrosis (CF).

Shapiro's research, scheduled to appear in an upcoming edition of **Science** magazine, indicates that the genetic abnormality in CF causes cells to age prematurely. This knowledge, together with related discoveries concerning metabolism in cells expressing the CF gene, will advance efforts to pinpoint the cause of the disease, Shapiro said.

"Nobody knows what the protein product of the abnormal gene is," Shapiro said. "Ultimately most ques-

Two University of Minnesota researchers have been awarded a \$35,188 grant from the American Cancer Society to continue preliminary research on the value of two substances found in urine as indicators of cancer.

Cancer specialist Athanasios Theologides and medicinal chemist Mahmoud Abdel-Monem found in an earlier study on patients with advanced cancer that monitoring the concentration of acetyl spermidines and acetylputrescine in urine may be useful in detecting cancer and predicting the effectiveness of chemotherapy early in treatment.

The substances are produced nor-

mally by the body during cell division, but the amounts differ during the course of diseases.

"The initial results were very promising," Theologides said. "But the number of patients studied was very small." In the next study, more than 100 patients at the University's Masonic Memorial Cancer Hospital will be monitored during a two-year period. Preliminary indications of the method's success are expected by July, but a larger study must precede its widespread application.

The method's greatest value may be in curbing unnecessary treatments. "We treat cancer on the basis of chance," Theologides said. "We give patients toxic cancer drugs without knowing very early if the efforts are beneficial. If this method works, we could know within weeks if a treatment is successful or if another should be tried," he said.

EYE CLINIC IS GIFT OF LIONS

The Minnesota Lions Children's Eye Clinic on the ninth floor of the new clinical facilities building was built with \$300,000 raised by the Lions of Minnesota Multiple District 5M.

Governors and clinic board members from the 11 Lions districts in Minnesota toured the facilities in November.

Since 1961, Minnesota Lions have raised more than \$1 million for the Minnesota Lions Eye Bank and the U of M ophthalmology department. Thousands of patients have received new sight through corneal transplants made possible by the Lions Eye Bank.

BUSH FELLOWSHIPS SET FOR MEDICINE

A Mid-Career Medical Fellowship Program for primary care physicians in non-urban areas of the state has been established by the Bush Foundation of St. Paul.

Family practitioners and general practice internists and pediatricians re-

ceiving a fellowship will be able to spend 3 to 12 months at a major medical center expanding their medical skills.

A selection committee, coordinated by Dr. Douglas Fenderson, director of the University of Minnesota Office of Continuing Medical Education, will select up to 15 fellows each June.

Fellowship information is available from the Bush Medical Fellows Program, Box 715, Mayo Memorial Building, 420 Delaware St. S.E., Minneapolis, MN 55455.

U DOCTORS USE CLOT TECHNIQUE TO HELP BOY

Seven-year-old Joseph Bergdahl of St. Paul is active and healthy, and is involved in football and baseball, plays the trumpet and is a cub scout.

But one night a year ago he awoke bleeding profusely around a few of his lower teeth. His parents rushed him to a clinic where doctors tested for leukemia but found no evidence of the disease.

The bleeding continued intermittently for four days, but the mystery of its cause remained unsolved. Joseph was then brought to oral surgeons at the University of Minnesota. X-rays revealed that a benign tumor was developing in his lower jaw. On further investigation, doctors found that Joseph had a birth defect — a congenital vascular malformation — that short-circuited an artery and a vein. A tumorous network of blood vessels fed by a large artery was assimilating surrounding tissue.

The defect is rare, occurring in about one out of 200,000 births. It can appear in many tissues, including the kidney, spleen, brain and liver, but is only occasionally found in the jaw.

In Joseph's case, the torrent of blood pulsing through the tumor had broken down much of the interior of his lower jawbone and had worn away the roots of some of his primary molars. Had he lost one of these teeth, he

could have bled to death quickly, according to Michael Lehnert, an oral surgeon at the University.

Joseph's doctors considered surgery, which would have meant removing half of the lower jaw and reconstructing it with part of a rib. The procedure would have taken several weeks and left a permanent deformity.

Lehnert consulted Kurt Amplatz, a cardiovascular radiologist, who proposed embolization, a technique that involves clotting the abnormal vessels with foreign material. The procedure is analogous to sealing a leaky radiator, he said. Amplatz is a leader in the development of this technique for vascular malformations, but he had never before used it in the jaw.

Using an angiogram, doctors determined the size of the vessels in the tumor. Then they prepared clotting material of an appropriate size with shavings from an ordinary synthetic sponge by passing the particles through a sieve. They inserted a catheter through the skin into a major artery in Joseph's leg and, guided by X-rays, pushed it to the site of the tumor. A slurry of the sponge particles and salt water was then passed through the catheter to the tumor.

Joseph's body did the rest. After being clotted by the particles, the abnormal vessels were broken down and carried away by guard cells in the blood and the jawbone re-formed.

After monitoring Joseph's condition for a year, the doctors report that the two-hour operation was a success.

"The procedure completely closed those vessels," Lehnert said. "The bone is filled in and teeth are growing in a normal way."

"The technique has unlimited ramifications," Lehnert said. "It could provide a tremendous adjunct to many forms of oral surgery."

ALUMNI NOTES

1920's & Earlier

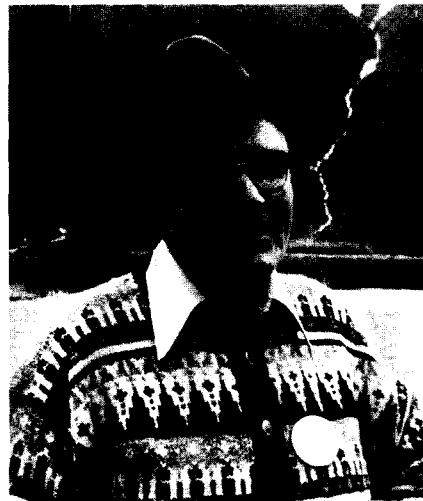
A medical lectureship endowment has been established at St. Paul Children's Hospital as a memorial to **Dr. Woodward L. Colby**, University of Minnesota Medical Class of 1918, long-time St. Paul pediatrician who died in 1976.

Helen M. Deane, Class of 1921, is at 1176 Aldrich St. N.E., Aiken, S.C. 29801. Although retired from her job with E. I. Du Pont Company, she is doing the family planning clinics for the county. She also keeps busy with the local Red Cross blood project and is her Carleton College class agent. In September, she travelled with the World Medical Assembly in Dublin and London. She also toured the Holy Land earlier in 1978. She enjoys travel, politics, archeology and African Violets. She has one daughter and four granddaughters.

Owen H. Wangensteen, Class of 1921, received an honorary Doctor of Science Degree from the University of Athens, Greece, during his visit in October, 1978. The award is the highest given by the University of Athens.

Harold E. Wilmot, Class of 1924, was honored by the town of Litchfield, Minn., for his 55 years of practice. At 80 years of age, he is still at his office in the Litchfield Clinic three days a week and regularly makes rounds at the nursing homes in the area. He interrupted his medical studies to enter World War I as a private in the ambulance service. He and his wife, Violet, have a son, Edwin, and a daughter, Mrs. Raymond (Natalie Ann) Morgan.

Joseph O. Rude, Class of 1929, 102-7th St., Juneau, Alaska 99801, has been partially retired since 1968. The family practitioner received the Robins Award for outstanding community service in 1970 and the Man of the Year Award from the Juneau Rotary Club in 1965. Sheldon Jackson College in Sitka gave him the Christian Citizenship Award in 1966. He does school examinations for the Lutheran Church and is involved in skiing, hunting and fundraising for the Boy Scouts. He and his wife, Amy, have two daughters; Lorraine Thompson, Petersburg, Alaska, and Audrey Gilbert, Annapolis, Maryland, and two



Joseph Rude, '29.

sons, Dr. Donald Rude, Pasco, Washington surgeon, and TWA Capt. James Rude, Marblehead, Mass.

1930's

Richard G. Edwards, Class of 1931, was honored in Kewaskum, Wis., for 43 years of service and also received the Distinguished Service Award of the local Kiwanis Club.

Leonard T. Peterson, Class of 1931, lives in Chevy Chase, Md., and is a clinical professor of orthopedic surgery at George Washington University, Washington, D.C. He does hip surgery and replacement and is in practice with a group of five, including his son, Kent. He and his wife, Gretchen (Albrecht), a 1929 Education graduate of the University of Minnesota, have three children and 10 grandchildren.



Leonard Peterson, '31.

T. W. Stransky, Class of 1932, Owatonna, Minn., retired recently after 45 years of practice.

Lincoln F. Steffens, Class of 1933, 1030 Grove Terrace, Dubuque, Iowa 52001, remains in the active practice of ophthalmology. A widower, he has four children and six grandchildren.

Charles Lewis Concklin, Class of 1935, 6 Dunwick Place, Corpus Christi, Texas 78411, is president of the Nueces County Medical Society and editor of Coastal Bend Medicine. He has a large pediatrics practice and received the Liberty Bell Award from the Legal Society for his many talks to teenagers about drug abuse. He is a clinical professor at the University of Texas Galveston Branch. He and his wife, Doraine (Geiger), have five children; Thomas, Fred, and C. L. Jr., Carol Casparis and Saralee Keropian.

Harold G. Scheie, '35, founding director of the Scheie Eye Institute in Philadelphia, received the Ephraim Saunders Award, the highest award given by the Presbyterian-University of Pennsylvania Medical Center, and an honorary Doctor of Laws degree from the University of Pennsylvania. Dr. Scheie has written more than 200 technical and scientific papers and has authored, co-authored or contributed to 21 books. He has received more than 40 awards from all over the world for his contributions to medicine and humanity.

John Siegel, '36, was given a surprise party in Virginia, Minn., in honor of his 40 years of service to the community and his 65th birthday.

Richard L. Varco, '37, was the 1978 Visiting Balfour Professor of Surgery at the Mayo Clinic. He has been a member of the University of Minnesota Department of Surgery for 35 years and was named a Regents' Professor in 1974. During his career he has published nearly 300 papers.

1940's

Bernhoff Riske Skogmo, '40, 624 S. Minnesota, Mitchell, S.D. 57301, is in general practice and enjoys golfing, bowling and reading.

William E. Wellman, '40, has retired from the Mayo staff after 29 years as a consultant in infectious diseases

and internal medicine. He is a former chairman of the Board of Directors of the American Geriatrics Society and former president of the Zumbro Valley Medical Society, and served on the Governor's Citizen's Council on Aging.

Arnold S. Anderson, '43, relinquished his position as president of Minneapolis Children's Health Center and returned to the full-time practice of pediatrics there.

Roberta Rice, '43, Huntington, W. Va., is associate professor of surgery at Marshall University Medical School. She retired as a United Methodist medical missionary in October of 1977. She was honored by the president of South Korea for work in medical education in South Korea from 1956 to 1975.

Ellis S. Benson, '44, received the Outstanding Achievement Award from the Alumni Association of Augustana College, Rock Island, Ill.



James Hammarsten, '44.

James F. Hammarsten, '44, is in Boise, Idaho, as home base for his positions of chief of medicine at the VA Hospital and professor of medicine at the University of Washington. He is an honorary fellow of the American College of Chest Physicians and received the Breath of Life Award from the Oklahoma Lung Association. He was a guest speaker at the 500th anniversary celebration, University of Uppsala, Sweden. He keeps his summer home at Grey Eagle, Minn., and reports that he recently purchased the Grey Eagle Gazette and plans to pub-

lish a once-a-year newspaper "as things move slowly there." He and his wife, Dorthea "Dee" (Jung), have three children; Linnea Ingold, whose husband is an executive with a corporation that owns several hospitals; James Eric, a medical graduate of the University of Oklahoma and currently chief of epidemiology, tuberculosis research division, United States Public Health Service, Atlanta; and Richard A., a law graduate of Tulsa University, who works for the trust department of a bank in Oklahoma City.



Roy Pearson and nurse examine lion cubs.

Roy Thorwald Pearson, '44, is travelling southern Africa as a regional medical officer. He previously headed an 11-man group of internists in Spokane, Wash. His wife, Ruth, is in Africa with him. They have three sons, Michael, a 1971 graduate of the University of Minnesota Medical School; Mark, a musician working in Seattle; and Jim, an attorney in Spokane.

B. J. Kennedy, '45, professor of medicine and director of medical oncology at the University of Minnesota, is chairman of the Minnesota State Cancer Council.

Henry J. Krawczyk, '45, has taken a medical disability retirement from his practice of radiology. His address is 175 Bayshore Av., Long Beach, Calif. 90803.

George Martin, '45, 5308 1st Av. S., Minneapolis 55419, quit family practice in July of 1977 and started a second career as an emergency physician at Fairview Southdale Hospital.

Jane D. Gumprecht, '46, and **Donald M. Gumprecht**, '47, 317 Military Drive, Coeur d'Alene, Idaho 83814, have operated a general practice together in Coeur d'Alene for 27 years. Jane serves on the hospital board of trustees and Don is chief of surgery. They have three sons, one daughter and four grandchildren. Sons Don and Tom are physicians, and Ernest is a medical student in Seattle. Their daughter Ruth is a music graduate of Montana State.

George Lund, '46, Minneapolis, is president-elect of the Foundation for Health Care Evaluation.

Gerald Nudell, '46, 19316 Palomar Place, Tarzana, Calif. 91356, is president-elect of the California Society of Anesthesiologists. He and his wife, Dorothy, have two daughters, Karen, an attorney, and Nancy, a physician, and a son, Bruce, a student at the University of California, Berkeley.

Troy G. Rollins, '46, 425 Oakway Mall, Eugene, Ore. 97401 is board certified in dermatopathology.

Joe Yamamoto, '48, 760 Westwood Plaza, Los Angeles, Calif. 90024, professor of psychiatry in residence at UCLA, is president of the American Academy of Psychoanalysis. He and his wife, Maria, have two sons, Eric and Andrew.

1950's

William J. Filante, Class of 1950, was elected to the California State Assembly on Nov. 7, unseating a two-term incumbent following primary and general election campaigns of more than a year. Bill is the California Legislature's only physician. An ophthalmologist, he will welcome suggestions and inquiries from associates concerning the handling of his practice while he serves in the legislature. Bill is married to Margaret Scott Filante, M.D., and has three children; David, Steve and Janet, all in their 20's. While carrying on a busy practice, Bill has also lectured in medicine at the U.C. Medical Center and taught courses in economics, government and taxation at both the college and high school levels.



Bill Filante, '50.

N. L. Gault Jr., '50, Dean of the University of Minnesota Medical School, was re-elected to the nine-member administrative board of the council of deans and the executive council of the Association of American Medical Colleges. The term is for three years.

Marvin P. Osman, '50, 9735 Wilshire Blvd., Beverly Hills, CA 90212, has been in the private practice of psychoanalysis in Beverly Hills since 1955 and was elected president of the Southern California Psychoanalytic Society in 1977. He and his wife, Patricia, have two children, Suzanne, 9, and Danny, 7.

Alex Ratelle, '51, is probably the best long distance runner in the country over 50 years of age. He ran in the Boston Marathon in 1978 for the tenth time, completing the 26.2 miles in 2:45:16. He ran his first Boston Marathon in 1966, when he finished in 3:53. He runs more than 100 miles in an average week to keep himself in shape for about 30 races he enters each year.

Jerome J. DeCosse, Class of '52, is chairman of surgery at Memorial Hospital for Cancer and Allied Diseases in New York City. He is chairman of the NIH cancer clinical investigation review committee and a director of the American Board of Surgery. He has also served as vice chairman of the board of governors of the American College of Surgeons and serves on the editorial boards of *Surgery* and the *Archives of Surgery*. He was formerly chairman of surgery at the Medical College of Wisconsin and director

of surgery at Milwaukee County Medical Complex. Before then he was professor of medicine at Case Western Reserve University School of Medicine in Cleveland.

A. Sigrid Gilbertsen, '52, has been elected to the board of directors of the Minnesota division of the American Cancer Society.

Arthur G. Litman, '52, has opened a private office for radiation therapy in Long Beach, Calif. He believes that outpatient radiation therapy outside the hospital is an important way to reduce medical costs and has greatly increased his own costs to try to prove it. He also recently became a fellow of the American College of Radiology.



Martin LaBerge, '53 M.S.

Martin LaBerge, '53 M.S., has been president and director general of the Quebec Health Insurance Board since 1975, assistant deputy minister for accreditation since 1973, and with the ministry of social affairs of Quebec since 1970. He and his wife, Marthe (Laliberte) have three sons, Dr. Pierre, Dr. Jean-Martin, and Philippe, a secondary school student.

Bruce R. Little, '53, would be happy to see any of his old acquaintances passing through London, England. He is in the process of building a private sector hospital. He is a consultant in internal medicine and designs hospitals and consults on hospital management.

Dennis Lofstrom, '54, has joined the medical group in Jackson, MN. From 1958 to 1962 he served as a medical missionary in Tanganyika. He also

serves as an assistant clinical professor in the department of family practice at the University of Minnesota Medical School.

W. G. Sheldon, '55, has moved from Ponca City, Oklahoma, where he has practiced for the past 21 years, to the Waseca, Minn., Clinic.

Richard K. Simmons, '55, Minneapolis, is medical director of the Physicians Health Plan, the largest independent practice association type health maintenance organization in the country, and is past chairman of its board. He and his wife, Jean, have three children, Jim, Scott and Gail.

Stanley Goldberg, '56, was named vice president of the American Society of Colon and Rectal Surgeons. He is professor and head of colon and rectal surgery at the University of Minnesota.

John A. Gronvall, '56, Dean of the University of Michigan Medical School and professor of pathology, has been installed as chairman of the Association of American Medical Colleges.

John E. Smith, '56, is the 32nd president of the Minnesota Academy of Family Physicians.

Carl Evers, '59, is president of the Mississippi State Medical Association. He is professor of pathology and associate dean for student affairs at the University of Mississippi Medical Center in Jackson.

Richard L. Swanson, '59, otolaryngologist, is at 1000 East Main, Medford, Ore. 97501. He and his wife, Marjorie (Lysne), a 1953 nursing graduate of the University of Minnesota, have been married 27 years and have three children; Mark, a 1977 graduate of St. Olaf College, Paul, a senior in pre-med at Dartmouth, and Janet, a freshman in pre-nursing at Willamette University.

1960's

James L. Erickson, Class of 1960, 35900 Courtney Creek Drive, Brownsville, Ore., has moved into full-time emergency medicine after 12 years in family practice and "now has more time for raising kids, exotic fowl, quarter horses and dogs on a 60-acre farm."

Wendell Geary, '60, plans to return to the United States soon from Indonesia for further medical training,

and then return to Indonesia to continue his work as a missionary doctor. The Indonesian Health Department has recently given the Geary health team permission to develop a satellite health clinic about 70 air miles from their little base hospital. Trainees and graduates from the base hospital program will staff the clinic which is in the midst of a six-village area of some 2,000 population near the Sarawak border. He will now be able to do something about disease prevention in the villages immediately adjacent to the small base hospital, something he has long desired.

C. John Hodgson, '60, was named flight surgeon of the year 1978 for the Air Force Reserve. He is director of base medical services and surgeons, 934 Tactical Airlift Group, Air Force Reserve, Minneapolis-St. Paul.

Charles Keenan, '60, 327 Wilshire, Santa Monica, Calif., has been named chief of staff of Santa Monica Hospital Medical Center. He is immediate past president of the Bay District LA County medical society. He is also medical director for the Santa Monica Unified School District, senior examiner for the Federal Aviation Agency, and medical consultant for several Bay Area businesses.

Ben Pollara, '60, 11 Dennin Drive, Menands, N.Y. 12204, has been appointed chairman of the department of pediatrics, Albany Medical College, effective July 1, 1979. His daughter, Lia, is a first-year medical student at the University of Minnesota.

William Harold Ford Jr., '61, was married Dec. 17, 1977, to Jane Melchor in San Jose, Calif. He is a diagnostic radiologist.

Dennis Welcome, 1509 Welcome Way, Ridgecrest, Calif. 93555, has been in general surgery at the Drummond Medical Center for 10 years. He and his wife Mary have three sons, Rick and Mike, students at UCLA, and Greg, a high school student.

Thomas F. Ellingson, '62, ophthalmologist, lectures regularly on the Ellingson sputtering hyphema syndrome, named after him, of course. His practice is in Bismarck, N.D.

Peter H. Ullrich, '62, 4424 Meadow Lane, Eau Claire, Wis. 54701, is chief of staff at Luther Hospital. He has served on the visiting teaching staff in radiology at the VA



Peter Ullrich, '62.

Hospital in Minneapolis since 1970. He and his wife, Sharon, have two children.

Donald Asp, '64, was awarded the Teacher of the Year Award for 1978 by the Minnesota Academy of Family Physicians.

Francis J. Eason, '64, 17237 Tam O'Shanter Drive, Poway, Calif. 92064, moved from Del Mar in 1977 to become the first chief of staff of the new Pomerado Hospital in Poway. He became a fellow of the American College of Surgeons in 1967.

William Jacott, '64, has returned to private practice after serving as director of the Duluth Family Practice Residency program.



Michael Pliam, '64.

Michael B. Pliam, '64, is in private practice of thoracic and cardiovascular surgery with a Minneapolis group. He earned a Ph.D. in physiology while a National Science Foundation research fellow from 1966 to 1968 and was fellow in surgery at the Mayo Clinic for four years. He was also a University of

Utah thoracic and cardiovascular surgery resident for two years, and was senior resident in pediatric cardiac surgery at Children's Hospital Medical Center, Boston. He is married to Victoria Lynne Kitchner, who was a nurse at St. Mary's Hospital in Rochester, Minn., and has four children by a former marriage; Steven, 16, Bradley, 15, and Heidi and John, 13-year-old twins.

Audrey M. Nelson, '65, spoke on arthritis in the elderly at the 63rd Annual Meeting of the American Medical Women's Association, November, 1978.

Raymond B. Weiss, '65, 15304 Narcissus Way, Rockville, Md. 20853, is chief of the clinical investigation branch of the cancer therapy evaluation program of the National Cancer Institute, Bethesda. He was formerly on the faculty of the West Virginia Medical School.

James P. Zachman, '65, moved to Willmar, Minn., in 1975 to practice radiology.

Stephen L. Hanson, '66, was inadvertently left out of the University of Minnesota Medical Alumni Directory published in 1977. He is in family practice with fellow University of Minnesota medical graduates E. Duane Engstrom, '57; Bernard L. O'Neil, '66; and Brian T. Ebeling, '71, at the Southdale Medical Building and is on the clinical teaching staff of the family practice department of the University of Minnesota Medical School.

Norman Solberg, '66, 5017 Chowen Av. S., Minneapolis, completed the City of Lakes Marathon race in October, 1978. He is in ob-gyn at St. Louis Park Medical Center, and, in addition to running, enjoys tennis, gardening and playing the banjo.

American Way magazine, published by American Airlines, reported in a major feature article that **Larry Klecatsky**, '67 graduate of the University of Minnesota Medical School, is pound-for-pound the best oarsman in the country. Larry is winner of more national and international championships than any other person in the century-long history of competitive rowing. Winning the 1978 National Association of Amateur Oarsmen Regatta gave him one more than three dozen championships. He trains twice

a day, seven days a week. He is also chief of emergency services at the New Rochelle Hospital Medical Center. He represented the United States at the 1976 Olympics in Montreal (in pairs) and finished eighth and is working hard toward a better showing in Moscow. Larry is well under the 159-pound weight limit for the special "lightweight" rowing class, and his size seems to be the main thing that keeps him from beating everyone around.

James E. Balow, '68, is chief of the clinical nephrology service for the National Institutes of Health and senior investigator, National Institute of Arthritis, Metabolism and Digestive Diseases, Bethesda, Md. He and his wife, Mary, have three children; Caroline, Jamie and Jeffrey.

Jack H. Bloch, who completed an eight-year surgical fellowship at the University of Minnesota in 1968, is adjunct associate professor of surgery, University of California, San Diego, and chairman of the surgery department of Kern Medical Center, Bakersfield. His specialty is thoracic surgery.

Richard C. Cutshall, '68, 5848-23rd St., Greeley, Col. 80631, is a radiologist with a special interest in ultrasound. His four children are Leah, Laura, Libby and John.



John Dunne, '68.

John N. Dunne, '68, practices at the Airport Medical Clinic in Minneapolis. He is in preventive and occupational medicine. John enjoys hunting, fishing, gardening and golf and runs an elm tree injection service in the summer months. He and his wife, Kay, have three children, Sarah, Bridget, and Christopher John.

Ronald David Evans, '68, Box 218, Scotia, Calif. 95565, was board certified in family practice in 1977. He and his wife, Judy, have two children.

Barbara R. Krupin, '68, has been appointed a consultant in the department of anesthesiology at the Mayo Clinic. She was formerly a consultant at the Jewish Hospital in St. Louis and assistant professor of anesthesiology at the Washington University School of Medicine.

Larry E. Nacht, '68, has been at the Lakeshore Clinic, Kirkland, Washington, since 1976, and is a clinical instructor at the University of Washington Medical School, in family medicine. He and his wife, Judy, have three children; Charlotte, Dana and Shyra.

S. Richard Roskos, '68, was recently appointed a section chief and senior psychiatrist at the Menninger Memorial Hospital, Topeka, Kan., and is an advanced candidate at the Topeka Institute for Psychoanalysis and a faculty member of the Menninger School of Psychiatry. He and his wife, Dale, have two daughters, Ingrid and Nicole.

R. L. Bucher, '69, 580 W. 8th St., Jacksonville, Fla. 32209, is in solo private practice of endocrinology. Since leaving the faculty of the University Hospital at Jacksonville, he has gotten back into educational activities by serving as medical program chairman at two hospitals and the Jacksonville Internists Society and lecturing almost every month on various aspects of endocrinology, and especially on diabetes.

1970's

John P. Ries, Class of 1970, 1335 Bayview, North Bend, Ore. 97459, is chief of pediatrics at Bay Area Hospital, Coos Bay, Oregon, and a member of the 15-member multispecialty Bay Clinic. He was board certified in pediatrics in 1975 and is a fellow of the American Academy of Pediatrics. John and his wife, Janet, have three children, Michele, 13, Jennifer, 12, and Daniel, 9.

Robert J. Desnick, '71 M.D., '70 Ph.D., has been appointed the Arthur J. and Nellie Z. Cohen Professor of Pediatrics (Genetics), Mount Sinai School of Medicine, the City University of New York. He was formerly an

associate professor in the pediatrics department, University of Minnesota Medical School.

John P. Evans, '71, will start a fellowship in hand surgery at Duke University, Durham, N.C., upon completion of two years of service as an orthopedic surgeon for the Army at Ft. Knox, Ky. He was named a diplomate of the American Board of Orthopedic Surgery in 1977. He was married to Stephanie A. Wilson of Morgantown, W. Va., in August of 1975.

Thomas R. Evans, '71, 1106-102nd St., North Battleford, Saskatchewan, S9A 2M3, Canada, recently began a private practice in orthopedic surgery.

William N. Rom, '71, director of the Rocky Mountain Center for Occupational and Environmental Health, is project director of a \$4 million federal grant to the Utah State University Colleges of Science and Engineering and the University of Utah Health Sciences Center. The center will be serving Utah, Colorado, Wyoming, Montana, the Dakotas, Idaho, Nevada and New Mexico. Dr. Rom expects the occupational health and safety program to be self-supporting after the five-year development stage. Outreach programs will be continued with facilities developed under the grant.

Marvin J. Grendahl, '72, 3500 Latouche, Suite 240, Anchorage, Alaska 99504, is in private practice of ophthalmology. He completed his residency at the Mayo Clinic in 1977.

Thomas A. Kiefer, '72, is in practice in Winsted, Minn.



James Nettleton, '72.

James W. Nettleton, '72, has been

named chief of pediatrics at Gillette Children's Hospital, St. Paul, Minn. He also holds a clinical appointment with the University of Minnesota Medical School and will conduct educational programs at St. Paul-Ramsey Hospital. He served his residency at Columbia-Presbyterian Babies Hospital and Roosevelt Hospital, New York City. His wife, Carol, is a child psychologist. Their children are David, 6, and Christine, 3.

John O'Connell, '72, 1338 Goodrich, St. Paul, Minn., is a pediatrician.

William Anthony Callahan, '73, is in private practice in psychiatry in Minneapolis, and is a clinical assistant professor of psychiatry and medicine, University of Minnesota Medical School, through Hennepin County Medical Center. His wife, Kathleen, is a graduate student at the Humphrey Institute of Public Affairs. They have two children, Erin, 5, and Elizabeth, 1.

Edward P. LaMotta, '73, 18104 Priory Lane, Minnetonka, Minn., is a fellow of the American Academy of Family Practice and is on the staff of Methodist Hospital in emergency medicine. He and his wife, Mary, have a daughter, Nancy, and a son, Ed junior.

Rolf Ulvestad, '73, has joined the Communicative Disorders Program of the National Institute of Neurological and Communicative Disorders and Stroke and is responsible for grant and contract supported research activities in clinical otolaryngology.

Here's news of several members of the medical class of 1974: **Richard John Andrews** is associated with David Eckes and James Noreen at the Hastings Family Practice Clinic; **David Boran** is in practice at the Lake Region (Minn.) Clinic; **John Cesnik** is practicing family medicine in the Crookston-Erskine area; **James Dobis** is with the Buffalo, Minn. Clinic; **Doug Hom** is an emergency room physician in Glen Falls, N.Y.; **Donald Kjome** has joined the Chaska, Minn. Medical Center in family medicine; **Paula A. Lunde** is married to Jerrold S. Falk, M.D., and practices internal medicine in Kalamazoo, Mich.; **Lawrence Martin** has been appointed a consultant in adult psychiatry at the Mayo Clinic; **L. Dana Petersen** is

with the Owatonna, Minn. Clinic in family medicine; **William G. Shores** has joined the St. Peter Clinic; and **Olyn Wernsing** has joined the Morris Medical Center.

John Bachman, '75, formerly with the Duluth Family Practice Residency program, was given an Outstanding Teacher award by the second year class of the University of Minnesota-Duluth School of Medicine. He has completed his residency and joined the Zumbrota Health Facility.

Kathleen A. Wood Goossens, '75, is a resident in radiology at University of Minnesota Hospitals.

Margaret Mehle, '75, El Reno, Oklahoma, served two years as chief of health programs at a 1300-inmate all male federal prison to pay off her scholarship obligation to the United States Public Health Service and is in a psychiatry residency at Oklahoma University.

Stephen Olsen, '75, is with the Atwater, Minn. Community Medical Center; **Richard Olson**, '75, is with the Albert Lea, Minn. Clinic; and **Timothy Pryor**, '75, is with the Albert Lea Medical and Surgical Center.

Silverrene Roundtree, '75, is working at the Grasonville Community Health Center, Grasonville, Md., a rural area on the Eastern Shore of Maryland.

Steve Shelver, '75, is practicing at the Glenwood (Minn.) Medical Center and **Dennis Sternke**, '75, is in family medicine with the Fairmont, Minn. Community Hospital and Clinic.

Gerald A. Kiedrowski, '76, is in family medicine at the Northern Itasca Clinic, Bigfork, Minn. He and his wife, Wendy, have two small children, Megan and Christian.

Gary Strandemo, '76, is certified in family practice and works for the Indian Health Board in Minneapolis.

Casey Jones, '77, is in Columbia, Mo., in a residency program at the University of Missouri Medical Center.

Peter M. Weiser, '77, is in a psychiatry residency at the University of Arizona and lives at 1919 West Hayward, Phoenix.

TOBIAN GETS RESEARCH AWARD



Dr. Louis Tobian

Dr. Louis Tobian, professor of medicine at the University of Minnesota, received the CIBA Award for hypertension research from the American Heart Association. Tobian, who has headed the University of Minnesota Medical School's hypertension section since 1964, received a medal and a \$10,000 cash prize.

Credited with many scientific firsts, Tobian was selected for the award on the basis of his animal and human research which demonstrated the importance of the kidneys and salt in high blood pressure.

A graduate of Harvard Medical School, Tobian taught at the University of Texas Southwestern Medical School before joining the Minnesota faculty in 1954. He is a former American Heart Association "Established Investigator" and is a former president of the Council for High Blood Pressure Research. He is also president of the circulation group of the American Physiological Society.

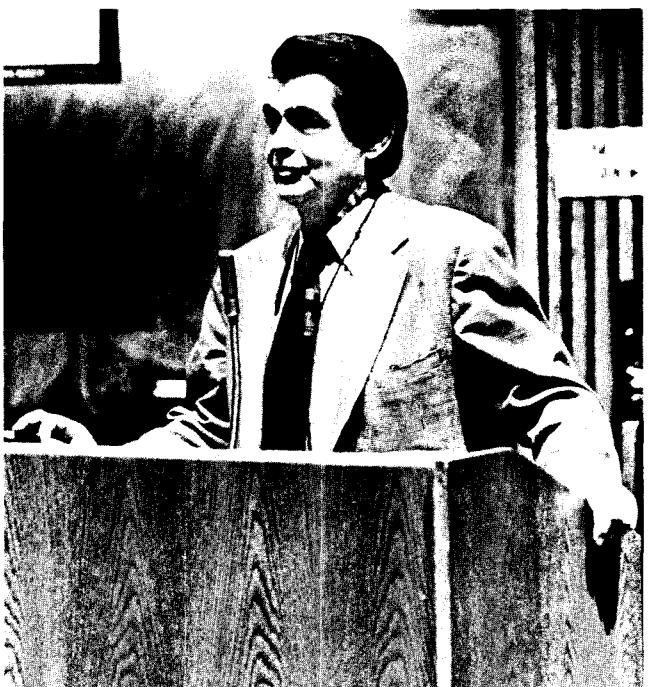
LAZAROW, FRYKMAN LECTURES DRAW 400 EACH



More than 400 persons attended the Third Annual **Arnold Lazarow Memorial Lecture** delivered by Nobel Laureate George E. Palade, M.D. on Oct. 31. Dr. Palade, professor and chairman, section of cell biology, Yale University School of Medicine titled his presentation "The Secretory Process Revisited." The 10th **Dr. Howard Frykman Memorial Lecture** by Sir Alan G. Parks, surgeon to the Queen of England and consultant surgeon at St. Mark's Hospital in London, drew about 400 surgeons from the United States, Canada and other countries. Dr. Parks' presentation was entitled, "Results of Surgical Therapy for Incontinence Based on Recent Physiological Investigations," and was delivered Nov. 4. The late Arnold Lazarow was head of the University of Minnesota's Anatomy Department from 1954 until his death in 1975. The late Dr. Frykman was head of proctology at Hennepin County General Hospital and a clinical professor at the University of Minnesota. He was in private practice with Dr. Stanley Goldberg, who is now head of colon and rectal surgery at the University of Minnesota.



Sir Alan G. Parks, Frykman Lecturer.



Dr. George E. Palade, Lazarow Lecturer.

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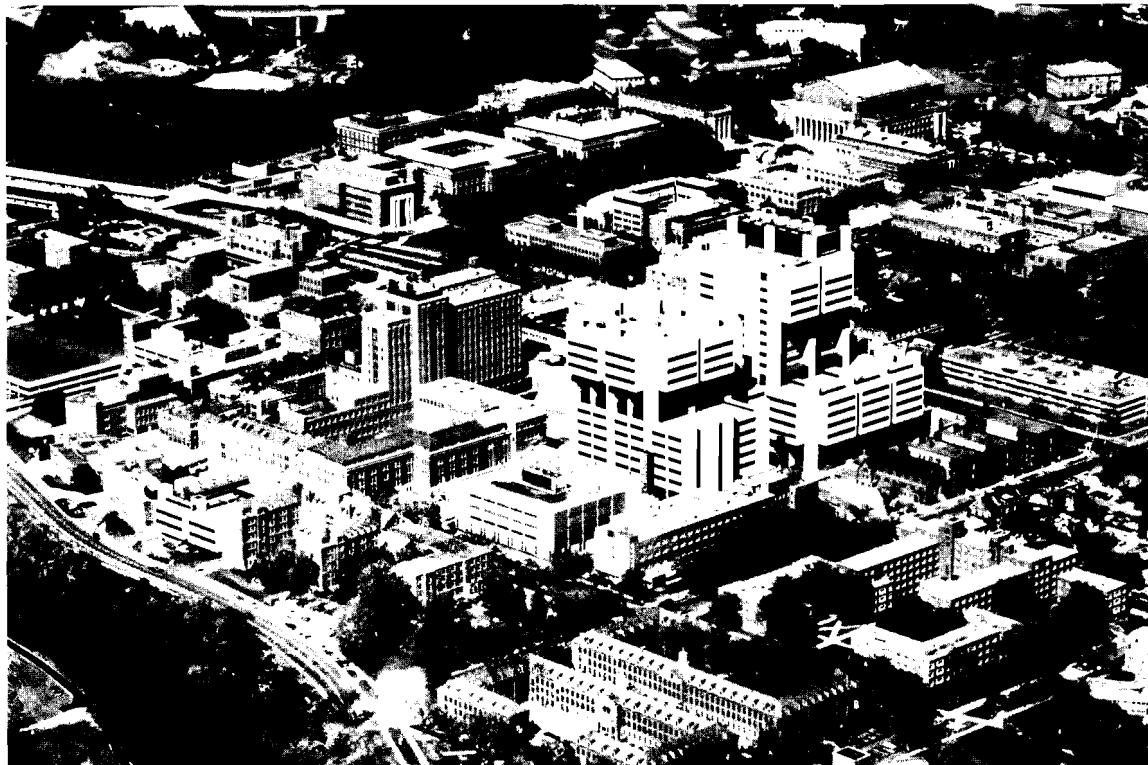
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And, picture this: In 1979, contributors of \$100 or more to the Foundation's work will receive an 11 × 8½-inch color aerial photo of the University of Minnesota medical campus in Minneapolis. A smaller black and white copy of the picture is printed below. (You might have seen the color version on the cover of our 1978 **Appreciation Report**).

Just send a contribution of \$100 or more in 1979 and we'll send you the picture, unless you tell us you don't want it. You get the picture, \$100 worth of good work, and a tax deduction for the full amount of your gift. Picture that.



Business reply envelope enclosed in the center of this magazine.



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HELPING DADDY AT WORK . . .



Dr. Amos S. Deinard Jr., associate professor of pediatrics at the University of Minnesota, had help from his daughter, Sarah, when he led an alumni tour of the new Paul F. Dwan Pediatric Clinic in November. Clinic dedication pictures inside.