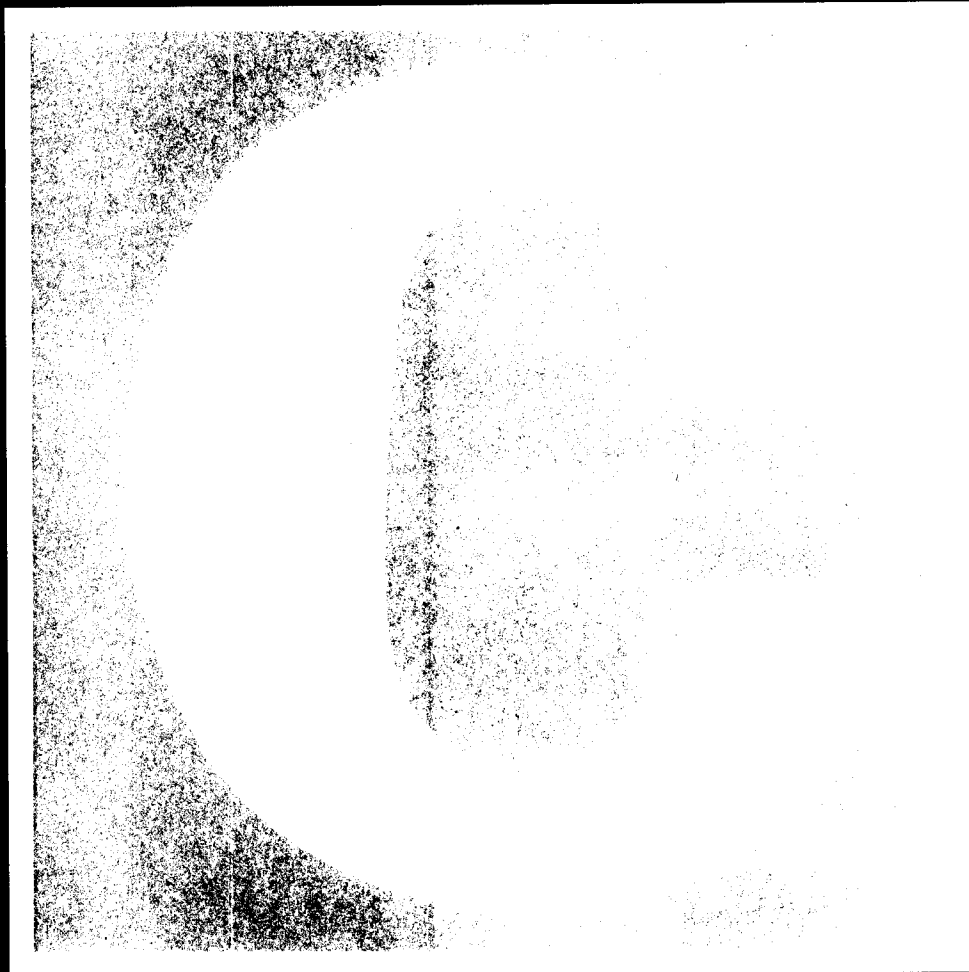


Programs for children



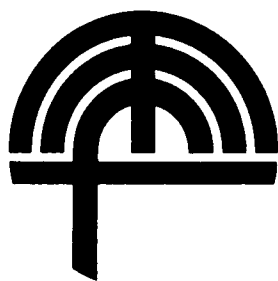
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University of Minnesota

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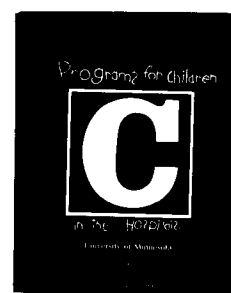
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Cover

This brightly-colored cover, designed by Minneapolis graphic artist Toni Dachis, speaks for itself; it reflects the warm and caring environment that U of M Hospitals staff create for their young patients. The cover focuses upon the series of articles (beginning on page 16) on special programs for children at University Hospitals. In addition, this festive cover is our way of fighting the winter blahs. Hope you enjoy it. Happy New Year.

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Medical Breakthroughs

Use of Artificial Blood Makes History



photo by Tom Foley

Haldor Mickelson, a 67-year-old Minneapolis resident made medical history Nov. 14 when he became the first person in the United States to receive a transfusion of an artificial blood substitute.

"I feel real strong, just like I did 25 years ago," said a jubilant Mickelson, who was discharged from the University of Minnesota Hospitals on Dec. 7.

Mickelson was given about four pints of the synthetic chemical Fluosol when his life became threatened by severe anemia, a shortage of red blood cells. Robert Anderson, the University surgeon who headed Mickelson's medical team, said the substance probably saved the man's life.

Mickelson, who was admitted to University Hospitals in September for leg surgery, has always suffered from mild anemia. The condition became severe following loss of blood during surgery and a subsequent infection. When Mickelson, who is a Jehovah's Witness, refused a conventional transfusion on religious grounds, doctors obtained permission from the U.S. Food and Drug Administration (FDA) to use the experimental solution.

Fluosol shares with blood the ability to transport dissolved oxygen to living tissue, although it cannot perform blood's other functions, such as carrying hormones, antibodies and factors responsible for clotting. It is recognized as foreign by the body and removed in around 24 hours, but temporarily helps sustain tissue while the body replenishes its own blood supply.

Fluosol was developed by the Green

Artificial blood recipient Haldor Mickelson, says he feels strong after receiving a transfusion of fluosol.



Cross pharmaceutical company of Japan, where it has been used on 55 patients, all of whom are doing well. Although a California subsidiary of Green Cross is importing it for research use, Fluosol has not received FDA marketing approval since animal studies on its long-term effects are not complete.

Researchers believe it holds promise for military, emergency and ambulance use since, unlike whole blood, it can be frozen and stored for up to two years and does not need to be matched or typed to the recipient.

The artificial blood substitute fluosol was given to a patient after he refused a conventional transfusion on religious grounds.

New Science Aids Cancer Therapy

It's not promising any cures, but the young science of chronobiology — sometimes called medicine's "fourth dimension" — is making impressive inroads into cancer therapy.

"Chronobiology is the study of the rhythms exhibited by all biologic systems," University of Minnesota cancer researcher William Hrushesky said. Some rhythms are short — measured in minutes — and others last hours, days, months, or even years.

The rhythms found to be most useful for cancer research are "circadian," a term coined by Franz Halberg, director of the University of Minnesota chronobiology lab and generally regarded as the science's founding father, to describe those rhythms that wax and wane every 24 hours or so.

Chronobiologists have found that rhythm patterns for fluctuations in things like body temperature, blood pressure and alertness can be established and graphed for each person. If these patterns are not taken into consideration during physical checkups, disease conditions may be overlooked, they say. In a condition known as "odd-hour hypertension," for example, blood pressure may be dangerously high, but only at a certain time of the day.

Although more and more researchers are acknowledging the importance of synchronized chronobiological rhythms (not to be confused with biorhythms, which, chronobiologists say, have been invalidated), their widespread use in health care may be a long way off. But chronobiologists are pressing on and exploring the use of circadian rhythms in treating disease.

That's where the work on cancer, known in this field as chrono-oncology, comes in. Animal studies have repeatedly shown that cancer therapies

tied to the chronobiologic rhythms of organisms dramatically increase rates of survival and cure. At Minnesota, efforts at translating these findings into treatment of human cancer patients are showing promise.

"The reason we are so excited about the potential of chronobiology in this area," Hrushesky said, "is that we have no wonder drugs like penicillin for cancer." Cancer drugs are formulated to kill fast-growing cells, such as those in cancerous tissue and thus can also kill certain healthy cells, including those of the body's immune system. Consequently, patients undergoing cancer therapy often succumb to pneumonia or other infections.

Chronobiologists believe that attention to rhythms could break this pattern. Their rationale is this: Cells of healthy tissue are known to have a circadian rhythm of mitosis, or cell growth. Cancer cells may show a circadian rhythm of mitosis that is either in or out of sync with the host's healthy tissue rhythm. The objective of "chronotherapy" is to administer cancer drugs when the healthy tissue is most resistant to toxicity and the cancer cells are most susceptible.

Experiments with animals have shown this to be possible. One, for example, found that leukemic mice treated with the drug ara-C administered in harmony with body rhythms survived 50 percent longer than those treated by more conventional methods.

With these encouraging findings, researchers have begun exploring chronotherapy's application for human cancer patients. Through the University's Clinical Research Center, some 20 patients with advanced bladder and ovarian cancer have been put on chronobiotic drug regimens of

two powerful cancer-sighting drugs. Preliminary results show the drugs, platinum and doxyrubicin, are metabolized by the body differently at different times of the day. Results indicated that the kidneys (a target organ for the toxicity of platinum) were least susceptible to platinum in the evening.

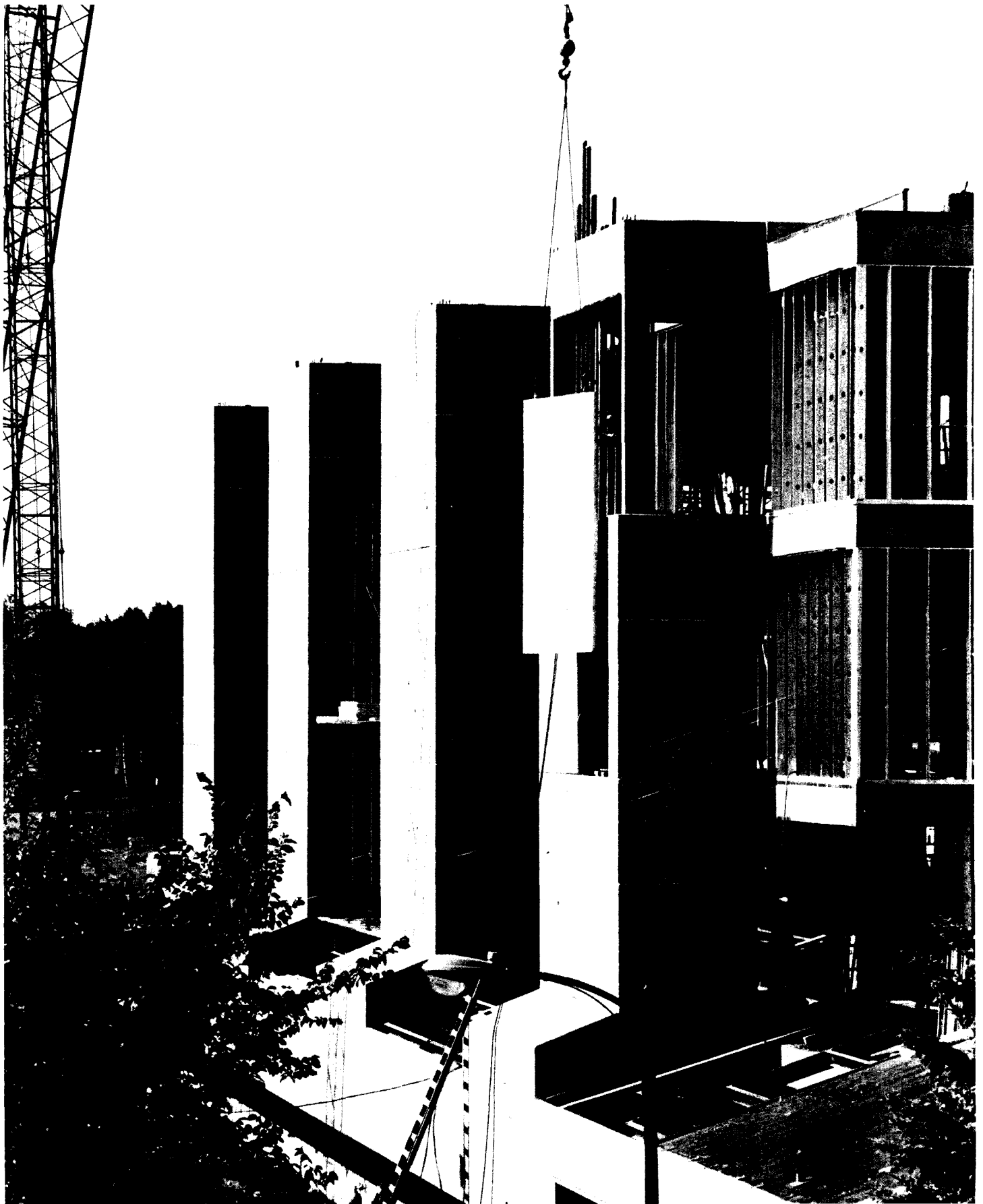
So far that's all that can be said with certainty. With such a small group of patients, researchers aren't able to translate their findings into optimum treatment schedules. More patients and a broader study might make it possible in the future, Hrushesky said.

Earlier chronotherapy studies of these drugs with mice found a very wide gap between success and failure. A normal dose of one of the drugs given at 9 a.m. might kill every mouse, while the same dose given at 9 p.m. might destroy only cancer cells.

"These general principles may apply to every cancer-fighting drug," Hrushesky said. "They may also apply to other therapies, such as immunotherapy and radiation." Efforts to explore chronobiologic applications of these therapies have begun at the University and elsewhere, he said.

From the timing of a checkup to the administration of an anti-cancer drug, working with the body's rhythms can tip the scale between disease and health, chronobiologists say. Recent advances seem to have secured chronobiology a role in the future of cancer therapy and suggest that it is only a matter of time before the monitoring of rhythms becomes a tool with widespread application to health care.

Building a Success



UMD School of Medicine: A Story with A Happy Ending

Some things are just meant to be. At least, that's the way they appear when chance seems to play an important role in life.

Like the University of Minnesota, Duluth School of Medicine. If Duluth physician S. H. Boyer and UMD Provost Robert L. Heller hadn't been on a Minneapolis-bound plane in 1966, there might not be a medical school in Duluth today.

Thirteen years later, the School of Medicine dedicated a new \$7.5 million facility on the UMD campus September 15. The dedication was the culmination

of more than a decade of hard work by many people who helped make a vision a reality, according to Dr. John W. LaBree, dean of the School of Medicine.

Once Upon A Time . . .

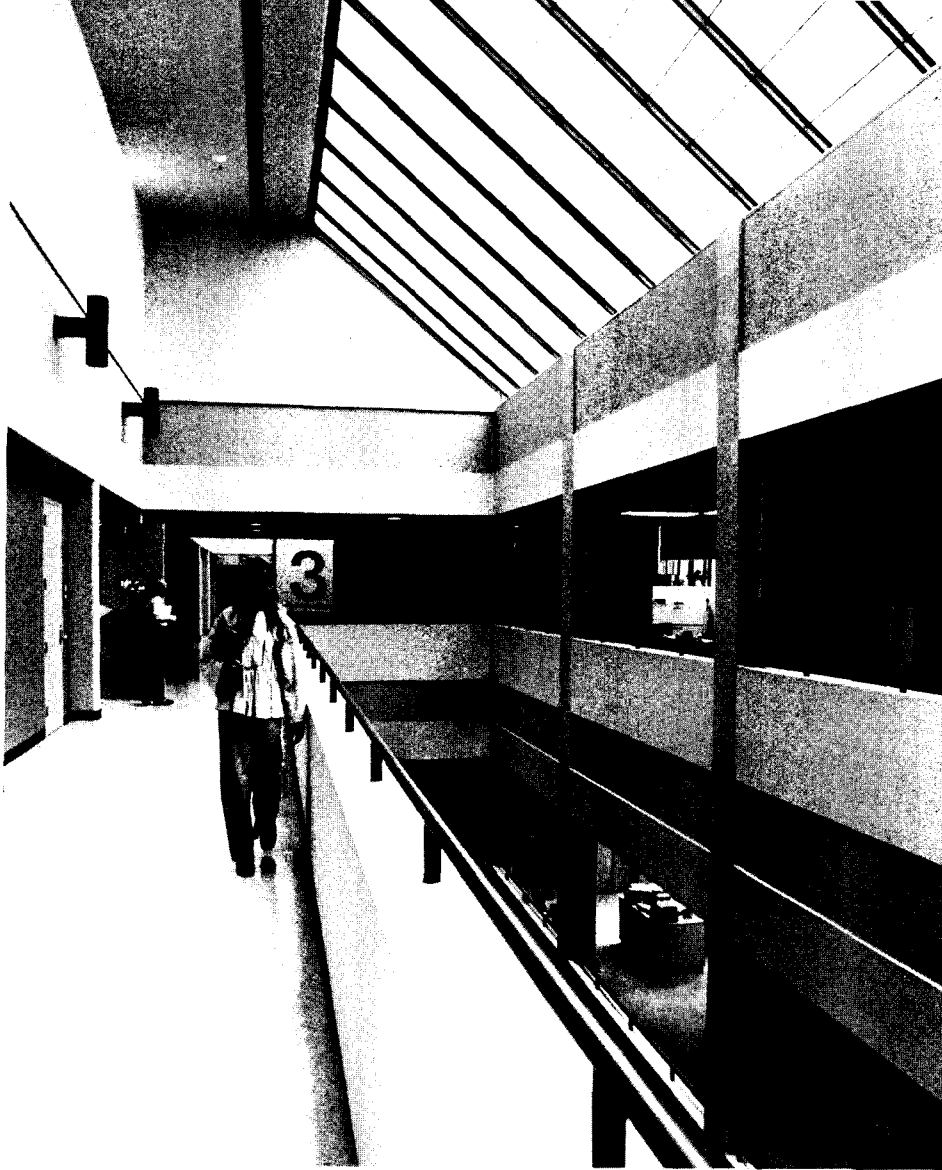
On that 40-minute flight, Dr. Boyer and Dr. Heller talked about the state's need for another medical school. The University of Minnesota Medical School in Minneapolis was the only undergraduate medical education program in the state. They agreed that Duluth was a logical location for a second school.

As Boyer explained, "Funds for a state medical school were available in 1966, why couldn't Duluth get them? UMD had excellent facilities; Duluth was already a health center for the region, and local hospitals could provide the needed clinical facilities."

Another factor was Duluth's location in northern Minnesota. "Northern Minnesota and Northern Wisconsin had a desperate need for more physicians, especially those committed to family practice," Heller said.

Shortly thereafter, Heller and Boyer began gathering support for their





Space and light characterize the new Medical School Building.

proposal. Heller enlisted the aid of then-Provost Raymond Darland, and Dr. Theron O. Odlaug, then chairman of the UMD Biology Department. Boyer met with other Duluth physicians and community leaders.

This group, the Northern Minnesota Council for Medical Education (NMCME), began to formulate strategies to garner support for their proposal. Its members included Boyer, Heller, Darland, Odlaug, and Duluth physicians John Thomas, Cyrus Brown, Charles Bagley, Vernon D. Hamington, Robert Goldish and Gordon Strewler.

Together they traveled across the state lobbying for community and legislative support of their proposal. They visited other developing medical schools, attended legislative sessions, and wrote proposal after proposal.

But, most importantly; they didn't give up. "Many people didn't think we could swing it," Boyer recalled.

"The UMD School of Medicine is an excellent example of the community,

university, and legislature all working together. It was this support that made it all possible," Heller said.

In May, 1969, three years after the initial concept was born in the Minneapolis-bound plane, the Minnesota legislature appropriated funds to establish a two-year basic sciences program on the Duluth campus of the University of Minnesota. The new program would have a primary goal of increasing the number of family physicians for the state of Minnesota.

And Then the Fairy Godmother . . .

But, the NMCME still did not stop. Under the leadership of Duluth businessmen Warren Moore, Erwin Goldfine, H. E. Westmoreland, and Odin Ramsland, the group sponsored a fund-raising drive that raised more than \$700,000 in cash and pledges in support of the new medical school.

In 1970, Dr. Robert E. Carter was appointed dean of the developing school, which was located in the

remodeled Laboratory School on UMD's lower campus. Under Carter's guidance, the initial faculty established a basic medical and clinical sciences curriculum, which emphasized family practice with a strong clinical orientation and utilized many community physicians as teachers and preceptors.

The first class of 24 began their studies in 1972; in 1975, Dr. John W. LaBree was appointed dean.



Robert Heller

And They Lived Happily Ever After

Today, the School of Medicine is hardly recognizable as the newborn school of 1972. The faculty size has doubled, and the class size has quadrupled — from the initial 24 students to 96.

Because of the rapid growth the Medical School has experienced in the last 10 years, a new medical teaching facility has been built on the UMD campus. Ground was broken in June, 1976, and faculty and staff moved into the new quarters last March.

In addition, the Medical School's faculty have become nationally-known medical researchers. Their research projects include such studies as immersion hypothermia, diabetes, morphine addiction, herpes simplex virus, lead intoxication, hagfish epidermis, and burn patient rehabilitation.

"These projects not only benefit the medical students and their future patients, but they also bring needed research money to UMD," said Heller.

Another aspect of the UMD School of Medicine's mission is its commitment to prepare minority students for health care careers, according to LaBree.

Native Americans Into Medicine (NAM) is a summer program designed to motivate and stimulate the interest of high school and college American Indian students in health care-related fields so they may develop an educational background competitive with other students.

Indians Into Research Centers (IRC) is an offshoot of the Medical School's commitment to health science research. IRC prepares well-qualified, college-level American Indian students for research careers in bio-medical sciences at the graduate level.

But, even more significant, the UMD's School of Medicine is achieving its mission of training family physicians.

Of UMD's first four classes, 55 percent have chosen family practice residencies; nationally 13 percent of new physicians choose family practice, according to LaBree.

"We are accomplishing what we set out to do," Heller said. "Because of the UMD Medical School, the cities of Grand Rapids, Mn. and Superior, Wi., among others, have new family physicians this year — graduates of our medical school.

The End.



Sam Boyer

In Memoriam

Duluth and its medical school lost a great friend and supporter on Jan. 8, when Dr. Samuel H. Boyer Jr. died at his winter home in Sun City, Ariz. Dr. Boyer played a pivotal role in the establishment of the UMD School of Medicine, garnering the necessary support of local physicians, the Duluth community and the State Legislature, to bring about the opening of the two-year medical school in 1972.

We'll have more on Dr. Boyer's life in the next issue of the Medical Bulletin. Friends may use the envelope enclosed in this magazine to contribute to the Sam Boyer Memorial Fund for the UMD School of Medicine.

Newsbriefs

Frances Dahlstrom Gives \$50,000 to Med. Foundation

Unknown to the Minnesota Medical Foundation, the late Frances L. Dahlstrom, an 82-year-old widow and former schoolteacher from St. Paul, had willed her entire residual estate, amounting to over \$49,000, to the Foundation.

Although neither she nor anyone in her immediate family was directly involved with the University of Minnesota Medical Schools, Mrs. Dahlstrom has been contributing funds each year for the past 15 years to the Foundation for use as emergency loans to medical students.

"We knew she liked us, but we had no idea she was putting us in her will," remarked Eivind Hoff, executive director of the Minnesota Medical Foundation. "What a wonderful Christmas present for the students at the Medical School," he added.

The foundation has created a long-term permanent loan fund for medical students in the name of Andrew and Frances Dahlstrom, which will include the residual estate as well as the money she has previously donated over the years to the Foundation. The principal of that loan fund amounts to over \$50,000.

Memorial Service Held for Leo G. Rigler

On December 12, 1979 the Medical School and the Department of Radiology sponsored a memorial service for the late Leo G. Rigler, a renowned radiologist and teacher, who died on October 25. Todd Amphitheater was filled to capacity by friends, colleagues and former students who paid their final respects to this great man of medicine.

The Leo G. Rigler Memorial Fund has been established for use by the

Department of Radiology at the University of Minnesota Medical School. Contributions are welcome and should be made payable to the Minnesota Medical Foundation — Leo G. Rigler Fund.

Hypertension Researcher Receives International Prize

Dr. Louis Tobian, professor of medicine at the University of Minnesota, has been awarded an international prize for his hypertension research.

Tobian was named winner of the Dr. Heinz Karger Memorial Foundation Prize for Research in the Endocrine Mechanisms of Hypertension, and received \$4,000 in Swiss francs as part of the award.

Karger was the founder of a scientific journal and medical textbook publishing firm in Basel, Switzerland.

Reuben Berman in the News

Dr. Reuben Berman, a heart specialist at Mt. Sinai Hospital in Minneapolis, and president of the Minnesota Medical Foundation's Board of Trustees, was recently recognized for his research on high blood pressure by *Minneapolis Star* health columnist Gordon Slovut.

Slovut praised Berman's efforts in a five-year federally subsidized research project on hypertension which began in 1972.

The project was designed to test whether high blood pressure can be effectively treated with systematic-type care and to learn whether it helps to treat people with "mild" high blood pressure.

Mt. Sinai Hospital was selected as one of 14 centers around the country to participate in the project, with Dr. Berman directing the special center.

In this project, hypertensive men and women between the ages of 30 to 69

were recruited and randomly assigned by a computer to one of two treatment groups; one group was treated at the special center supervised by Berman, and the other group was referred to their own doctors for treatment.

Dr. Ronald J. Prineas, of the U of M's Laboratory of Physiological Hygiene, supervised the electrocardiographic work for the 10,940 persons recruited for all 14 centers.

Although all the results of this study are not in yet, figures assembled so far support the theory that the life expectancy of persons with mild hypertension could be extended with treatment. Slovut points out that the knowledge of this fact alone could save many lives.

Dr. Berman said that final results of this study will be announced later.

Doughman Receives Award

Dr. Donald Doughman, head of the University's Ophthalmology Department, has received the American Academy of Ophthalmology's Honor Award for outstanding service and contributions to his profession.

He is president of the North Central Region, Eye Bank Association of America and medical director of the Minnesota Lions Eye Bank.

Kottke Honored in Honolulu

Dr. Frederic J. Kottke, head of the University of Minnesota's Department of Physical Medicine and Rehabilitation, received the Frank H. Krusen award at the 41st Annual Assembly of the American Academy of Physical Medicine and Rehabilitation in Honolulu, Hawaii.

Dr. Kottke is the fifth recipient of this prestigious award which is given to recognize outstanding contributions to the field of physical medicine. The

award was last given in 1977 to Senator Hubert H. Humphrey.

An internationally-recognized expert in the field, Dr. Kottke was honored for his work in developing an outstanding Department of Physical Medicine and Rehabilitation at the University of Minnesota for his contribution as an educator, researcher, physician, and author of scientific publications.

He received his Ph.D. in physiology in 1944 and his M.D. in 1945 from the University of Minnesota. He has been professor and head of the Department of Physical Medicine and Rehabilitation since 1953. He was the 1978-79 president of the Academy of Physical Medicine and Rehabilitation.

Heart Research Labs Honor Actor Jimmy Stewart

Variety Club of the Northwest, Tent No. 12, and the University of Minnesota have agreed to establish heart research laboratories honoring actor Jimmy Stewart.

The \$6.15 million project was announced Dec. 6 on "The Variety Club International Tribute to Ingrid Bergman" (9 p.m. WCCO-TV). Jimmy Stewart, who has appeared in nearly 80 films, was honored on last year's program.

The Jimmy Stewart Research Laboratories will be located on the thirteenth and fourteenth floors of the Phillips-Wangensteen Building on the Minneapolis campus and will be administered by the Departments of Pediatrics and Medicine.

Variety Club of the Northwest has pledged to raise \$3.2 million to complete the labs by June 1982. The University will contribute \$1.45 million and the Medical School faculty has pledged \$750,000. The Minnesota Medical

Foundation will assist in fund-raising efforts. The estate of Esther S. Anderson will give \$650,000, and Variety International another \$100,000.

"The University's Medical School faculty is pleased to continue its 34-year partnership with Variety Club of the Northwest," said Dr. N. L. Gault, medical school dean. "Jimmy Stewart's contribution to 'healthy entertainment' of Americans is well-known."

Dr. William Krivit, professor and head of pediatrics, and Dr. Thomas Ferris, professor and head of medicine, said the laboratories would intensify their departments' research into cardiovascular diseases, including congenital defects, streptococcal infections, hypertension, and atherosclerosis.

Since 1945 the Variety Club has raised more than \$10 million for construction of the Variety Club Heart Center on the University of Minnesota campus. The University of Minnesota is internationally recognized for its contributions to heart research and care of patients with heart disease.

Among the University's successful "firsts" are open heart surgery using hypothermia (body cooling), surgical treatment of several types of heart defects, and the use of cardiac pacemakers. Many leading heart physicians, surgeons, and researchers were trained at the University of Minnesota Variety Club Heart Center.

U Grad School Gets \$625,000 to Hire New Talent

The University of Minnesota Graduate School will use a \$625,000 grant from the Northwest Area Foundation to hire six young faculty members in the physical sciences.

The grant will help the University

introduce younger talent into departments with a high percentage of older faculty members, said Warren Ibele, dean of the Graduate School. "What with projections of declining enrollments, there's not likely to be legislative support for keeping a flow of new talent into the University," he said.

A University study found that the percentage of younger faculty members was particularly low in chemistry, biochemistry, mathematics, physics and geology. The six new positions will be in those fields.

The University learned this week that the Northwest Area Foundation will provide \$125,000 during each of the next five years to pay the salaries of the six new professors.

Western Doctors Learn about Eastern Medicine

UMD School of Medicine Dean John LaBree and his wife Anne, led a three-week People-to-People tour of physicians, nurses, and other health professionals to the People's Republic of China this past summer.

The 25 Minnesota health professionals met with their Chinese counterparts to learn about medical education and health care in China.

LaBree shared his impressions of China at the Fall Board Meeting of the Minnesota Medical Foundation during the medical research symposium held at UMD in September.

LaBree reported that a huge gap exists in Chinese medical education, and many teachers are needed badly.

One way to fill this gap is with exchange programs; but, even so, "the Chinese need years to catch up," LaBree said.

He also said that medical care has come a long way in 30 years. Before the 1949 revolution, a feudal system

Newsbriefs

existed in China and only the upper class received any kind of medical treatment. The peasants were neglected. Today, the peasants (they are still called "peasants") do receive medical care primarily from the "barefoot" doctor in rural communes.

"Although good, the quality of care needs to be improved," LaBree said, "but at least care is available to all."

In fact, LaBree explained that two kinds of medical care are available: scientific (Western) medicine and traditional (herbal) medicine.

Each has its own medical schools and pharmacies, and patients may choose which type of care they prefer.

Because the Western-type is similar to medical care in the United States, the tour group found traditional medicine especially fascinating — particularly the use of acupuncture.

LaBree and his group witnessed two operations under acupuncture. In one, removal of the pituitary, the patient was awake and aware throughout. The patient had no pain, and the surgical technique was flawless, according to LaBree.

LaBree also reported that the Chinese suffer from some of the same diseases Americans do, although there is not as much heart disease. Alcoholism, drug addiction, venereal disease, and obesity are practically non-existent.

"We in the United States are well-fed; they are well-nourished," he commented.

Priest-Psychoanalyst Speaks at U

Dr. William Meissner, a physician, psychoanalyst, and practicing Jesuit priest spoke at the University of Minnesota Nov. 29.

"Religion and Its Psychoanalytic Psychology," was the topic of his public lecture.

An associate clinical professor of Harvard University and chairman of the faculty of the Boston Psychoanalytic Institute, Meissner is the author of a number of books on psychology, religion, and values.

His talk was sponsored by the Minnesota Psychoanalytic Foundation, Inc., the University's Psychiatry Department, the Twin City Metropolitan Church Commission, the Minnesota Rabbinical Association, and the Newman Center at the University.

Winter C.M.E. Courses

The following is a list of upcoming Continuing Medical Education courses sponsored by the University of Minnesota Medical School:

Sexual Attitude Reassessment Seminar, Feb. 1-2.

Family Practice Review, Update 1980, Feb. 18-22.

Practical Ear, Nose, and Throat, Feb. 8-9.

For further information, call 373-8012, Office of Continuing Medical Education.

Med Foundation Support Reaches Record \$3 Million

The Minnesota Medical Foundation gave a record \$3 million to support the University of Minnesota Medical Schools in Minneapolis and Duluth during the 1978-79 academic year.

Eivind Hoff, Executive Director of the Foundation, reported that the organization raised \$1.2 million through donations and grants from alumni, corporations and philanthropic organizations. Assets now total more than \$9.5 million.

The Foundation gave \$490,200 in various categories of financial aid to some 740 medical students and \$2.5 million to support faculty and student research in 1978-79.

Kellogg Grant to Train Pharmacists

To move pharmacists closer to physicians and patients in hospitals and in community practice settings is the objective of a new training program at the University of Minnesota.

The W. K. Kellogg Foundation of Battle Creek, Mich., has granted the University of Minnesota College of Pharmacy \$846,400 to train 15 pharmaceutical clinical scientists through a program that is the first of its kind in the country.

Acting on a need described in the 1975 Report of the Study Commission on Pharmacy (the Millis Commission), the University, in cooperation with the St. Louis Park Medical Center Research Foundation and Methodist Hospital, will offer experienced practicing pharmacists the opportunity to obtain doctoral degrees in social and administrative pharmacy.

Pharmacists will be recruited nationwide for the program. They will be prepared to provide clinical pharmacy services in the community, including drug therapy problem-solving. The program also will help them apply their knowledge of other health-related fields to pharmacy practice.

Participants will learn to evaluate existing sources of medication information available in a given community and to formulate a coordinated, systematic body of drug information for use by physicians, dentists and pharmacists in managing drug therapy. Their training will include clerkships or residencies in clinical settings such as community pharmacies.

The project's co-directors, Dr. Albert Wertheimer of the University's College of Pharmacy and Dr. Paul Batalden of the St. Louis Park Medical Center, believe that graduates of the program

will become major community resources for the use of pharmacy knowledge, will contribute significantly to the quality of drug-related services, and will become leaders in drug-related research.

In 1930, breakfast cereal pioneer W. K. Kellogg contributed \$45 million to establish the Kellogg Foundation. Using income from that bequest, the foundation has made grants in the areas of health, education and agriculture that total \$500 million over the past five decades. The foundation today is among the largest private philanthropic organizations in the nation and supports pilot programs in the United States, Canada, Europe, Latin America and Australia.

Admissions Plan at Medical School Upheld by Court

Using personal interviews to select students for medical school does not unfairly discriminate against white applicants, the Washington State Supreme Court has ruled.

The court unanimously upheld the medical-admissions program of the University of Washington, rejecting a lawsuit brought by an unsuccessful white applicant who charged that the school had discriminated against him in violation of the 14th Amendment.

The court affirmed a 1977 lower-court decision that Washington's admissions policies were "fair and reasonable and not arbitrary or capricious."

The suit by Frederick McDonald, who applied for admission to medical school in 1976, attacked the university's use of scores from interviews, in addition to grades and admissions-test scores, to select applicants.

Mr. McDonald was one of 1,703 applicants for 175 places in the medical

school's first-year class. There were 45 minority applicants, of whom 15 were offered admission and 6 actually enrolled.

"The evidence shows McDonald would not have been admitted into the class even absent the six minority persons accepted and without any consideration of race," said Justice Charles Wright, Justice Wright noted that seven minority persons were not admitted who ranked higher overall than Mr. McDonald, based on a combination of grades, test scores, and interviews.

Mr. McDonald's lawyer said he would seek reconsideration of the case by the state supreme court. If that is unsuccessful, he will consider an appeal to the United States Supreme Court.

Med Prof. Writes Book on Patient Care Crisis

Benjamin F. Fuller, clinical professor of medicine at the University of Minnesota, has written a book in which he describes the present crisis in patient care and prescribes possible solutions.

In "Physician or Magician?" Fuller analyzes the function of physicians, the interaction between physicians and patients, patient grievances, and changes in medical education. He also discusses the high cost of health care and impersonal and inadequate care.

Fuller headed the University's department of family practice and community health from 1969 to 1971.

The book, published by McGraw-Hill Book Company, is a collaboration between Fuller and his son Frank, who is a graduate of the University of Minnesota. It is 167 pages long and sells for \$7.95.

Cystic Fibrosis Researcher Honored

Dr. Warren J. Warwick, University of

Minnesota professor of pediatrics, has been honored by the Cystic Fibrosis Foundation for developing a patient registry system now used around the world.

By compiling a natural history of cystic fibrosis, the registry has demonstrated that earlier diagnosis, combined with improved treatment, leads to improved life expectancy, Warwick said.

Cystic fibrosis is a hereditary glandular condition involving the lungs, digestive system and sweat glands. Complications can affect the lungs and pancreas in infancy.

New Orleans Alumni Reception Set for April 23

A U of M medical alumni reception will be held April 23, 1980 at the International Hotel in New Orleans. The event is at 6 p.m. and will include Deans N. L. Gault and John LaBree.

If you live in the New Orleans area, please mark your calendar now in anticipation of your formal invitation. If you are planning to attend the American College of Physicians Meeting in New Orleans April 21-24, you are most welcome to attend also.

Some Words from the 'Chief,' Owen H. Wangenstein



Editor's Note:

The following comments were made by world-famous surgeon and teacher Dr. Owen Harding Wangenstein at the dedication of the new Phillips-Wangenstein building on the University of Minnesota campus this summer. In 1930, at the age of 32, Wangenstein became surgeon-in-chief at University of Minnesota Hospitals. By 1950, the Department of Surgery and the Medical School had gained a world-wide reputation for its excellence, thanks to the genius and efforts of this man, who today stands out as a pioneer in surgery and medical education. Demanding greatly of his medical students, Wangenstein produced top-ranking surgeons who went on to make their own medical breakthroughs. We are honored to present these comments by such a noted and loved leader of the University medical community.

Rewards of a Life Spent in the Academic Arena

Dear Friends of the University and its Medical School. This is indeed a great occasion, not minimized by the circumstance that it demanded two sessions to complete the enshrinement of this unique structure. Citizens of Minnesota, its government, and the University now can expect all privileged to enjoy its impressive facilities and opportunities to match in dedication, the devotion of all those who brought this remarkable edifice into being. To some, its exterior presents the appearance of an architectural curiosity, but the laboratory and teaching facilities are probably unsurpassed on the American scene.

The idea for this facility was a dream child of that great philosopher and generous philanthropist, Jay Phillips and his charming wife, Rose, whose benevolences have extended far beyond the borders of Minnesota. He first proposed his intent, as I recall, in 1952. It has taken time and patience to fructify the concept. To many loyal Minnesota friends, and all its citizens, who through a generous legislature contributed to the fulfillment of Jay's plan, we are all beholden. Not to be overlooked is the confidence that the National Institute of Health continues to have in our University, its Medical School, and faculties.

Having been identified with this University as man and boy, for 65 years, I have been privileged to note and enjoy the wonderful opportunities our University and its Medical School offer its earnest students. An atmosphere friendly to learning pervades it, the foremost stimulus to acquisition of knowledge, and of accomplishment. The mind grows by what it feeds upon, notably associates,

books, and teachers, and a warm institutional climate, all of which are present here in abundance.

I came to this University with hands heavily callused from hard work on the farm, and eventually capitulated to my father's insistence that I become a doctor, a transition gradually effected by time and exposure to sympathetic and talented teachers.

It is a great privilege to be a teacher, whose primary function is to strive to train pupils who will excel their masters. Shared opportunity, perhaps the best-kept secret of successful pedagogy, helps many students ease the steep climb up their own Jacob's ladder to summits never dreamed of.

Our University and Medical School have been blessed with a succession of great presidents, deans, and administrative officers who have steered its course safely through the shoals of lethargy, lack of motivation and drive, inaction, and satisfaction with things as they are, by the simple expedient of applying the spur of encouragement to its promising young staff unquestionably the finest of all remedies for the relief of inertia.

The conversion of our University and its Medical School from a group of self-satisfied mediocre colleges into the orbit of recognition was an outgrowth of the propellant thrust, notably of George Edgar Vincent, third University President and Elias Potter Lyon, fourth Medical School Dean. Vincent was determined to upgrade the University and its medical school and demanded the resignation of the entire medical faculty, reappointing only those conforming to his objectives. He also projected an association with the Mayo Foundation at the graduate level, a vitriolic issue with the Medical School's clinical faculty. When Lyon came on the scene in the first week of September 1913, he found himself plunged into a virtual hornet's nest

over the two issues. Now in retrospect, it may well be said, Vincent and Lyon acted very boldly, but wisely too. The medical profession, world wide, recognizes today, it was an achievement with great benefits to both institutions.

In the presence of this distinguished company and good friends, I would like to say how beholden I have been these many years to our University and its generous administrative officers and associates for unexcelled opportunities and a warm spirit of helpfulness, a circumstance that persuaded me to decline beckoning calls to other institutions.

When Sally and I had been married a year, I asked her how she found marriage; "Not half as bad as I thought it would be," was her reply. And that also is how we have found retirement.

When the New York Academy of Medicine tendered William Henry Welch, America's foremost educator, a great dinner April 4, 1930, on his 80th birthday, he was asked whether he would be willing to repeat his life experiences, to which query he replied in the negative, saying he could not possibly duplicate the good fortune he had enjoyed during his 80 years. Though far from being a Prince Charming, only to whom in legend such privileges have been available, to a similar question, I would reply in the affirmative. Life in the academic arena has been extremely satisfying and rewarding. Shared opportunity, not money, is the finest paymaster of the academician. I would agree, however, only on one condition, that my best friend, talented, and lovely wife, Sally, accompany me in the reincarnation. Welch, it is to be recalled, was a lifelong bachelor. A happy and contented marriage does provide its partners perhaps the most fortunate and felicitous state of being this life has to offer.

The Territorial Legislature of 1849 defined for the State of Minnesota its future image: "Minnesota, Star of the North." This high profile, every loyal citizen can help perpetuate by a spirit of frugal living and generous public philanthropy, especially toward our institutions of higher learning. The qualities of life in Minnesota, despite arduous winters and high taxes, are of the finest to be found anywhere. Governor Quie can probably do little about our weather, but he is making a valiant effort to lessen the tax burden.

And may I add my thanks and commendation to the Board of Regents, President Magrath, Vice-President Lyle French, Dean Gault, and other administrative officers responsible for attaching my name with that of my dear and warm friend, Jay Phillips' to this great edifice that will greatly enhance opportunities and the productive creativity for our illustrious medical faculty over the remainder of this century and well into the next. Presently too, may we not anticipate that the alphabetical designations of names for buildings in our Medical School complex be abandoned in favor of names chosen to add to their laurels. Moreover readier access to the Phillips-Wangensteen building from the Diehl Hall area is definitely in order.

And thank you all very much for coming to honor this momentous occasion that augurs well for the future of our University and our Medical School.

Programs for Children at the Hospitals

Play Therapy Makes Hospital Stays Happier



Serious illness deals children a double blow. Not only can it debilitate an active youngster, but it can require long-term hospitalization, pulling a child from a warm, family environment to one filled with white coats, bandages and mysterious equipment.

Despite the best efforts of doctors and nurses, the experience can be terrifying for some children. While hospital treatment may cure the child's disease, it can leave crippling psychological problems.

At University of Minnesota Hospitals, the staff of the Child Life Department is working to counter that problem by encouraging children to do more of what they are best at — playing.

Play therapists Paula Dicke and Mark Holub use play in both informal visits and private and group sessions. Play does many things for the hospitalized child, they say. It reduces stress, provides an outlet for emotions, teaches social skills, encourages communication and creativity, and provides a sense of normalcy in a strange environment.

Each year, hundreds of children come here, generally for treatments they couldn't receive at their hometown hospitals. Confronted by a disease and a new environment, they respond in different ways. Some become listless and withdrawn; others become angry and aggressive. Still others exhibit what Dicke calls the "crucifixion syndrome," passively submitting to doctors' and nurses' requests though visibly afraid.

The common denominator for these children is a feeling of anxiety, and the play therapists' goal is to reduce it. Their tools are toys. Much of their time is spent in private play sessions with children for whom doctors, nurses or parents have asked special help. Holub calls it "trouble shooting."

Four-year-old John became mute after he was admitted to the hospital



A special thanks to Sue Shepherd and Barbara Reynolds of University Hospitals and to Tom Foley of University News Service for their excellent photographs of children contained on pages 16 through 21.





last spring. Dicke attempted to draw out his feelings by interesting him in a paint set. He responded by painting small circles with legs on them in the corners of blank sheets of paper.

John's drawings were helpful in diagnosing his condition. "His pictures indicated to me that he was feeling a great sense of powerlessness," Dicke said.

To help him become more comfortable with the environment, she encouraged him to play "hospital," using a doll and bandages, tongue depressors and syringes without needles. Initially, John responded with violence hacking at the doll with the syringe and taping its mouth so that, he said, "it wouldn't ask any questions."

Dicke talked with John's doctor, parents and nurses about his need for more open communication and discussion of his treatment. With their cooperation, John gradually became more comfortable with his hospital stay.

Dicke contends that many children, like John, can benefit from play therapy. She points to the results of recent studies as evidence. Initiated by Stephanie Clatworthy, a former University of Minnesota nursing researcher and a leader in the field of play therapy, the studies involved more than 300 children who were admitted to University Hospitals and to the Minneapolis Children's Hospital during the last several years.

The levels of anxiety these children experienced upon admission to the hospital were measured according to standardized scales. While all the children were involved in recreational activities during their stay, half received special half-hour play sessions five times a week.

The researchers found that, overall, the children who received play therapy

responded to the hospital experience with significantly less anxiety than those who did not.

Along with private sessions, group sessions are also an important component of the program. Dicke and Holub coordinate six weekly groups that include about 40 children. Some of them, like one called "My Friends and Me," are used to teach social skills and replace the peer process that is often lost when children are hospitalized. Others, such as "Family Fun Night," are used to keep families together and to help the hospitalized children burn up stifled energy. Siblings, parents and friends of the children are encouraged to participate in all these programs.

Toys are a big part of both the group

and private play sessions. All are donated, and those used by Dicke are selected for special purposes. School toys, small chalkboards and crayons are chosen for children whose identity is found to be tied up in their school work.

Hospital-type toys are used with children who believe they are somehow responsible for their situation, such as the little girl who suggested her doll needed shots because she didn't eat her green beans. To encourage creativity and communication, Dicke also uses puppets and arts and crafts materials.

Through the toys and the play sessions, the therapists attempt to ensure that the child's personal and social development is not severely disrupted by the hospital stay. And they hope to make the hospital experience a more positive one.



Children Learn to Hypnotize Selves to Treat Illness

"Relax . . . pretend you're watching your favorite television show. Now, hold this coin and stare at the smiling face on your thumb. Concentrate . . . you can hardly feel the coin. It will fall to the floor.

"Now, close your eyes and relax . . . let your face muscles relax, your arms relax. Picture your bronchial tree, an upside-down tree. It's tight . . . now imagine that each branch is a hollow bronchial tube. Open each one, gradually, gradually. The next time you feel your tree tighten, open the branches so air can move through them easily, so you can breathe easily. . . ."

Although the actual process takes longer, this is how children in a special University of Minnesota program are learning to hypnotize themselves to control certain illnesses like asthma.

So far, the technique is proving successful at alleviating symptoms of asthma, abdominal pain, headaches, leg and chest pain, some kinds of vomiting, and other problems, according to pediatric psychologist Pi-Nian Chang.

At other health care centers, warts, bedwetting, hyperactivity, and fear of shots in childhood cancer victims are being treated using the same method. "Self-hypnosis is not considered 'creepy' anymore," said Chang, who uses the technique regularly.

Self-hypnosis or "suggestive therapy" encourages people to see health as more than the absence of disease, and to take control of their own bodies, Chang said. People make themselves tense, and can therefore learn to relax without an abundance of sedatives and pain killers, he said.

The self-hypnosis technique takes the subject through several phases: induction through concentration, progressive relaxation, visual images, and suggestion. Once relaxed, the person enters an altered state of



consciousness and can persuade his or her own body to open its bronchial tubes, for instance, or unclench its abdominal muscles. The technique involves self-direction, not psychic powers, faith healing or manipulation.

Although no one is sure how it works neurologically, it is known that it works, Chang said. It works especially well for five- to eight-year-old children, whose imaginations are vivid and whose misconceptions are few. But the technique can also be used with any adult who is not excessively anxious or mentally ill.



Most of Chang's young patients are referred to the treatment program by family doctors, although parents sometimes call the University themselves, looking for help. Before beginning a self-hypnosis treatment program, each child is checked carefully for any sign of organic illness.

Most of the children Chang sees show symptoms related to parental depression, overprotectiveness, or high expectations, he said. Less often, family alcoholism, marital difficulty, a family move, or death in the family can be the cause of the problem.

The children's symptoms often resemble their parents' symptoms, Chang said. Headaches run in families most often, although asthma and leg, chest, and abdominal pains are also symptoms that can be shared by family members. For this reason, Chang sometimes treats whole families.

When Chang begins self-hypnosis therapy with a child, he first asks the child to track pain episodes for a week. "We look for patterns, precipitating factors, and pay-offs," he said. An example of a pay-off could be pain that's so severe it gets a child out of school.

"We remove rewards like these right away," he said. "We tell the school not to give medicine or send the child home." Instead, the child may go to the nurse's office and relax there, using the techniques learned in therapy and through practice at home without parental help. Gradually, the child learns to relax no matter where he is.

"Our message to parents and teachers is that the child is *not* faking it," Chang said. "The pain is there, but the child can learn not to be incapacitated by it."

Favorable results can occur as early as two weeks after the start of the therapy, or may take as long as three or four months, Chang said. Self-hypnosis helped one girl who pulled her hair out at night to stop the hair-pulling in six weeks. A boy whose stomach pains sent him to a hospital for three days at a time, however, needed four months of therapy before he could stop this pattern. He had become so used to the routine that his words to hospital personnel were "Just admit me for three days and I'll be okay."

Chang and his colleagues follow the children's progress after treatment through regular checks at three months, six months, and one year after the symptoms are under control. Very seldom is there any "symptom transfer," such as a cured headache turning into a stomachache, he said.

As the technique gains in popularity, the University of Minnesota and other groups have begun to hold workshops to teach other physicians and licensed psychologists how to use it, and to add it to their list of possible treatments.

Dr. Chang received a grant in 1978 from the Minnesota Medical Foundation to do a study on "The Single Father Caretaker — A New Societal Entity."

Teen-Age Parents Learn All About Parenting



Medical and social services for teen-age parents and teen-agers about to become parents are available through the Teen-Age Pregnancy and Parenting Program (TAPPP) at the University of Minnesota.

Sponsored by the Childbearing/Childrearing Center (C/CC), the program is open to women and men throughout the state, married or single, from adolescence through age 21.

TAPPP coordinator Mary Meyer said the program is unique in this area since it brings together in one place the services of physicians, nurse-midwives, nurse-practioners, and social and educational counselors. The staff provides prenatal, labor and delivery, post-natal and child health care, as well as nutrition information, education and sexuality counseling.

TAPPP is an expansion of OPTIMUM, a two-year-old program that offers counseling and educational

services to young people who have made other arrangements for maternal health care. Like OPTIMUM, TAPPP will include branch programs at area schools and community centers, Meyer said.

Though funded in part through C/CC funds, TAPPP services involve a fee. A standard package rate for all care is being established, but charges vary according to the participant's financial means.

The services are available during a Teen Clinic held at the C/CC each Thursday from 3 to 7:30 p.m. or by special appointment. For information, call the C/CC, located at 2512 Delaware St. S.E., during business hours or on Thursday evenings at 373-8212.



Letters from Cambodia



Editor's Note:

The following letters from Cambodia were written to the Minnesota Medical Foundation by Dr. Steven Miles and Dr. Larry Kaplan, two Minneapolis physicians who traveled in November to Cambodia with a Minnesota medical team sponsored by the American Refugee Committee in Minneapolis.

Miles, 29, is a resident in internal medicine at Hennepin County Medical Center and graduated in 1976 from the University of Minnesota Medical School. He was born and raised in Minneapolis and is the son of James and Laura Miles of Wayzata, who ran as a husband-and-wife team for governor and lieutenant governor of Minnesota in 1974.

Kaplan, 35, is an assistant professor in gastroenterology at the University of Minnesota Medical School and received a B.A. degree in sociology from the University in 1966.

"I know the country well — I canoed down the Mekong River and along the borders," said Kaplan, who traveled to Southeast Asia in 1968 after completing a Fulbright Scholarship in government in India. He received the scholarship after graduation from the University. In India, he researched the Montessori system of education. During his six-month travels through Southeast Asia, he visited Cambodia, Thailand, Laos, Malaysia, Singapore, Korea, Japan, and Taiwan.

After, he returned to the United States to study international law and diplomacy at Columbia University. Later, he transferred to Albert Einstein College of Medicine in New York City and graduated in 1973.



Photos by Jim Hubbard



Dr. Larry Kaplan

Greetings from Thailand:

After working for three days among the Khmer Serai refugees on the Cambodian border, our medical team was invited by the International Committee of the Red Cross (ICRC) to assume responsibility for the first adult intensive care hospital at Khao-I-Dung. This refugee camp, constructed in two days on an arid plain ten kilometers inside Thailand, was established to house, feed and medically care for an estimated 250-300,000 Cambodians fleeing from warfare and famine.

We came to Thailand to practice "tropical medicine," but somehow the term seems too gentle to describe the diseases which result from malnutrition and poor sanitation. The refugees suffer from diseases of poverty: malaria, vitamin deficiency, dysentery, tuberculosis, pneumonia and parasites.

The first refugee buses arrived at Khao-I-Dung on November 20. As Thai laborers covered the bamboo framework of our hospital with brightly-colored blue plastic, we admitted 90 acutely-ill patients to our makeshift facility.

We lack the simplest of diagnostic studies at Khao-I-Dung. Without bacterial cultures, chest xrays, or blood counts, broad spectrum antibiotic coverage is frequently used. Our medical textbooks substitute for subspecialty consultants.

To our surprise, most of our adult patients respond rapidly to a few days of food, shelter and medical care. This experience

reaffirms our belief in the resiliency of the human body. Unfortunately, many infants with less reserve die from malnutrition and infection.

The hectic first days of Khao-I-Dung Medical Center are over. Grass thatch now covers our hospital roof. Patients sleep on plywood cots, and intravenous bottles hang from the rafters. As sounds of artillery shelling are heard in the distance, medical teams of American and Cambodian physicians, nurses and students make morning rounds.

Larry R. Kaplan, M.D.



Dr. Steve Miles leads a session on health.





Dr. Steve Miles

The American Refugee Committee is responsible for a hospital of 120 beds. The hospital is bamboo with a plastic roof. Our patients are Cambodian refugees who have been living as displaced persons on the Thai-Cambodian border. Many are undernourished. Most are anemic, some profoundly so, with hemoglobins of 2-5 gm. percent. There is a great deal of malaria, some pneumonia, some dysentery. We have no laboratory.

The Cambodian people all have horrible stories told with great emotion.

"In Cambodia, there is no rice, no salt, no work. There is only death. All my family are dead," said one man who was my interpreter.

Another man related how his extended family was slain after Khmer-Rouge troops conquered Pnom Penh.

"I am young, but I do not have long to live because I am alone," he said, and then began to cry.

Yet, the strength of the Cambodians we see is remarkable — they are caring for each other and sharing all they have.

There is much work to do here, and we need three and six-month medical volunteers and money to send them. Have your readers contact the American Refugee Committee, 310 Fourth Ave. S., Minneapolis, 55415.

Steve Miles, M.D.



In Memoriam

Lloyd F. Sherman, '38, died Oct. 14. He was a colon and rectal surgeon at Metropolitan Medical Center and a clinical professor of surgery at the U of M Medical School in Minneapolis.

Reno E. Backus, '55, died July 25, 1979. He was a pediatric neurologist in Minneapolis.

Theodore I. Goldman, '29, died in December, 1979. He was a family practice physician in Minneapolis.

H. Milton Berg, '25, died Dec. 3, 1979. He was a retired radiologist residing in Florida.

Christian A. Rohrer, '27, died Aug. 25, 1979. He was a retired radiologist residing in Madison Lake, Mn.

Leila M. Kernkamp, '27, died Sept. 7, 1979. She was a public health specialist who had retired in Whittier, California.

Samuel N. Litman, '20, died in a Duluth hospital Sept. 29, 1979.

Dr. Litman was a founder of the West Duluth Clinic and was elected to the Duluth Hall of Fame in 1958 for his work in establishing a free baby and polio clinic and an immunization program.

Born in Kinnella, Russia, he was a Duluth resident since 1909 and practiced medicine for over 50 years. In 1972 he estimated he had treated some 260,000 children.

Dr. Litman was a former chief of pediatrics at St. Luke's and St. Mary's hospitals and was the former chief of staff at St. Luke's. He also served as a director of the Western National Bank in Duluth for 32 years.

Louis P. Hiniker, '22, died recently. He was in family practice and later retired in St. Paul.

Charles Dexter Lufkin, '58, a family practice physician and specialist in pulmonary diseases, died at the age of 78 in Cheyenne, Wy.

Harold P. Basinger, '53, died in November, 1979.

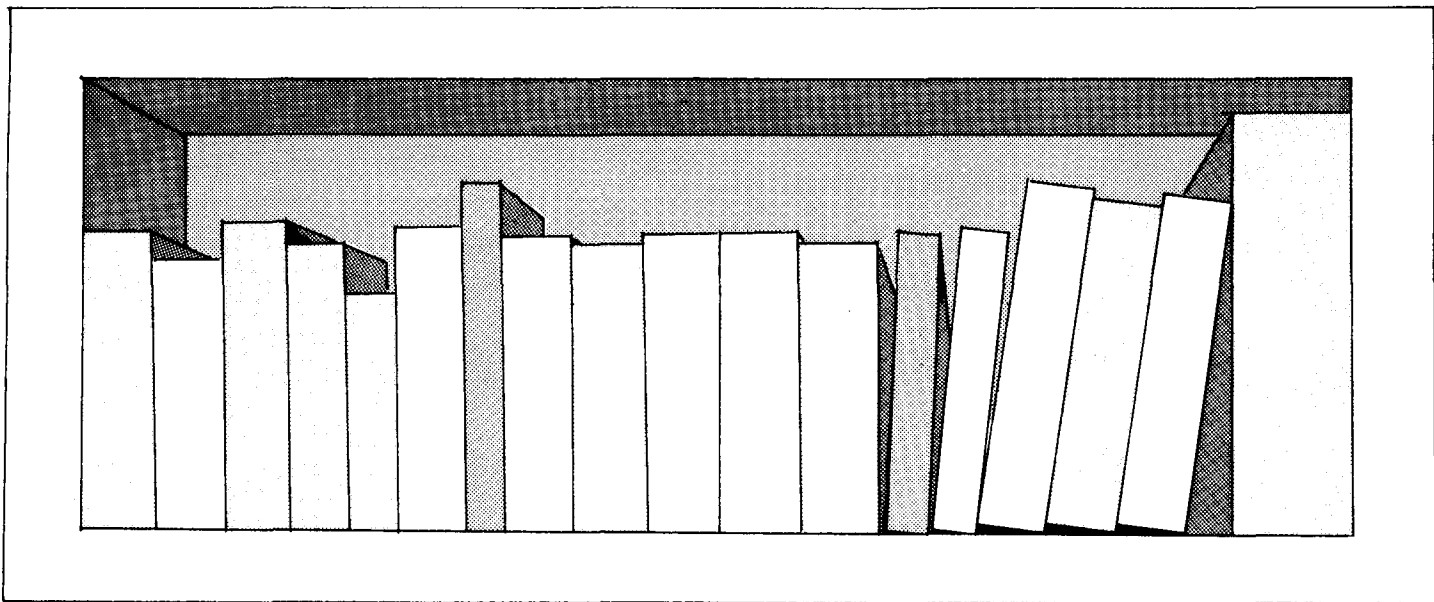
Erwin H. Grunke, '28, died in July, 1979.

Howard A. Vogel, '30, died Oct. 29, 1979 at the age of 72 in New Ulm, Mn., where he had been a family practice physician and surgeon for many years.

Honored as an important civic and medical leader of the community, he helped to organize a community mental health clinic, head a fund drive to modernize the hospital, build the warchest, and lobby for the community to build low-income housing for the elderly.

He was a generous contributor to community causes, and was dubbed "a merchant of finance and chief of good will to all men," by the *New Ulm Journal*.

Dr. Vogel was a past contributor to the Minnesota Medical Foundation.



For your financial affairs bookshelf

Good decisions are made through a careful process of information gathering and comparison of alternative choices. Decision-making in your personal financial affairs is critical as you build your assets and especially as you plan for retirement and the ultimate disposition of your assets to your heirs, friends and favorite charities.

The Minnesota Medical Foundation has several free booklets available to help you with your financial planning:

1. "Bequests to Society" . . . a practical, easy-to-read overview of all aspects of one of the most impor-

tant documents you will execute at any age, your WILL.

2. "Life Insurance Planning" . . . most Americans have some type of life insurance. This booklet mentions several ideas about using this often-forgotten asset in your charitable giving, possibly with tax savings for you.

3. "Trusts in Financial Planning" . . . an informative explanation of trusts and the important role they can play in minimizing the effect of federal taxation.

4. "Estate Planning for Women" . . . it's estimated that women own or

control 70% of the wealth in the United States and that they inherit almost 70% of all estates. This booklet provides some timely suggestions which will help single women, married women and widows plan their estates.

To receive your copy of any of these useful booklets, please fill out the form below and return it in the reply envelope at the center of this magazine.

Please send me the booklet(s) checked below:

- "Bequests to Society"
 "Life Insurance Planning"
 "Trusts in Financial Planning"
 "Estate Planning for Women"

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