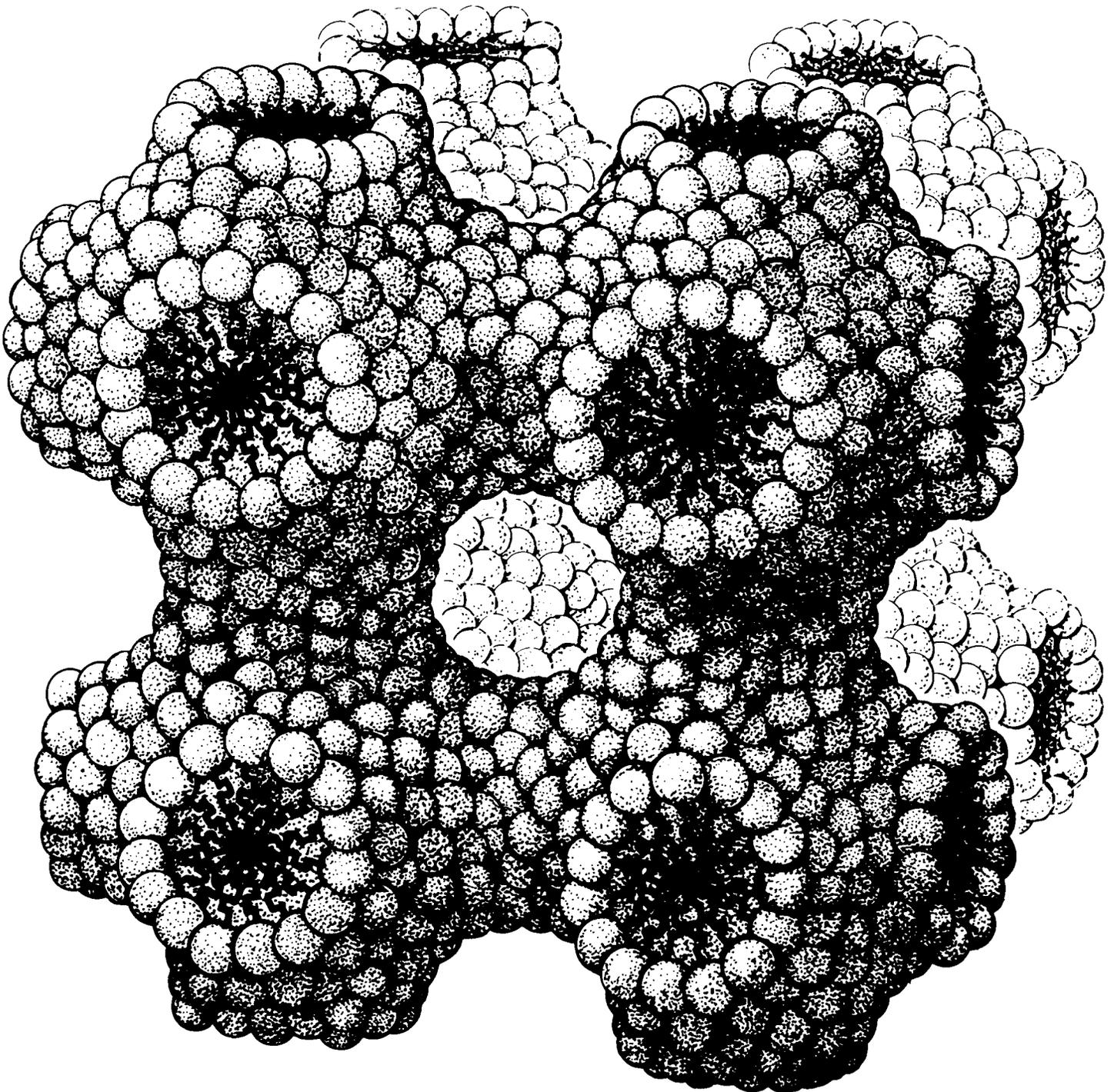


University of Minnesota

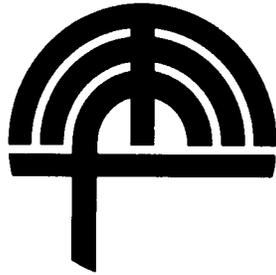
MEBH
2A16

Medical Bulletin
SPRING 1980

Published by the
Minnesota Medical Foundation



University of Minnesota Medical Bulletin



Minnesota Medical Foundation
SPRING 1980

MINNESOTA MEDICAL FOUNDATION

Board of Trustees: Dr. Reuben Berman, President; Tony Bechik, Vice President; Robert J. Christianson, Secretary; Conley Brooks, Treasurer; Judson Bemis, David S. Bradford, M.D., David M. Brown, M.D., H. Mead Cavert, M.D., John Coleman, M.D., Litton S. Field, Lyle A. French, M.D., N. L. Gault, M.D., Eugene Gedgaudas, M.D., Stanley M. Goldberg, M.D., Terrance Hanold, Robert B. Howard, M.D., Arnold Kremen, M.D., Marshall Kriesel, John W. LaBree, M.D., James LaFave, M.D., Eva Jane Larson, M.D., Roger E. Larson, C. Peter Magrath, Dwight L. Martin, M.D., Stephen L. Maxwell, Wenda Moore, Donn Mosser, M.D., John Mulvahill, M.D., Paul G. Quie, M.D., Edward L. Segal, M.D., Nadine Smith, M.D., Vernon D. E. Smith, M.D., Edward R. Titcomb, John D. Tobin, M.D., Robert H. Tucker, H. E. Westmoreland, James Wilkie, Mrs. Thomas Wyman.

Executive Staff: Eivind O. Hoff, Executive Director; Thomas D. Patterson, Director of Annual Giving; Donald A. Engel, Development Officer; Elizabeth R. Miller, Publications Editor; Kay Geoffrey, Accounts Supervisor & Student Aid Coordinator; Kathryn Broderick, Executive Secretary.

Minnesota Medical Alumni Assoc: Dr. John Mulvahill, President; Dr. James P. Brown, Vice President; Dr. Konald Prem, Secretary-Treasurer.

University of Minnesota Medical Schools: Dr. Lyle A. French, Vice President of Health Sciences; Dr. N. L. Gault Jr., Dean, University of Minnesota Medical School, Minneapolis; Dr. John W. LaBree, Dean, University of Minnesota-Duluth School of Medicine, Duluth.

Publishing Information:

The University of Minnesota *Medical Bulletin* is published quarterly by the Minnesota Medical Foundation in behalf of the University of Minnesota Medical Schools (Minneapolis and Duluth), Minnesota Medical Alumni Association, and the Minnesota Medical Foundation. Statements and opinions published herein are exclusively those of the authors themselves.

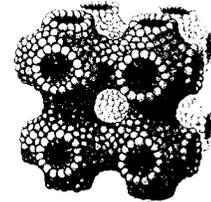
There is no subscription fee. No advertising is accepted. Publication is made possible by contributions to the Minnesota Medical Foundation.

Publication Office: Minnesota Medical Foundation, 5412 Powell Hall, University of Minnesota, Minneapolis, Minnesota 55455.

Editor & Photographer: Liz Miller

Change of Address: Please enclose old and new address and mail to: The Minnesota Medical Foundation, 5412 Powell Hall University of Minnesota, Minneapolis, Minnesota 55455.

University of Minnesota
Medical Bulletin
Spring, 1980
Published by the
Minnesota Medical Foundation



Cover

Although it looks like an abstract etching, the illustration on the cover is actually "The Conceptual Molecular Structure of A Sponge," by artist Mary Albory, of the Biomedical Graphic Communications Department on campus. A multi-media department under the direction of Martin Finch, Biomedical Graphics communicates a variety of messages and concepts about the health sciences through visual arts media. Artists, photographers, and designers produce posters, publications, photographs, illustrations, graphs and charts, slide presentations, videotapes, and films for health science personnel on campus. The products speak for themselves; they are indeed works of art. See for yourself on page 20.

Contents

3	Anatomy of A Perplexing Disease: MS
7	Newsbriefs
12	The Elderly Boom
17	UMD Study Examines Health Needs of Seniors
20	Biomed Graphics Dept. Communicates with Art
24	Alumnotes
29	In Memoriam

Anatomy of MS: A Perplexing Disease

Editor's Note:

"Perplexing, unfamiliar and misunderstood . . ." multiple sclerosis poses special problems for doctors as well as patients, according to Dr. Randall Schapiro of the Minneapolis Clinic of Psychiatry and Neurology.

A 1970 alumnus of the University Medical School and now a clinical associate professor at the Medical School, Dr. Schapiro has been actively involved in dispelling some of the myths about this disease through work with local organizations like the Minneapolis North Star Chapter of the MS Society, Lutheran-Deaconess Hospital, University Hospitals, as well as the Minneapolis Clinic of Psychiatry and Neurology.

He was recently interviewed by science writer Helen Evers about the incidence, symptoms and socio-psychological effects of multiple sclerosis. The following article by Evers includes interviews with some of his patients. It is the hope of Dr. Schapiro and others involved in treating MS patients that through articles such as this the medical community may be more informed about the medical and emotional implications of this disease.

Helen Evers is a free-lance writer formerly from Minneapolis.

Multiple Sclerosis (MS) is a perplexing, unfamiliar and misunderstood disease.

And, it's common in Minnesota.

According to the Minnesota North Star Chapter of the National Multiple Sclerosis Society, approximately 60 out of every 100,000 Minnesotans are diagnosed with this neurological disorder, and it's thought that more are affected, though go undetected.

Comparing the incidence rates of this dread disease with those of more common diseases such as breast cancer, cervical cancer, lung cancer, and colon cancer (see chart), one might find the high rate of MS disease startling.

MS appears to be a disease of temperate, damp climates more common in the northern Atlantic states, the Great Lakes region and the Pacific Northwest than in the southern United States. But, Minnesota has the highest rate of incidence, relative to population in America and is second only to Michigan in overall number of reported cases. There are six times as many cases reported here as there are in the deep South.

What effect this environmental correlation has on the disease isn't known except that it ceases to have any relevance after the first 15 years of a person's life. Unfortunately, changing climates as an adult will not affect the likelihood of developing the disease, or alter the course of an already-diagnosed case.

As individual in each circumstance as the person who develops it, multiple sclerosis may actually be more than one disease. The only consistent characteristics it shows are prevalence in temperate climates, manifestation of symptoms around the ages 18 to 40, and a pattern of remission-exacerbation.

A common assumption about MS is that it primarily affects women. Though

more women than men do develop multiple sclerosis, the ratio is only 1½ times as many women as men, according to the Multiple Sclerosis Society. It's by no means just a woman's disease.

As a disease that affects the central nervous system, MS has symptoms that vary in accordance with the area of the central nervous system affected and the degree to which it's been affected. The possibilities include uncontrolled eye movements, or double vision, partial or complete paralysis of any part of the body, shaky hands, problems with bladder and/or bowel control, loss of coordination or balance, staggering, slurring speech, numbness or prickling, and extreme weakness or excessive fatigue. The thinking process is rarely affected, it's the passageways that transmit thought which develop problems.

It's impossible to predict who will develop any of these symptoms, in what combination, or for how long. Symptoms can get worse, get better, change form and even disappear altogether. Why the variation and unpredictability exist is one of the most baffling aspects of the disease.

Surprisingly, multiple sclerosis is not primarily a "crippler." According to Dr. Schapiro, two-thirds of those who have diagnosed cases of MS are not disabled after 20 years. Though 10 percent of those diagnosed will have serious crippling repercussions soon after the onset of the disease, another 10 percent will have one attack and completely recover. Dr. Schapiro reports that he's had patients with extensive paralysis regain full use of all previously impaired function.

He explained, "There's far more reason to be optimistic about it than not. The public is only aware of those people who've had the more extreme cases because their symptoms are so visible, but there are people walking

around with no apparent physical signs who also have multiple sclerosis.”

Nonetheless, the possibility of being among that 10 percent with very serious symptoms must be disturbing for anyone with an MS diagnosis. In a few cases, the results are extremely debilitating. Cellist Jacqueline DuPre is probably the most celebrated individual so tragically affected.

Widely acclaimed at 17, she gained international stature. At the age of 27, she developed MS and experienced a dramatic deterioration. Now, at 33, without the fine control her hands need for her skilled performance on the cello, she no longer plays.

But, symptoms can be subtle enough to make diagnosis elusive.

Gene Loffler, former vice-president and general manager of local radio station KRSI lived with an exacerbation-remission pattern of muscle spasms, slurred speech, staggered walk, loss of balance, and double vision for 21 years before finding out he had MS.

Not all of the symptoms came all the time or all together, but they continued to come and go from the time he was 19, in 1949, and a radio man in the Navy. He spent close to two years in naval hospitals after exhibiting his initial symptoms but was discharged with an “undetermined” diagnosis.

Over the years he married, helped raise five children, had a successful and lucrative career in radio advertising and learned to live with his symptoms. He traveled often and had the opportunity to visit various doctors, but the most frequent medical response to his symptoms was “nerves.” He was also told he had nephritis, but that diagnosis was changed to kidney stones in the prostate gland by another doctor.

It was in 1970, after moving to Minnesota and radio station KRSI, that he had a grand mal seizure which left him without speech faculties, barely

able to see, and paralyzed except for use of his right arm. After eight and a half months in that condition he still had no diagnosis of multiple sclerosis nor an explanation for the seizure. He was able to recover his speech and much of his mobility through therapy, but his legs were considerably weakened.

After that, he started utilizing Veteran’s Administration benefits for further medical needs. And they continued to tell him his symptoms were psychosomatic. However, Dr. Russell Wilder, the head of Psychological Medicine at the VA, thought otherwise and had Gene sent to the Mayo Clinic. After seven days of testing, Gene discovered he had multiple sclerosis.

Diagnosis has always been a problem with multiple sclerosis. There is no test that is absolute, and even a spinal tap is normal in at least one-third of the cases. It’s only at autopsies, when sclerotic patches can be seen on the nerves, that a diagnosis is truly confirmed.

The process of diagnosing MS has relied on the compilation, organization, and analysis of personal histories of pathologically-determined cases of multiple sclerosis. Much of that work has been conducted by the National Multiple Sclerosis Society which was organized in 1946, so it’s not surprising that people who first showed symptoms 20 years ago or more, would have trouble finding medical personnel who were alert to the symptoms.

Another problem with diagnosis is that many of the symptoms are similar to those commonly experienced by just about all of us from time to time. Limbs falling asleep, dizziness, loss of balance, sense of urgency or frequency with urination — all of these are familiar to most people and commonly have a harmless origin.

Of course, even when these

symptoms don’t have harmless causes, they aren’t necessarily a result of multiple sclerosis as the cause. But only inflammation of the nervous system, brain tumors, migraines, and toxic exposure to chemicals exhibit similar symptoms.

“And,” Dr. Schapiro emphasized, “there is a diagnostic hesitancy. No doctor wants to diagnose a chronic disease, especially when there’s no cure. A doctor will tend to look at every other possibility before focusing on multiple sclerosis.”

There are, however, criteria for determining an accurate, though not absolute, diagnosis of multiple sclerosis. Dr. Schapiro explained:

“When a person is between 18 and



A professor of medicine, Dr. Schapiro is actively involved in dispelling myths about medicine.

40, he shows a pattern of remission and exacerbation, and exhibits symptoms in multiple areas of the central nervous system, it's likely that multiple sclerosis is the cause. But only when all three of those elements are decidedly a part of the picture do I tell patients they have multiple sclerosis.

"It's not an easy thing to hear, but some people have imagined so much worse that MS is a tolerable answer to their problems. If you've been thinking you have a terminal brain tumor, which can have similar symptoms, then multiple sclerosis is a very welcome diagnosis," he said.

There is no cure for multiple sclerosis and therapies vary with doctors as the success of each therapy varies with each individual. Even when a therapy is effective there can be side effects that are so much more damaging in the long run that the treatment isn't worth the risk. And people with MS will be around "in the long run." The disease is rarely fatal, and the average lifespan of a person with MS is only diminished by about five years on the average.

A drug like ACTH, for example, which improves symptoms of multiple sclerosis on a short-term basis, but not the long term, will in large, consistent doses over a period of time, cause the bone structure to become porous and eventually crumble.

"The chance of that kind of crippling doesn't merit its long-term use to obtain temporary beneficial results with multiple sclerosis," commented Dr. Schapiro.

Not all people are affected in the same way by the same drugs, or therapies, and a neurologist has to attempt to tailor a patient's situation to the right therapy.

Jan Whiteford, a 43 year-old mother of three, has been diagnosed with multiple sclerosis for nine years. For a couple of years after she was diagnosed, her condition worsened

considerably and she was barely walking. If she left her house she often had to be carried. In 1973, she and her family moved to Minnesota and she got involved in an experimental program at the University Hospitals. She improved by the end of the program and is still walking today. However, there was virtually no change in the other patients, and thus no scientific way to determine if she improved on her own or as a result of the treatment.

Multiple sclerosis also has its own set of emotional complications. Jeff Strowbridge is a medical social worker at University Hospitals who worked with the MS Clinic at the University two years ago when Dr. Schapiro was its director. He is well-aware of the special problems MS patients encounter.

"Facing the fact that you have a serious disease is difficult in itself," he points out, "but with MS there's so much variability, so many possibilities, it's hard to accept the indefinite nature of it." He and Stephanie Meadows, another University Hospital medical social worker, also lead therapy groups for newly-diagnosed and mildly-disabled people with MS. These are funded by the Minneapolis Clinic of Psychiatry and Neurology and the Multiple Sclerosis Society.

Among the matters dealt with in these groups are the deep concerns about becoming a physically-disabled person. And, as important as dealing with adjustments to possible physical limitations, is the psychological aspect of being physically different. It is, after all, a mechanical malfunction which should in most cases, considering the mechanical supportive devices available, be just a nuisance.

But there is a stigma ". . . about crippling, about being handicapped," said Strowbridge, "There's no question about it. I don't know where it comes from but it's definitely an aspect of being disabled that is psychologically

hard to accept."

So is dependency. As in other chronic diseases, the fear of dependency can be strong in the person with multiple sclerosis. What's especially difficult for the MS patient is that MS strikes young adults just when they've begun creating independent lives and the threat, regardless how small, of renewed dependence, can be extremely frustrating.

The Multiple Sclerosis Society works hard to make the changes positive for the people they see with MS. They provide a wide range of supportive services including medical resource information, support groups, recreational activities, social activities, an equipment loan service and various volunteer services.

They also fund much of the research that's being conducted on MS. Dr. Gary Birnbaum is currently doing MS research at the University of Minnesota with grants from both the Multiple Sclerosis Society and the National Institutes of Health.

He arrived at the University in early 1978 after spending the previous five years working on multiple sclerosis and immunology at the National Institutes of Health. His current work is based on the theory that MS patients have an immunological abnormality that causes their bodies to react differently.

"It's been well-documented that there is a genetic predisposition that determines a body's response to antigens. What I'm trying to find out is, (1) what the differences are in people with multiple sclerosis compared to people with other neurological diseases, and (2) how the immunological systems of people with MS 'recognize' themselves, because there might be auto-immune factors."

He's been having "interesting" results. What he's finding is that the lymphocytes from patients with MS have a greater than normal reaction to



Jan Whiteford has struggled with MS for the past nine years and has managed to remain active despite the many setbacks.

their own cells.

Dr. Birnbaum also sees the possible role of a virus in the MS scheme but believes it likely that a virus or some other exogenous factor may work in combination with an immunological abnormality; that the immunological system of the MS patient reacts in an abnormal way to a specific virus or other exogenous factor. And, he thinks it may be a quantitative difference in

reaction, not a unique response.

Multiple sclerosis research is going on all over the country and theories vary widely, but viruses and immunological abnormalities remain the most common theories. Dr. Birnbaum doesn't foresee that a total understanding of the disease will come for some time, but he believes that a lot of useful information is being generated by the research.

Incidence Rates of Common Diseases in Twin City Metro Area per 100,000

breast cancer	40.2	0.4	77.3
cervical cancer	8.3	0.0	15.9
lung cancer	29.7	49.0	11.8
colon cancer (excluding cancer of the rectum)	31.6	30.2	32.9

Compare these with incidence rates for MS, which are 60 out of every 100,000.

Newsbriefs

U of M Receives Grant to Study Multiple Sclerosis

A University of Minnesota researcher has received a \$176,000 grant from the National Multiple Sclerosis Society to study bowel, bladder and sexual dysfunctions associated with multiple sclerosis (MS).

Neurologist William Bradley will direct a two-year study of about 100 persons with MS, the most common central nervous system disease among young adults.

Bradley's study aims at improving diagnostic procedures and treatments, such as drug therapy and prosthetic devices, available for these dysfunctions.

Nursing Researcher Named Fellow of American Academy of Nursing

Delores Schumann, research associate in the School of Nursing at the University of Minnesota, has been named a Fellow of the American Academy of Nursing.

Schumann, who has a national reputation as an expert in medical-surgical nursing of cancer patients, is one of 59 new fellows admitted to the Academy.

Five other nursing faculty members are Academy fellows: Mitzi Duxbury, Ellen Eagen, Inez Hinsvark, Elaine Mansfield, and Ida Martinson.

A graduate student in physiology, Schumann teaches clinical role development to graduate medical-surgical nursing students in addition to her research activities.

She is writing a textbook on medical-surgical nursing and is on the editorial staff of "Heart and Lung, the Journal of Critical Care."

Med Alumni Reunion

The annual University of Minnesota Medical Alumni Spring Seminar and Reunion will be Saturday, May 24 in the Health Sciences Unit A Building.

Beginning at 9 a.m. and continuing through the afternoon, "New Horizons in Minnesota Medicine" will feature distinguished speakers from the University of Minnesota Medical School.

Beginning at 9 a.m., the seminar will open with Dr. Robert Anderson, from the Surgery Department. He will speak on "New Advances in treatment of Cardiovascular Disease."

Dr. Elwin Fraley, Urology, will follow with a lecture on "Testicular Cancer — Research Implications for Other Cancers."

Dr. James House, Orthopedic Surgery, will speak on "Reconstructive Surgery in the Upper Extremities of Quadraplegics." "New Advances in the Detection of Breast Cancer" will be the topic of the next talk by Dr. Doris C. Brooker, Obstetrics-Gynecology.

"New Advances in Otologic Surgery at the University and International Lions Center" by Dr. Mike Paparella, Otolaryngology, will complete the morning program.

Lunch will follow with a talk by Dr. Wesley Spink, Regents' Professor Emeritus of Medicine and Comparative Medicine at the University of Minnesota, on the "Frontiers of Medicine."

Afternoon activities include a "Outcome Studies in Consultation," by Drs. William Hausman and Michael Popkin, Psychiatry; "Horizons for Immune Manipulation," by Dr. Fritz H. Bach, Laboratory Medicine; "How to Change Inoperable Lesions to Operable Lesions in Neurosurgery," by Dr. Shelly Chou, Neurology; and "Aspirin, A New Drug," by Dr. William Krivit, Pediatrics.

The seminar will conclude with "Advances in Internal Medicine" by Dr. Thomas Ferris, Internal Medicine.

A Dean's Reception is scheduled for Friday evening, May 23, at the U of M Alumni Club in the IDS Building, downtown Minneapolis.

Further information is available from the U of M Medical Alumni Society, call Area Code 612 373-2466.

New Scholarship for Med Student



Napoleon Bonaparte ("Corky") Knight, Jr., 24, of Denver, Colorado, is the recipient of a new Marbrook Foundation Scholarship, administered by the Minnesota Medical Foundation.

The four-year scholarship was established to provide financial support and encouragement for a minority medical student and to encourage the

Newsbriefs

student to continue his medical career in Minnesota upon graduation.

The scholarship was awarded on the basis of Knight's academic achievements and financial need.

Knight will receive a stipend of \$1,250 each year for the next four years until his graduation. He is a Phase A student here at the University of Minnesota Medical School.

He graduated from the University of Colorado with a B.A. in molecular, cellular and developmental biology.

He was a champion amateur golfer in high school and college. Before deciding to apply to Medical School here at the University, he had visited Minneapolis when he competed in the Bronze Amateur Golf Tournament at Hiawatha Park in Minneapolis.

Knight says he chose medicine because "I like people and I like science, so I decided to put the two together."

Influential in convincing him to come to Minnesota were a good friend who is a first-year medical student at Mayo Medical School as well as a warm reception from several of the students and faculty when he visited the medical school.

"I also felt that the long, cold winters would be a motivation to stay inside and study and avoid distractions. Besides I knew I could get a good education here," he said.

Knight plans to specialize in pediatrics. "I love kids; I think they're easier to get along with than real people," he joked.

He emphasized that this scholarship is especially helpful to out-of-state students like himself.

New Nursing Director Named

Barbara Volk Tebbitt, coordinator of consultation and education for the Nursing Services Department at University of Minnesota Hospitals, has

been named director of nursing services at the Hospitals.

Previously she had been associate director of nursing services at Methodist Hospital in St. Louis Park, Minn., director of ambulatory care and community health services at Metropolitan Medical Center in Minneapolis, and a general staff nurse

at the University of Minnesota.

She received a B.S. degree in nursing from Alverno College in Milwaukee and an M.S. degree in nursing from the University of Minnesota. She is a member of the American Society for Nursing Service Administrators and past president of the Twin City Area Society for Nursing Service Administrators.

Med Students Win N.Y. Life Scholarships



Greg Randall

Greg C. Randall and Ronald D. Hanson, freshmen at the University of Minnesota Medical School, were each awarded a \$1,500 renewable scholarship this year from the New York Life Insurance Company.

The insurance company has pledged \$12,000 per year for an indefinite period to the Medical School. The Minnesota Medical Foundation administers the program locally.

The U of M Medical School is one of 15 in the country selected to participate in the New York Life Insurance Company Scholarship Program.

Initiated at the University two years



Ron Hanson

ago, this unique four-year program provides scholarships for two exceptional members of each entering medical class and is renewable each year until the students graduate, depending upon their continuing satisfactory performance in medical school. Winners are selected on the basis of scholastic achievement and financial need by a committee of Foundation and Medical School officials.

Greg C. Randall

Randall, of Fergus Falls, Mn., comes

from a family of nine children. He says that his experiences with illness in the family (his brother underwent an eight-year battle with Perthes disease and his father suffered from severe back problems) gave him the initial motivation and interest for medicine.

He received numerous honors in high school including the Bausch-Lomb Science Award, the Rotary Citizenship Award, and three consecutive first-place math contests.

He graduated summa cum laude with honors from Concordia College in Moorhead, Mn. While in college he was active in various organizations and activities on campus including varsity and intramural sports, student government, the Health Professions Interest Club, and the Outdoor Recreation Society, which he helped to set up.

He spent his summers working in a variety of jobs. He worked as a lifeguard, in a tree nursery, in construction, in a camp for the mentally retarded, and in the U.S.D.A. Metabolism and Radiation Research Lab on the North Dakota State University campus, where he did research on insects.

Randall's future plans include private practice, research and foreign fieldwork. He'd like to combine these aspects by setting up some kind of rotating private practice with two other physicians whereby each would work for two years at a time treating patients and then devote the third year to research, further education, or foreign fieldwork. He likened this setup to a clinical setup he encountered among three doctors in Olivia, Mn.

Ronald D. Hanson

Ron Hanson, from Cottage Grove, Mn., graduated from St. Cloud State University with a major in chemistry and biology. He entered college with the intention of studying engineering

but changed to medicine after meeting and talking with Dr. Michael Gregg, a physician for the college health service.

While in college he was very active in extra-curricular activities. He was an assistant to a recreational therapist in the Head Start Program, participated in the Big Brother Program, was a V.A. Hospital volunteer, an officer for St. Cloud's chapter of the American Chemical Society, a chemistry tutor for high school students at Sauk Rapids High School, and played on the college hockey team and in numerous intramural sports.

To help finance his college education, he worked in various jobs, including a custodian, a food service worker on weekends at the school cafeteria, a laboratory advisor and freshman tutor in the Chemistry Department.

In the future, Hanson hopes to enter orthopedics with an emphasis on sports medicine.

U Researchers Win Cancer Grant

Cancer specialist Athanosios Theologides and medicinal chemist Abdel-Monem 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.

U of M Researcher Conducts Cancer Therapy Study in India

A University of Minnesota cancer researcher received a grant from the International Union Against Cancer to begin studies of time-based cancer therapies in India.

William Hrushesky left Feb. 8 to spend five weeks at the Post-Graduate Institute of Medical Education and

Research in Chandigarh, India.

He helped Indian scientists begin two studies. One involved the time-based radiation therapy of cervical cancer, the most common cancer among Indian women. The other involved the time-based drug therapy of breast cancer, lymphomas and certain other cancers.

Time-based cancer therapies, which are being studied at the University's chronobiology laboratory, stem from the science of chronobiology. Chronobiology is the study of rhythms in living organisms. Researchers hope to increase the effectiveness and decrease the toxicity of various cancer therapies, including drugs and radiation, by timing their administration according to the body's chronobiologic rhythms.

Animal studies of many anti-cancer drugs used in this manner have been conducted by Hrushesky for three years. Successful results with two anti-cancer drugs, platinum and doxorubicin, were recently confirmed in tests on human cancer patients at the University of Minnesota Clinical Research Center and Masonic Memorial Hospital.

Indian scientists have been working with time-based radiation therapy for several years. The chronobiologic studies Hrushesky initiated are the first Indian scientists will have done on drug therapies.

The International Union Against Cancer, based in Geneva, Switzerland, promotes the exchange of cancer research technology. Hrushesky's travel and research costs were supplemented by the Masonic Memorial Hospital Fund.

U of M Hospitals Renewal Project

The University of Minnesota intends to ask the legislature next year for permission to "borrow the state's credit card" for a hospital project

requiring the sale of \$222 million in bonds.

Time ran out this session for consideration of the bill, putting the University hospital project as a top priority for next year's agenda.

Delay and the way in which the bonds are sold could inflate the project by many millions of dollars, say officials.

The University wants to remodel the Mayo building and construct a new building in place of Powell Hall to hold the surgical and pediatrics sections of University Hospitals. The project would not affect the other University hospitals: Variety Club Heart Hospital, Children's Rehabilitation Center, and Masonic Memorial Hospital.

"This is not an appropriation request," Stanley Kegler, University vice president, told the Senate Finance Committee subcommittee on education. "We're asking to borrow the state's credit card. The credit rating of the state is better than the rating of the University. We'd like you to sell the bonds for us."

The University would pay back the bonds from hospital patient fees. University Hospitals are primarily self-financed, with over 90 percent of their income coming from patients, according to hospitals director John Westerman.

The University would save \$56 million over a 30-year period if the state sells the bonds rather than the University, Kegler said.

Kegler acknowledged that this kind of arrangement has only one precedent and that was on a much smaller scale — the old state college board built a dormitory at Moorhead from a state bond sale.

"We can't think of a single disadvantage to the state from this arrangement," Kegler told the senators. "The governor has told us that a payback operation of this type would

be no danger to the state's credit rating."

The House, however, has told the University it must get a certificate of need for the hospital project before financial arrangements can be worked out.

Such a project has to be approved by a number of agencies, including the Metropolitan Health Board, the Metropolitan Council, the Commissioner of Health and even the Park Board. The University hopes to get a certificate of need by fall, then come back to the legislature with the bonding request in the 1982 session, Kegler said.

"We don't have to get the financial arrangements straightened out before we get a certificate of need, but it would certainly help to get the project through the agencies," said Lyle French, University vice president for health sciences.

The University estimates that a \$222 million bond sale will pay for the project if construction begins in July 1981. The project would then be finished in 1987. A two-year delay would mean that an additional \$47 million in bond sales would be needed to pay for the project, according to University estimates.

It's a bad time to impress people with the need for new hospital facilities, Sen. Jerald Anderson, DFL-North Branch, said. The Veterans Administration, Fairview and St. John's all want to build new hospitals. "We could have \$1 billion in hospital construction going on at the same time. You people are really sitting on a powder keg."

University Hospitals officials took pains to point out that the University does not compete with other state hospitals. "The University serves an entirely different clientele. This is a referral hospital. Almost all of our patients are sent from other health care facilities," French said.

The University hospital project would result in a net reduction of beds, French said. "We have about 750 now. There should be about 700 when the project is completed."

The hospital project is the final part of a 10-year health science building project at the University. Construction so far has been for buildings used in training for dentistry, medicine, pharmacy and nursing.

"The hospital is outdated as far as similar facilities across the country, and inefficient as far as patient care and teaching," French said.

Wannamaker Named Macy Scholar

Dr. Lewis W. Wannamaker, a professor of pediatrics and microbiology at the University of Minnesota Medical School, was selected from a field of 120 national applicants to be a Macy Faculty Scholar for 1980-81.

The Josiah Macy, Jr. Foundation, New York City, awarded 26 scholarships to senior faculty members from 21 medical schools in the United States and Canada.

The fellowship supports six months to one year of concentrated research and study at institutions in the U.S., Canada, or foreign countries.

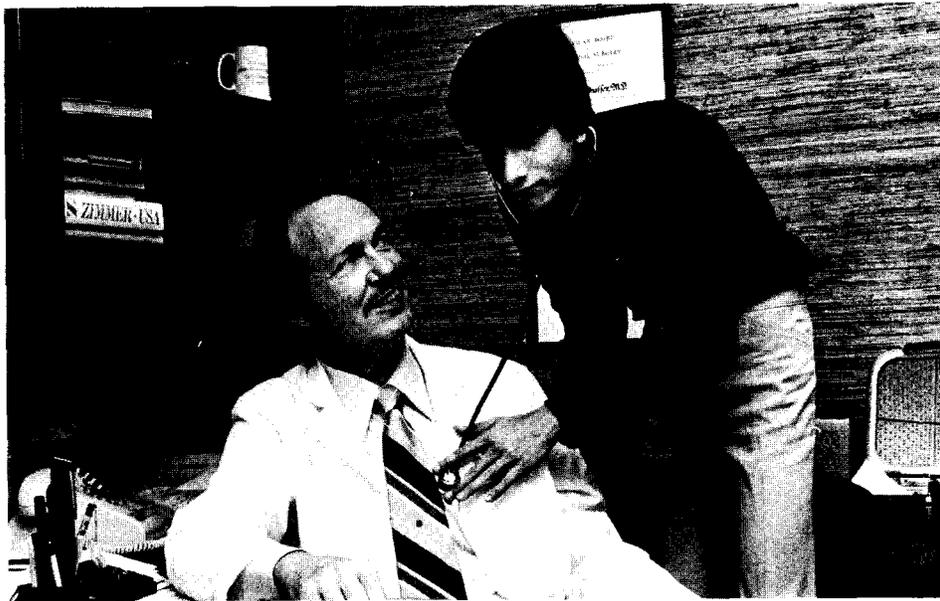
The awards were based upon candidates' scholarly achievement and their proposed sabbatical program.

Wannamaker will take his sabbatical at Rockefeller University, New York City, where he will study Interactions of Streptolysin O with Mammalian Cell Membranes, with Cholesterol and with Specific Antibody.

The Faculty Scholar Program was established in 1972 to encourage and assist faculty members of schools of medicine and public health in the U.S. and Canada to undertake up to 12 months of scholarship in a fresh environment.

Alum-In-The-News

Doctor Helps Boy Beat Impossible Odds



Dr. J. Ordie Schaffer looks on as his patient Donald Lenhart practices with a stethoscope. Photo by Don Bucholtz, Daily Review.

Editor's Note:

The following article was reprinted with permission from the Daily Review, Hayward, California. It was written by Glennnda Chui and published in June, 1979. The story captures the drama of medicine and reflects the expertise and courage of one of our alumni, Dr. J. Ordie Schaffer, '43.

If the odds mean anything at all, Donald Lenhart shouldn't be here.

From the minute he drew his first breath, he was suffocating.

Donald was born with only half a diaphragm, the muscular membrane that separates the chest and abdominal cavities. As he grew in his mother's womb, his stomach and intestines squeezed through the gap into his chest cavity, leaving no room for his left lung to develop and little space for his right lung to inflate.

Only one in perhaps tens of millions of babies is born in that condition, Donald's doctor says. His chances of living more than a few fitful hours were virtually zero.

So yesterday, when the tall, slender teenager walked across the stage to collect a diploma from San Ramon Valley High, the moment marked more than the end of a school.

It was, in a way, a celebration of Donald's personal miracle, and a jumping-off point for what he hopes

will be a career as a surgeon.

Sitting in the audience at the ceremony was J. Ordie Schaffer, the Hayward doctor who saved Donald's life 17 years ago with a daring, last-minute surgery.

According to Schaffer, Donald's breathing difficulties were apparent immediately after his birth.

His mother, Lucille, then 24, sensed something was wrong through the fog of pain-killers.

"I knew there was trouble in the delivery room because they wouldn't talk to me or show me the baby," she remembers. "They wouldn't even tell me if it was a girl or a boy."

X-rays showed Donald's left lung was an undeveloped nubbin of tissue, too cramped by his stomach and intestines to expand.

Making matters worse, the air he reflexively sucked into his intestinal tract in the hours after his birth caused it to expand, pressing his tiny right lung against his rib cage.

Shaffer rushed the infant, then barely half a day old, into surgery.

He expected to stitch up a small hole in Donald's diaphragm, Schaffer said. Instead, he found the entire left half of the diaphragm missing.

No baby had ever survived such a birth defect, Schaffer said. To his knowledge, none has survived since.

With not a minute to lose, the surgeon gently prodded Donald's

intestinal tract back into place. He slit open a small tube of Dacron mesh — a material that looks much like thermal underwear, normally used to patch large arteries — and soaked it in a mixture of blood and serum.

Then Shaffer painstakingly sewed the mesh in place, attaching it to the tough membrane covering Donald's ribs and to ligaments on the outside of his liver.

Donald continued to have trouble breathing, as his left lung stubbornly refused to inflate. Two days after the surgery, when Mrs. Lenhart left the hospital for her home in San Lorenzo, she was told her son might not live.

But then Shaffer inserted a plastic tube into Donald's chest cavity and removed some air, creating a vacuum around the lung. It slowly expanded, and in three weeks the baby was well enough to come home.

The Dacron patch has remained in place ever since, although Donald can't feel it. His body has surrounded the mesh, sending blood vessels through it, making it a part of him.

Although he'll never be able to use the artificial diaphragm in breathing, he can muster enough wind, using his chest muscles, to play the trumpet.

Donald's grades have put him near the top of his class, and he's been accepted to do pre-medical studies at Baylor University in Texas. His ambition, he says, is to be a pediatric surgeon.

"The fact that I've been so heavily connected with medicine in my life has been the biggest factor," Donald said. "I like the idea of helping people with their problems because I've been helped so much."

At the graduation ceremony yesterday, Shaffer gave his young patient a three-inch-thick medical book. Inside the front cover, the doctor wrote a few words about determination and persistence in overcoming obstacles.

Donald, in turn, gave his doctor a gift — a gold pen and pencil set, inscribed with Shaffer's name.

"I figured it was the least I could do," Donald grinned.

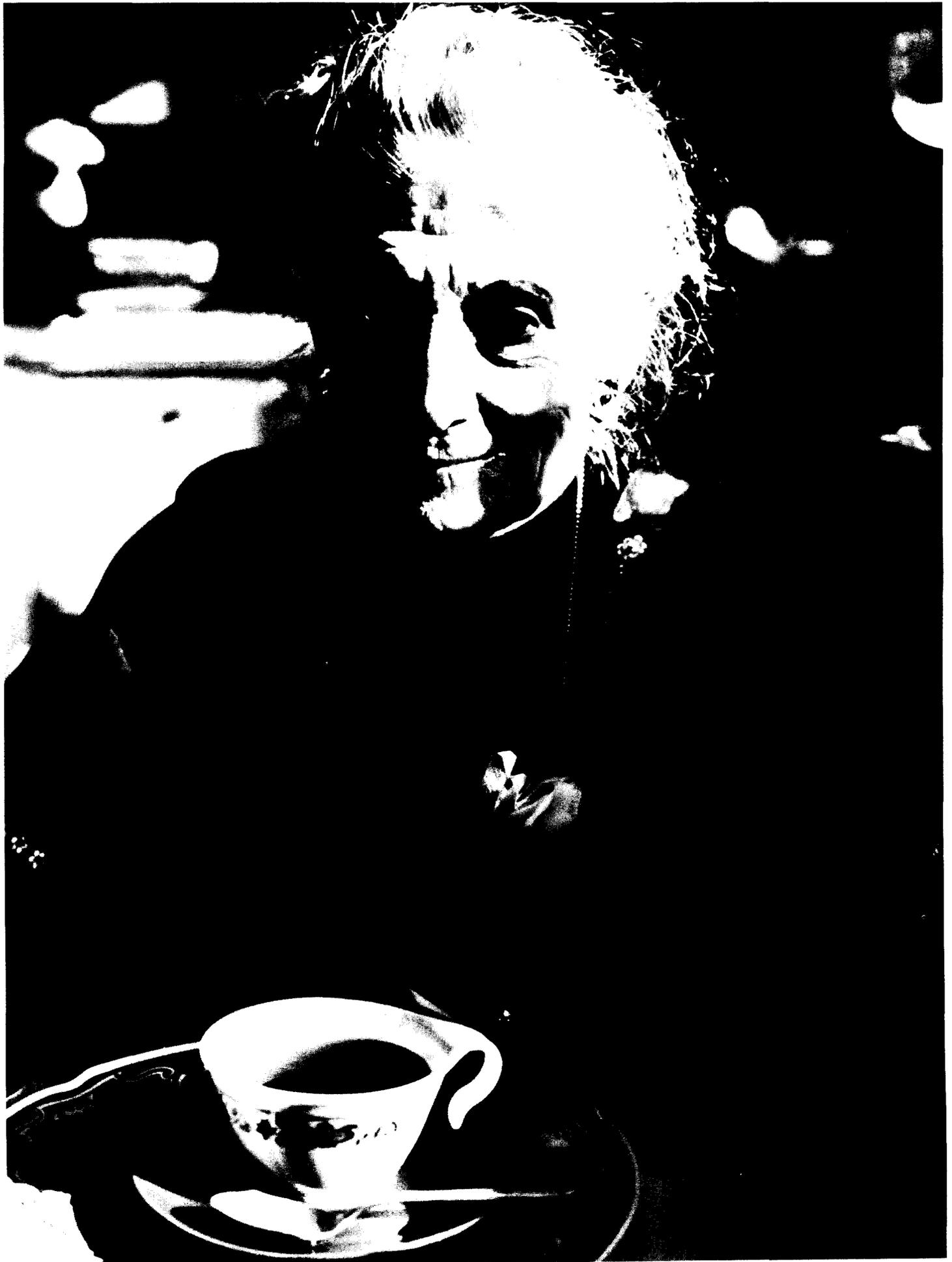


Photo by Jeanne Bader

'The Elderly Boom'

The phrase "the elderly boom" hasn't caught on yet. But consider the statistics: more than half those who have ever been over 65 are alive today. Their portion of the American population has more than doubled during this century, from 4 to 11 percent.

Despite the relative health and vigor of its members, this group has unique medical concerns. Like the post-war baby boom era which saw the practice of pediatrics flourish, the "elderly boom" has spawned its own medical branch — geriatrics.

Advocates of the field don't expect geriatricians of the future to hold positions in medical practice similar to those now held by pediatricians. In fact, many are discouraging the establishment of an accredited specialty in geriatrics.

Pat Irvine, a University of Minnesota internal medicine specialist, is one of them. Irvine contends that knowledge about the care of the elderly should be the domain of all health care professionals. At the same time, he says, there is a need to train a small number of expert geriatricians for teaching, research and specialized patient care consultation.

He hesitates to call himself a geriatrician although most of the patients he has seen in his four years of practice are elderly people. Irvine is a leading supporter of geriatric care in the Twin Cities and works closely with a group of area physicians and nurses involved in the field. He helped establish St. Paul-Ramsey Hospital's Senior Health Care Center, one of the few geriatric clinics in the area.

The National Institute on Aging recently awarded him a five-year \$430,000 grant with two purposes. One is to further Irvine's development as a geriatrician and to provide money for him and others to conduct research in the field. Ten student research

fellowships are included in the grant, providing stipends for students conducting studies in geriatrics.

"The body of knowledge in geriatrics has not been well-established," Irvine said. "Much research needs to be done."

What is known about care of elderly people makes geriatrics unique among medical disciplines, Irvine said.

Symptoms of some diseases in the elderly are different from those in younger persons. "Take appendicitis," he said. "Doctors can recognize the symptoms if it hits a 12-year-old child, but it's extremely hard to diagnose in an 80-year-old."

"Not only do elderly patients present different symptoms, they report symptoms differently than other people do. They will not often tell you about things like forgetfulness, chills or swelling of the ankles." They often attribute these symptoms to aging, even though they may be symptoms of a treatable condition, he said.

Some diseases occur only among the elderly, such as hypothermia, polymyalgia and prostatic cancer.

These differences require special knowledge and sensitivity from physicians caring for the elderly. And sensitivity can best be instilled during medical school, Irvine believes.

"Studies have shown that medical students develop negative attitudes toward the elderly during the years of their medical training," Irvine said.

"In medical school, students only see debilitated elderly persons. They don't see the healthy and active ones," he said. Medical students see the elderly as people who can't talk, can't hear and can't understand.

Thus, the second and major portion of the grant will be used to incorporate geriatrics into the University of Minnesota Medical School curriculum. "A year ago we surveyed the curriculum and found very little if any

content that was true geriatric medicine," Irvine said. "We felt there were major gaps so we will put together a formal survey to recommend changes in the curriculum."

Irvine is setting up a committee that will involve faculty members from all of the medical disciplines, and will be working with individual faculty members to find out how information on geriatrics can be incorporated into classes in each field.

"The strategy is to get more information into the core courses and to generate interest in geriatrics among the students," he said.

"Maybe we can change the stereotypes by giving physicians the skills necessary for properly caring for the elderly. We want them to see the positive as well as negative aspects of aging," he said.

Attitudes Towards Elderly Changing Slowly



Photo by Bruce Borich

“Do you look older than your husband?” the lotion ad asks coyly. “Cover your gray with our product,” it nudges.

Ever since Ponce de Leon’s midlife crisis led to his unsuccessful search for the fountain of youth, America has had a youth-oriented culture and has disparaged aging.

Daniel Detzner, professor of social and behavioral science at the University of Minnesota, has traced the historical roots of our negative cultural attitudes toward the elderly. “Only now, as our population itself gets older, are we starting to come to terms with aging,” he said.

Ponce de Leon’s Midlife Crisis

Ponce de Leon had heard rumors from the Caribbean Indians about a miraculous fountain of youth. In 1513 he set sail to find it in Florida. He was 39.

He and his sailors spent eight months skirting the coast, drinking from and bathing in nearly every stream, river, lake, and inlet, searching for the elusive waters. The Seminole Indians were no help. They revered their elders and

couldn’t understand a desire for eternal youth, Detzner said. Defeated, de Leon made it back to Puerto Rico in time for his fortieth birthday.

Ye Blessed — and Few — Elders

In the 17th century, the few elderly colonists were well-respected. Most political offices were reserved for men over 40, and a long life was seen as a sign from God that a person was blessed. But fewer than 1 percent of the people lived to age 65. Most immigrants were younger and had come to America to start over in a new world. Consequently, it was a youth culture even in those days, Detzner said.

The Frontiersman vs. the Old World Parents

Through the 18th century, the frontier seemed boundless. It was shoved westward by a population whose average age was less than 20, Detzner said.

Most settlers had left their parents and grandparents in the old world, never to return, and were escaping the stratified, traditional European societies.

Limits, tradition, history, ancestors, and authority were devalued — and older people lost status along with them. “This is the destructive part of the frontier myth,” Detzner said.

Young City Slicker and Rural Oldster

By 1900, an upwardly mobile younger generation had migrated to the new frontier and new cities began to emerge. Only about 4 percent of the population was 65 or over and most of those were rural residents by necessity.

Older people who had moved to the cities were not allowed gradual retirement from the factories the way they had been on the farms, Detzner said. If they were without their families, the aged sometimes had no choice but the country poor farm.

What Will We Do About Grandma?

“Honor thy father and thy mother” was the motto of the Townsend Movement, organized in 1933 by 66-year-old Dr. Francis Townsend. The movement forced the country to pay attention to its old people for the first time, Detzner said.

With no social security and with a

full-scale depression under way, Dr. Townsend lobbied for \$200 monthly payments to anyone over 60 who promised to retire and spend the money within 30 days. Although Townsend's old age payments never materialized, the Social Security Act was passed in 1935.

Growing Old in Public

Aging became a mass media phenomenon in the middle of the 20th century, Detzner said. From lotion ads to soap operas and sitcoms, the images of old people were often conveyed as negative stereotypes. Even more often, older people were not presented at all. "People wouldn't stand for treatment like this of blacks or women," Detzner said.

Typical cultural images were the Dirty Old Man, the Grandmother, the Crazy Old Lady, and the Professional Senior Citizen, he said. The nadir of this era was the "Don't trust anyone over 30" phase, he said.

The Voice of Experience or Luxury Item?

"I'm definitely more optimistic now about the public image of the elderly," Detzner said, citing the fact that 11 percent of the population is now over 65 and is becoming gradually more assertive about its rights.

Already, more older people are being presented on television, often as the "voice of experience," he said. Marcus Welby selling coffee and a mother teaching her daughter about laundry soap are examples. Elderly people are also more often shown as working members of families.

Detzner also reports that the courses on aging he and his colleagues teach at the University of Minnesota have become very popular with students of all ages, and "even doctors" are paying more attention to the needs of the

elderly, he said.

But Detzner is concerned that older people may become "luxury items" in a society that is finding its limits and cutting costs. Some people are afraid that a glut of elderly people may slow down our society, a fear that has been labeled "gerontophobia."

Although acceptance of the aging process has come a long way since Ponce de Leon's day, we still have a long way to go, Detzner said.

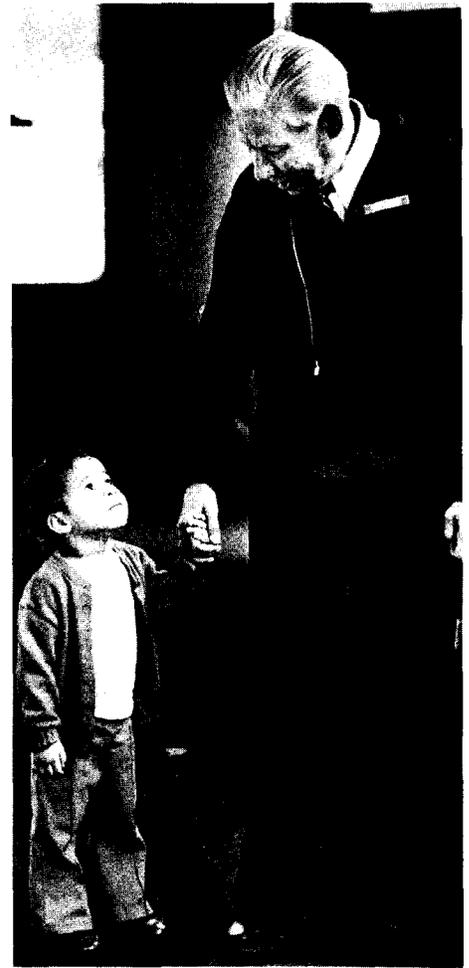


Photo by Steven Greene



Photo by Dave Lundquist

All-University Council on Aging: A Locus for Learning



Photo by Steven Greene

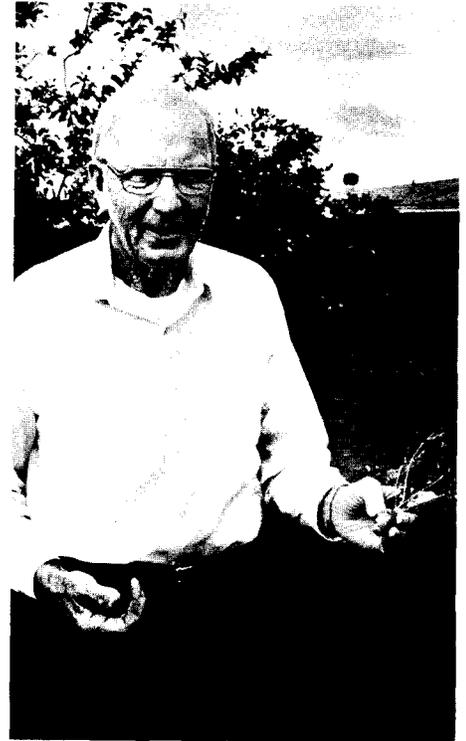


Photo by Bruce Borich

The All-University Council on Aging (AUCA), is a locus of support and education communicating the needs, problems, research and programs for the elderly.

It is a multidisciplinary planning and policy board composed of faculty and students representing the gerontology needs and interests of the University and the community. Serving as a link between departments, disciplines, faculty, students, and the community, AUCA generates research and curriculum on aging and provides access to training programs for professionals and to services for the

elderly.

The Council also offers a multidisciplinary course on aging, assists individuals in defining researchable problems and in acquiring funding, and disseminates information to students and faculty on courses and degree programs in the field.

The AUCA's free monthly newsletter, *Aging: News*, and its sponsorship of numerous seminars, conferences, and workshops provide the University community and the public with information on current research and developments in the field of gerontology.

In addition, the Council maintains a non-circulating collection of materials on aging in 316 Walter Library, open weekdays to the public from 8:30 a.m. to 4 p.m. The library includes a collection of books, journals, government publications, reference materials on education in aging, services to the elderly, and various bibliographies. Available from the AUCA library is a bibliography of retirement resources.

Any faculty member or student at the University of Minnesota is eligible for membership in AUCA. For more information, call 376-1759.

UMD Study Examines Health Needs of Seniors

"You're not getting older, you're getting better . . ." says popular advertisements. But, any senior citizen will tell you that "getting better" does not necessarily mean feeling better.

Ask researchers at the University of Minnesota-Duluth School of Medicine who are undertaking a unique project to identify special health needs of senior citizens.

Under study are nationally-designated physician shortage areas of Floodwood, Toivola, Kelsey, Cotton, Culver, Brookston, and Meadowlands, Mn. All have a high proportion of residents over 60 years of age, according to Mary Zimmerman, UMD assistant professor of behavioral science and project director.

"The aim of this pilot project is to identify the health needs of the senior citizen population of the area — a population whose needs, at present, are not clearly defined," Zimmerman said. The project is funded by Title III of the Older American's Act and administered by the Arrowhead Regional Development Commission.

How these needs are being determined is part of the project's uniqueness. Questionnaires and interviews are used, of course, to gather personal data, such as age, socio-economic status, and family background. But these are supplemented by genuine human concern and a willingness to help.

Playing a key role in the study is Jennifer Dwyer, a physician's assistant, who, because of her interest in gerontology and health care, has moved to Floodwood to participate in the project.

As people grow older, they suffer special health problems, but they are afraid to find out what's wrong, Dwyer said. And because of the physician shortage, they tend to put aside their aches and pains and let their problems go untreated, she added.

So, part of Dwyer's job is to try to identify health problems and particular health needs by contacting senior citizens, telling them of the project and inviting them to participate. She also offers monthly health education seminars at the senior citizen clubs in the seven communities.

The seminars were first met with apprehension. But, as people began to realize that the researchers were interested in them as individuals — as well as in their statistical input — the health sessions have been greeted with enthusiasm.

Dwyer has spoken on such topics as hypertension, obesity, diabetes, and other problems senior citizens commonly experience. Club members

have even suggested topics for future meetings.

Dwyer notes that one health problem is financial. "Many seniors are afraid of the costs of a doctor visit," she said. "They can't afford to go; so they don't."

And many don't understand Medicare, which is designed to alleviate some of the financial pressures. One of Dwyer's sessions was a discussion on the mechanics of Medicare.

Dwyer finds herself being accepted. "People here don't think of me as a research person, they see me as a neighbor and friend," she said.

It has become common for residents to stop her in a store with questions about particular ailments, or for her to

Med School researcher Jennifer Dwyer, a physician's assistant, takes Bill Korby's blood pressure.





Heino and Edna Hendrickson, Floodwood, talk with Dwyer about their health needs.

be invited into an elderly widow's home to learn a secret family recipe for homemade bread. And, as they bake or shop, they talk.

"An important part of health care is listening and talking to people," she said. "Many of these people haven't had anyone to talk to about their health problems. They don't know if they're ill or if they're supposed to feel the way

they do."

After Dwyer contacts the communities' residents, she invites them to take a health screening examination. This includes blood sugar, blood cholesterol and blood pressure measurements, and tests for glaucoma and other physical problems.

Results from the health screening examinations are combined with results

from the interviews, and each participant's particular health needs can be provided.

The project can already point to some accomplishments. They can be measured by a retired farmer who has cut down on his salt intake; or by an elderly woman who clasps Dwyer's hand and asks, "You'll come back, won't you?"

A Letter from An Alum



George and Gloria Blatti

Editor's Note:

The following letter is from George M. Blatti, M.D., a 1974 alumnus of the University of Minnesota Medical School and a winner of the Minnesota Medical Foundation Student Achievement Award in 1974.

Responding to a survey, Blatti wrote the letter to MMF Director Eivind O. Hoff in the fall of 1979, to express his appreciation to the Foundation and the Medical School for the generous encouragement and support he received as a medical student. "I hope you'll think that your investment in me has paid off," he said.

Indeed it has. A dedicated physician, Blatti founded a family health center in Mille Lacs County, a federally-designated physician shortage area. On his own initiative he sought and obtained private funding to set up the Mille Lacs Family Health Center, which is still operating in Onamia, Mn. although Blatti is no longer its director. Last fall, he and his wife Gloria moved to New York so that Gloria could complete her pre-med studies. Blatti is currently director of pediatric outpatient services at Montefiore Hospital and Medical Center in New York City.

In a recent phone conversation, he said that he and Gloria miss Minnesota and hope to return soon so that Gloria may attend medical school at the University of Minnesota.

... To capsulize, I left the medical school and did a three-year residency at the Montefiore Hospital and Medical Center in New York City in pediatrics and social medicine.

As you may remember, the physician maldistribution problem was always one that intrigued me, and one I devoted considerable time to as American Student Medical Association president in 1972. I had this personal conviction that one owed the state of Minnesota something for the support it offered to attain a medical degree.

Consequently, I began planning on returning to Minnesota as a junior resident in 1975. I searched out a critical shortage area (Onamia) and went to the Robert Wood Johnson Foundation to present a plan for establishing a rural health system that might address the issues I felt paramount in the rural physician shortage scheme.

Our plan was selected as one of the RWJ's model rural practice projects, and we were given a grant of \$500,000 to set up the Mille Lacs Family Health Center. It is based in Onamia, Isle, Garrison and the Mille Lacs Chippewa Indian reservation, comprises a staff of 25 including four physicians (three Minn. grads), an administrator, two nurse practitioners, a health educator, family counselor, and support staff. We've integrated four sites into one system serving approximately 9,000 people. We have complemented the one private practice family physician here, Dr. Dennis Jacobson, nicely, as the lead prior to our arrival was incredible.

We have been in operation two years now, and are surviving economically, though we'll be re-

quired to readjust our program somewhat. Our projections and income are about eight percent awry due to the low utilization of the Garrison site. With an annual operation of \$400,000, this requires some considerable re-adjustment, so we're currently closing the Garrison site, and cutting back on practitioner time.

At any rate, we've established a successful community-based primary care model that will survive the potential current of physician flow. It emphasizes a strongly personal approach to family medicine, and through the outreach program at the University provides excellent quality specialty back-up (Obgyn, Neurology, ENT, Cardiology, Urology).

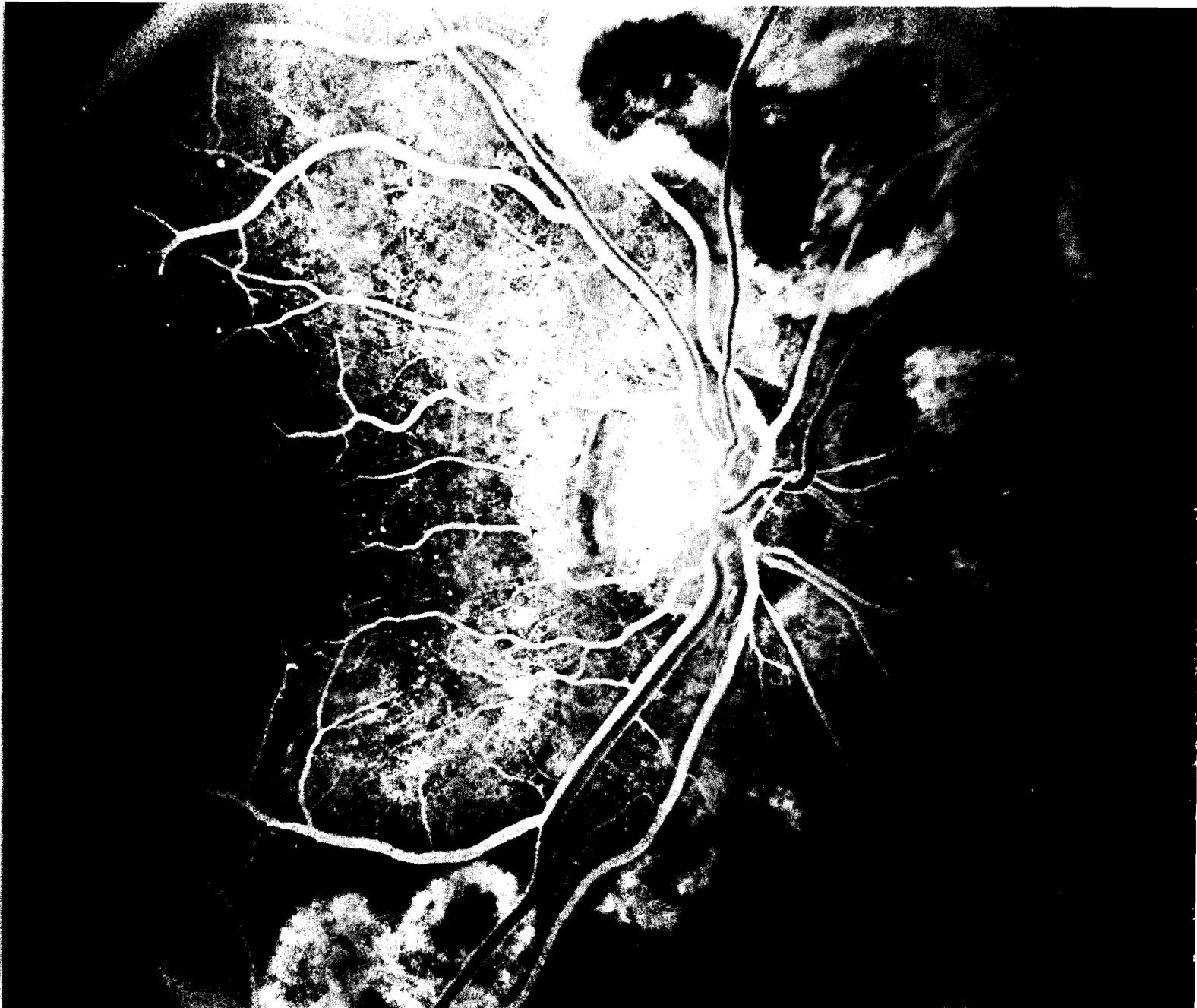
I'm now married. My wife was an oncology nurse at the Sloan Kettering Cancer Center in New York. Since moving to Minnesota, she has secured her Family Nurse Practitioner Certificate from the University of North Dakota, and is currently working on a degree in psychology as well as working for the health center.

I'm particularly proud of the personal way in which the University Medical School allowed me to pursue special interests of mine — in organizational medicine. And this has now paid off for one community in Minnesota that had been without adequate physician help for years.

Certainly, the Student Achievement Award Program is the external face of the school's commitment to individual excellence, and I hope it continues as a major commitment of the Foundation.

George M. Blatti, M.D.

Biomed Graphic Dept. Communicates with Art



Eye Fundus by Gary Vagstad. This photo looks like a surrealistic globe, or an alien planet suspended in outer space. In color the photograph is even more spectacular, with its finely-etched lines glowing in eerie red tones.

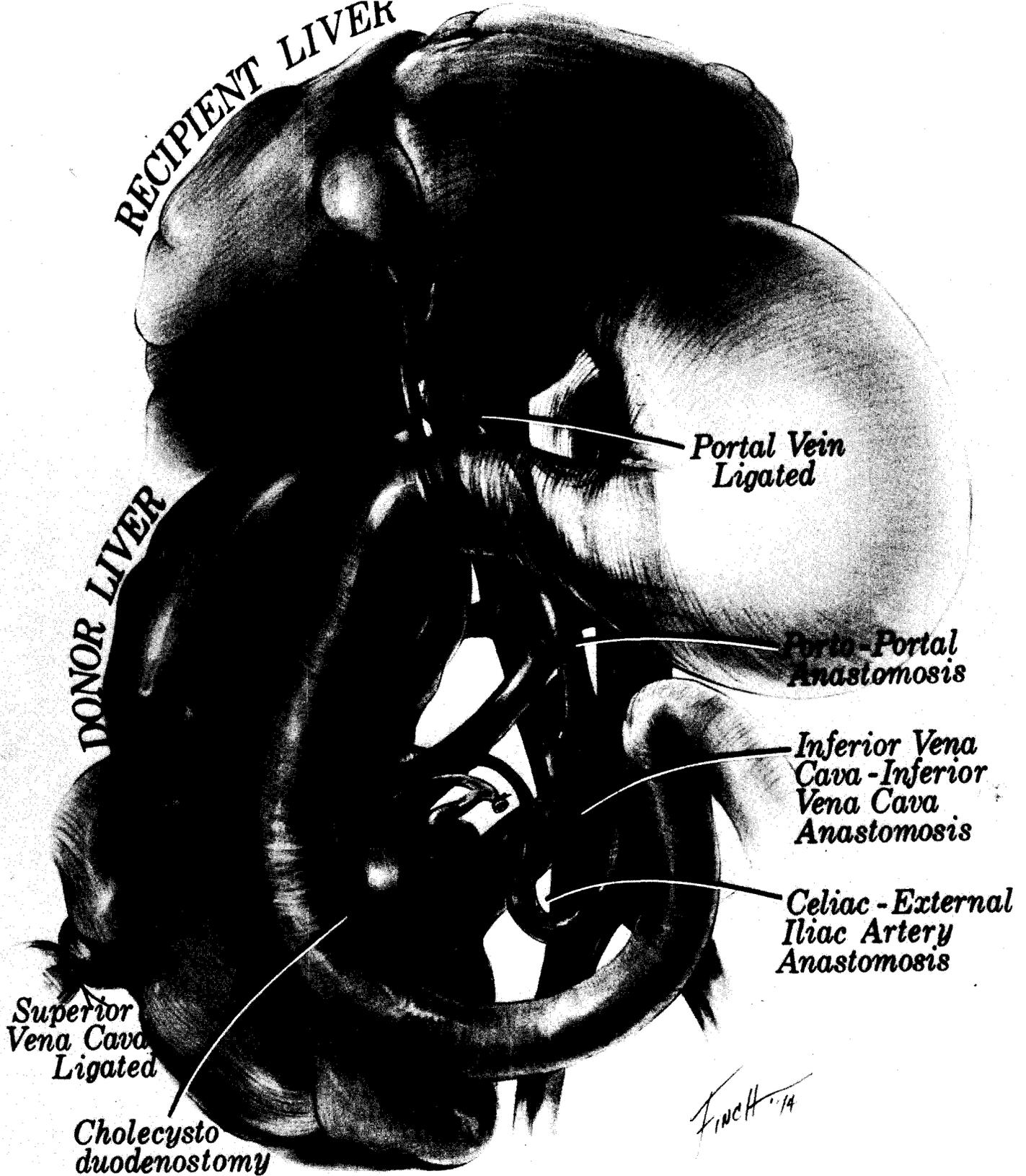


Illustration of Liver Transplant by Martin Finch. The undulating curves, flowing lines, and varying patterns of this composition reflect a visual beauty and symmetry inherent in the human anatomy.

Museums and galleries are not the only places where good art is found.

Walk along the halls of the Biomedical Graphic Communications Department on the University of Minnesota campus and catch a glimpse of some of the fine examples of art and

graphics produced by artists and photographers in this unique multi-media department.

Finely-etched pen and ink drawings of kidneys, spleens and cells, colorful anatomical illustrations of organs and transplants, masterful close-up

photography of test tubes, skeletons and specimens, and touching human interest photographs of patients and their physicians are some of the artwork that the department produces for health science personnel at the University.



The Biomed Graphics staff line up in the hall where some of their works are displayed.

Starship Femur by Nancy Mellgren.

By telescoping in on a bone in this way, the photographer has made it appear as a sculpture.



Founded in 1910, the Biomedical Graphics Communications Department was created to help health professionals communicate their messages to a variety of audiences through a wide range of media. Including not only printed materials but also multi-media instructional packages and TV and film visuals, the workload of this department is a myriad of projects serving a wide variety of educational/communications needs in the following categories: graphic (publication) design; charts and graphs; filmmaking; photomicrography, patient and specimen photography; custom photographic lab work; logetronic x-ray reproduction, videotape and slide/tape production.

The list of services stretches on and on and is as diverse as the clients' requests, according to department director Martin Finch.

For example, a department might need printed materials such as an annual report, newsletter, brochure or poster for a fund-raising campaign.

Another group or instructor might need an instructional tape or multimedia package illustrating a new medical/scientific technique or process.

Projects range in size and scope from designing gummed labels or bumper stickers to using electronic scanning equipment to reproduce a fine-quality copy negative of an x-ray.

Headquarters for Biomedical Graphics is on the basement level of the University Hospital Outpatient Facility (Building B-C). A spacious and pleasing environment, the department houses offices, art and photography studios, tv and film studios and laboratories, and conference rooms.

Students, staff, and instructors at the University rely on the services of this department to solve their communications problems.

Personalized attention to clients' needs is stressed by department staff. Staff members interview their clients to

determine the audience, material to be presented, deadlines, and appropriate media, and then attempt to simplify the ultimate communication through the use of visuals.

These visuals may be in the form of printed material, artwork, photos, slides, motion picture film, or videotape.

No matter what medium is used, the product always reflects the department's concern for quality.

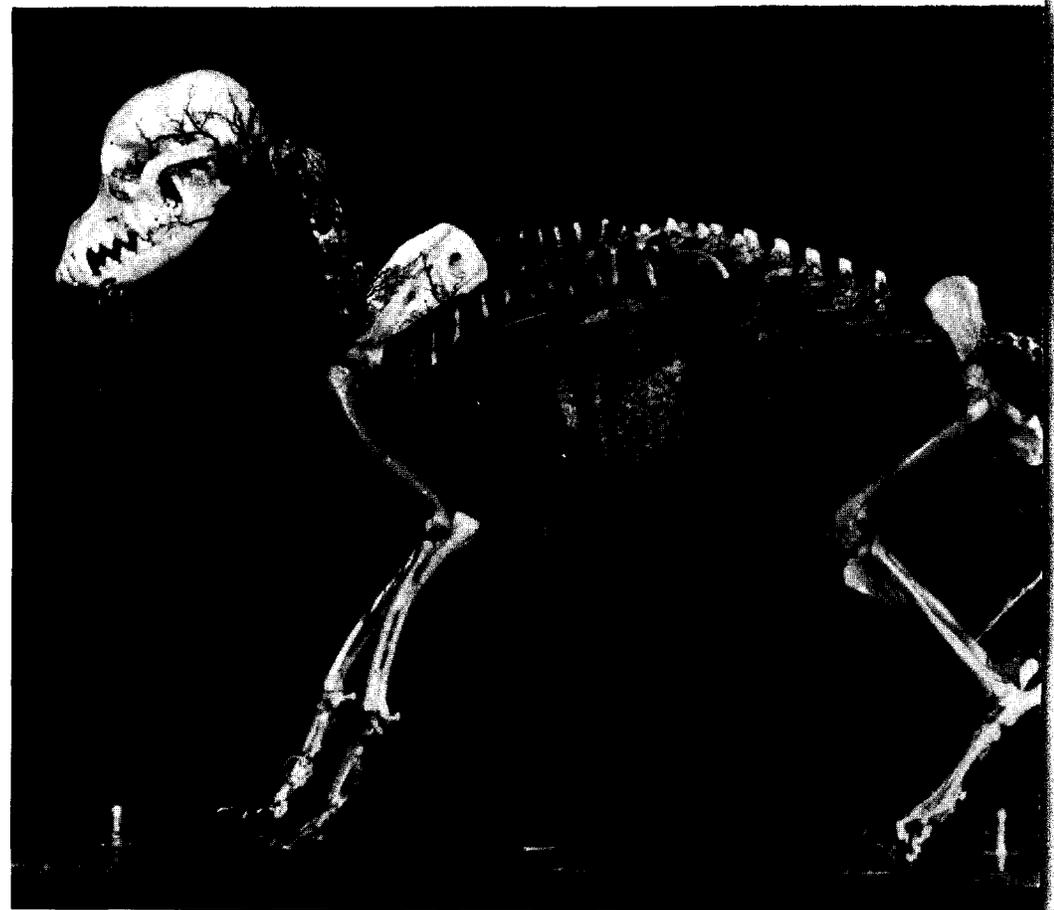
The photographs on these pages speak for themselves — biomedical graphics is an art, in and of itself.



A touching picture called "Caring," by Photography Director Ralph Fernandez.

Corrosion Specimen by Jim McCabe and Ken Jandl.

This bears more than a passing resemblance to some of Picasso's "assemblages," or sculptures.



Alumnotes

Med Alumni Meet in Houston

The Minnesota Medical Foundation is sponsoring a Medical Alumni Reception and Dinner, May 12 at the Doctors' club in Houston, Texas.

U of M Medical School Dean N. L. Gault and Dr. William J. Riley, a 1965 alumnus, will host the event.

Guest speaker Dr. William J. Krivit, head of the Department of Pediatrics at the Medical School, will discuss pediatrics research in Minnesota.

1930s

Harold G. Scheie, '35, founding director of the Scheie Eye Institute, Philadelphia, Pa., winner of the U of M's Outstanding Achievement Award, and formerly on the

MMF Board of Trustees, recently met with Rosalynn Carter at the White House to present her with the first (enlarged) invitation to a gala concert with Eugene Ormandy and the Philadelphia Orchestra to benefit the Scheie Eye Institute.

The concert, April 30 at the Philadelphia Academy of Music, is reported to be one of the last concerts that Ormandy will perform in Philadelphia as conductor and music director of the orchestra.

In addition, Metropolitan Opera soprano Judith Blegen and concert pianist Andre Watts performed for the benefit.

The Eye Institute is the Department of Ophthalmology of the University of Pennsylvania School of Medicine and is part of the Presbyterian-University of Pennsylvania Medical Center.

Two previous concerts were given by the Philadelphia Orchestra for the benefit of Scheie Eye Institute.

Karl E. Sandt, '35, received A Citation of Honor Award from the Hennepin County Commissioners at the quarterly November meeting of the Hennepin County Medical Center.

He joined the hospital's Ophthalmology Department in 1937 and was acting head of the department from 1955 to 1966. He has been a clinical associate professor of ophthalmology at the U of M, receiving the distinction of "emeritus" in 1977.

He is in active practice in Minneapolis.

Donald E. Stewart, '37, a general and thoracic surgeon of Crookston, Mn, joined the American College of Surgeons Department of Cancer this past summer. As a field surveyor, he reviews hospital cancer programs and registries to see if they meet the standards set by the Commission on Cancer.

A Fellow of the American College of Surgeons since 1950, he was a member of the Commission on Cancer for 12 years and has held office in a number of medical associations including the American Cancer Society and the Minnesota State Medical Society.

George N. Aagard, '37, a former professor of medicine and pharmacology, and dean of the School of Medicine at the University of Washington, Seattle, Wash. from 1954-1964, and his wife Lorna are namesakes for an annual lecture at the University.

The George and Lorna Aagard Lecture on Medicine and Society is presented each year at the University of Washington Health Sciences Center and features a distinguished visitor lecturing on the relationships of medicine to society. The lectureship was established by the School of Medicine on Aagard's retirement as dean of the medical school. Wife Lorna was included in the honor because she had been active in many faculty and community-related activities. She was noted for her contributions as a member of the University Hospital Auxiliary.

This year's ninth Aagard lecturer was Dr. Eli Ginzburg, director of the Conservation of

Human Resources Project at Columbia University. Cost containment, the coming surplus of physicians and prospects for national health insurance were among the controversial issues discussed by Ginzberg.

Edmund B. Flink, '37, was honored recently when Mrs. Hazel Ruby of Morgantown, West Virginia, endowed a professorship in his name at West Virginia University School of Medicine.

The Edmund B. Flink Chair of Medicine, underwritten with a gift of \$1 million, will support a program that brings outstanding national and international physicians in internal medicine to teach at the medical school.

Flink was the first chairman of the department of medicine following establishment of the four-year School of Medicine in 1960 and had been the personal physician for Mrs. Ruby and her late husband, industrialist J. Wesley Ruby.

Flink holds the Benedum Foundation Professorship of Medicine and still teaches internal medicine at the medical school. According to Flink's wife Marion, "Ed was supposed to retire last year when he turned 68, but the dean of the medical school and chairman of the department made a special request to the board of regents to allow Ed to stay on the faculty and continue teaching."

Their son, James R. Flink, a 1974 alumnus of the U of M Medical School, like his Dad, also a physician in internal medicine, completed an internship at Hennepin County Medical Center last year and is now practicing at Hill City Clinic, New Haven, Conn.

1940s



Howard Shaw '40 (left) and Karl Sandt '35.

Howard Shaw, '40, a clinical professor of ophthalmology at the University of Minnesota, recently received a "Citation of Honor Award" from the Hennepin County Commissioners. He joined the Hennepin County General Hospital staff in 1951 and remains active there. He served as acting head of the Department of Ophthalmology from 1967-69 at the University. He, along with colleague and alumnus, Dr. Karl E. Sandt received the award at the quarterly November meeting of the hospital.

Norbert O. Hanson, '42, retired after a 32-year career as a consultant in internal medicine at the Mayo Clinic, Rochester, Mn.

He was an assistant professor in internal medicine in Mayo Graduate School and was one of the authors of a Mayo exhibit on pain patterns that won the silver medal from the American Medical Association at its annual meeting in 1958.

One of his major interests has been in the history and philosophy of medicine and allied sciences. He was one of the founders and is a past president of Mayo's History of Medicine Society, and he is also a member of the American Association for History of Medicine, as well as several other professional organizations, including the U of M Alumni Association, Rochester chapter, of which he has been president. He received the Alumni Award in 1976 from that group for outstanding service.

Leonard F. Peltier, '44, is currently president of the American Association for the Surgery of Trauma. He was elected this past fall to this post. He is a professor of surgery and head of the Section of Orthopedics at the University of Arizona School of Medicine, Tucson, Arizona.

Harold O. Perry, '46, has been elected president-elect of the American Academy of Dermatology. He has been a dermatologist at the Mayo Clinic for many years.

Truman A. Newberry, '46, a surgeon in Stockton, California, is active on the Executive Committee of the

Union of American Physicians and Dentists. He recently received a fellowship from the American Cancer Society.

Philip M. Margolis, '48, is on the psychiatry staff of the University of Michigan Hospital-Riverview Building, Ann Arbor, Mich. He recently was made president-elect of the Michigan Psychiatric Society.

John (Jack) E. Verby, '48, was inducted into the Carlton College "C" Club Hall of Fame. An outstanding young athlete in high school and college, he excelled in baseball as a pitcher, and helped carry his high school team to the first Minnesota high school tournament, where they won the state title with a 23-0 record.

At Carlton, Verby excelled in both baseball and basketball, setting some scoring records in basketball.

From the early '40s through the early '50s he pitched for many teams including the Southern Minny League, the University of Minnesota (as a first-year medical student) the state amateur runner-up Honeywell team, the Western Minnesota League in New Ulm, and various others. A distance runner since 1952, he still continued his involvement in baseball as one of the developers and the first president of the Rochester Youth Baseball Association.

He was the first family physician invited to develop the Department of Family Practice and Community Health at the U of M, and he is currently a full professor in that department. He originated the Rural Physician Associates Program at the U Med School.

Alumnotes

The author of two books, Verby is currently working on three books, including a text for family practice and community health.

1950s

Luther L. Dehnel, '53, a psychiatrist in the United States Air Force at Yokoto Air Base in Japan, was recently promoted to the rank of Colonel. He received an Air Force Commendation Medal for his service at a fire disaster at Camp Fuji Marine base in Oct., 1979.



Richard D. Cunningham, '57, A Texas eye physician, received the American Academy of Ophthalmology's Honor Award, Nov. 5, for outstanding

service and contributions to his profession.

He was one of 30 Academy members honored at the opening ceremonies of the Academy's five-day meeting, the largest annual meeting on scientific advances in eye care in the world.

Chairman of the department of ophthalmology at Temple's Scott and White Clinic in Texas, he was honored for his voluntary contributions to the Academy's continuing education program. He is also a consultant at the city's Gulf, Colorado and Santa Fe Hospital and the Veterans' Administration Hospital.

His previous honors include receipt of the U.S. Army's Certificate of Merit in 1957 and the Outstanding Resident Award of the Mayo Clinic in 1964. He was president of the Bell County Medical Society in 1971 and the Bell County Rehabilitation Center in 1976.

1960s

Lawrence D. Jones, '64, moved to Stevens Point, Wisconsin, to become senior medical director for the Sentry Insurance Companies, which operates in North America, Europe, Africa, Asia, Australia and Japan.

As a physician in life insurance, he writes that his special interest is in health planning and legislation. "I'm deeply involved in promoting the concept of wellness — the personal effort to maintain your body in optimum condition through all viable modalities, from physical fitness to nutrition, from preventive medicine to proper dental hygiene," he says.

David E. Johnson, '69, a physician in pediatrics and family practice in Alaska, writes that since 1978 "Our clinic has taught medical students and residents in the WAMI (Washington, Alaska, Montana, Idaho) Program through the University of Washington."

He was recently made president-elect of the Alaska State Medical Association.

Some of his special interests include boating and woodworking.

1970s

Members of the Class of 1970 are invited to attend a reception and dinner, May 24, 5 p.m., at the Link Restaurant in the Minneapolis Institute of Arts, Minneapolis, Mn.

For further information about the reunion, contact Dr. Eugene Ollila, 822 Marquette Ave., Mpls., Mn. 55402 or call 612 336-9344 (office) or 612 823-4630 (home).

Michael J. Osborn, '70, recently completed a residency in cardiovascular diseases in the Mayo Clinic Graduate School. He has been appointed a consultant in the Division of Cardiovascular Diseases and Internal Medicine at the clinic. He works with Dr. R. L. Frye and associates.

Jerry Jay Noren, '70, published the results of a recent study that surveyed the medical habits of nearly 1,500 physicians across the country in the *New England Journal of Medicine*.

The study received a good deal of publicity because of

some of its findings. According to the study, although both internists and general practitioners treat people's routine aches and pains, internists devoted 40 percent more time to examining each patient.

The study falls short of taking sides on the question of which group provides better care.

While internists spend more time with each patient, the study said that they also are more expensive, ordering far more tests and x-rays.

Noren, who is on the faculty of the University of Wisconsin Medical School, concluded, "The implications of these differences for the cost and quality of primary care need further study."

Overall, Noren and his fellow researchers, found that internists spend 18 minutes with each patient, while general practitioners give patients 13 minutes. However, there were greater differences among specific treatments. For instance, the internists spent considerably longer on patients worried about fatigue, shortness of breath, and high blood pressure.

General practitioners far outnumber internists in the United States. In 1975, the year the statistics were gathered for the study, Americans paid 235 million visits to general practitioners and 62 million to internists.

David M. Lam, '72, a specialist in aerospace medicine, obtained a Master's degree in public health from the University of Texas (Houston) and was awarded the U.S. Army Surgeon General's Physician Recognition award as the outstanding Medical Corps

What's New with You?

Please let us know.

New address?
New position?
New medical practice?
New military assignment?
New civic or professional honor?
New book?
New interest?

Major in the Army during 1978.

Currently he is a last-year resident at Brooks Air Force Base, School of Aerospace Medicine, San Antonio, Tex.

Thomas J. Diem, '73, recently completed residencies in general and plastic surgery at the University of Wisconsin-Madison and returned to Minnesota to join the offices of Minneapolis Plastic Surgeons, located in Southdale, Unity, and Golden Valley.

Sandra M. Johnson, '74, is director of student health services at the University of Wisconsin-LaCrosse. She writes: "I spent the first three months of my freshman year in Medical School confined to a wheelchair because of an accident. I will never forget the extraordinary interest and support of the basic science faculty (especially Dr.

Anderson in Anatomy) which made it possible to persist. An internist, she says her special interests include sports, medicine, college health, music, decorating her new home, and the constant 'battle of the bulge.'"

Mark H. Monson, '75, a specialist in internal medicine, is chief of adult medicine at Health Central Inc., a health maintenance organization in Lansing, Michigan that serves 25,000 subscribers.

Robert A. Zink, '75, recently passed family practice medical boards and established a group practice in St. Louis, Mo. He writes that he spends his spare time gourmet cooking and playing volleyball.

We also appreciate photos and news clippings.

Name	Degree	Year
------	--------	------

New Home Address	Telephone
------------------	-----------

City, State, Zip

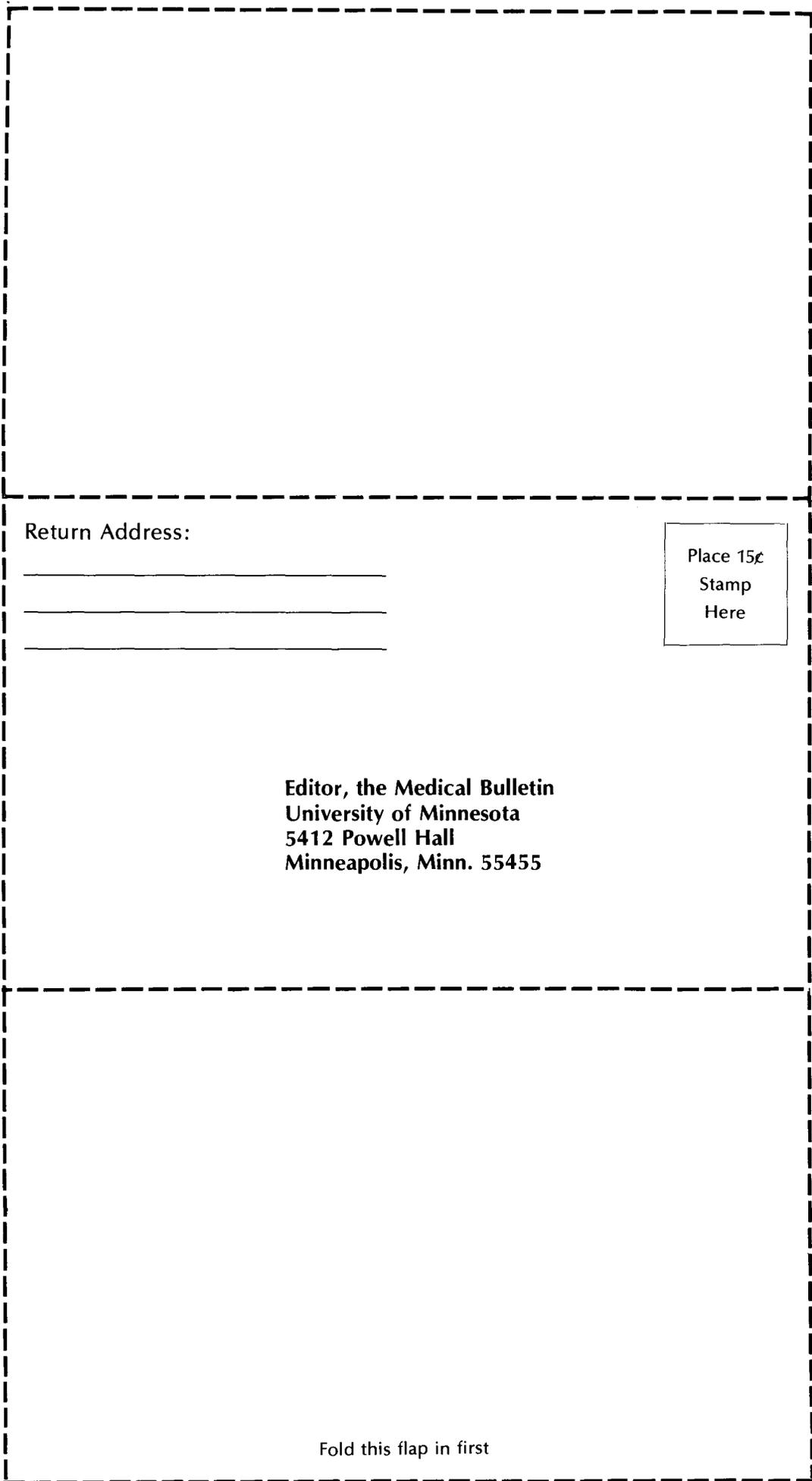
New Business Address	Telephone
----------------------	-----------

City, State, Zip

New Title or Position

Other News

Please cut out, fold, staple or tape, and drop in the mail box.
Thanks!



Return Address:

Place 15¢
Stamp
Here

**Editor, the Medical Bulletin
University of Minnesota
5412 Powell Hall
Minneapolis, Minn. 55455**

Fold this flap in first

In Memoriam

Errata

Because of incorrect information furnished to the Medical Bulletin, we erroneously announced the deaths of three alumni who are very much alive. Apologies to Reno E. Backus, '55, Charles Dexter Lufkin, '58, and Harold P. Basinger, '53, and their families and friends.

Samuel H. Boyer, Jr., M.D., a second-generation Duluth physician who played a major role in establishing the University of Minnesota-Duluth Medical School, died Jan. 8 in his winter home in Sun City, Ariz. He was 73.

Dr. Boyer, an internist and cardiologist, retired four years ago. He had been in ill health for the past year. His wife, Rosemary, was with him when he died.

The UMD Medical School was founded on May 20, 1966, when Dr. Boyer and Dr. Robert Heller, then the assistant provost, met on a plane en route to Minneapolis. An article had appeared that morning in a newspaper about the possibility of establishing a second medical school in Minnesota. They determined to get it for Duluth.

Upon his return to Duluth, Dr. Boyer began gathering support for the school in the medical fraternity. He became president of the Northern Minnesota Council for Medical Education, which was formed to carry out the campaign. He

spent much time raising funds and lobbying the Legislature to establish the UMD Medical School, which was established as a two-year school in 1972.

When the school began, he became a part-time associate professor and was presented a plaque naming him a clinical professor emeritus at commencement exercises in June, 1974.

A native of Duluth, Boyer was the son of Samuel H. Boyer, who practiced medicine in Duluth from 1891 until his death in 1955 at age 89.

Upon graduation from Central High School, Dr. Boyer became a reporter for the Herald before deciding upon a medical career. He attended the University of Wisconsin, where he remained two years as a member of the medical faculty after getting his degree. As an undergraduate, he played on the hockey team.

Returning to Duluth, he went into practice with his father in 1934. In later years, he shared space in the Medical Arts building with Dr. John Halbert. He practiced here continually except for nearly four years of service in the Army during World War II.

Together with Dr. Halbert and Dr. Robert Goldish, he formed an informal team of cardiac specialists who responded whenever "Dr. Heart" was paged at St. Luke's Hospital.

Boyer maintained a lifelong interest in medical education. He played a larger role in a program for advanced training of nurses in care of cardiac patients at St. Luke's, helped train interns and kept close ties with the University of Wisconsin Medical School.

He served as chief of staff at

St. Luke's, as president of the St. Louis County Medical Society and the Minnesota Society for Internal Medicine and Society of the Study of the Heart. He served at times on governor's committees involved in health care.

Noted for his long hours, he continued to make house calls until his retirement.

A Dr. Sam Boyer Memorial fund for medical research has been established at UMD by the Minnesota Medical Foundation.

Eleanor B. Iverson Gunlaugson, '35, a Minneapolis general practitioner who was active in Twin Cities medical societies, died Jan. 9 of complications following kidney disease. She was 71.

One of three women graduates in the Medical School Class of 1935, she interned at University Hospitals and subsequently specialized in obstetrics and pediatrics.

She was married to Dr. Frederick Gunlaugson, former director of the Minneapolis Public Health Department from 1948 until 1973. He died in 1978.

She was a past president of the Minnesota Medical Women's Auxiliary, Hennepin County Medical Women's Auxiliary and Alpha Epsilon Iota medical sorority, a corporate member of the Minnesota Heart Association and an active member of the Minneapolis Hearing Society and the Fine Arts Society of Minneapolis.

H. Milton Berg, '25, died Dec. 3 at his home on Anna Maria Island, Florida.

Born in North Dakota, he was a radiologist in private practice in Jamestown, North Dakota and later at the Quain-Ramstad Clinic in Bismarck until 1965, when he retired.

He interned at Hennepin County General Hospital in Minneapolis and received further training in radiology at the University of Minnesota, University of Michigan, the Maria Hospital, and the Radium Henmet in Stockholm, Sweden. He trained under such renowned radiologists as Dr. Leo G. Rigler, U of M, and Dr. N. Wilhelm Stenstrom and Dr. Ellis Bervin of Sweden.

He was president of the North Dakota Radiological Society, the Rocky Mountain Radiological Society, and the Minnesota Radiological Society, and later the Radiological Society of North Dakota. He was also vice president of the American Roentgen-Ray Society and published many articles in medical publications.

In honor of his qualifications and ability as a radiologist, a radiology residency program was established for the Quain-Ramstad Clinic, the Bismarck Hospital, and the St. Alexiers Hospital affiliated with the University of Minnesota.

Stewart T. Ginsberg, '33, a psychiatrist, died Dec. 3, 1979. He was 73.

A native of St. Paul, he had served in many capacities as a psychiatrist both in private practice and as a consultant and administrator for state and federal government.

He was in private practice in St. Cloud, Mn., Augusta, Ga., and Marion, Indiana. He was chief of professional services at

In Memoriam

the V.A. Hospital in Marion, Indiana, manager of the V.A. Hospital in Pittsburgh, Pa., chief of the psychiatry division at the V.A. Central Office, Washington, D.C., commissioner of mental health for the state of Indiana, and superintendent of the Georgia Mental Health Institute, in Atlanta, Ga.

He was also consultant to the Center for Disease Control, for the U.S. Department of Public Health in Atlanta, Ga. Active in his profession as a member of numerous state and federal mental health and psychiatric committees, task forces, and councils, he worked to upgrade mental health facilities and to revise standards for psychiatric hospitals and clinics.

An educator as well, Ginsberg was a clinical professor of psychiatry at several universities, including Indiana University School of Medicine, University of Georgetown Medical School, Rutgers University Medical School, and Emory University.

He received numerous awards for his outstanding medical and civic achievements. In addition, he was listed in "Who's Who in America," Vol. 36, 1970-71.

He was on the board of many civic/community agencies on health and welfare and published many articles in a wide variety of professional journals on hospital and community psychiatry, mentally handicapped, building facilities for mental health institutions, the training of psychologists, case studies and treatment of psychotics, rehabilitation of the mentally disturbed and numerous other topics.

Emil Theodore Keller, '35, died Dec. 6, 1979 in Mesa, Arizona. He was 73.

Born in Slayton, Mn., he practiced general medicine for the past 30 years in Rugby, North Dakota.

He had been on the staff of the Veterans Administration Hospital in Medford, Ore., for nine years prior to going to Rugby.

During World War II he was flight surgeon for the U.S. Air Force.

Benjamin B. Souster, Sr., '23, died Dec. 5, 1979. He was 84.

Born in St. Cloud, Mn., he was a specialist in internal medicine and practiced in St. Paul, Mn. for many years in the Earl Clinic. He was a member of the staffs of Ancker, Mounds Park, Miller and Midway Hospitals, where he served as an electrocardiologist.

He served as secretary of the Minnesota Medical Association almost 20 years and was its president one year.

Gail F. Parker-Eady, '79, died of cancer Dec. 19, 1979 seven days after she received her M.D. degree from Dean George E. Williams of the University Medical Administration. She was 30.

A high achiever, she had graduated from Chicago State University summa cum laude with a B.S. in science and later received a Master's degree in math from the University of Chicago. While working in computer sales at IBM, she decided to go to medical school.

She and her husband Myles Otis Eady moved to Minneapolis, where she started medical school and he entered dental school at the University of Minnesota.

During her medical school education, she discovered that she had cancer, but insisted upon finishing her medical degree, so she accelerated her progress and achieved her goal.

The Gail Parker-Eady Memorial Award for outstanding black graduating medical students will be given in 1980 through the Minnesota Medical Foundation in honor of her courage, outstanding achievements, and determination.

Thomas H. Tschetter, '70, died in a private airplane crash, July 11, 1979. He was 32.

He was the chief of emergency medicine at Baptist Hospital, Pensacola, Fla., chief of emergency room services at the Pensacola Educational Program and director of emergency medical services for Escambia and Santa Rosa Counties.

He died when the plane he was flying crashed in a heavily wooded area 14 miles north of Pensacola Municipal Airport. He was enroute from Kissimmee to Pensacola during a heavy rain, according to officials.

A native of South Dakota, he had resided in Pensacola for the past four years and had also served in the U.S. Navy in Pensacola.

Nellie C. Holman, '19, died Jan. 27 in Melbourne, Fla. She was 88.

She had been a former medical missionary to China for the American Lutheran Church of Minneapolis.

Medical Students Make 'House Calls' Profitable



Cheryl France

We have decided to call them "House Calls," because most University of Minnesota medical alums are at home when they receive phone calls from volunteers bringing greetings from the Medical School and seeking pledges to the Minnesota Medical Foundation.

At the Nov. 27, 1979 MMF Phonathon, the foundation introduced T-shirts designed especially for the volunteer callers. The shirts feature an old-style stand-up telephone and the slogan, "I Make House Calls for the Medical School." Volunteers collected a T-shirt when they received a \$100 pledge, or smaller pledges totalling \$100.

In two 1979 Phonathons — a two-night event in May and the November occasion — 71 medical student volunteers called 1,540 alums and received 757 pledges totalling \$48,838.

Dean Gault and Associate Dean Cavert helped out at both Phonathons. At this writing, 85% of the pledged amount has been received. The balance is expected before the end of the foundation's fiscal year, June 30.

Calls were made on WATS lines donated by Merrill Lynch brokerage firm. Costs are nominal, and no expenses are paid from contributions.

We'll be making "House Calls" for the Medical School again in May, 1980. We hope you'll be listening.

**Tom Patterson, Director Annual Giving
Minnesota Medical Foundation**



Minnesota Medical Foundation
5412 Powell Hall University of Minnesota
Minneapolis, Minn. 55455

ADDRESS CORRECTION REQUESTED

Nonprofit Org.
U.S. POSTAGE
PAID
Minneapolis,
Minn.
Permit No. 155

**UNIVERSITY ARCHIVES
10 WALTER LIBRARY
UNIV OF MINNESOTA
MINNEAPOLIS, MN 55455**

Spring thaw . . . or winter begins again in Minnesota.

Photo by Sue Andersen

