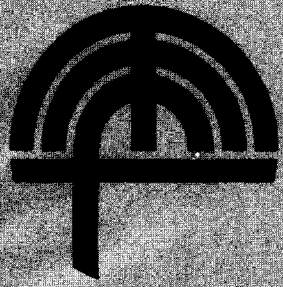


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University of Minnesota

Medical Bulletin

Fall, 1980



University of Minnesota Medical Bulletin



Minnesota Medical Foundation
Fall, 1980

PUBLISHED BY THE MINNESOTA MEDICAL FOUNDATION

MINNESOTA MEDICAL FOUNDATION

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Cover

Our fall cover captures the subtle beauty and color of Minnesota fall on campus. University of Minnesota alumni are very familiar with these quiet secluded spots along the campus where they daydreamed about their futures or napped between classes. Although the University is located in the heart of the city, it still has classic Minnesota landscape in its midst — the rolling banks of the Mississippi River, wooded pathways, sprawling lawns, and towering trees. Even the barges can be seen from a vantage point high above the river on the University's footbridge. The view from the bridge is inspiring!

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Minnesota Medical Foundation — 1980 Report

1979–80 was another year of solid accomplishment for the Minnesota Medical Foundation.

Despite the recession and weakened public support for Medicine, The Foundation delivered about \$1.8 million in private aid to the Medical School at the University of Minnesota.

It furnished other vital help in medical alumni relations, public events, and daily service to the faculty, students, and administration of this great medical institution.

Our contribution was accomplished at modest expense. It was done during a period of business downturn and continuing inflation.

It was a year in which \$1.56 million was contributed to the Foundation, (27% more than the previous year) and in which our fund-raising mission was reorganized into current giving and future giving segments. The primary goal is greater medical alumni participation.

It was a year in which the Foundation earned about \$1.35 million on its invested assets (a 15.2% total return), and in which our asset level climbed to a record \$10.4 million. Even though 96% of these assets are limited in their use, they represent a financial cushion to our Medical Schools in Minneapolis and Duluth.



Hoff

Foundation assets are translated into such things as loans for the needy medical student, seed money for the young researcher with new ideas, or temporary help for a medical scientist whose research equipment needs replacement.

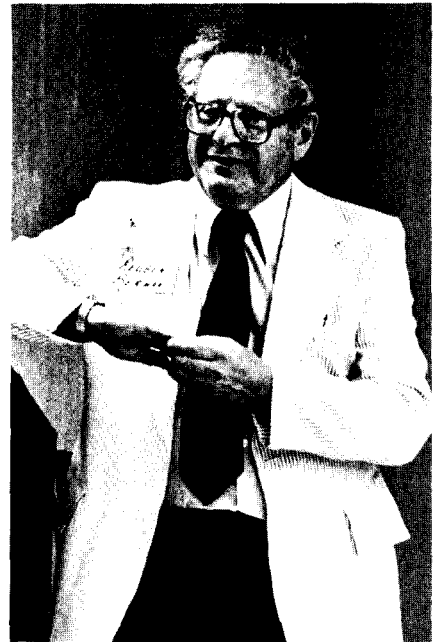
For example, medical students walked into the Foundation office this past year and left with 738 loans totaling \$465,000, a record disbursement. Nearly \$2 million is

now loaned out to students and alumni; a peak of \$4 million is projected in a few years.

The Foundation reaches out regularly to 10,000 alumni, who read the Foundation-published and circulated **University of Minnesota Medical Bulletin**.

And this was a year in which a detailed self-examination of the Foundation's works was undertaken. From it, a *Plan for the 1980s* will be developed so that this exceptional organization devotes its energy and resources to the most important matters that the times require.

The Minnesota Medical Foundation exists because people care enough to contribute.



Berman

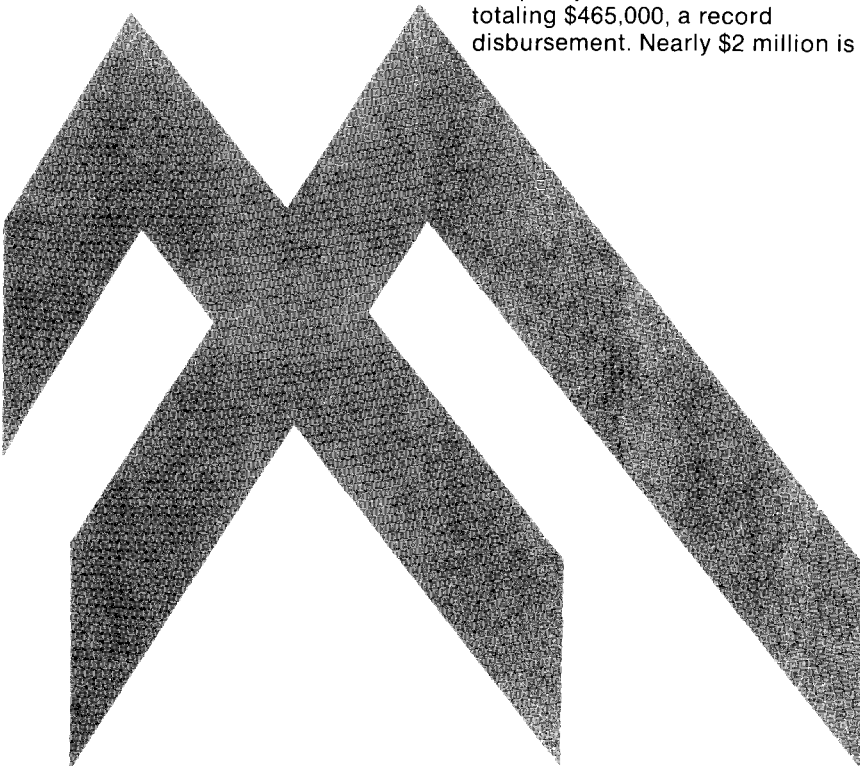
We thank each of the 2,000 donors for their dollars and their faith, and we promise to deliver every gift dollar in full to the project of their choice.

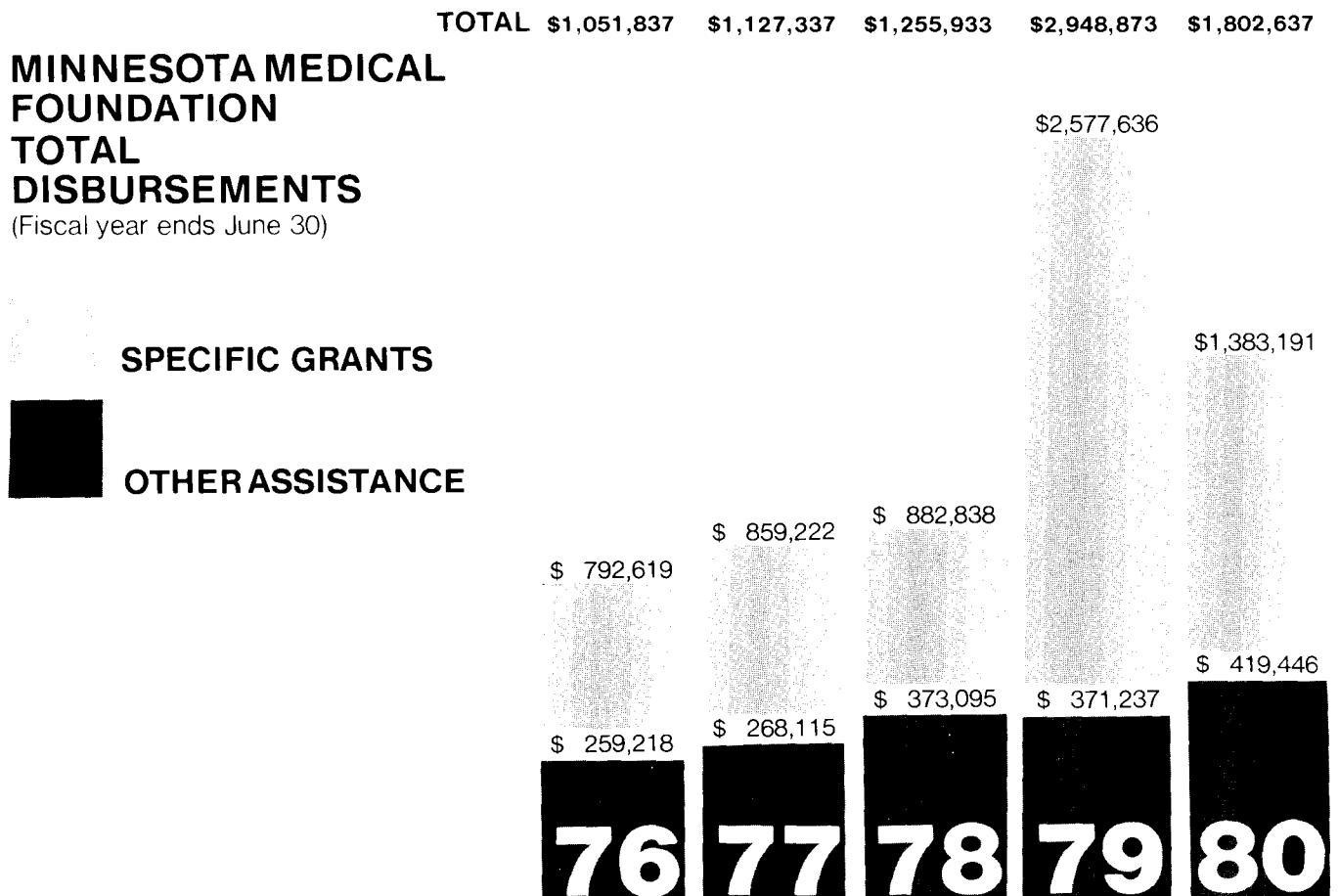
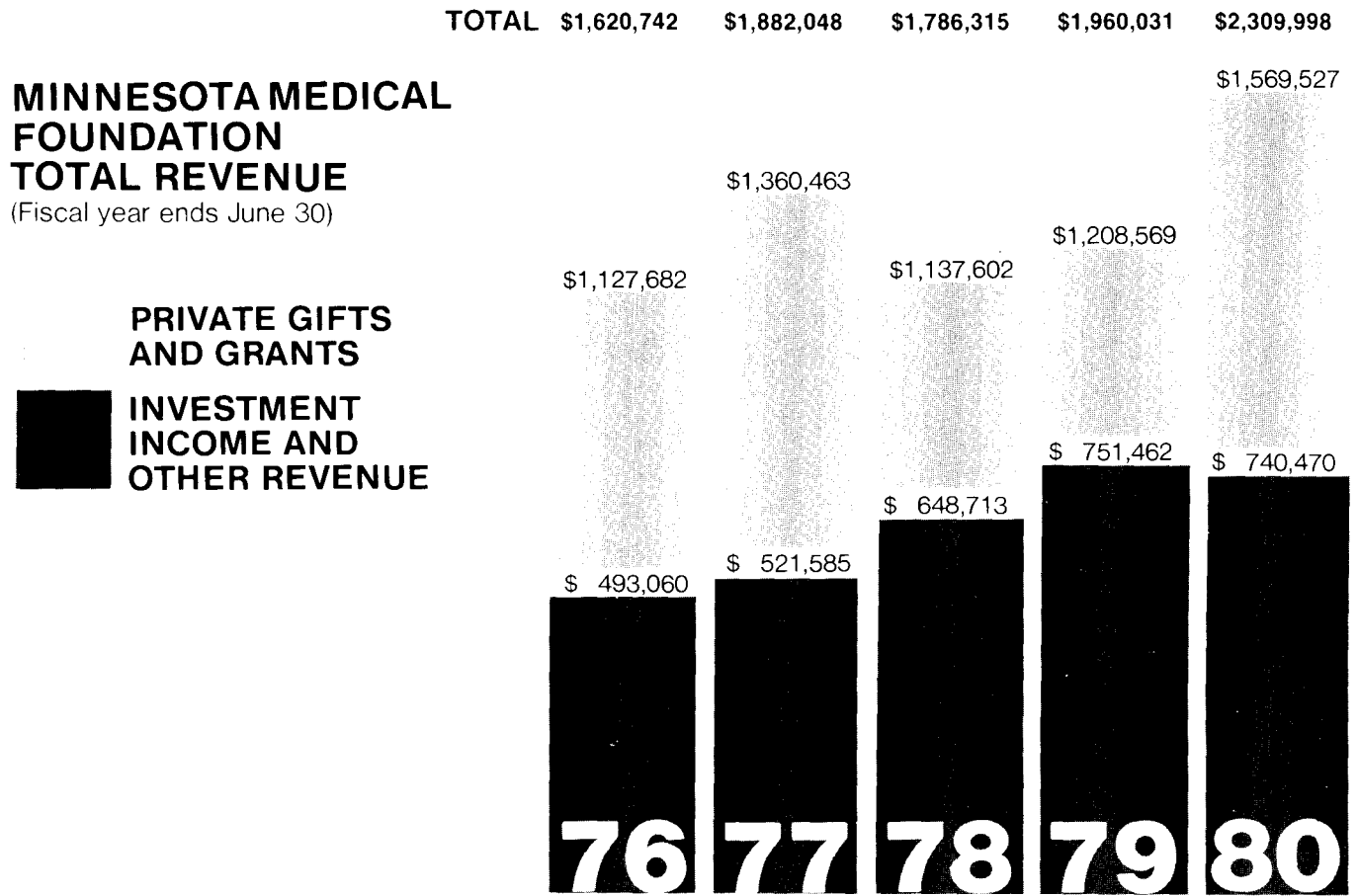
And to the hardworking volunteer committees of the Foundation, the Board of Trustees, and our talented professional staff, we offer congratulations on a job well done.

Each of you indeed forms part of the Vital Link which characterizes the Minnesota Medical Foundation in its 42nd year of life.

Eivind O. Hoff
Executive Director
Chief Executive Officer
Treasurer

Reuben Berman, M.D.
President, 1978–80





Minnesota Medical Foundation Statement of Condition

June 30, 1979 and 1980

Assets

	1979	1980
Cash	\$ 246,650	\$ 399,954
Short-term investments at cost	2,205,597	2,350,000
Loan to University of Minnesota	161,745	104,471
Interest and dividends receivable	62,303	154,888
Notes receivable	1,385,718	1,549,306
Investments at market value	4,874,264	5,327,848
Funds held in trust by others at market value	279,360	264,462
Rental property at cost	294,367	294,367
Total assets	\$ 9,510,004	\$10,445,296
Fund Balances	\$ 9,510,004	\$10,445,296

Notes:

Approximately 96% of total assets are designated for special purposes.
Approximately 4% are undesignated.

Changes in Fund Balances

Year ended June 30, 1980

	Total 1980	Operating Fund	Special Program Funds	Student Aid Funds	Endowment & Similar Funds
Revenues					
Gifts	\$ 1,569,527	\$ 66,958	\$ 1,314,901	\$ 173,685	\$ 13,983
Investment Income					
Earnings on Endowment	439,325		327,472	16,822	95,031
Earnings on other investments	260,970	260,970			
Service Charges	46,973	46,973			
	<u>\$ 2,316,795</u>	<u>\$ 374,901</u>	<u>\$ 1,642,373</u>	<u>\$ 190,507</u>	<u>\$ 109,014</u>
Expenditures					
Operating expense	286,717	286,717			
Medical Bulletin & other publications	34,245	34,245			
Grants	1,383,191	28,996	1,224,922	23,890	105,383
Service Charges	46,973				46,973
Loan funds returned to donor	5,900			5,900	
Equipment and maintenance	14,860	14,860			
Investment fees	30,826	30,826			
Provision for doubtful accounts	15,247	15,247			
	<u>\$ 1,817,959</u>	<u>\$ 410,891</u>	<u>\$ 1,224,922</u>	<u>\$ 29,790</u>	<u>\$ 152,356</u>
Market Value appreciation of investments					436,452
Transfer between funds	436,452	(6,360)	3,913	52,945	(50,498)
Net increase (decrease) in fund balance	<u>935,292</u>	<u>(42,350)</u>	<u>421,364</u>	<u>213,662</u>	<u>342,616</u>
Fund balances					
at beginning of year	<u>\$ 9,510,004</u>	<u>\$ 396,802</u>	<u>\$ 1,340,128</u>	<u>\$ 1,539,914</u>	<u>\$ 6,233,160</u>
at end of year	<u>\$10,445,296</u>	<u>\$ 354,452</u>	<u>\$ 1,761,492</u>	<u>\$ 1,753,576</u>	<u>\$ 6,575,776</u>

Notes:

The difference between revenues and expenditures in a given year is not meaningful in itself. Funds received in one year are often expended in subsequent years or become part of the Endowment. Special Program funds are accepted by the Foundation for timely release for Medical School purposes and are considered to be custodial in nature.

University Heart Beat: Heart Transplants and Heart Research Galore

A CHANGE OF HEART: ANATOMY OF A HEART TRANSPLANT

By Ralph Heussner

When James Feehan was released from University of Minnesota Hospitals in late July, a television camera crew recorded his departure from the front of the main building.

"Who are you filming?" asked a young woman, waiting at the bus stop.

"Jim Feehan," replied the TV reporter. "He had a heart transplant. Looks pretty good, doesn't he?"

Just 20 days before, the 51-year-old Plymouth, Minn., man underwent only the fourth heart transplant operation in the history of University Hospitals. (Shortly after, surgeons performed another successful heart transplant on a 49-year-old Hastings, Minn., man.)

While the physical operation was complete and deemed a success, more apparent was Feehan's change in attitude toward his health and life's work.

"I have an obvious dedication to a couple of things," Feehan confided shortly after his discharge. "First, I'm committed to maintaining a health level that I never had before. And second, I'm committed to do whatever I can to help build up the (organ) donor program."

The story of Jim Feehan's heart transplant begins on Memorial Day 1977. A business consultant with contacts in five states, he had been traveling for two or three weeks in South Dakota. He was debating whether to make the 400-mile trip back to Minneapolis or travel 100 miles to Mobridge, S.D., and spend some time with an old friend.

"I was feeling really punk. I wasn't thinking clearly. Those are some of the symptoms when you don't get enough oxygen in your system," Feehan recalled. He drove to Mobridge. "When I arrived, my friend took one look at me and said, 'You're going to the hospital.'" X-rays showed that Feehan's heart had swollen to four times its normal size, filling most of his chest cavity. The diagnosis: congestive heart failure.

Feehan never re-
covered from
that con-

dition. Despite heavy medication — 140 pills a day during the weeks prior to surgery — his heart continued to deteriorate.

For three years — until the transplant — Feehan was in and out of the Veterans Administration Hospital in Minneapolis. With the exception of brief passes to home, he had been permanently hospitalized for the past year.

“The doctors had just about gone the limit as far as what they could do with drugs, and at that stage your options get pretty limited,” Feehan said. In late 1979, Feehan’s doctors at the VA began exploring the idea of a heart transplant. After consultation with University of Minnesota heart specialists, Feehan was brought to U Hospitals around Easter for a thorough physical and psychological evaluation. Doctors determined Feehan was a good candidate for a transplant.

The next step — the wait.

“By then, my condition had been effectively reduced to terminal heart failure,” Feehan said. On three occasions between May and the July surgery, he passed out because of a lack of oxygen. “Each time, my family was called and the doctors told them they couldn’t guarantee anything.”

Although accepted as a potential heart recipient, Feehan was told that the procedure was rarely done. It had been nearly two years since the last heart transplant at U Hospitals. Since then, seven patients who were accepted as good candidates for heart transplants had died before suitable donor hearts became available.

Despite his deteriorating condition and the infrequency of the operation, Feehan remained optimistic. “In retrospect, I wish I could say I was very pragmatic about it. But I



Heart transplant recipient James Feehan waxes philosophical about his experience. “It’s changed my life,” he said.

never accepted the situation. I really, firmly believed I would get a donor.”

The period between April and July was a time of personal introspection for Feehan. A hard-working and intent businessman for 25 years, he now found time to turn his energies to reading and reflection.

“I was raised in a very religious family, but I haven’t been a religious person. But this would be an incomplete tale if I didn’t say I had a very real spiritual experience as a result of this entire illness. The reason I mentioned this is, it added immeasurably to my ability to say, ‘Hey, You’re in charge.’”

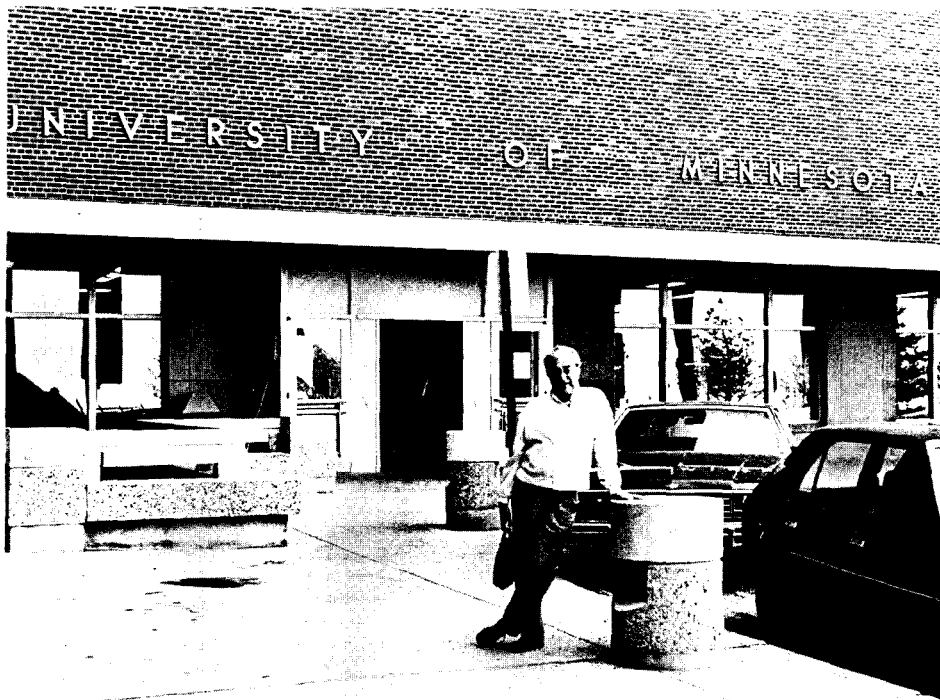
Shortly after 10 a.m. on July 9, Dr. Ronald Ferguson of the transplant program at U Hospitals arrived at the VA Hospital. He told Feehan there

was a possibility that a young woman who had died from automobile accident injuries might have a heart which matched his. The situation was described as “iffy.” Dr. Ferguson drew 15 vials of blood to be used in laboratory analysis. “He told me not to go anywhere,” Feehan joked.

A day of anxiety began. Surrounded by his four children — Kathleen, Patrick, Tom and Susan — the afternoon was spent talking about jobs, experiences, future plans.

Around 7:30 p.m., Dr. Robert Anderson, chief of cardio-thoracic surgery at the University, telephoned the nursing station in charge of Feehan’s care at the VA. The message for Feehan: “Come on over.”

“All day I was hoping it would



Feehan visits U Hospitals regularly for checkups.



Feehan walks a mile or two daily to keep in shape, an activity that he rarely did before he got his new heart.

happen. I was ready. I was committed," Feehan said. "But by 7:30, I wasn't sure."

By the time he arrived at U Hospitals, a team of 10 doctors, 15 nurses and many other technical support personnel was already busy preparing for the delicate surgery. The surgery team was headed by Dr. Anderson and his chief assistant, Dr. Ernesto Molina.

Feehan spent an hour in pre-op with his sons and daughters. "My kids determined that this would not be a gloomy time. They realized the risk, but they were confident. I really appreciated their attitude. But there were still a few tears."

Shortly after 10 p.m., Feehan was wheeled into the operating room located on the second floor of the Mayo Building. Six hours later, he was moved to post-op with a new heart beating strongly in his chest. Now the critical period of his recovery began. Would his system reject the new heart? Because of the success of the University's transplant program, doctors were confident they had a good match and Feehan would respond to the immunosuppressant drugs.

Feehan awoke around 7 a.m. He remembers feeling surprisingly good. Unable to talk because of the breathing apparatus in his mouth, he wrote a note which he later showed to his family. "I feel great."

Within 30 hours, Feehan was sit-



ting up, hugging his daughters and joking with his nurses.

"Every day has been better since," Feehan said.

Despite a bout with a viral infection a few weeks after discharge, Feehan has continued to improve. Although unsure of his physical capabilities, Feehan is certain he will become an active advocate for the organ donor program. He has already accepted invitations to discuss his experience with several church and civic groups in the Twin Cities.

The message Jim Feehan would like to convey is simple: "The greatest gift man can give is the gift of life."

EDITOR'S NOTE:

A University of Minnesota-trained surgeon performed the first heart transplant operation in the United States in January 1968. Dr. Norman E. Shumway, chief of the division of cardiovascular surgery at Stanford University Medical Center and formerly of the University of Minnesota, returned to the Twin Cities campus last summer to lecture on the current status of heart transplantation.

Formerly, Shumway was associated with the National Heart Institute at the University of Minnesota, where from 1954 to 1957 he was a post-doctoral research fellow and special trainee. At Minnesota, he studied with Dr. Christiaan N. Barnard of South Africa, who performed the first human heart transplant in the world.

U Doctors Wage Battle Against Heart Disease

U OF M DOCTORS PERFORM FIFTH HEART TRANSPLANT

Surgeons at the University of Minnesota have recently performed the fifth heart transplant operation in the history of the institution. It was the second transplant here in three months.

Charles Seleskie, 49, of Hastings, Minn., received the heart of a 41-year-old woman in a six-hour operation performed late at night and concluded early the next morning, October 6-7.

The donor was not identified. Her pancreas and two kidneys were also transplanted to other patients, and her corneas were taken to the Minnesota Lion's Eye Bank.

The heart transplant team included Dr. Robert Anderson, Dr. Ernesto Molina, and Dr. Ronald Ferguson.

Suzanne Huff, 36, of Baxter, Minn., the only other survivor among the first four transplants, is doing well, doctors report. The other two transplant patients underwent surgery in 1978 before Mrs. Huff's operation. Both died within a few months of the operation due to infection.

Dr. John Najarian, chief of surgery at University Hospitals, said he "anticipates the University of Minnesota will eventually be designated a heart transplant center." It is already recognized as one of the world's leading kidney and other organ transplant centers. Approximately 160 kidney transplants are done here yearly.

U MED SCHOOL CONDUCTS MAJOR HEART ATTACK STUDY

The National Institutes of Health (NIH) allocated \$15.6 million to conduct a nationwide study of the effect of cholesterol reduction on coronary heart disease. Officially launched in 1975, the study is meant to be the most sophisticated and exhaustive examination ever undertaken of heart disease — America's number one killer. NIH's allocation will support five more years of clinical research into this subject.

The grant, one of the largest ever awarded by NIH, will be shared by the University of Minnesota and three other medical centers participating in the study of 1,000 heart attack victims. The University of Minnesota is home-base for the study.

The study is technically named the Program on the Surgical Control of the Hyperlipidemias. Hyperlipidemia is the medical term describing a condition where abnormally large amounts of fats, called cholesterol, are in the blood stream.

For years it has been assumed that lowering the cholesterol level after a heart attack will reduce a person's chances of having a second heart attack, but nobody has been able to say for sure. Within five to eight years, the University of Minnesota directed research should produce conclusive evidence to resolve this medical debate.

"I can safely say that when the study is completed, and thanks to the continued funding it will be completed, we will have a definitive answer — yes or no — to the

question: Is cholesterol reduction of the magnitude of 30 percent beneficial in reducing the risk of a second heart attack?" said Dr. Henry Buchwald, University of Minnesota surgery professor and one of the study's two principal investigators.

While experiments with a similar goal have been tried in the past, they have always involved either low-fat diets or cholesterol-lowering drugs. This study involves surgery.

The operation, called the partial ileal bypass, was developed by Buchwald at the University of Minnesota in 1963. The surgery involves bypassing a section of small intestine where cholesterol from digested food is primarily absorbed into the body. (The procedure is not the same as that used to control obesity.)

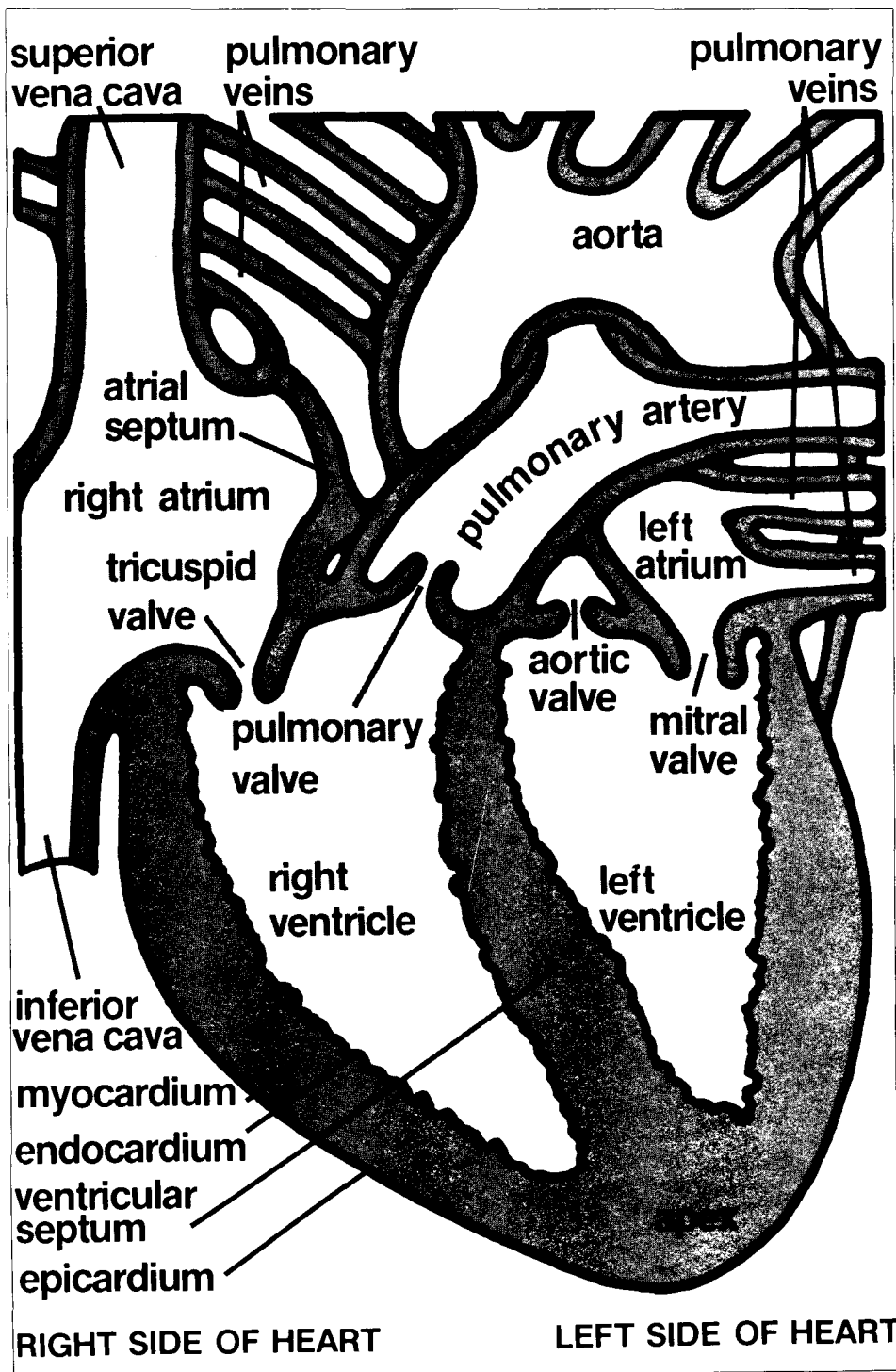
According to Buchwald, results of previous studies have not been definitive for several reasons. Some studies have used too few subjects. The diet and drug studies have resulted in cholesterol reductions of 10 percent or less, a change which has not been shown to alter the disease. Surgery, on the other hand, lowers cholesterol levels by 30 to 50 percent.

The project's next major hurdle is completing the recruitment of patients. To date, 300 qualified participants have been found. Within the next three years, 700 more must be recruited.

Project officials are looking for people who have had one documented heart attack during the past five years, are not more than 20 percent overweight, have a cholesterol level of 220 or above, and who have no diabetes, severe hypertension, or other serious diseases. "By being so selective, we

continued on next page

Heart Research: Getting to the Heart of the Problem



continued from page 7

will end up with as pure a population as possible and as sharp an answer as can be attained," Buchwald said.

Those who meet these criteria must agree to random assignment to one of two groups: an operative group of 500 persons and a control group of 500. Those in the operative group will undergo the cholesterol-lowering surgery. The control group will serve as a comparison group. Both groups will receive periodic, extensive physical examinations and laboratory testing. Each patient will be followed for at least five years to see if the expected reduction in cholesterol proves beneficial.

Project statisticians estimate that a total of 1,000 patients must be evaluated to determine if the surgical operation is more effective than diet in lowering the death rate and preventing atherosclerosis. Atherosclerosis is a narrowing of arteries throughout the body caused by the buildup of a gummy substance called plaque, which consists primarily of cholesterol. When this blockage becomes advanced in the heart's arteries, a heart attack is imminent.

Finding qualified patients is not a simple task, according to the project directors. Of every 100 persons who respond to the request for volunteers, only one will meet all the physical requirements. Thus, to find 1,000 qualified participants, 100,000 men and women must be screened.

"The problem is that we are looking for a small sample of the population who are relatively healthy except for high cholesterol and one myocardial infarction (heart attack)," says Sue Ebner, patient recruitment director.

The Minnesota clinic is working with doctors and hospitals to recruit patients from Minnesota, North and South Dakota, Michigan, Illinois, Wisconsin, Indiana, Montana and Nebraska.

"People in the study are very special," said Betty Hansen, director of the four clinics involved in the study. "We cannot guarantee them good health or promise a cure. Our only promise is more knowledge. They know what they are entering into and what to expect if they participate. What they want to gain is more knowledge about the disease for themselves, their families and the rest of mankind."

Dr. John Long, director of the study's coordinating center in Minneapolis which collects and analyzes the research data, offered the story of one patient, a 32-year-old man with an 8-year-old-son. No male in his family has lived past 40; each has died of a heart attack. When he volunteered for the study, the young father commented "I'll do whatever I can to be around to see my son grow up."

In addition to the University of Minnesota Medical School, the other participating clinics and recruitment centers are Lankenau Hospital in Philadelphia, Pa., the University of Arkansas in Little Rock, Ark., and the University of Southern California at Los Angeles, Calif.

Volunteers may contact the Hyperlipidemia Study at (612) 376-4494.

MAJOR HEART, STROKE STUDY TO INVOLVE 3 MINNESOTA TOWNS

Residents of three Minnesota communities will learn about how diet, smoking, and exercise affect their health as part of a wide-ranging University of Minnesota-directed research project on the prevention of heart attack and strokes.

A \$10.7 million grant from the National Heart, Lung and Blood Institute has been awarded to the University for the project, described as one of the most comprehensive prevention efforts ever undertaken in the United States where heart disease is the number one cause of adult deaths. The first-year budget for the study is \$1.3 million.

According to Dr. Henry Blackburn, principal investigator for the project and director of the University's Laboratory of Physiological Hygiene in the School of Public Health, the University will work with a medium-sized town, a city, and a large suburban metropolitan area to "help them develop programs that encourage healthier living patterns and reduce risk factors for heart attacks."

Mankato, a southern Minnesota city with a population of 30,000 has been selected as one of the participating communities. The other two will be announced when community response and interest have been determined.

The nine-year program will be coordinated by the University's School of Public Health. Also participating are the School of Journalism and Mass Communication, the College of Agriculture, the School of Social Work, and programs in nutrition

and health education in the School of Public Health.

The project will involve the local media, public schools, health care professionals and institutions, agricultural extension agencies, and other groups in each participating community, project officials said.

Although the primary research focus is the prevention of heart disease, Blackburn said the program "should affect most of the major chronic diseases of adults in Minnesota" as well.

The journalism school will work with each community's advisory committee to coordinate "an on-going media program involving local newspapers, radio and television," said F. Gerald Kline, director of the School of Journalism and Mass Communication and a co-investigator. "We will help write and produce such things as audio spots, commercials, public service announcements, and one-hour specials, with a lot of local involvement." Pamphlets and brochures containing health education information will also be made available to the residents.

The blood pressure, blood cholesterol, smoking, and activity levels of citizens in each community will be monitored to determine the effect of the health campaign. Disease trends in local hospitals will be monitored as well.

The cities in the study will be compared with other cities which do not have concerted public health prevention programs. By comparing data from other communities with trends in heart disease and morbidity in these areas, the study will be able to determine if the project is improving the health of these communities.

STATE HEART SURVEY TO MEASURE EFFECTS OF HEALTH INFLUENCES

The incidence of heart attack and stroke in the United States is decreasing at a steady rate but no one is sure exactly why. A \$2 million door-to-door "heart health" survey of the seven county Twin Cities metropolitan area will be used to find out.

The Minnesota Heart Survey is sponsored by the National Heart, Lung and Blood Institute and the University of Minnesota Laboratory of Physiological Hygiene.

The declining rates of heart attack and stroke were first noticed in 1968. Since then, the rates have declined at about 2 percent each year, according to Dr. Russell Luepker, director of the survey and assistant professor in the laboratory.

Many factors may have influenced the changes in these disease trends. "We don't know if it is because the medical care is better, because public awareness is greater, or because health habits are changing," said Dr. Henry Blackburn, director of the laboratory. "We want to measure the contributions of these and other medical and cultural changes in lowering the rates of disease."

Through interviews with people in their homes and through a short physiological test given at neighborhood survey clinics, the researchers hope to determine how people's eating, smoking and exercise habits influence their blood pressure, obesity and cholesterol levels. These factors directly affect the incidence of heart attack and stroke, Luepker said.

The rates of heart attack and

stroke may be decreasing partly because people are better informed of health risks, Blackburn said. "The survey will allow us to measure the effectiveness of many community health influences, including media coverage, health care and the recent emphasis on fitness and weight control." This information will help in the development of new ways to explain and predict future disease trends, Blackburn said.

The survey, which began in mid-March, will last for five years and will include 2,000 new people each year. Participants will have their health data returned to them and to their doctors if they request it, Luepker said.

ALDO CASTENADA: A HEART SURGEON WITH A BIG HEART

By Jerry Tiegs



“He’s a brilliant surgeon.”

“I think he’s the finest technical surgeon around.”

“Without a doubt, he’s the most modest and compassionate surgeon I’ve ever met.”

Words of praise easily roll off the tongue when the name Aldo R. Castenada is mentioned to his former colleagues at the University of Minnesota. Dr. Castenada earned his Ph.D in surgery from the U of M in 1963. He is now a William E. Ladd Professor of Cardiovascular Surgery at The Children’s Hospital Medical Center at the Harvard Medical School. Dr. Castenada, who had his beginnings in surgery at the University 22 years ago, is known as one of the world’s premier pediatric cardiac surgeons.

He was on campus October 22 and 23 to give a lecture at the retirement dinner and symposium honoring Dr. Ray Anderson, pediatrics professor. Recently, a number of Dr. Castenada’s colleagues at the University discussed their impressions of the Guatemalan native.

Dr. Owen Wangenstein, regents professor emeritus in surgery thinks of his colleague as a man always willing to share his surgical experiences.

“When Aldo was training and practicing here in the late 50s and 60s, he seemed to communicate well with everyone, and it’s because

he would share information with the lowest-ranked resident up to the highest-ranked surgeons we had here. Aldo is tops when it comes to sharing, and his lofty position as a Ladd Professor hasn’t changed his attitude a bit,” said Dr. Wangenstein.

“It doesn’t surprise me a bit that Aldo has achieved what he has,” said Dr. Irwin Fox, professor of physiology. “Aldo earned his M.S. in my lab and was totally open with his findings. And his findings were impressive. From his master’s thesis on red blood cell charge, no less than three articles were published from it and each one is still quite valuable.”

In order to understand Dr. Castenada’s rise to the top of the surgical profession, one only needs to examine his past. He was born in Genoa, Italy in 1930 while his father, who was an obstetrician, was studying throughout Europe. However, his parents fled to their Guatemalan homeland with the threat of World War II and left Aldo in Germany with his mother’s German relatives. He attended elementary school in Munich and graduated from high school in 1949.

Upon graduation, Aldo’s father, who hadn’t seen him in 15 years, came back to Europe and found Aldo and persuaded him to come home to Guatemala and study medicine there. Aldo enrolled in a six-year medical program at the



Castenada relaxed in the Campus Club, where he was an honored guest last month at the retirement luncheon for pediatrics professor Dr. Ray Anderson.

Universidad de San Carlos and earned his M.D. in 1957. While in medical school, he became interested in cardiac surgery and applied to the University of Minnesota's excellent program. He was accepted and spent the next five years in residency, earning his Ph.D. in surgery in 1963. He then worked in Dr. Fox's lab for an extraordinarily short year and a half before he earned his M.S. in physiology. It takes most students three years to complete their M.S., according to Dr. Fox.

He became an instructor in the department of surgery on July 1, 1963, while working on his M.S. and eventually reached the position of professor in 1970. He remained at that position for four years until the Harvard Medical School offered him the Ladd Professorship where he remains to this day.

Dr. Ernesto Molina, Professor of Surgery, has cherished thoughts when it comes to Dr. Castenada because of the kind acts he performed when Dr. Molina was new in the department of surgery.

"Aldo really looked after me when I first arrived here. Being a

native Guatemalan myself probably helped some, but it was Aldo's nature to always help someone in a tight spot. Anyone can tell you that.

"When I was a resident in my first year, my wife gave birth, but both she and the child were very sick, especially my child. The child eventually died a few days later but while he was living he needed constant care and was assigned a private nurse. But having a private nurse was extremely expensive, and I didn't have the money to pay or enough insurance to cover the cost. One day, Aldo came to me and asked how I was going to pay. I told him my troubles and he told me not to worry because he would handle it. He then went to the staff, convinced them to move my baby to Station 56, and got rid of having the private nurse. I'll never forget that gesture. He's a humanitarian, a very nice man," said Dr. Molina.

Molina also credits Dr. Castenada with assisting him in getting into the University's Med School. When he applied to the University, he didn't know Dr. Castenada was there but got a letter from him explaining he

would do all he could to help Molina get there.

However, not all memories are limited to Dr. Castenada's role as a humanitarian. Many come from his brilliant work as a surgeon.

Dr. James Moller, professor of pediatrics, calls him the "premier surgeon when it comes to handling cardiac problems in infants." Moller said that in a recent month Dr. Castenada handled 75 cases and was offered many more but had to turn them down. His expertise is so refined, according to Moller, that people everywhere want his services.

Dr. Wangenstein calls Dr. Castenada the finest technical operator around — which is high praise from the man who headed the department of surgery for 37 years at the University.

"I think it speaks highly of our program when someone like Dr. Castenada is given a Ladd Professorship. He's one of the best we've ever had here," said Dr. Wangenstein.

Thoughtful Estate Planning Now, Helps Maximize Assets Later

You've probably heard the term "estate planning" from any of several sources: your insurance agent, your attorney, your tax advisor, the charities you support . . . and probably the Minnesota Medical Foundation. What is estate planning? Why do you hear so much about it? What can it do for you?

First of all, if you have assets you have an "estate." These assets may be in many forms:

- 1) Real property;
- 2) Cash or securities;
- 3) Ownership or control of life insurance policies;
- 4) Accounts receivable;
- 5) Personal property; and others.

Ultimately, these assets, whether large or small, will pass to your heirs and favorite charities. If you plan your financial affairs carefully you can effectively minimize the taxes you pay now and the taxes your estate will pay at your death. By establishing a good estate plan you can provide for your friends and loved ones, maximize your charitable gifts and minimize the impact of taxes. The key to this is the fact that the federal government has generally encouraged private philanthropy by allowing tax deductions for a wide range of gifts. In effect, you are using tax dollars to fund a portion of your gift.

To summarize, estate planning is the utilization of a variety of available resources and advisors to (1) insure the orderly transfer of your assets to the intended persons and organizations, and (2) minimize taxes and costs.

Why do you frequently hear about this subject? Firstly, tax laws are constantly under scrutiny by legislators, citizen interest groups, the courts, etc. Secondly, many charitable organizations recognize the need to plan for their own financial future now, so they have developed specific "planned giving" programs to encourage thoughtful estate planning and charitable giving. Thirdly, growing numbers of professionals and corporate employees are encouraged by their tax advisors or professional associations to investigate estate planning.

What can estate planning do for you? As indicated above, it can help you save taxes and maximize the benefits to you during your lifetime and to your heirs and favorite charities when you die. How much can you save? Literally, thousands of tax dollars; perhaps \$100,000 or more can be saved by utilizing a few simple estate tools. Your own situation, obviously, will dictate the answer to this question. Your further inquiry is invited and will be treated in confidence and answered promptly. Call or write:

Donald A. Engel
Minnesota Medical Foundation
5412 Powell Hall
University of Minnesota
Minneapolis, Minnesota 55455

The primary motivation for private philanthropy has always been its humanitarian and moral aspects. As our tax system has grown in complexity and scope, however, the tax benefits of charitable giving have become increasingly important. The attention you give to your estate plan today could provide substantial tax savings tomorrow *and* provide a significant gift to the medical school. Give it some thought and then contact the Foundation if you would like to discuss this subject further.



Donald A. Engel, MMF Development Officer

Campus News

Bechik Elected President of Minnesota Medical Foundation



Anthony Bechik, a prominent St. Paul businessman and active civic leader has been elected to a two-year term as president of the Minnesota Medical Foundation.

He succeeds Dr. Reuben Berman, a Minneapolis internist, and clinical professor emeritus at the University of Minnesota Medical School.

Bechik is president of Bechik Products, Inc., St. Paul. He has headed many St. Paul civic organizations, including the Boy Scouts, YMCA, and the United Way, and has served on the board of the Minnesota Medical Foundation since 1974.

Other new officers elected October 22 include: Dr. John Coleman, a St. Paul radiologist, vice president; Robert J. Christianson, a managing partner of the Minneapolis law firm of Faegre & Benson, secretary; and Eivind O. Hoff, executive director and chief executive officer of the Minnesota Medical Foundation, treasurer.

The Foundation also elected three new members to four-year terms on its 37-member board of trustees. They are William G. Stocks, chairman of the board and chief executive officer, The Peavey Company, Minneapolis, and Rudolph W. Miller, former chairman and director of the Fiberite Corporation, Winona, Minnesota, which recently merged into Beatrice Foods Corporation; and Dr. C. Paul Winchell, professor of medicine and cardiology at the U of M. Trustees re-elected to the Board included Dr. Arnold Kremen, Dr. James La Fave, Dr. Eva Jane Larson, Dr. Nadine Smith, and H. E. Westmoreland.

Familiar Faces at the Annual Meeting



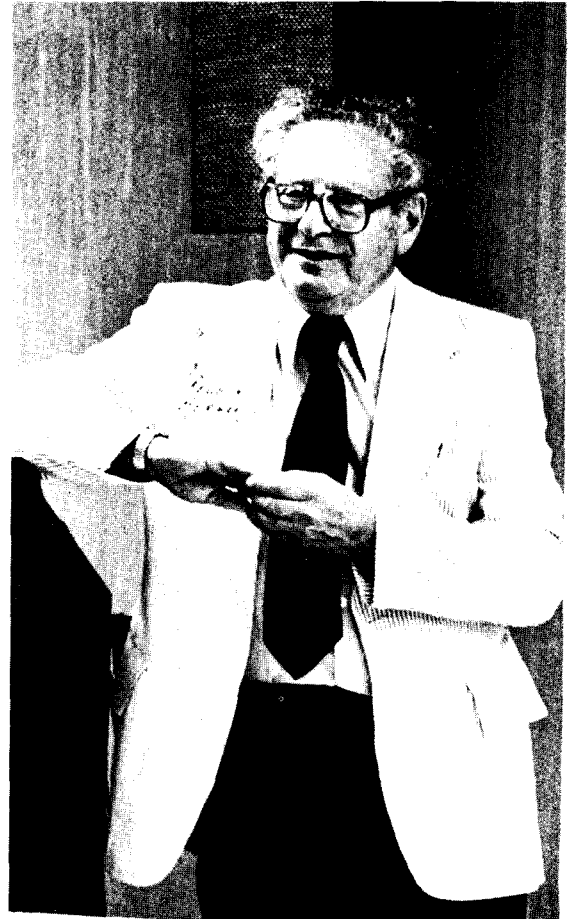
Moore

U of M Regent Wenda Moore, a trustee of the Foundation (above), guest speaker Dr. John Najarian, chief of surgery at the U Med School (top right), and outgoing MMF president Dr. Reuben Berman (lower right) attended this year's Minnesota Medical Foundation Annual Meeting, October 16.



Najarian

Berman



More Campus News . . .



Medical alumni from across the country will meet for the third annual U of M medical seminar and reunion at the new Health Sciences Unit A Building on campus. A young visitor waits outside Unit A while his parents visit one of the many clinics housed within the building.

The third annual "New Horizons in Minnesota Medicine" Spring Seminar and Reunion Program will be March 27, 1981, Dr. James P. Brown Medical Alumni president, announced.

All University of Minnesota medical alumni and their colleagues are invited to attend this one-day event sponsored by the U of M Medical Alumni Society, from 9 a.m. to 3:30 p.m. in the Health Sciences Unit A building on campus.

The seminar is a program of 8-10 information sessions covering a wide scope of up-to-date techniques, advances, research and issues of modern medicine. Noted Medical School researchers and

faculty members will lead these sessions.

At noon, a special luncheon will feature the 44th Annual Meeting of the Medical Alumni Society, with presentation of the prestigious **Harold S. Diehl Award** to a distinguished alumnus.

A U of M Medical Alumni Reception will take place from 6 to 8 p.m. at the U of M Alumni Club in the IDS Tower in downtown Minneapolis. After the reception, numerous activities are planned for medical alumni from the classes of 1946, 1951, 1956, 1961, 1966, and 1971.

The seminar is expected to offer participants five Continuing Medical Education Credits in Category I and five credits from the American Academy of Family Physicians.

For further information and reservations, call the Minnesota Alumni Association at (612) 373-2466.

Kennedy Elected to Drug Standards Panel

Dr. B. J. Kennedy, professor of medicine and director of medical oncology at the University of Minnesota Medical School, has been elected to the 1980-85 Committee of Revision of the United States Pharmacopeial Convention.

The convention publishes the U.S. Pharmacopeia — National Formulary, the official and legally recognized compendium of standards for the quality, purity and strength of drugs manufactured, prescribed and used in the United States. The Revision committee serves as the decision-making body on all revisions of and additions to the compendium.

Kottke Studies Rehabilitation Techniques in Netherlands

Dr. Frederic J. Kottke, professor and head of the department of physical medicine and rehabilitation at the University of Minnesota Medical School, was awarded a fellowship to study the rehabilitation of cerebral palsy victims in the Netherlands.

The fellowship, sponsored by the World Rehabilitation Fund, is part of an international exchange of experts in rehabilitative medicine. The purpose was to familiarize American doctors and scientists with programs and practices abroad.

Kottke was studying in the Netherlands during August and September.

Annual Symposium Focuses on Slow Viruses

The relationship between slow viruses and chronic disease was the theme of the University of Minnesota, Duluth (UMD) School of Medicine's second annual medical research symposium, "Medical Research: Pathway to Better Health," Sept. 26-27.

"Medical Research: Pathway to Better Health" is an annual symposium relating advances in medical research to improved patient care. This year's program focused on slow viruses and their relationship to chronic diseases and autoimmunity.

Nine internationally-known scientists, including a Nobel laureate, discussed how selected chronic diseases, such as multiple sclerosis and diabetes, may be affected by slow viruses.

UMD Animal Services Facility Is Accredited

The University of Minnesota, Duluth (UMD) School of Medicine animal services facility has received full, three-year accreditation from the American Association of Accreditation of Laboratory Animal Care (AAALAC).

The animal services facility houses the research animals used in medical school research projects and is the first animal care unit in the University of Minnesota system to receive accreditation.

Full accreditation means that the UMD animal services facility meets AAALAC standards of general animal management: animal storage conditions, caging, sanitary maintenance, and feeding and watering animals, according to Dr. Larry Anderson, animal services director.

"AAALAC accreditation also meets the National Institutes of Health guidelines, which may give UMD an advantage in receiving NIH grant money," Anderson said.

U of M Student Iverson Named 1980 Silver Medal Recipient

Ronald Iverson, a 1980 University of Minnesota summa cum laude candidate in physiology, has been selected as the recipient of the 1980 Silver Medal Award. The award is made at 18 American universities annually by the British Royal Society for the Encouragement of Arts, Manufactures, and Commerce of London.

Iverson was chosen by a selection committee of faculty, students and staff.

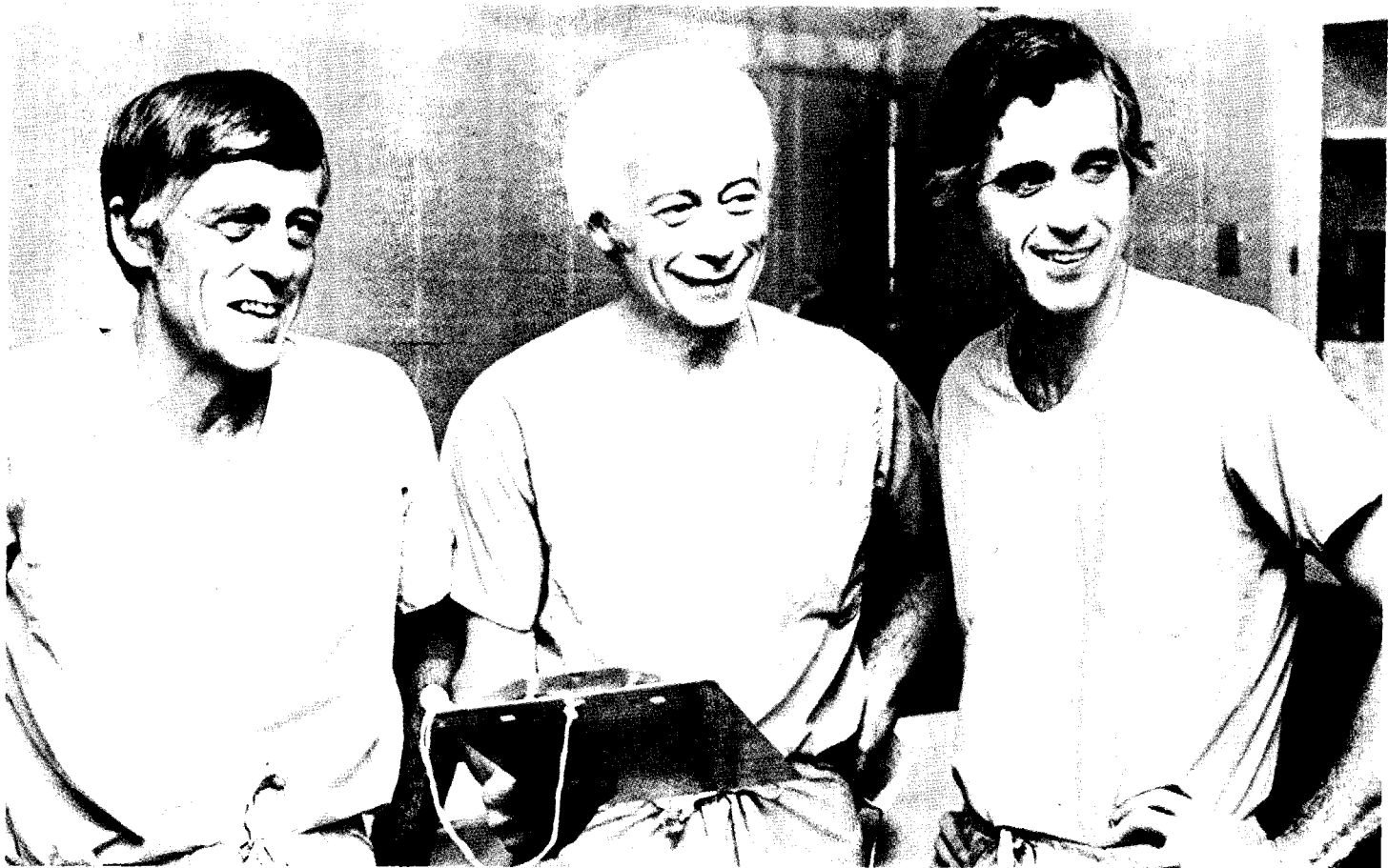
A native of Forest Lake, Iverson has excelled academically and has been active in student government, academic honor societies and other extracurricular activities. He entered in the University's Medical School for fall quarter 1980.

The award was made July 11 at the monthly meeting of the University Board of Regents.

Prince Phillip, the Duke of Edinburgh, is president of the Royal Society, which was established in 1754. The association of the society with the United States goes back to Benjamin Franklin who was active in the administration of the society while he was in London.

Alumni Notes

The Brown Brothers



From left, Drs. James, John, and Robert Brown, a family medical team.

The three Brown brothers — Drs. James P. '58, John M. '56, and Robert S. '64, were recently featured in the Bethesda Lutheran Medical Center newsletter and in the *Sun* Newspapers. All three are graduates of the U of M Medical School, spent their residencies at the Mayo Clinic, Rochester, and are on the medical staff of Bethesda Lutheran Medical Center in St. Paul.

Evidently, the Brown brothers followed in their parents' footsteps. The late Dr. Milton G. Brown was a physician with the state of Minnesota, and

their mother Lois, who lives in St. Paul, is a registered nurse.

James Brown, the new president of the Minnesota Medical Alumni Society, is an ophthalmologist. John is an obstetrician-gynecologist, and Robert is a general surgeon and medical director of Hospice St. Paul, unit for the terminally ill at Bethesda.

Besides sharing a professional bond, the brothers also share an interest in big game hunting. Each fall they hunt big game together in Colorado, Wyoming, Montana, or Canada.

Three Alumni Named to Hall of Fame

James F. Hammarsten, '44, **James E. Perkins**, '29, and **Richard M. Burke**, '28 were among 75 men and women from across the United States to be installed in the American Lung/Christmas Seal Association Hall of Fame this past May. The installation ceremony in Washington D.C. was part of the American Lung Association and American Thoracic Society annual meetings and concluded the year-long celebration of the 75th anniversary of the American Lung Association.

The honorees were recognized for their unique contributions to the fight against lung disease during the past three quarters of this century.

Hammarsten is an internist who is currently chief of medical services at Boise Veterans Administration Medical Center in Idaho; Perkins is a retired epidemiologist from Maryland, and Burke, a specialist in internal medicine and pulmonary disease, is retired and living in Oklahoma.

1930s and 1940s

R. G. Edwards, '30, returned to Minneapolis this spring to attend his 50-year-class reunion and to see his granddaughter Mary Edwards Steinberg graduate from the University of Minnesota Medical School this past June. Edwards described his enjoyment of the medical alumni activities and his pride in seeing his granddaughter's graduation in a guest column that he wrote for his local newspaper, *Kewaskum Statesman*.

Edwards also wrote to us that his granddaughter Mary's husband, Richard, a resident in surgery in Portland, Oregon, also graduated from the U of M Medical School in 1979.

Piero Frugoni, '32, Padova, Italy, writes that he recently retired as a professor of neurosurgery from the University of Padua in November, 1979. He says he has "very fond and grateful memories of the splendid course in neuroanatomy that was taught by Prof. A. T. Rasmussen (1937 and 1948)."

Harold G. Scheie, '35, was given the Vail Gold Mead from the International Eye Foundation Society of Eye Surgeons at the Fourth World Congress in Nairobi, Kenya, last January. The medal recognizes an "outstanding ophthalmic surgeon who had made original and continued contributions advancing the science of eye surgery worldwide."

Scheie's Vail Lecture was on "Cataract Complications: Shifting Emphasis," and he moderated a panel on glaucoma. He has also been named vice chairman of the Physician's Division of the 1980 Fellowship Commission Membership Enrollment and was chosen the first president of the recently established American branch of the Burma

Star Association Southeast Asia Command. He served in the China-Burma-India theater of operation, World War II as the head of ophthalmology of a hospital.

Harold W. Hermann, '46, is medical director of the Mead Johnson Nutritional Division, Evansville, Indiana. He says he enjoys designing original walnut picture frames for his wife's paintings.

Sherman O. Strand, '45, is a retired otolaryngologist in January, 1979. He has moved to Palm Springs, Cal., where he's going to art school, and is fishing and hunting.

1950s

Robert T. Kelly, '51, was elected to the AMA Board of Trustees. He is a family practitioner in Grand Rapids, Minn.

1960s

James D. Fett, '60, has become the chief medical officer at the Bemidji Area Indian Health Service. He received the A. O. Larsen Distinguished Alumni Award and a Doctor of Humane Letters Degree from Sioux Falls College.

He recently returned from Thailand where he was a volunteer physician for six weeks in a Cambodian refugee camp. He was a medical missionary in Vanga, Zaire, for six years. The alumni award is the highest award given alumni of the college.

Robert L. Schneider, '63, a lieutenant colonel in the U.S. Army Orthopedic Service in Frankfurt, W. Germany, has been promoted to colonel.

Kenneth R. Williamson, '63, has been appointed a consultant in Regional Laboratory Services, working with Dr. D. E. Leavelle and associates. He has been serving as a general pathologist and director of blood banking services at St. Cloud, Minn. Hospital.

John M. Barry, '65, associate professor of surgery in urology at the University of Oregon Health Sciences Center School of Medicine, was named head of the urology division there.

He joined the School of Medicine faculty in 1973. He directs the renal transplant program at the center. In the past year, the renal transplant team performed 76 kidney transplants, its busiest year ever. He also specializes in such medical problems as impotence and has published articles on the subject.

David W. Knutson, '67, accepted a position as associate professor of medicine and director of nephrology laboratory research at the University of Rochester, New York. He writes: "Since getting married 14½ years ago, we've made 10 moves and are hoping this 11th one will be the last."

Drs. Herbert M. and Jane L. Reiman, husband and wife, both alumni of the class of 1969, have been appointed as consultants to the Mayo Clinic. Herbert joins Mayo's department of surgical pathology, working with Dr. G. M. Farrow and associates. Jane joins the department of physical medicine and rehabilitation, working with Dr. G. K. Stillwell and associates.

Alumni Notes

1970s

Paul R. Julsrud, '71, and **Delmar J. Gillespie**, '75, were recently appointed as consultants to the Mayo Clinic. Julsrud joined the department of diagnostic radiology, working with Dr. R. A. McLeod and associates. Gillespie joined the division of thoracic diseases and internal medicine, working with Dr. D. R. Sanderson and associates.

John P. Evans, '71, finished a fellowship in hand surgery at Duke University and then spent a year on arthritis and joint replacement surgery at Royal Prince Alfred Hospital in Sydney, Australia.

Donn R. Erickson, '72, is on the family practice teaching staff at the U.S. Air Force Regional Hospital, Elgin Air Force Base, Fla. He previously spent four years in West Germany as a family practitioner and flight surgeon in the Army.

Robert J. Beck, '74, family medicine practitioner in St. Paul, has been named medical



director for World Relief Corporation, international relief and assistance organization this fall.

A native of St. Paul, Beck completed his residency in family practice at Bethesda Hospital before going into private practice with the Como Park Physicians, P.A. in 1978.

At World Relief, based in Wheaton, Ill., he will help prepare and orient medical teams being sent to assist relief workers in Southeast Asia, Africa, India, and Latin America. He will also evaluate medical assistance efforts overseas and recommend changes where required.

To prepare for his new position, he will spend five months studying tropical diseases in Antwerp, Belgium. He has worked in public health in Morocco while with the Peace Corps and in Cambodia providing medical attention to refugees in Pnom Penh. Earlier this year he returned to Southeast Asia as part of a World Relief team to help refugees on the Thai-Cambodia border.

J. Richard Trinity, '74, was certified by the American Board of Surgery this year and is currently in private practice in Park Rapids, Minn., after a five-year general surgery residency in Kalamazoo, Mich.

While a resident he spent three months at a missionary hospital in Bangladesh. Park Rapids was the town that he studied in as a participant in the Medical School's Rural Physician's Associate Program. He offers another corollary to Sully's "Truths of All Times," published in the Fall 1979 Bulletin (with Dean Sullivan on the cover). Trinity calls the following a biblical corollary: "In Balaanis day it was a miracle when an ass spake. Today it is a miracle when one shuts up." (courtesy of Dr. J. Vernon McGee).

William L. Rutherford, '77, a family practice physician, joined the medical staff at the Itasca clinic in Grand Rapids. In addition to general family practice duties, he has a special interest in neonatology. He recently completed a three-year residency at St. Paul Ramsey Hospital Medical Center.

1980

John Tilelli, '80, was named associate medical director of St. Paul Children's Hospital pediatric intensive care unit. He shares responsibility for the medical care of children in the pediatric intensive care unit and is involved in research in respiratory function and shock. He completed a residency in pediatrics and a fellowship in cardiology at University of Minnesota Hospitals from 1976 to 1980. He is also an instructor in the pediatrics department at the U of M Medical School.

In Memoriam

L. Kenneth Onsgard, '30, died March 5 at St. Anthony's Hospital in St. Petersburg, Fla. after a long struggle with cancer.

After graduating from Medical School he returned to his hometown of Houston, Minn., where he was in family practice for 37 years until he and his wife Mabel retired to St. Petersburg.

A member of the St. Olaf College choir, he was also choir director at Cross of Christ Lutheran Church in Houston for 23 years and at Lutheran Church of the Cross in St. Petersburg.

Robert G. Hinckley, 76, a University psychiatry professor and former chief of psychiatry at the University Student Health Service, died this past February at University Hospitals.

Born in Milwaukee, he graduated from the University of Wisconsin Medical School and did graduate work and taught at Cornell University before joining the Minnesota faculty in 1929. He retired in 1969 after 40 years as a professor at the Medical School.

Warren Elmer Parker, '34, died of a heart attack at his home in Sebeka, Minn. at the age of 70.

Born in Wadena, Minn., he served in the Army during World War II after graduation from Medical School. After leaving the Army, he and his wife Wiltse moved to Sebeka, where he was in family practice until his death.

He was active in professional and civic organizations and was a member of the School Board and the Sebeka Civic of Commerce.

John Brimhall Simons, '29, died Jan. 22, 1980, on his birthday, of heart failure in Las Vegas. He was 77.

Born in St. Paul, he was a prominent Las Vegas physician, serving as the house physician for the Dunes and Riviera hotels as well as maintaining an extensive private practice

He moved to Las Vegas in 1961 and built the Simons Medical Clinic. Although he retired in the early 1970s, he later returned to practice, retiring again after a few years because of ill health.

An outstanding college athlete, he lettered in four sports and was elected to the All-Time Hall of Fame at Hamline University in St. Paul.

He played professional football for the Chicago Bears to support himself during medical school.

Abraham B. Litman, '29, a Minneapolis physician in family practice, died this year. He had practiced in the same doctor's offices at Central Ave. Northeast and Fourth Street Southeast for 44 years and had retired in 1975. He opened his offices on the Eastside of Minneapolis in 1931.

He came from a large family of eight children, many of whom were in medicine. His brother Samuel N. Litman, '20, a Duluth pediatrician, died last year.

He began medical practice in 1929 in downtown Minneapolis with the late Dr. Moses Barron, before setting up shop on the Eastside. He was a captain in the U.S. Army from 1942-46. He had been on the staff of St. Mary's Hospital 46 years — a record he set at St. Mary's. He retired from practice at the age of 72.

Dr. Litman left a legacy of \$100,000 to the Medical School for student aid.

Allen A. Fretham, '46, a Mayo Clinic endocrinologist, died Jan. 29. He interned at Minneapolis General Hospital after graduation and later joined the Nash Kelvinator Corporation in 1949 as medical director. In 1951, he entered the Mayo Graduate School of Medicine as a resident in medicine and received an M.S. degree from the University of Minnesota in 1956, when he was appointed to the Mayo Clinic staff.

Stillman J. Hathaway, '18, died March 16 at Tacoma, Washington at the age of 87.

Born in Wabasha, Mn., he had lived in Tacoma since 1941. He was a retired U.S. Army major and had served as a physician at Western State Hospital.

William Theodore Greenfield, '33, died at his home in Champlin, Mn. He was 78.

He practiced medicine in Minnesota for nearly 50 years, most of that time in Delano, Cokato, and Anoka. He was medical director at Anoka State Hospital from 1971 to 1976. He established a practice in Delano in 1936. In 1951, he bought the Cokato Hospital, which he operated until going to the Anoka hospital in 1967.

Horace H. Zinneman, a professor at the University of Minnesota Medical School for nearly 30 years, and a staff physician at the Fort Snelling Veterans Administration Hospital, died August 17, 1980.

Born in Frankfurt, Germany, Dr. Zinneman received his medical degree at the University of Vienna in 1937 and completed an internal medicine residency in Lincoln, Nebraska in 1938.

A field surgeon in the U.S. Army in 1942, he served in the Central Pacific, often operating under fire, and was awarded a Bronze Star. Following the war, he was sent to South Korea to help fight a smallpox epidemic and establish a hospital system.

As trustee of the Union County Unit of Retarded Children, he presided at the first meeting of the Union County Mental Hygiene Clinic and in 1960 organized the state's first streptococcal diagnostic study for the prevention of rheumatic fever.

William J. Bergstrom, '65, an internist and endocrinologist in private practice in Minneapolis,

In Memoriam

died of cancer May 24, 1980. He was 40.

He was also clinical instructor at the University of Minnesota. He had specialized in diabetes and glandular diseases and served on the board of the American Diabetes Association. Active in church and civic affairs, he was a youth counselor at the Bethlehem Covenant Church and served in numerous committees and boards of the church.

He died of cancer.

Christine Furman Webster, '46, died July 14, 1980 in Minneapolis. A noted anesthesiologist, she had been retired since 1975. She was former chief of anesthesia at Hennepin County General Hospital from 1950 to 1958 and director of the Minneapolis School of Anesthesia from 1952 to 1966. When she was director of the school, it was the largest school of anesthesia for nurses in the world.

She was also on the staff of St. Mary's Hospital in Minneapolis from 1966 to 1975, retiring in 1975.

Her husband, Dr. David Webster, '50, is chief of neurology at the Veteran's Administration Hospital, Minneapolis. Their son David Webster graduated in 1977 from the University of Minnesota Medical School and is currently a neurology resident at the University. His wife Diane Wolfe, '77, is also a neurology resident at the University.

Carl G. Hanson, '32, died July 11, 1980 at the age of 75. He was a revered pediatrician in Cranford, New Jersey and was honored for being instrumental in advancing the cause of pediatric medicine in local hospitals.

He was born on a farm in Brunswick, Mn. He opened a pediatrics practice in Cranford, N.J. after graduation from medical school in 1933 and continued practicing until his retirement five years ago.

He established the pediatric department at Rahway Hospital and was the retired chief of pediatrics at Muhlenberg Hospital. He was cited as "the father of pediatric residency and a pioneer in the development of Muhlenberg as a teaching hospital."

He began a residency in infectious diseases at the VA Hospital in 1950 and was named to both the staff there and the UM faculty in 1952. He taught courses in internal medicine, laboratory medicine and microbiology at the University. He was internationally known for his research in immunology, microbiology and tropical diseases. He wrote more than 100 medical papers and pursued interests in photography, art, travel, and European history.

Since his retirement about a year ago, he had been volunteering much of his time at the Hennepin Outpatient Clinic, where he was working with Indochinese refugees. He was listed in *Who's Who in the World*.

Edward C. Maeder, '27, a clinical instructor in obstetrics and gynecology at the University of Minnesota Medical School, died this year. He was 75. He was a Minneapolis physician for 50 years and resided in Edina.

Arthur M. Fawcett, '26, a family practice physician in Renville, Mn. for more than 50 years, died August 1 at the age of 82. He had continued his private practice until his death and was a surgeon until 1967.

Born at Ottawa, Canada, he opened his medical practice in Renville in 1929. He had served in France and Belgium with the Canadian army medical corps during World War I, and then entered the University of Minnesota Medical School after the war. After serving an internship at Minneapolis General Hospital, he spent two years as resident physician at the old Granite Falls Tuberculosis Sanitarium before coming to Renville.

He was honored by the town of Renville in 1969 with a "Doc Fawcett Day" and again in 1978 when he was named senior citizen king. "I'm just an old-fashioned doctor — a vanishing breed," he once said.

Help the Medical Bulletin Follow Your Activities

Date: _____

Dear Readers:

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

Name _____ Class _____

Address _____

Recent activities (publications, promotions, relocations etc.) _____

Honors, fellowships, medals, honorary degrees _____

Major field of practice _____

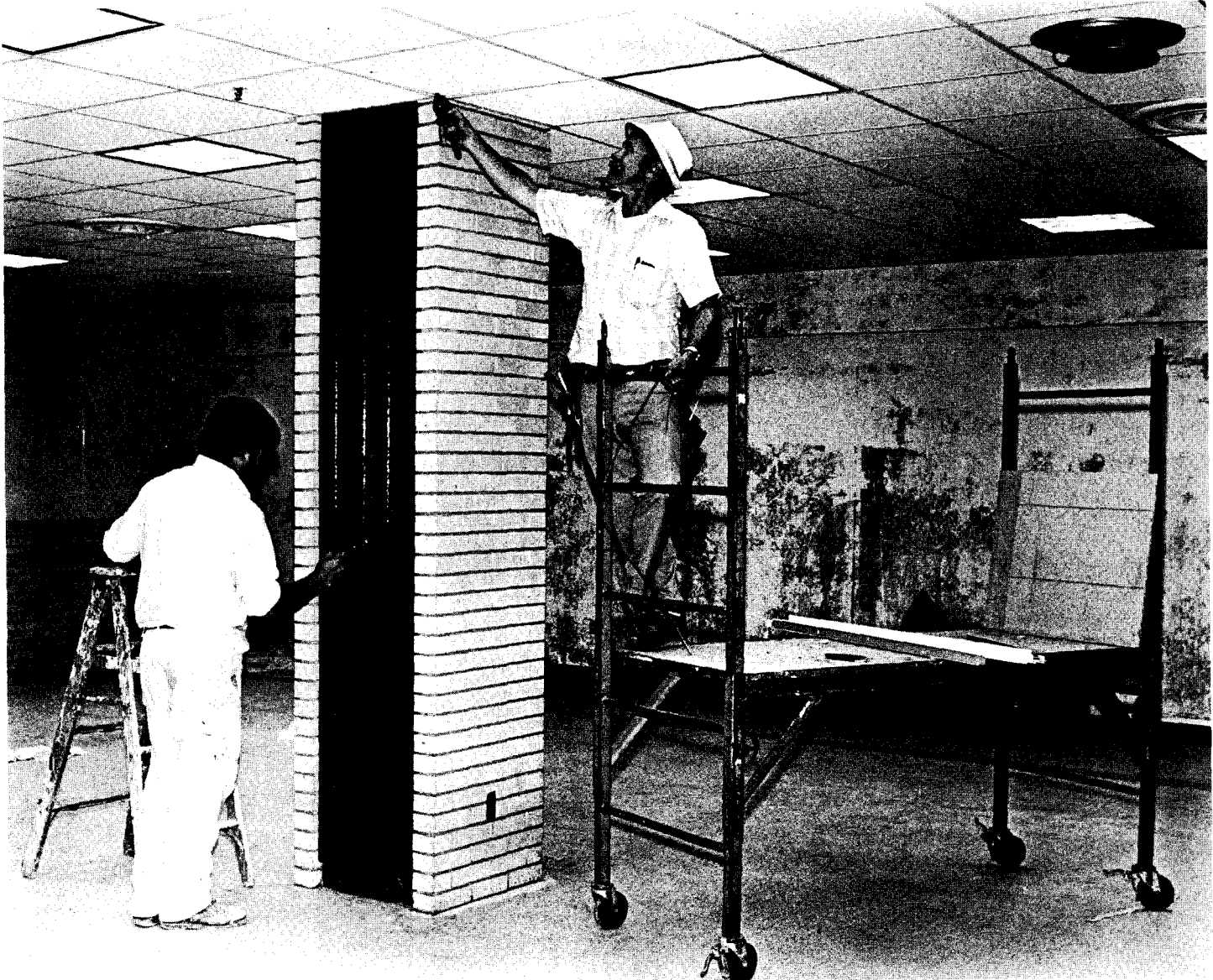
Special interests _____

Family _____

Please cut out, fold, staple and mail.

**WE ALSO APPRECIATE
RECEIVING PHOTOGRAPHS
AND PRESS CLIPPINGS.**

You Can Help Buy A Room For 1,000 Medical Students



Workers convert the Adytum Lounge into a "sanctuary" for medical students.

The "Adytum" is a room for all of the 1,000-plus medical students at the University of Minnesota. They asked for it in a survey of their needs.

"Adytum" is a Greek word describing the innermost sanctuary in the temples, where the priests went for solitude. The new medical student Adytum has lounge chairs, study tables and private study carrels. Total cost of the recent remodeling was about \$75,000. The bills are still coming in, and we will

need a balance in the fund for upkeep.

If you would like to help provide this room for 1,000 medical students, you may use the envelope in this magazine to send your contribution. Just write "Adytum" somewhere on your check, or on the envelope, and we'll apply it to costs for the room.

Of course, you may use the envelope to make a contribution to a number of other worthy MMF programs, if you prefer. There are

plenty of them . . . medical student loans, medical research (generally, or in a number of specific areas), etc. For all, we make the same promise. All of your contribution goes for the program you name. Nothing is deducted for overhead or operating expense.

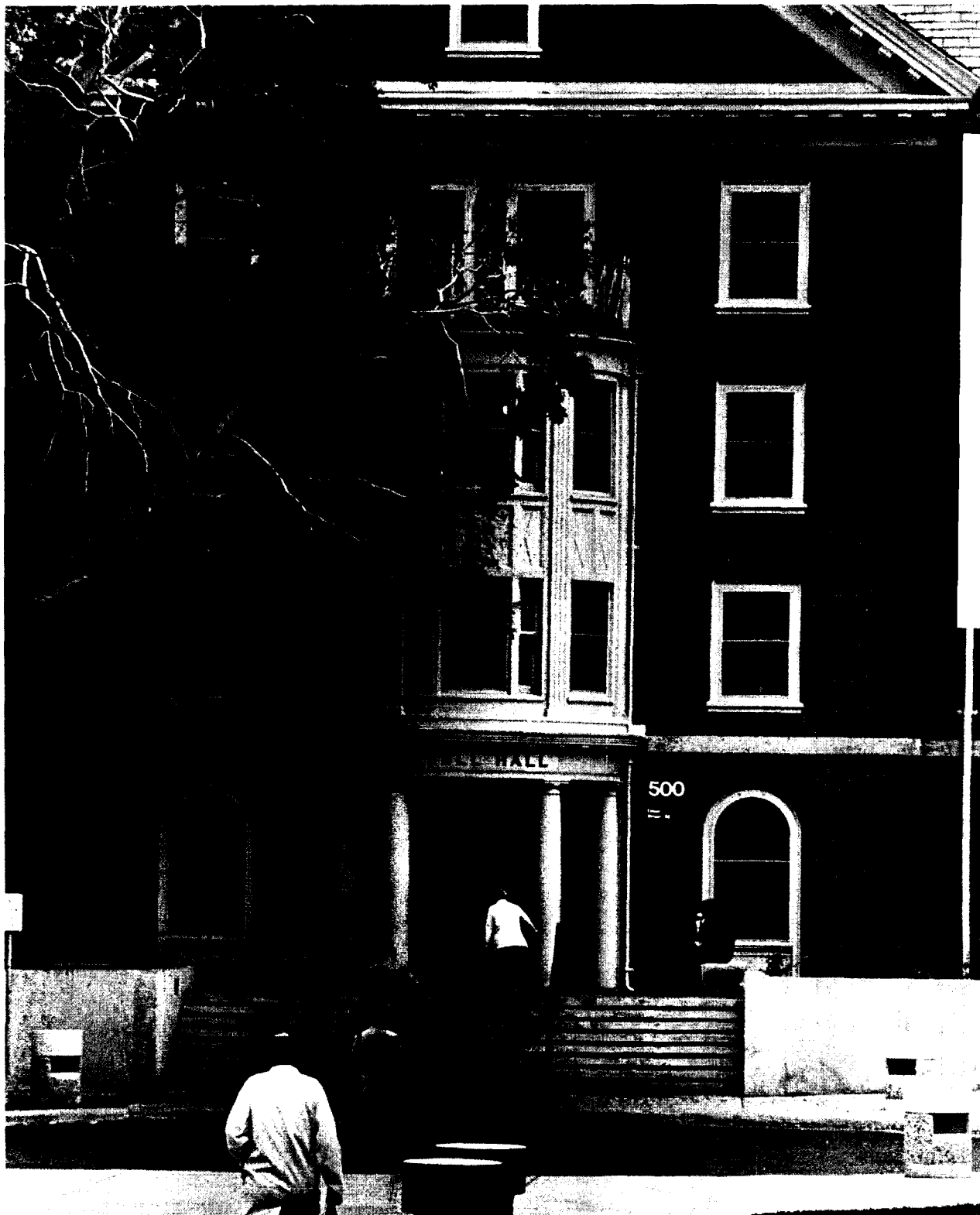
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5412 Powell Hall University of Minnesota
Minneapolis, Minn. 55455



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

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A fall setting for Powell Hall, the "old nursing dorm," and home of the Minnesota Medical Foundation office.