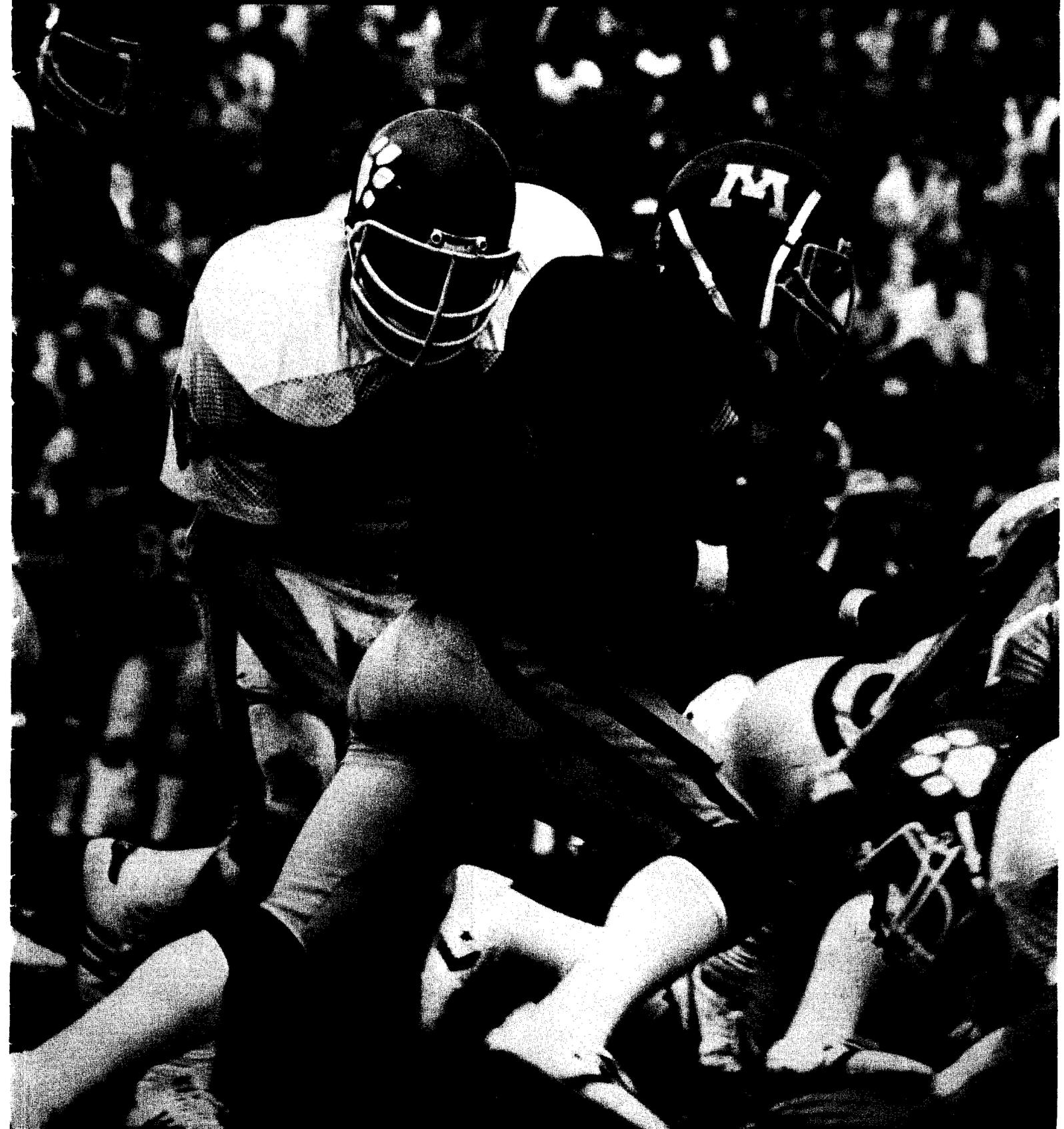




# Medical Bulletin

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Fall, 1981





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## MINNESOTA MEDICAL FOUNDATION

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### Cover

Football signals the start of fall at the University of Minnesota and brings back golden memories of college days. The Gopher football season is a good time to get together with old friends. If you visit the Twin Cities this fall, for the football games or any other reason, drop into the Minnesota Medical Foundation offices and say hello.

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ABOUT 300 parents of Medical School students attended the Minnesota Medical Foundation Sixth Annual Parents' Day in October on the Minneapolis Campus. School administrators, Medical Student Council President Cindy Conroy and MMF Executive Director Eivind O. Hoff spoke. A luncheon followed tours of the health sciences buildings.

# Bulletin Briefs



Scott D. Lothrop



Dian Eversole



Norman E. Groth



Dr. Jerry E. Robertson



Bruce P. Anderson



Arley R. Bjella



Dr. Norman E. Shumway



Dr. Fritz M. Bach

Scott D. Lothrop and Dian Eversole have joined the Minnesota Medical Foundation as associate director of planned giving and development officer for grants and research respectively.

Lothrop, a 20-year veteran of fundraising and alumni work at Harvard University, the Massachusetts Institute of Technology and other eastern schools, has been director of development at Bradford College, Bradford, Mass., since 1980.

Eversole has been Grants Officer at the University of Wisconsin, LaCrosse, since 1978. From 1976 to 1980 she was a village board trustee at Stoddard, Wis.



Joining the Board of Trustees of the Minnesota Medical Foundation is Norman E. Groth, vice president, International Division, Food Producers International, a division of the Beatrice Co. He is the vice chairman of the Board of Trustees of Fairview (Downtown) Hospital and a member of the Board of Trustees of Fairview Community Hospitals.



Dr. Jerry E. Robertson, group vice president, Health Care Products

and Services Group, 3M, has been elected a trustee of the Minnesota Medical Foundation. He joined 3M in 1963 as a senior medicinal chemist and rose through the 3M ranks to become vice president and general manager of Riker Laboratories, Inc., in 1980, the same year he was assigned to his present office.



Bruce P. Anderson, Minneapolis, former development director for the Institute of Technology at the University of Minnesota, is the development officer for basic sciences at the Minnesota Medical Foundation. He is working with the basic sciences departments at the Medical School and the School of Medicine at the University of Minnesota-Duluth to identify a prospective donor pool for these constituencies and solicit funds.



Elected as a new trustee of the Minnesota Medical Foundation on Oct. 22 was Arley R. Bjella, chairman of the board and chief executive officer of Lutheran Brotherhood (Insurance). Bjella, a native of Epping, N.D., received an honorary doctor of laws from Gettysburg College in Pennsylvania in 1975 and was awarded a

Knight's Cross, First Class, Royal Norwegian Order of St. Olav in 1979.



Dr. Norman E. Shumway, who did much of the original work in developing cardiac transplantations, will be the major speaker at the University of Minnesota Medical School graduation ceremony on June 4. As a resident at the University in the early 1950s, Shumway earned a reputation as an outstanding pioneer and investigator. He left the University in 1958 to become an instructor in surgery at Stanford University, Palo Alto, Calif., where he became head of the division of cardiovascular surgery.



Dr. Fritz M. Bach, internationally recognized in immunology and immunogenetics, addressed the Minnesota Medical Foundation's annual meeting on Oct. 22 in Minneapolis. The title of his speech was: "The Science Fiction of Yesterday and the Future of Medical Practice." Dr. Bach is the director of the Immunobiology Research Center at the University of Minnesota, where he is a professor in the laboratory medicine and pathology and surgery departments.

# Monoclonal Antibodies: Promising Development

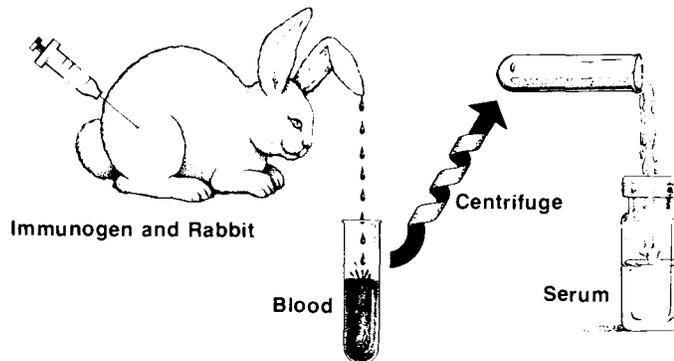
*Newsweek* calls them "smart bombs of biology," while the *Wall Street Journal* proclaims: "Biological Missiles Are Arrayed to Attack Cancer, Other Ailments." This national attention is aimed at monoclonal antibodies, which are protein molecules produced by hybrid cells grown in test tubes. Antibodies have the unique ability to "recognize" other molecules for which the active portion of the antibody has been "programmed." Antibodies are powerful tools for diagnosis and treatment of difficult human diseases. Monoclonal antibodies are a technology touted as leading a biological revolution and scientists at the University of Minnesota are actively engaged in this area of biomedical research. Ten different antibodies, four of which were produced at the University of Minnesota, are being used at the University to determine the type of leukemic cells a patient might have and to help physicians with diagnosis and prognosis. In addition, University doctors are breaking ground in the use of monoclonal antibodies with bone marrow transplantations in hopes of avoiding graft vs. host disease, a complication of transplantations.

## Livermore Award

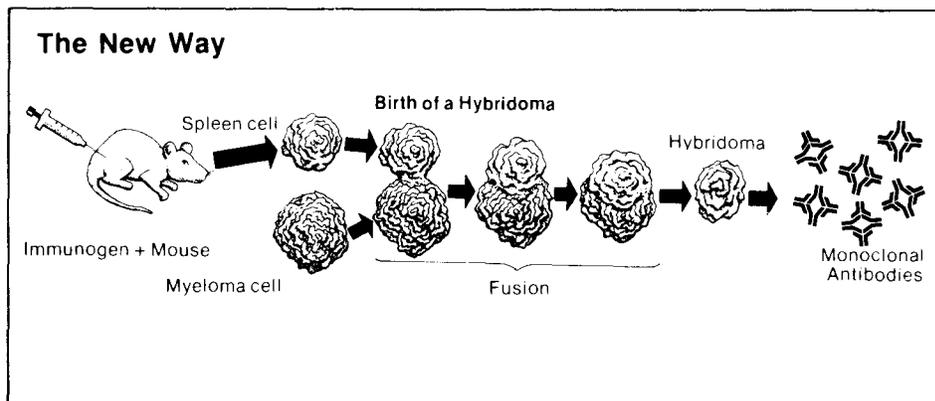
Some of the early research at the University was supported by the Minnesota Medical Foundation in a \$6,000 grant awarded to Dr. Tucker W. LeBien of the Department of Laboratory Medicine and Pathology. The Foundation presented the 1981 J. Thomas Livermore Award for outstanding research in hematology to Candy S. Abramson, a medical student, for her work in monoclonal antibody research. Abramson, who received \$500 from the Foundation, worked with Dr. John H. Kersey and LeBien in the Department of Laboratory Medicine and Pathology.

"Monoclonal antibodies are exciting new tools for conducting basic research and aiding in clinical diagnosis," Kersey said.

## The Old Way



## The New Way



Illustrations courtesy of Hybritech, Inc.

The revolutionary technique for antibody production, which is being used in the laboratories of LeBien and Kersey, is similar to a method originally described in 1975 by British researchers Georges Kohler and Cesar Milstein. They overcame the problem previously limiting antibody advances: Plasma cells, the antibody producing cells, could not divide and grow indefinitely in tissue culture media. Milstein and Kohler accomplished this division and growth by fusing normal, immune spleen cells with specially prepared cancerous plasma cells resulting in a hybrid cell called a "hybridoma." "Hybridomas" secrete antibody for which the normal spleen cell is programmed and multiply like an abnormal cancer cell. "Hybridomas" can, therefore, produce an antibody in virtually unlimited quantities. They are called monoclonal antibodies

because they come from a single clone of hybrid cells.

## Hope for Cancer

One of the far reaching hopes for monoclonal antibodies is that they will seek out and destroy human tumor cells without harming healthy tissues. Dr. LeBien said that he could not predict at this time how helpful monoclonal antibodies will be in treating human malignancies. "I am extremely excited about their potential, but such an approach would constitute an experimental clinical procedure," he added. LeBien said monoclonal antibodies "help us understand the normal development processes that occur in the bone marrow, which in turn help us to better understand the pathogenesis of leukemia and immune deficiency diseases. Leukemic cells have been hypothesized to represent the

malignant counterpart of cells found in normal bone marrow. Monoclonal antibodies produced in the laboratories of LeBien and Kersey are currently being used to diagnose and classify various types of leukemia.

### Testing and Diagnosis

The most realistic application of monoclonal antibodies at this time is in the areas of testing and diagnosis. Several commercially available diagnostic tests, replacing tests using animal-serum antibodies are now becoming available.

One effort at the University of Minnesota focuses on recognizing specific subsets of human blood cells and blood cell features with monoclonal antibodies for different subclasses of leukemia in patient prognostication under the direction of Dr. Kersey. Another aspect is research to produce antibodies used in leukemia prognostication under the direction of Dr. LeBien. The third area is the use of monoclonal antibodies in the prophylaxis of graft vs. host disease under the direction of Dr. Alexandra Filipovich, assistant professor of pediatrics, to prepare patients to receive compatible bone marrow transplants.

### Aiding Transplantations

Bone marrow transplantations are done for aplastic anemia; hematologic malignancy including lymphoblastic leukemia, acute myelogenous leukemia and some lymphomas; and immune deficiency disorders. At the University, about half of the transplantations result in graft vs. host reaction, which can range from a mild, self-limited condition to a severe reaction with a rash, liver disease and bloody diarrhea. It can be fatal in 10 to 15 percent of the times it develops.

In an attempt to decrease the frequency and severity of this reaction, a monoclonal antibody is added to bone marrow of the

compatible donor before the transplantation to remove immuno-competent T-cells. Since mid-March, 10 patients, including four children and six adults, have been treated with this therapy being piloted at the University Hospitals. All patients are alive, which is quite striking since they all have high risk leukemia, Dr. Filipovich said. Three of the 10 already have developed graft vs. host disease, so the treatment has not completely eliminated the problem.

Researchers at the Medical School plan to improve on the bone marrow treatment with antibodies to try to get even more effective removal of T-cells. "We have shown that the monoclonal antibody only finds T-cells and that the T-cells are significantly

inactivated," Dr. Filipovich added. No adverse effects on any other cell populations have been found, unlike other chemotherapies. (Dr. Filipovich is the 1980-81 recipient of the C. J. Watson Award, which is co-sponsored by the Minnesota Medical Foundation and the Minneapolis Society of Internal Medicine. She received \$500 for the most outstanding research accomplishment in graduate clinical training at the University.)

University researchers agree that deeper understanding of the biology of monoclonal antibodies is necessary to advance this therapy. "We are just at the frontier of a whole new era in biology," Dr. Kersey said. More years of research and additional research dollars are needed. ☂



CANDY S. ABRAMSON wins the 1981 J. Thomas Livermore Award for her research on monoclonal antibodies.

## Balfour's Surprise

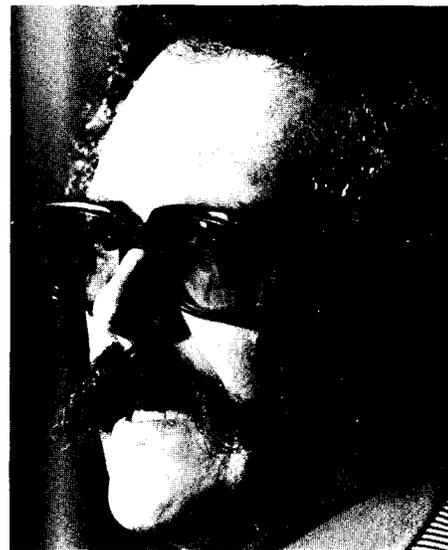
Dr. Henry Balfour, University of Minnesota clinical virologist, threw out the research net and pulled in more than he expected. It came as a "complete surprise" in the face of national pessimism to report in August before the National Institutes of Health Conference in Washington that a new anti-viral drug, acyclovir, appears to be effective in treating patients with cytomegalovirus (CMV), a sometimes fatal virus infection after organ transplantations. The University of Minnesota, with its wealth of transplant patients, is a likely place from which this important research should be reported. But the news about CMV was somewhat unexpected because in recent months Balfour and acyclovir have been associated with varicella zoster, commonly known as shingles. In fact it is the shingles research that Dr. Balfour wants imbedded in the public mind. Results should be available in the near future on a second trial where about 40 patients suffering from shingles are being given acyclovir intravenously. Their progress is being measured against about 20 patients who receive a placebo. The second trial is being conducted to verify results of earlier tests which showed that acyclovir is safe and causes no side effects of any sort, Balfour said. The earlier test utilized 54 hospitalized patients who were at high risk. "They all had suppressed immune systems. We took patients at first that had the most to gain because their lives were in danger from a virus infection," he added. Acyclovir was administered to part of the group while the rest received a placebo. Balfour was given a start in his research in 1973 with a \$4,500 grant from the Minnesota Medical Foundation. Recently the University was designated as one

of two medical centers in the nation to test acyclovir on individuals who are healthy except for shingles. Concurrently, medical centers in other parts of the country are researching the use of other forms of acyclovir for herpes simplex (cold sores in the mouth) and genital herpes. It was the latter that caused telephones to ring off the hooks at Balfour's cramped laboratory in the Mayo Building on the Minneapolis campus. He received more than 400 calls after he announced in April a need for volunteers. Many persons had heard of acyclovir use with genital herpes and had associated Balfour's name with the drug, but did not realize that Balfour's study is limited to shingles.

Volunteers for the trial must be in it within three days of the first onset of the shingles skin rash, which makes self-diagnosis essential. Shingles result when the varicella zoster virus, which causes chicken pox in children, refuses to go away. Instead, it migrates to clumps of nerve cells and remains dormant until it is activated. Then it travels down the nerve root, eventually making its way to the skin. "For several years, individuals with shingles have been helping us in our study of the disease. Now, for the first time, we may be able to do something to help them," Balfour said.

### CMV Trial

In a separate trial involving CMV disease, acyclovir was given to nine patients while seven others received a placebo. "These were all fairly sick patients with diverse symptoms such as pneumonia, intestinal bleeding and encephalitis," Balfour said. When the acyclovir patients were compared with the placebo group, scientists observed a "statistically significant shortening" of the period of clinical improvement.



*Dr. Henry Balfour*

Acyclovir patients also experienced significantly shorter periods of fever and there were few deaths. Two patients in the acyclovir group died; four persons in the placebo group died.

The CMV study dealt only with transplant patients and did not include patients with congenital CMV which can strike pregnant women.

"I think this information is dynamite because everyone has been very gloomy about CMV. There is justified reason for optimism about acyclovir, but more patients need to be studied and other centers must confirm our results before the Food and Drug Administration licenses the drug," Balfour said.

Scientists believe that CMV remains latent in the body until a patient's natural defense system has been suppressed by drugs necessary to prevent rejection of organ transplants. When that happens, the virus surfaces and disseminates in the blood. CMV may then invade the lung, central nervous system, gastrointestinal tract and liver.

"There's a tremendous amount of interest here in CMV," Balfour said, with one of the largest transplant programs in the world at University Hospitals. CMV, a disease that University scientists have been studying for more than a decade, "needs to be prevented or treated if survival rates of transplant patients are to improve," he added. CMV is also a major complication in patients undergoing bone marrow and heart transplants. ☯



Dr. Robert A. Good

## Dr. Good Returns

Dr. Robert A. Good, distinguished University of Minnesota alumnus ('46, M.D.; Ph.D., anatomy, '47) and noted researcher, teacher and leader, returned to the Minneapolis campus on July 15 to share his latest experiences in the People's Republic of China with University faculty and students.

Good's credentials for nearly filling the comfortable Phillips-Wangensteen Building lecture hall are too lengthy to list here. Most prominently he is the President of the Memorial Sloan-Kettering Institute and is the former head of the Department of Pathology at the University where he was a Regents' Professor of Pediatrics and Microbiology and an American Legion Memorial Research Professor.

Slides he had taken from his recent trip were given emphasis with a wandering light pointer that circled scenes of rural and urban life in China and an outline of pertinent facts about medicine and cancer research in China. He spoke at the Department of Pediatrics Grandest Round.

Endurance best characterizes Good's five trips to China since 1977. It was more than 10 continuous hours of seeing

children at a Peking hospital and then selecting specific cases for in-depth study. His lectures could last more than six hours after his personal interpreter translated for the Chinese doctors. "I went where I wanted to go." Sometimes his Chinese hosts followed him — other times they let him go on his own. He saw patients and doctors in the cities and patients and paramedics — "barefoot doctors" — in the countryside. He examined the latter as well to find out what they knew about medicine.

"It certainly taught me a great deal about cancer." The Chinese are doing a "fantastic job of studying the epidemiology of cancer," with the incidence of the six cancers plotted on maps to show "how much they have" and to develop approaches for prevention. Where the Chinese fall short are with primitive laboratory procedures, high concentrations of nitrates in grains that are improperly stored, lack of molybdenum in the soil and specific vitamin deficiencies in the diet.

A Minnesota native, Dr. Good received his B.A. (cum laude), M.B. (first in class), M.D. and Ph.D. (anatomy) degrees from the University. Except for a year at the Rockefeller Institute for Medical Research, New York, he spent his clinical research career at the University before joining Sloan-Kittering.

An interest in childhood diseases led Dr. Good to pioneering research into the conditions of children born without a basic body defense system against disease. From this work, he determined the key role of the thymus gland in immunobiology. He also made significant findings in childhood arthritis and rheumatic fever. He has been responsible for training a large group of young scientists from all over the world. ☂

## Boom, rumble, poof!

Before construction of the 10-story facility at University Hospitals could begin this fall, two buildings had to be removed from the Minneapolis campus on Essex Avenue near Harvard Street. One was a small apartment building which fell with a few swings of the wrecking ball. The other was Powell Hall, the former nurses' dormitory, which took two months of preparation before it was demolished with 400 pounds of dynamite.

Some risk was involved, but experts from Controlled Demolition Inc. of Baltimore pulled it off without a hitch. (Photos, Page 12). The explosions resulted in a neat heap on the site.

The implosion of a block-long, six-story building makes the blood rush. Spectators gathered where they could — on East River Road, near the University Hospitals, on West River Road, atop St. Mary's Hospital and, those with special clearance, in the Phillips-Wangensteen Building. (This may have been the best vantage point.) The news media was escorted to the roof of the Mayo Building.

At 12:45 p.m., it was announced on the hospitals' intercom that the "demolition of Powell Hall would be at 1 p.m." More rushing blood. At 12:55 p.m. another security check of the area was completed and sirens were sounded. The next sensation was loud rumbling. Next puffed from the front windows of grand old Powell Hall. The roof caved in at the middle followed by a huge cloud of dust that obstructed our view. It was exciting — a good show. — DZ ☂

# An Interview: Dr. Lyle A. French

*Editor's Note: In July Dr. Lyle A. French announced that he would step down as vice president for health sciences at the University of Minnesota after 11 years. He will remain as vice president until a successor is named. French, a native of Worthing, S.D., earned his undergraduate degree from Macalester College, St. Paul. He was graduated from the University of Minnesota Medical School in 1939 and took his internship and residency at the University. His graduate training in neurosurgery was interrupted by World War II when he served as a neurosurgeon in the Army for three years in the Mediterranean Theater of Operations. After discharge from the service in 1946 as a major, he returned to the University where he earned an M.S. and Ph.D. in neurosurgery. French was named an instructor in the Medical School faculty in 1947. In 1960 he was named chairman of the Department of Neurosurgery and in 1968 he was elected chief of staff of the University Hospitals. Although he resigned as chairman of the department to become vice president for health sciences, he has remained active as a professor of neurosurgery. The Medical Bulletin interviewed Dr. French in his office in the Mayo Building.*



Dr. Lyle A. French

## **M.B.: How would you describe events at the Health Sciences Center during the past 11 years?**

L.F.: The vice presidency of health sciences at the University of Minnesota serves as an umbrella to help administer the various schools in the health sciences (medicine, dentistry, nursing, pharmacy and public health). I think I've been able to influence the development of curriculum and development of integration of the curriculum of the units. We've done this in many different ways. Actually it is the faculty of the various schools that develop the curriculum. The deans of the schools along with the office of the vice president try to implement those curricular changes and try to interdigitate one curriculum with another. In addition we've had increased enrollments — almost doubling the enrollments of the various health science schools in the last 10 years. This along with the curricular changes required facility development, renewal of many of the older facilities and construction of many new facilities. But always the program would come first. We would always develop a program and try to develop facility changes in response to that program need. We tried to get the students working together in their training period so they could recognize the competencies of the other students and perhaps practice together more readily and more competently than if they were trained entirely separate. We tried to involve the affiliate hospital system more than before so that the students' training would

be very comparable to what they would be doing when they get out into practice. This is true not only in medicine but in dentistry, nursing, pharmacy and so on.

I came into this position in 1970 after I had been chief of staff of the University Hospitals and chairman of many of the committees related to changes in programs and development of facilities. The thing that I have had going for me and for us is very excellent associates. Not only in my office but in the deans' offices this is true. We really worked as a unit rather than adversaries. Working in a cooperative way we have been able to accomplish a great deal more than I really expected when I took the job back in 1970. I don't think anyone can ever overestimate the need for close administrative associates and the help that they can give.

We have also had a very close relationship with the legislature, which has understood our needs and has cooperated as fully as possible in fulfilling these needs.

## **M.B.: What has been the major accomplishment in health sciences administration in the past 11 years?**

L.F.: One of my real aims when I took this job was to greatly increase the size and relevance of the Department of Family Practice in the Medical School. Integrating that program with curriculum in the health sciences schools was a major accomplishment — not only in medicine but with nursing, public health and pharmacy. Graduates leave the program with

a greater understanding of the expertise of other health care professionals and hopefully will put this knowledge to good use in their communities.

## **M.B.: What challenges do you see for the health sciences administration?**

L.F.: One of them is continuing the activities that have been started. There are new challenges that come up that are not seen six or three months ahead of time. One has to be able to respond to what you refer to as a challenge. I think we have set up mechanisms to make us responsive to the needs of the community.

I think there will be some further development of facilities for the School of Public Health. The University Hospitals project is pretty well on its way now, but there will be remodeling required to be responsive to research and new educational programs.

## **M.B.: What would you like to do after you leave the office of vice president for health sciences?**

L.F.: I intend to go back into the Department of Neurosurgery in the Medical School and function as a member of that unit within the school and the University Hospitals. I have some writing that I would like very much to do.

## **M.B.: Why did you decide to step down from the vice presidency at this time?**

L.F.: The main reason was to allow an orderly transition from one person to the next. As you know it takes a year or so for a search committee to find replacements, and consequently when I asked to

set up a search committee I didn't expect to get out of the job within the next week or month. I thought it would be a gradual thing. As the new person comes on, which I'm sure will be a year or so, I look forward to a gradual transition.

**M.B.: Besides the vice presidential duties, what other responsibilities do you have at the University?**

L.F.: I have been seeing patients and teaching classes in the Medical School since I took this administrative position. Doing this sharpens my interest and helps me to relate to the community rather than only administrative work without clinical work and teaching. It helps me to be an advocate of the faculties rather than necessarily an advocate of the central administration.

It does take time, but you have to realize that as far as I'm concerned the administrative position that I have is indeed one in which you have to make decisions, but by the same token one of the main tasks is simply implementing the desires and needs, when appropriate, of the faculty.

**M.B.: Are students and faculty different now than they were in the 1960s?**

L.F.: I don't think there is a lot of difference in the faculties or the students. You often read that the students of the 60s were much more active, but I don't think there are appreciable differences. I think there are a few ups and downs, but fundamentally in the health sciences we have a very mature student — one who knows where

he or she wants to go, students who know where they want to go, what they want to do, what they want to be. That was true in the 50s, 60s and 70s. I think that is going to be true throughout the 80s.

I think the concept of health sciences is not wholly accepted throughout the University. I do think the concept is very good for those schools that are within the health sciences and to a great extent for other schools. This isn't entirely well recognized throughout the University and I think a challenge is to continue the concept.

I don't think there will be significant enrollment changes in the near future. Total enrollment changes will be minimal, but there may be some increased numbers of nurses and nurse clinicians and perhaps public health personnel, but probably not in medicine, dentistry and pharmacy.

**M.B.: What changes will we see in funding of research, education and student aid programs?**

L.F.: There will be perhaps less money from the federal government in the next six to ten years. I don't think that the state will particularly diminish its support because I think our state recognizes the importance of research and competent training for the welfare of the state. But I think it is going to be necessary to encourage private foundations and individuals to respond to the void that will be created by diminished federal funding. ☯

## Profile of a Winner

Bradley J. Brainard has much to be thankful for besides being a recent recipient of the \$2,400, two-year American Cancer Society, Minnesota Division, Scholarship, awarded by the Minnesota Medical Foundation.

If the 25-year-old University of Minnesota second-year medical student had any doubts about his career plans, they were dispelled in 1979 when he technically drowned. The West Dundee, Ill. native was a counselor at a summer camp for teenagers when he took in too much water during recreational swimming. "I was under water, about four to five minutes, as long as you could be without sustaining brain damage," Brainard said. Brainard, who was revived by lifeguards at the camp, gained a new perspective. The incident solidified his inclinations, nurtured since junior high school days, to pursue a medical career.

Two months later he added another chapter to his hard luck history in athletics by severely breaking his leg while rushing the net in a tennis game, thereby gaining the "patient perspective." He was immobilized for six months after undergoing major surgery to put a metal rod in his leg. Besides changing to a baseline tennis game, Brainard gained an appreciation for orthopedic surgery from the mishap. "I may be interested in surgery," he said as he considered the options in medicine.

Brainard received a bachelor of arts degree in chemistry in 1978 from St. Olaf College, Northfield, where he taught chemistry for a year before starting Medical School in 1980. He lives in Minneapolis where he enjoys playing folk guitar acrylic painting and photography. He serves on the Educational Policies Committee of the Medical School. ☯

## Doctor Studies British System

"I encountered one man who had waited over two years for a herniorrhaphy. For those who want better service there is always the option of seeing someone in private practice. In Great Britain this appears to be getting more popular among those who are unhappy with the inconveniences of the National Health Service (NHS), according to Dr. William T. Schneider, Minneapolis.

Schneider, a 1981 graduate of the University of Minnesota Medical School, spent a few months in Birmingham, England, to study the NHS through the British Exchange Program. He received a \$500 travel grant from the Minnesota Medical Foundation.

"The NHS does satisfy its primary goal — free access to quality health care services for everyone." Much like the American Veterans Administration and health maintenance organizations (HMO), patients receive health services without charge. Patients often find it difficult to make appointments and may encounter long waiting lists for elective procedures, he added.

Schneider found the lifestyle of British doctors similar to those of their American counterparts.

"Facilities available to them are for the most part comparable to those in America. Highly specialized equipment and doctors do tend to be more centralized," he said.

### Medical Education

Schneider said he found the teaching quality and quantity in Birmingham's clinical courses to be "excellent." Their main strength lies in an emphasis on the common and practical. Participating in a program equivalent to an internship in this country was an "exceptional experience," he observed. Although the graduating student at Birmingham is better equipped to deal with everyday patient care, this may not be true at other British medical schools where there are fewer patients per student.



*BRITISH EXCHANGE PROGRAM* students Elizabeth Roll, Wales, and Alan Grosset, Scotland, were at the University of Minnesota Medical School this fall. Roll was assigned to outpatient pediatrics and Grosset was in the Variety Club Heart Hospital.

*CHARLES KINGSLAND*, right, British Exchange Program medical student, gets "debriefed" by Dr. W. Albert Sullivan, associate dean of the Medical School, before returning to England late this summer.



At the postgraduate level in Britain, teaching is minimal, but trainees are expected to learn most things on their own. Although he was critical of the lack of good surgical technique, even among many senior residents and staff, Schneider concluded that British doctors are well trained. Specialization takes 10 to 12 years since doctors must go to several hospitals, sometimes in different cities, to meet their field's requirements. "Even then only one-third of those who started are able to secure a position at a consultant level," he said. The rest go into general practice. Although

they are fully trained in a specialty, they cannot admit patients in NHS hospitals, which leads to much discontent, Schneider said.

### Malpractice

Malpractice is not a problem in Britain, which in part may be due to government funding of health care and patient belief in the quality of NHS care, which is fairly uniform throughout the country. Although Schneider said he found a few patients that were displeased with NHS care, malpractice judgements handed down by British courts are "minuscule by American standards." ☂

## TLI Successful in Aplastic Anemia

A few days before she was to enter the ninth grade, Deanna Smalley noticed black and blue marks on her arms and legs. Like most active 14-year-olds she ignored them. "Then, one day, my legs gave in," she said.

Deanna was rushed from her home in Aliquippa, Pa., to Pittsburgh Children's Hospital where doctors diagnosed her problem as severe aplastic anemia, a disorder characterized by a deficient supply of healthy red blood cells. The disease is fatal in 85 percent of the cases, and the cause is unknown, according to Dr. Norma Ramsay, a pediatric oncologist at the University of Minnesota.

Despite six weeks of medication and repeated blood transfusions, Deanna's condition continued to deteriorate. Finally, doctors said only a bone marrow transplant could save her life.

The bone marrow is the body's factory for blood cells. Protected in cavities within bone, the marrow produces red blood cells to carry oxygen, white blood cells to guard against infection, and platelets to stop bleeding. In aplastic anemia, the bone marrow is underproductive, while in leukemia, it is overproductive. On Nov. 1, 1977, Deanna entered University of Minnesota Hospitals in Minneapolis, one of only four

regional transplant centers at the time. Two weeks later, Deanna became the thirty-sixth patient to undergo a bone marrow transplant there. And just a few days before the operation, she became the first aplastic anemia patient to receive total lymphoid irradiation (TLI), a new pre-transplant treatment in which X-rays are used to suppress the body's natural defense system, thus reducing the chances of rejection.

Four years later, 18-year-old Deanna Smalley is making wedding plans. She says of the operation, "It's almost like it never happened." But her mother, Margaret, is quick to add: "Deanna would not have lived until Christmas without it."

What was experimental in 1977 is now routine at the University of Minnesota. TLI has enabled doctors to achieve a high rate of success in treating aplastic anemia. Doctors say the procedure, when used with drug therapy, has saved the lives of many patients whose bodies might not have responded to traditional forms of immunosuppression. In transplantation, the immune system is suppressed to avoid problems of rejection — the body's natural tendency to protect itself against foreign organisms.

Of 34 aplastic anemia patients who have undergone TLI since 1977, only one has rejected the marrow transplant, according to Dr. Ramsay, who developed the procedure with colleagues in the department of therapeutic radiology. "It's a very effective regimen," Ramsay said. "Other transplant centers are now using our regimen because it is so effective."

Before 1977, Minnesota doctors tried total body irradiation to suppress the immune system. While it was effective in avoiding rejection problems, there were harmful side effects. In an attempt to take advantage of the immunosuppressive qualities of irradiation while sparing vital

organs such as the lungs and brain, researchers developed the alternative procedure of TLI. Here, only the lymph system — the thymus, spleen and lymph nodes — is irradiated.

Radiation may, of course, result in effects years after the operation. But, so far, Deanna and other patients have been free of any problems. She received a clean bill of health during a recent checkup at the University.

Since the start of the pioneering program in 1968, Minnesota doctors have performed 169 bone marrow transplants. For patients with severe aplastic anemia the overall survival rate is 62 percent and 70 percent in children under 18. In most cases patients would not have lived more than a year without the treatment.

In the transplant operation, approximately one to two pints (one billion cells) of marrow is removed from a donor's pelvic bone through a long needle and syringe. This procedure, performed in an operating room under general anesthesia, takes about two hours.

The marrow, a thick reddish-brown liquid, is then transfused into the patient's blood. By a process yet unknown to doctors, it circulates through the body and eventually settles in spaces in the bone marrow cavities.

Within 14 to 21 days after the transplant, doctors are able to see if the bone marrow is producing normal blood cells. Patients are generally able to leave the hospital in four to six weeks. And if normal growth of red cells is still occurring one year later, the patient is considered cured.

"I definitely didn't think it would fail," Deanna said. "I was a little scared, but I knew nothing was going to happen." Deanna received the marrow graft from her four-year-old sister Michelle after tests showed the sisters had similar tissue types. In medical jargon, they are called "HLA-identical siblings." The HLA refers to the

human leucocyte antigen system. When the marrow is transplanted, the recipient's white blood cells recognize the antigens (protein molecules) on the new cells as foreign and immediately launch an attack. In siblings that are HLA-identical, this attempt at rejection is minimized.

"When Michelle learned that she could help her sister, she was very proud," Margaret Smalley recalled. "But when we got to the hospital, she was scared about what was going to happen. Thanks to the doctors and nurses, who made her feel very special, she came through with flying colors."

There's another reason for Deanna's annual visit to Minnesota. She spends some time with youngsters awaiting bone marrow transplantation. And when asked about the worst part of the operation, Deanna replied: "Losing your hair. But it grows back, so you don't have to worry about anything."

## About Dr. Ramsay

Dr. Norma Ramsay, an associate professor in pediatrics, joined the University of Minnesota staff in 1975 after completing a three-year fellowship in pediatric hematology/oncology at the University. Previously she was awarded a similar fellowship at Emory University at Atlanta, Ga. After receiving her medical degree with honors from the University of Manitoba, she was an intern at Winnipeg General Hospital before joining the University Student Health Service staff in Minneapolis in 1969. She was a pediatric intern and pediatric resident at the University from 1971 to 1973. Besides receiving federal research grants totaling almost \$85,000, she was awarded a Minnesota Medical Foundation grant of \$5,000 in 1975. She is married to Dr. Robert C. Ramsay, an associate professor in the Department of Ophthalmology at the University. 

## Campus Scene



*Chris Noonan won top honors for his efforts in calling medical alumni for contributions during the Minnesota Medical Foundation Phonathon.*



*Sam Aberlson took part in a June MMF Phonathon in which medical students raised \$21,000 in pledges from Medical School alumni in four hours.*



*"Don't go changing those slogans during Phase A student School."*



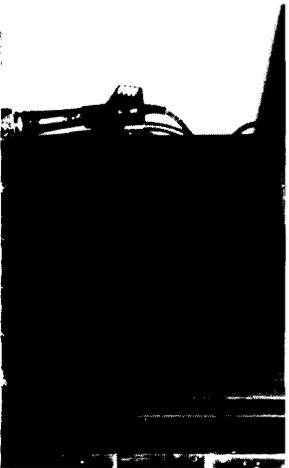
*WORKMEN UNHINGE the cupola atop Powell Hall, the former nurses dorm on the Minneapolis campus, before the building was demolished to make way for a new University Hospitals facility.*



*THE CUPOLA is swung across the street to a temporary home atop Diehl Hall.*



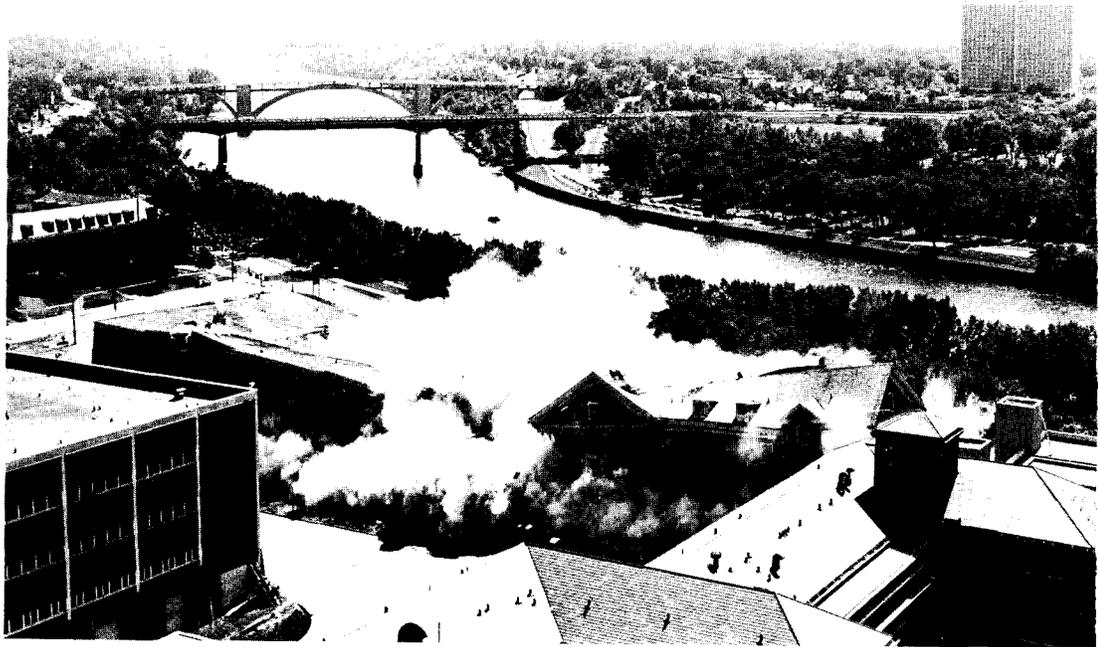
*Demolition of Powell Hall and adjoining structure. (Story, Page 7)*



ne," Joel Stoeckeler, St. Paul, of on the rigors of Medical

A SERIOUS moment in the Phase A Talent Show on the St. Paul campus was the performance of Steven Squillace of Rochester.

JOHN TRAVOLTA — eat your heart out! Martha Klager, Minneapolis, and Paul Brown, Halstad, brought "disco fever" to the St. Paul campus for the Phase A Talent Show.



(Panoramic view by Tim Rummelhoff).

# Names Make News



*MMF Executive Director Eivind O. Hoff, left, presents a \$30,000 check to Dr. Paul Anderson, UMD, for a gas chromatograph-mass spectrometer.*

## Foundation News

The Minnesota Medical Foundation has presented a check for \$30,000 to the Department of Biochemistry at the University of Minnesota-Duluth (UMD) School of Medicine to purchase a GC-MS. The \$110,000 GC-MS is a sophisticated, computerized instrument capable of separating and identifying trace amounts of organic compounds. According to Paul Anderson, professor and head of the biochemistry department: "The GC-MS is the most powerful tool available for analysis of organic components." It will be used for drug monitoring, detecting and identifying pollutants in environmental and biological samples, and studying biochemical reactions in medical school research projects. Also, acquisition of the GC-MS may lead ultimately to development of additional analytic capabilities which would be available for local industry use in analyzing drug or environmental pollutants, according to Anderson. Over the past decade, the Minnesota Medical Foundation has

granted more than \$350,000 to UMD medical school faculty in support of their research endeavors.

In other Foundation News: Dr. Richard Purple was awarded a grant of \$10,000 for one year for support of his medical research, "The Isolated, Arterially Perfused Human Eye". . . . Dr. Kenneth McClain, Department of Pediatrics, has received a \$5,000 grant toward replacement of the ultracentrifuge used in his research. . . . A grant of \$3,500 was approved to support the cost of maintenance for the Laboratory of Neurophysiology IBM 1800 Data Acquisition and Control System computer in 1981. . . . An equipment purchase of \$1,500 for hypertension research in the Department of Medicine was approved for Dr. Louis Tobian. . . . A special grant of \$10,000 was approved for Professor James Prince, director, Teaching Laboratories, Department of Microbiology, to replace equipment.

## Blindness Research Grant

Dr. Donald Doughman, chairman of the Medical School's Department of Ophthalmology, has received a \$12,000 grant from Research to Prevent Blindness. It is the twenty-second year of continuing financial support from the organization. Minnesota is one of 50 major medical centers where advanced studies of eye diseases are being pursued with the help of these grants.

## Paparella Named to Council

Dr. Michael M. Paparella, professor and chairman of the Department of Otolaryngology at the University of Minnesota Medical School, has been appointed to the National Advisory Neurological and Communicative Disorders and Stroke Council.

Dr. Paparella is a national leader in medical otolaryngic research and education and a respected consultant to journals of otolaryngology. His investigations of otitis media and virus-caused hearing loss have earned special recognition. He has previously held positions as chief of the Ear, Nose, and Throat Department at the U.S. Army Hospital in Nuremberg, Germany, and as director of the Otological Research Laboratory at the Ohio State University School of Medicine.

The 16-member council is an advisory group for the National Institute of Neurological and Communicative Disorders and Stroke. The council meets three times a year to review applications of scientists seeking financial support for research and research training in disorders of the brain and nervous system, including hearing, language and speech. The neurology institute is a unit of the National Institutes of Health, under the Public Health Service, Department of Health and Human Services.

### **Levitt Named President**

Dr. Seymour H. Levitt, chairman of the Department of Therapeutic Radiology, University of Minnesota Medical School, has been elected president of the International Society of Radiation Oncologists at a meeting in Brussels, Belgium. Levitt has served as chairman of the department and chief of the Therapeutic Radiology Service at University Hospitals since 1970.

### **Cushing Chair**

Dr. Donlin Long, former University of Minnesota Medical School faculty member, has been named to the Cushing Chair in Neurosurgery at the Johns Hopkins School of Medicine, Baltimore, M.D. The professorship was established in memory of Dr. Harvey Cushing, the founder of endocrinology and neurosurgery at the school.

### **J. Jacob Kaplan Award**

Dr. Jorge A. Estrin of the University of Minnesota Department of Physiology is the 1981 J. Jacob Kaplan Research Award winner. The \$1,500 Kaplan award is the largest made by the Minnesota Medical Foundation.

Significant findings in cardiovascular research regarding the left ventricular mechanoreceptor reflex brought Estrin the award. The research furthers the understanding of blood pressure regulation in the heart.

The Kaplan award was established with an endowment from the late Dr. J. Jacob Kaplan, a 1939 graduate of the University of Minnesota Medical School and a long-time physician. The award is one of several made by the Minnesota Medical Foundation, an independent organization that raises, manages, and distributes private dollars for medical research and education at the University.

### **Bush Clinical Fellows**

Three University of Minnesota graduates were among those rural physicians who recently were named Bush Clinical Fellows by the Bush Foundation, St. Paul, to learn new clinical and leadership skills.

Dr. John H. Allen, '50, Montevideo, will study expanded care for older patients. Dr. James D. Lehmann, '64, Waconia, will study geriatric care in Great Britain and plans to apply his findings to ambulatory and institutional geriatric care in Minnesota. Dr. David E. Olson, '71, Forest Lake, hopes to use his advanced study to extend the range of public understanding and primary medical care of allergic problems.

### **Distinguished Teaching Awards**

Three University of Minnesota Medical School faculty members are 1981 winners of Distinguished Teaching Awards.

Dr. Jonathan A. Parsons, associate professor, Department of Anatomy, received a certificate and \$1,000 from the Foundation at a special ceremony at the Medical School.

Dr. Ronald D. Soltis, associate professor, Department of Medicine, and Dr. Terry Rosborough, assistant chief, Medicine Service, Veterans Administration Medical Center, received certificates and \$1,000 each at the Foundation's annual meeting. Rosborough has been named a distinguished teacher twice. Winners are selected for teaching accomplishments by a student poll.

### **Heads Society**

Dr. Seymour H. Levitt, professor and chairman of the Department of Therapeutic Radiology, University of Minnesota Medical School, has been elected president of the International Society of Radiation Oncologists.

### **Willmar UF Award**

Lee A. Hofer, a former Willmar resident, has been awarded the first Willmar United Fund Scholarship of \$500 by the Minnesota Medical Foundation, Eivind O. Hoff, executive director of the Foundation, announced.

Hofer, who is a third-year student at the University of Minnesota Medical School, was a sales representative in Willmar for the Upjohn Co. His wife, Jody, taught at Garfield Elementary School, Willmar, from 1977 to 1979. They live in Bloomington. Hofer will do research this year in the Department of Ophthalmology at the University.

### **Gustavus Honors Najarian**

Dr. John Najarian, professor and head of the Department of Surgery at the University of Minnesota, has received an honorary Doctor of Science degree from Gustavus Adolphus College, St. Peter, Minn. He also delivered the commencement address to about 440 graduating Gustavus students on May 31, including one of his sons.

### **Ophthalmology News**

Dr. Richard T. Olson, '63, Virginia, and Dr. Peter Arny, '65, St. Paul, were visiting ophthalmologists in the Department of Ophthalmology at the University of Minnesota.

Olson spent a week observing patients in the clinic and surgical procedures. Arny spent time with the retina and ophthalmology services.

Elsewhere, the Department of Ophthalmology announced the appointments of Dr. Harry Plotke, Dr. Malcolm McCannel and Dr. Irving Shapiro as clinical professors of ophthalmology.



Jay Phillips

### Jay Phillips Honored

Jay Phillips, 83, dynamic business, civic and community leader, received an honorary Doctor of Humanities degree from the University of Minnesota at recent ceremonies on the Minneapolis campus.

Phillips, 83, former chairman of the board of Ed Phillips and Sons Co., a wholesale liquor distributor, has been a supporter of education and health services for more than 40 years. The Phillips Foundation in 1977 established the Rose and Jay Phillips Loan Fund for medical students at the Minnesota Medical Foundation.

### Entering Class

As in past years, most of the persons applying for entry into the University of Minnesota Medical School this fall are residents of the Twin Cities largest counties — Hennepin and Ramsey. From Hennepin County, 326 applied, 122 were accepted and 105 matriculated into the school. From Ramsey County, 141 applied, 62 were accepted and 50 matriculated, according to statistics provided by the Medical School.

A county-by-county breakdown for the Phase A class entering in the fall shows that the Medical School did not get applicants from 21 rural counties in Minnesota

There are 239 students in the new class, including 156 males and 83 females. Of the total, nine are non-residents. The median grade point average is 3.52.



Dr. Paul C. Royce

### Royce Named Dean

Dr. Paul C. Royce has been named dean of the School of Medicine and professor of clinical sciences and physiology at the University of Minnesota, Duluth (UMD). Royce, a native of Brainerd, has been director of medical education at the Robert Packer Hospital, Sayre, Pa., since 1971. He also holds academic appointments at Hahnemann Medical College, Philadelphia, Pa., and the State University of New York Medical Center, Syracuse, where he is assistant dean for continuing education. He has been active in medical education, curriculum development and area health education programs, in addition to his involvement in professional standards review and manpower planning.

"Dr. Royce will bring to the position a great deal of expertise in areas of direct concern to the School of Medicine," Acting Dean James G. Boulger said. "Royce's accomplishments in research and teaching will certainly strengthen our academic program, and his proven administrative abilities and familiarity with Minnesota will enable him to quickly assume his responsibilities in Duluth. We look forward to a continuation of our current excellent programs under Dr. Royce's leadership."

An endocrinologist, Royce received his B.A., B.S. and M.D. degrees from the University of Minnesota, and a Ph.D. in physiology from Western Reserve University, Cleveland, Ohio.

Royce succeeds Boulger, who has served as acting dean since July, 1980, following the resignation of Dr. John LaBree, who had been dean of the medical school for five years. Boulger will continue his responsibilities as associate dean for admissions, administration and student affairs at the School of Medicine. Royce will assume his new post in January. He and his wife, Jacqueline, have three children.

### Alpha Omega Alpha Awards

Phase B University of Minnesota medical students Stephen A. Monn, Minneapolis, and Peter C. Dedon, St. Paul, have been awarded Alpha Omega Alpha medical honor society scholarships for 1981-82. The \$1,000 scholarship checks were presented by the Minnesota Medical Foundation.

Monn received a B.A. in 1979 in physiology at the University. He has done crisis counseling for the Youth Emergency Service (YES) and the Night Emergency Outreach Network (NEON) in the Twin Cities. Dedon received a B.A. in chemistry from St. Olaf College, Northfield, in 1979. As an undergraduate student, he participated in Project Friendship, helping disadvantaged children in Northfield.

### Teachers of the Year

Dr. Charles R. Pelzl, Pine River, and Dr. Milton H. Seifert Jr., Excelsior, have been named Teachers of the Year by the Minnesota Academy of Family Physicians. Both are clinical assistant professors at the University of Minnesota. Pelzl has been called "The Teacher" by those who have known him during more than five years in the University Family Practice Residency Community Health Rotation Programs. Seifert has helped develop and present programs for the University and other institutions.

## Duluth Awards

Two teachers from the University of Minnesota, Duluth (UMD), School of Medicine have received outstanding teaching honors from the outgoing second year class. The awards were presented by the Minnesota Medical Foundation at a graduation party this summer.

Dr. Donna Forbes, assistant professor of biomedical anatomy, received the Basic Science Teacher of the Year Award. Dr. James Blackman, associate director of the Duluth Family Practice Center, received the Clinical Teacher of the Year Award. Both awards are given in recognition of teaching excellence and the recipients are chosen by the second year class.

Also cited for teaching excellence were: Arthur Aufderheide, professor of pathology; Donald Larson, associate professor of pathology; Joseph Leek, clinical assistant professor; and Omelan Lukasewycz, associate professor of medical microbiology and immunology.

John Lynch, Brooklyn Park, received the Reino Puumala Memorial Award as the student who best exemplifies the qualities of a family physician. Nathan Rich, Truman, Minn., and Martha Sanford, Duluth, received honorable mention. The award is named for the late Cloquet physician. Lynch also received the Upjohn Award for Outstanding Achievement in Microbiology, sponsored by the Upjohn Company, Kalamazoo, Mich. Sanford received the Herbert Lampson Award, given in honor of a former St. Louis County health officer, as the outstanding female student in the second year class. Annette Mies, St. Cloud, received honorable mention.

The following student awards were also presented:

John Zenk, Olivia, Minn. — Award for Outstanding Achievement in

Pharmacology, sponsored by the UMD Pharmacology Department; William Beyer, Duluth — Merck Award for Academic Excellence, sponsored by Merck and Co., Rahway, N.J.; David Eitrheim, Fridley, Minn., and Rick O'Neill, Duluth — Lange Award for Outstanding Academic Achievement, sponsored by Lange Medical Publications, Los Altos, Calif.; Nancy Elder, Bloomington, and John Zenk, Olivia — the Mosby Award for Outstanding Academic Achievement, sponsored by C. V. Mosby Co., St. Louis, Mo.; Scott Rysdahl, Clarkfield, Minn. — CIBA Award for Community Service, sponsored by the CIBA Company, Summit, N.J.

## E. M. Johnson Award

Dr. Robert Desnick, a former resident and faculty member in pediatrics at the University of Minnesota, has received the 1981 E. Mead Johnson Award for Research in Pediatrics. Desnick is on the staff of Mt. Sinai Medical Center, New York.

## Searle Scholar

Dr. Harry Orr, assistant professor, Department of Laboratory Medicine and Pathology, University of Minnesota, has been named one of 12 Searle Scholars selected from 152 candidates. The grant program provides \$150,000 over a three-year period to new, untenured faculty in the biomedical sciences.

## Cohn Serves on Federal Commission

Dr. Jay N. Cohn, professor of medicine and head of cardiology at the University of Minnesota, has been named to a Congressional commission studying the federal drug approval process. The 25-member panel reviewing federal Food and Drug Administration (FDA) policies, looking for ways to expedite the

approval process of new pharmaceuticals without compromising public safety. There is currently a seven- to ten-year period between the discovery of new drugs and their approval by the FDA.

Cohn will be heading the commission's investigation of FDA advisory committees, which review research results before the FDA determines if a drug will be put on the market. Advisory panel recommendations currently are not binding on the FDA.

## UM Center Gets Award

The Northwest Area Foundation has awarded the University of Minnesota \$250,000 for a health services research and teaching professorship in the Center for Health Services Research and the Hospital and Health Care Administration graduate program. The award was established in memory of the late William N. Wallace, president, United Hospitals, St. Paul, until his death in 1980.

## What's New?

Have you received a special honor or award? Have you been elected to office in a professional society or other organization? Have you traveled in a foreign country or participated in an international conference? Are you working in a particularly interesting or unusual area?

If you have any news about yourself or about your classmates, please send items to the Editor, *Medical Bulletin*, Box 193 Mayo Building, University of Minnesota, Minneapolis, Minn. 55455. Photos are welcome.



# Alumni

## 1930s

**Dr. Robert B. Tudor**, '37, Bismarck, N.D., has received a Gold Award sponsored by the Dakota Northwestern Bank and a committee of civic leaders for his work in developing and implementing Bismarck's Rape Victim Advocacy Program. Tudor, 67, a St. Paul native, practiced in Hibbing, Minn.; Durham, N.C.; Baltimore and Fargo before joining the pediatrics department of Quain and Ramstad Clinic.

## 1940s

**Dr. Henry S. Kaplan**, '44, Stanford, Calif., received a Gold Medal from the American College of Radiology at its recent annual meeting in Las Vegas. Kaplan is the director of the Cancer Biology Research Institute and is the Maureen Lyles D'Ambrogio Professor of Radiology at the Stanford University Medical Center.

**Dr. James F. Hammarsten**, '44, associated with the School of Medicine, University of Washington, Seattle, Wash., has been named an American College of Physicians Master. Only about 150 of the 51,000 members are Masters.

**Dr. Richard M. Magraw**, '43, has been appointed chief of psychiatry at the Veterans Administration Hospital, Minneapolis, and has been named a professor in the Department of Psychiatry at the University of Minnesota. He had served on the clinical faculty at the University.

**Dr. William H. A. Watson**, '46, St. Paul, has received the Distinguished Citizen's Citation from Macalester College, St. Paul, where he served as college physician for 25 years and as student manager and trainer for Macalester's athletic teams. In 1980 he was elected a charter member of the Macalester College Athletic Hall of Fame.

## 1950s

**Dr. George Skaff**, '59, Visalia, Calif., a pediatrician, has been elected president of the voluntary medical staff of Klaweah Delta District Hospital. Skaff has served as president of the Tulare County Medical Society and the Visalia Medical Clinic. He is an active member of the County Center Rotary Club.

## 1960s

**Dr. Clyde W. Smith**, '64, Nashville, Tenn., a Minneapolis native, has received an American College of Radiology Fellowship in honor of his special contributions to the medical profession. He is affiliated with Vanderbilt University Hospital, Nashville.

**Dr. Ross S. Olson**, '67, Evangel Hospital, Hong Kong, has taken a two-year leave of absence from his missionary work abroad to join the Group Health staff in the Twin Cities as a pediatrician.

**Dr. William E. Jacott**, '64, Duluth, has been elected to the American Medical Association Council on Medical Education with the support of the St. Louis County Medical Society.

## 1970s

**Dr. Linda Hedlund**, '76, Brooks Air Force Base, Tex., has started work at the 934th Tactical Airlift Squadron Clinic while waiting for Flight Surgeon School to start. She was in family practice in Apple Valley, Minn., and was a resident at the Hennepin County Medical Center.

**Dr. Michael J. Kiely**, '77, has been appointed a consultant in diagnostic radiology at the Mayo Clinic, Rochester. He recently completed his residency in diagnostic radiology at the Mayo Graduate School.

**Dr. William J. Martin**, '74, has been named a thoracic disease

consultant at the Mayo Clinic. For the past two years he was a Mayo Foundation Scholar at the Lung Branch of the National Heart, Lung and Blood Institute of the National Institute of Health.

**Dr. Fletcher A. Miller**, '75, is a cardiovascular disease consultant at the Mayo Clinic. In 1975 he started his residency at the Mayo Graduate School in internal medicine and entered the cardiovascular diseases program in 1978.

**Dr. Michael A. Palmen**, '75, is a consultant in adult psychiatry at the Mayo Clinic. He previously was the director of the Alcohol and Other Chemical Dependencies Clinic, Adult Outpatient Psychiatry, University of Michigan.

**Dr. Dean Lee**, '77, is in general practice at the Blooming Prairie (Minn.) Doctors Clinic. He was in residency in Gardner, Maine. He is from Bloomington, Minn.

**Dr. David L. Sandeen**, '78, recently was featured in a newspaper article syndicated nationally by the *Los Angeles Times*. Sandeen commutes 600 miles by air from his home in San Francisco to the emergency room at Palo Verde Hospital in Blythe, Calif. Sandeen says he fell in love with San Francisco when he visited some friends on the coast. After an internship with the U.S. Public Health Service there, he became more firmly convinced that he did not want to live elsewhere. He enjoys photography, sailing and piano. Although Sandeen is the only physician staffing the Blythe emergency room during his shift, other doctors on staff can be recruited in large emergencies.

**Dr. Don Roos**, '74, is practicing in Cannon Falls, Minn., after serving as emergency room director at Superior Memorial Hospital, Duluth, and completing his family practice residency. He interned at St. Louis University, St. Louis, Mo.

**Dr. Paul Ruth**, '78, St. Paul, formerly of Canby, Minn., has

joined the Fairmont Medical Clinic, Fairmont, Minn. He served his three-year family practice residency at Bethesda Lutheran Hospital, St. Paul.

**Dr. Faris Keeling, '78**, has completed family practice residency and is practicing at the Barnesville Area Clinic.

**Dr. Burt Haugen, '78**, is in family practice at the Park Rapids-Walker Clinic after completing his residency at North Memorial Hospital.

**Dr. Robert Bosl, '79**, will begin practicing in Glenwood, Minn., in January.

## In Memoriam

### **Lillian M. Fink, M.D.**

Dr. Lillian M. Fink, 83, Minneapolis, who graduated from the University in 1920, died June 12. She was a past president of St. Mary's Auxiliary and was a member of the University Alumni Club, Minnesota Medical Auxiliary and Hennepin County Medical Auxiliary. She received the Alumni Service Award. Among her survivors is her husband, Dr. Leo W. Fink.

### **James R. Forsythe, M.D.**

Dr. James R. Forsythe, 67, St. Paul, died Sept. 14. After receiving his medical degree from the University of Minnesota in 1939, he trained in internal medicine at King's College, Brooklyn, N.Y., for two years. From the late 1940's to the early 1950's, he practiced at the Glen Lake Sanatorium in Minnetonka. From the 1960's until he retired in 1977, Forsythe was the medical director of the Minnesota Mutual Life Insurance Co.

### **Lewis A. Knutson, M.D.**

Dr. Lewis A. Knutson, 71, who graduated from the Medical School in 1937, died March 17 at Rochester. He was in family

practice in Spring Grove, Minn., since 1945. He served in the Medical Corps for five years in World War II.

### **David J. Lewis, M.D.**

Dr. David J. Lewis, 83, Springfield, Ill., died Feb. 13.

He practiced in Springfield from 1926 until 1963 when he retired. His residency was as a Mayo Foundation Fellow at the University Hospitals.

Dr. Lewis was a member of Alpha Omega Alpha medical honorary, American Medical Association, American College of Surgeons, Industrial Medical Association, American Association of Railroad Surgeons and Illinois Medical Society. He served in the Navy in both world wars.

### **Raymond K. Minge, M.D.**

Dr. Raymond K. Minge, who graduated from the University in 1938, died July 7 in Bangladesh. He was formerly of Worthington, Minn.

### **Rudolph J. Ripple Sr., M.D.**

Dr. Rudolph J. Ripple Sr., 81, St. Paul, died July 31. He practiced in Lapeer, Mich., from 1927 to 1934 and in New London, Minn., from 1934 to 1949 before becoming anesthesiology chief at Bethesda Hospital in St. Paul. Later he was an associate at St. Joseph's Hospital. Ripple received his medical degree from the University of Minnesota in 1926.

### **Murl J. Robertson, M.D.**

Dr. Murl J. Robertson, Billings, Mont., who graduated from the University in 1930, died March 16.

### **Elmer A. Smisek, M.D.**

Dr. Elmer A. Smisek, North Hudson, Wis., who graduated from the Medical School in 1929, died May 15.

He had practiced in St. Paul until 1975 when he retired and moved to North Hudson. He had served as

the St. Paul city physician in the 1930s and was on the staffs of several St. Paul hospitals. He served as health officer for Lakeland Shores community and as company doctor for the Schmidt Brewery, St. Paul. He was a member of Ramsey County Medical Society, Minnesota Medical Association and American Medical Association.

### **Fred L. Webber Sr., M.D.**

Dr. Fred L. Webber Sr., 81, St. Paul, died on July 21. A St. Paul native, he received his medical degree from the University of Minnesota in 1925. Webber, a general practitioner, was on the staff of Bethesda Hospital and was the St. Paul police surgeon for many years. He had practiced with his son, Fred L. Webber Jr.

### **Arthur A. Wohlrabe, M.D.**

Dr. Arthur A. Wohlrabe, 92, Edina, Minn., who graduated from the University in 1913, died April 11. After graduation, he interned in internal medicine at Minneapolis City Hospital until 1914. He did postgraduate work at Harvard Medical School in 1920, returning to Minnesota where he taught at the University until 1930. He was a member of the national, state and county medical associations.



## Book Review

### Elias Potter Lyon: Minnesota's Leader in Medical Education

Edited by Owen H. Wangensteen, M.D.;  
publisher, Warren H. Green, Inc., St. Louis;  
291 pages; price, \$14.50.  
Reviewed by William C. Bernstein, M.D.

It is fortuitous for everyone who is interested in the history of the University of Minnesota Medical School and of the advances in medical education over the past three-quarters of a century that Dr. Owen H. Wangensteen was able to assemble a series of essays on Elias Potter Lyon in a remarkable compendium before his own demise in January 1981.

This volume is a fitting finale to Dr. Wangensteen's efforts in the fields of literature and medical history.

The book, *Elias Potter Lyon: Minnesota's Leader in Medical Education*, consists of a series of 15 essays written by persons who either worked with Lyon and knew him personally or had intimate knowledge of Lyon's philosophy and of his modus operandi.

For those of us who are alumni of the University of Minnesota, the book is a treasure chest of historic and nostalgic memories bringing back names and events which shaped our student careers at Minnesota. For us and for all other physicians, the story of how medical education here and elsewhere was influenced and changed by the philosophies and actions of Dean Lyon emerges as the main theme of the book.

The story about the feud between the University and the physicians in private practice which occurred when Dr. W. J. Mayo and Dr. C. H. Mayo proposed that the Mayo Foundation for Medical Education and Research be organized and affiliated with the University portrays Dean Lyon's personality and dedication to the principles which he espoused. Having suffered the vengeance of his opponents, Lyon emerges as the architect of the postgraduate medical education program at Minnesota today.

To this reviewer, the essays by Doctors Robert A. Good and Leo G. Rigler were the most exciting. This



E. P. Lyon

is not to say that the other essays were less dramatic or important in their content.

For Minnesota graduates, this book brings R. E. Scammon, Tommy Bell, A. T. Rasmussen, A. D. Hirschfelder, R. J. McClendon, and a host of other notable and beloved teachers back to life. What a wonderful experience!

This book should be read by every person whose "juices are turned on" by the thrilling stories of history in the making, particularly when those stories originate in a world famous medical school whose contributions to medical science have touched the lives of most people in the world today. ☂

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### Continuing Education

The following is a list of upcoming Continuing Medical Education Programs. For more information, contact Continuing Medical Education, (612) 373-8012.

- Chymopapain: A New Disc Procedure, Dec. 4; Cardiovascular Disease, Dec. 10-12.
- Topics in Geriatric Medicine: Drug Therapy Symposium, Feb. 3-4; Practical Otolaryngology, Feb. 25-26.
- Cardiopulmonary Medicine, March 4-6; Current Concepts in Prenatal Medicine, March 11-12; Psychiatry for Primary Care Physicians, March 18-19;

Recurrent Lung Disease in Childhood, March 26.

- Correction of Aphakia, April 19-20; Allergy and Clinical Immunology, April 29-May 1.
  - Human Aging 5, May 5-6; Medical Directors Spring Meeting, May 7; Family Practice Review: Update 1982, May 10-14; Biological Basis of Fermentation Technology: Interface between Biology and Medicine, May 12-14; Current Concepts in Radiation Therapy, May 19-21; Topics and Advances in Pediatrics, May 24-26.
  - Musculoskeletal Neoplasms, June 9-12; Clinical Hypnosis, June 11-12; Advances in Vascular Surgery, June 14-17.
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We are asking you to respond so we can find out what you like or dislike about the Medical Bulletin. Not only are your opinions welcome, but we encourage them. Please fill out the form and mail it. For your convenience this pre-paid mailer can be folded and stapled. YOU NEED NOT SIGN IT.

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# YOUR GIFT TO MMF CAN QUALIFY YOU FOR THE PRESIDENTS CLUB

University of Minnesota President Club members hold the distinction of having recognized the need for resources essential to quality educational opportunities. Their commitment to private support complements tuition revenues and tax assistance in funding the ongoing mission of the University. Your qualifying contribution to medical education and research through the Minnesota Medical Foundation entitles you to full recognition and membership in The Presidents Club.

Presidents Club membership provides deserved recognition to the men and women who have made significant commitments and contributions to the University of Minnesota. Support from members has enabled the University of Minnesota to make substantial improvements in its academic program and faculty. Recent cutbacks in a variety of governmental support programs has increased emphasis on private financial support for the Medical School.

## Purposes of The Presidents Club

- To encourage a higher level of University support by alumni and friends
- To encourage an interchange of ideas, plans and objectives between its members, the president and other University and Foundation leaders
- To provide a framework within which lasting gifts and bequests may be made
- To enable active interest and participation in University affairs to develop
- To provide an opportunity for leaders in business, education, government, and the professions to offer insight into the problems and plans of the University

## Your Commitment

The men and women of The Presidents Club provide the University not only financial support, but vast knowledge and expertise in innumerable disciplines; every member serves as the University of Minnesota's "personal ambassador" to a myriad of business, professional or other outside fields and interests.

Membership in The Presidents Club is open to all alumni and friends of the University of Minnesota who:

- Contribute \$10,000 or more to the University of Minnesota
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Presidents Club members have the option of designating their gifts to specific projects or programs or leaving their gifts

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## Courtesies to Members

The principal benefit of any significant gift is the personal pride in knowing you have supported something of intrinsic value—the University of Minnesota and its continuing quest for excellence.

In addition, several courtesies presently are extended to Presidents Club members by the University:

- Presidents Club members formally meet semi-annually with the University President and other administrative officers. The annual Presidents Club dinner is held in the Twin Cities during the fall season. In early spring Club members may attend a dinner meeting in a locale outside Minnesota. Each of these gatherings provides a social atmosphere in which to discuss the work of the past months and plan for future programs and projects.
- A spring outing and a special event for Presidents Club members' families are being planned.
- Reserved seating will be available as space permits at certain cultural and athletic events.
- Each Presidents Club member receives a carefully designed plaque, recognizing the important contribution made by the member to the quality of education and research at the University of Minnesota.
- The names of individual members are prominently displayed in the Cyrus Northrop Memorial Auditorium Hall of Honor, an impressive display for campus visitors, alumni, students, faculty and staff.
- National and local events are scheduled by The Presidents Club, keeping members informed on University matters.
- Parking reservations and courtesies related to campus visits will be extended through The Presidents Club when requested in advance. This will ensure an enjoyable, meaningful campus visit.

Many medical alumni, faculty and friends of medicine have become Presidents Club members in the past year. Three recent members:



Dr. Robert W. Goltz



Dr. Irving C. Bernstein



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## Join Now!

The Presidents Club is a distinguished group of individuals committed to the belief that the future excellence of the University can be achieved only through private financial support. You can demonstrate your commitment to excel-

lence in medical education and research by contacting the Director of Development at the Minnesota Medical Foundation for a personal, confidential discussion of your plans.

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