Spring 1984

University of Minnesota

Medical Bulletin

A Publication of The Minnesota Medical Foundation

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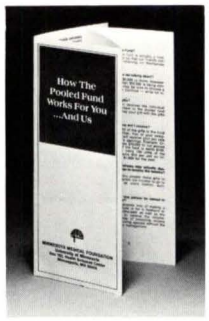

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Elaine M. Cunningham

Editor's Column

As the new editor of the **Medical Bulletin,** I look forward to the challenge of making some contributions to this fine publication.

I struggled with this first issue to make it interesting and appealing to you, the readers. I want this magazine to be read and enjoyed by the alumni, faculty and students of the University of Minnesota Medical School.

For this to happen, I need your help. I need to know what you would like to see in the way of articles, photographs and information.

What would you like to read? Do you enjoy articles on the activities of medical students such as the one on the exchange students in Great Britain that appears in this issue? Or, do you like reading about the pressing issues that affect the University of Minnesota Medical School such as the article on biomedical ethics on page 14? Would you like to hear more about your colleagues and former classmates, or do you prefer to read about the exciting medical research that takes place at this university?

There are many things happening at the University of Minnesota Medical School. I will strive to keep you up-to-date. I hope you enjoy this issue of the **Medical Bulletin,** my first attempt.

Elaine Cunningham
Editor

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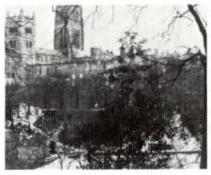

Cover: George Edmonson, a University of Minnesota Medical School graduate, took this photo of Durham Cathedral while he was an exchange student studying medicine in Birmingham, England. The Minnesota Medical Foundation sponsors the medical student exchange program between the United States and Great Britain which allows students the opportunity to broaden their educational experience. To read about Edmonson's and medical student Carol Winter's experiences abroad, see page 10.

MMF approves $80,000 in grants

Nearly $80,000 in new medical research grants was approved by the Board of Trustees of the Minnesota Medical Foundation at its quarterly meeting in January.

Twelve faculty members and seven students from the University of Minnesota Medical School were the recipients of the grants which varied in amounts from $600 to $10,000. Another $24,500 in special grants was also approved by the board for research equipment and salary support.

Faculty members who received MMF research grants were: **Susan A. Berry,** pediatrics fellow, $3,785 for research into the mechanisms of growth hormone action in an experimental model of uremia; **Ricardo Gonzalez,** associate professor of urologic surgery, $9,980 for research into prenatal treatment of urinary tract obstruction; **Robert Hunter,** associate professor of orthopaedic surgery, $10,083 for research of the role of the lenox hill brace on dynamic and static knee stability and on running energy expenditure; **B. Jon Klauenberg,** post doctoral research associate of pharmacology, $5,000 for a new model for producing epileptic rats for screening antiepileptic drugs; **David LaPorte,** assistant professor of biochemistry, $6,000 for coordinating reserve carbohydrate metabolism and sporulation in yeast; **Nancy Meryhew,** assistant professor of medicine, $5,000 for the characterization of immunogenic murine erythrocyte antigens utilizing monoclonal antierythrocyte antibodies.

Rita Messing, assistant professor of pharmacology, $4,857 for an animal model for potential treatment of human memory disorders; **Gordon L. Pierpont,** staff cardiologist at the VA medical center, $6,800 for studies on the role of catecholamines in cardiovascular diseases; **Charles M. Rubin,** pediatrics fellow, $2,560 for cytogenetic studies of cryopreserved bone marrow; **Anna E. Schorer,** instructor of medicine at VA medical center, $5,000 for re-

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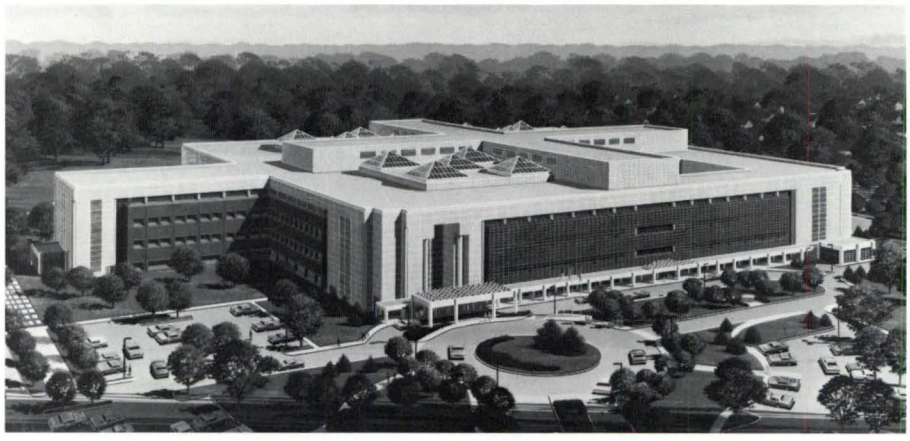


An artist's rendition of the Veterans Administration Medical Center now under construction at Fort Snelling.

Construction begins on new Minneapolis VA Medical Center

Groundbreaking ceremonies for the new $269 million Minneapolis Veterans Administration Medical Center (VAMC) took place in December 1983.

Scheduled for completion in September 1987, the new medical structure will contain 845 patient beds, including a 120-bed nursing home care unit. The new facility will replace 90 percent of the existing medical center on its present site near Fort Snelling and will "eliminate physically deteriorating and functionally inadequate structures, avoid duplication of resources and improve operating efficiency," according to Barbara L. Gallagher, acting director of VAMC.

The VAMC, affiliated with the University of Minnesota Medical School, is remembered as the training site of thousands of medical alumni. It serves veterans in the state of Minnesota, as well as in parts of North and South Dakota, northern and western Iowa, and western Wisconsin. More than 519,000 veterans live in the medical center's primary service area.

Parts of the present VAMC structure date back to 1927, with the newest construction completed in 1953. A 1974 survey conducted by the Veterans Administration identified the Minneapolis VAMC as having the most serious space deficiencies in the VA system. In 1983, Congress approved a budget that included $254 million in funding for a replacement medical center in Minneapolis.

The first phases of construction, now complete, included erecting a temporary clinic building and demolishing four buildings of the present structure. In addition to the replacement medical center, plans for the VAMC complex include new parking facilities to accommodate 2,308 vehicles.

Med student wins essay contest

Charles W. Heilig, Med. IV at the University of Minnesota Medical School, was awarded the G. Milton Shy Award in the Twenty-third Essay Contest sponsored by the American Academy of Neurology.

Heilig received the award for his essay entitled "Dementia with Neuropathological Evidence of Parkinson's Disease with Few or No Lesions of Alzheimer's Disease." In addition to a certificate of award, Heilig received a prize of $150.

Medical fraternity donates $140,000 in assets

The Minnesota Alumni Association of Alpha Kappa Kappa recently donated its assets, which will eventually amount to more than $140,000, to the Minnesota Medical Foundation for a student financial aid fund.

Alpha Kappa Kappa was a professional medical fraternity with a fraternity house on Ontario Street, near the University of Minnesota campus. When the decision was made to disband the fraternity, the proceeds from the sale of the house and other assets were donated to the Minnesota Medical Foundation.

Initially, MMF received nearly $15,000 of the fraternity's assets through Drs. Harold G. Benjamin (class of 1933) and Wayne S. Hagen (class of 1934), secretary and vice president, respectively, of the Alumni Association of Alpha Kappa Kappa. The house was sold on a contract for deed and under the terms of agreement, MMF will receive monthly payments of $742 until 1988. At that time, a balloon payment of $90,000 comes due on the balance which will provide the major portion of the Alpha Kappa Kappa student loan fund.

Randall Bay, Med. II, was the first recipient of a student loan from the Alpha Kappa Kappa Fund. The monthly cash flow from the sale of the house will enable MMF to issue more loans to students throughout the year. The principal of these loans, when repaid, will ensure that the Alpha Kappa Kappa Fund is perpetual and forever helpful in advancing medical education at the University of Minnesota.

The Minnesota Medical Foundation is extremely grateful to the members of the Minnesota Alumni Association of Alpha Kappa Kappa for their most generous gift.

Dr. Harold Benjamin (center) watched as Helene Rudnick, financial aid director for the Minnesota Medical Foundation, and medical student Randall Bay signed the loan agreement which made Bay the first recipient of financial aid through the Alpha Kappa Kappa Student Loan Fund. Dr. Benjamin, class of 1933, is secretary of the Alpha Kappa Kappa Alumni Association which made the student loan fund possible.

Perlmutter named health sciences vice president

Cherie Perlmutter was named associate vice president for health sciences at the University of Minnesota by the university's Board of Regents on April 13.

Perlmutter, as assistant vice president for the past seven years, becomes one of only two women in the university to serve as associate vice president. The other is Mary Des Roches, an associate vice president for finance and operations. Perlmutter has worked in the office of the vice president for health sciences for 11 years.

"I am looking forward to the opportunity to work more closely with Dr. Neal Vanselow (health sciences vice president) in my new position," Perlmutter said. "I know that I will enjoy being a part of a dedicated group of central officers in a job that will offer even greater challenges as we deal with the broad issues facing the university and higher education."

Her primary responsibility will be to represent the health sciences academic units to the central university administrative group.

"Perlmutter has done an outstanding job for the last 11 years and has won the confidence of the deans and entire health sciences faculty," said Dr. Vanselow, who made the appointment.

Before joining the university administration in 1973, Perlmutter served for three years as an assistant to the director of administration at Albert Einstein College of Medicine in Bronx, New York. She previously worked as an executive director of a 224-bed nursing care facility in Pittsburgh.

Perlmutter received a bachelor's degree from Pennsylvania State University. She also is a graduate of the Harvard Institute for Educational Management.

In another development in the health sciences, David Preston left his position as associate vice president for health sciences to become senior vice president for corporate affairs at Pittsburgh's Allegheny Health Services. Allegheny Health Services operates an 850-bed hospital, a medical research institute, a foundation, and a for-profit health care subsidiary.

First Wannamaker Lecture held

The first annual Lewis W. Wannamaker Memorial Lecture was held at the University of Minnesota Medical School on May 10.

Dr. Milton Markowitz, professor of pediatrics and associate dean of student affairs at the University of Connecticut School of Medicine, was the guest lecturer and spoke on "The Decline in Rheumatic Fever: The Role of Medical Intervention."

The Lewis W. Wannamaker Memorial Lectureship was established at the Minnesota Medical Foundation in April 1983 following Dr. Wannamaker's death last year. Dr. Wannamaker was a professor of pediatrics and microbiology for 31 years at the University of Minnesota Medical School.

More than 230 contributors donated $25,000 to endow the lectureship in Dr. Wannamaker's memory. He was internationally recognized for his work in infectious diseases, and was the first to demonstrate that treatment of streptococcal injection with penicillin or other antimicrobial agents prevents rheumatic fever.

Elaine M. Cunningham

Sale of property nets profit for MMF

The Minnesota Medical Foundation recently completed the sale of real estate in Brooklyn Park, Minnesota which had been donated to the foundation by Dr. Philip E. Gordon and his wife, the late Dr. Eva Shaperman Gordon.

The Gordons, both alumni of the University of Minnesota Medical School, donated eleven acres of undeveloped land in Brooklyn Park to MMF in 1980. MMF assumed ownership and held the property until an opportunity for resale arose. Earlier this year, MMF sold the land to the Brooklyn Park Housing and Redevelopment Authority. The foundation will use the substantial proceeds from the sale to support medical research and education at the University of Minnesota Medical School.

Philip and the late Eva Shaperman Gordon were long-time Minnesota residents with private practices of family medicine in north Minneapolis. They also operated the Gordon Foundation, a philanthropic organization which provided funds for educational purposes. Several years ago, the Gordons moved to San Diego, California, where Philip continues private practice in physiatry. Eva died in July of 1983.

The Minnesota Medical Foundation expresses its great appreciation to the Gordons for their valuable gift, and its demonstration of alumni support.

Fraser, Cunningham join MMF staff

Robin B. Fraser and Elaine M. Cunningham have joined the staff of the Minnesota Medical Foundation, according to Eivind O. Hoff, executive director.

Fraser has been appointed director of development with responsibility for planning and conducting all fund-raising activities sponsored by the MMF and directing the work of the four-member development staff.

Cunningham has been named director of communications and will be in charge of media relations and the production of publications, including editing the *Medical Bulletin*.

Fraser comes to MMF after three years of experience as director of development for the College of Engineering at the University of Florida. Prior to that, he served as executive director of the Jackson County Michigan Unit of the American Cancer Society. He holds a B.A. in social psychology from the University of Nebraska.

Cunningham joined the MMF staff after serving as a communication associate for the United Way of Minneapolis Area. She also spent five years as editor of publications for St. Joseph's Hospital in St. Paul. A graduate of the University of Minnesota, Cunningham holds a B.A. in journalism.

Notice

A batch of change of address notifications for the *Medical Bulletin* were inadvertently destroyed recently. If your copy of the *Medical Bulletin* is still being mailed to an incorrect address, please send in another notice. Thank you for your cooperation.

Robin B. Fraser

Three U of M researchers receive leukemia grants

Three researchers from the University of Minnesota were among nearly 100 biomedical investigators awarded grants during the Annual Medical and Scientific Advisory Committee meeting of the Leukemia Society of America.

After reviewing some 260 applications, the Leukemia Society approved funding of nearly two million dollars to the 100 researchers. Awards were granted in three categories: Scholar, a five-year award of $135,000, Special Fellow, a two-year award of $41,000; and Fellow, a two-year award of $34,000.

Dr. Tucker W. LeBien, assistant professor of laboratory medicine and pathology at the University of Minnesota, received a scholar grant. Fellow grants went to Drs. Leslie L. Robison, research associate in epidemiology, and Keith Skubitz, assistant professor in the department of medicine, both from the University of Minnesota. Funding for the awards commences on July 1, 1984.

Serving on the 25-member Medical and Scientific Advisory Committee that reviewed the grant applications from researchers throughout the United States and abroad, was Dr. Clara D. Bloomfield, director of the Coleman Leukemia Research and Treatment Center and professor of medicine, University of Minnesota Medical School.

University hospital renewal project on schedule and under budget

The river vista stretches long, viewed uninterrupted from the fourth floor of the steel structure that will soon be the University of Minnesota replacement hospital. The wind gusts freely through areas not protected by plastic and scaffolding.

But brick by brick, construction workers enclose the steel framework, remaining on schedule despite delays caused by cold weather earlier this winter. Behind protective plastic, concrete flooring is 95 percent complete. The overall construction project remains on schedule, 22 percent finished.

Construction for the 432-bed replacement hospital got underway in early 1983. Plans for the new eight-story facility include space for medical-surgical beds, pediatrics, newborn intensive care, intensive care and the bone marrow transplant unit, along with therapeutic radiology, new operating rooms and laboratories and diagnostic departments that relate directly to patient care.

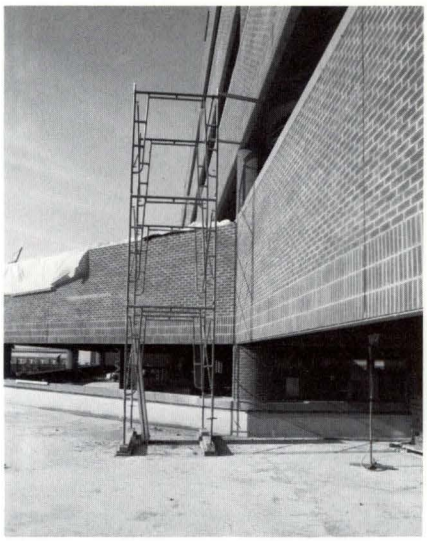
"By summer, the replacement hospital should look complete on the outside, but a large percentage of work includes interior mechanical, electrical work - over half the total project." said Mark Koenig, acting director, Hospital Facilities Office. Planners accepted bids on the interior finish contract in February, which includes paint, floor and ceramic tile, and carpet Koenig said.

On the first floor, construction on the new department of therapeutic radiology nears completion. Technicians are now installing and calibrating the huge linear accelerators used in radiotherapy. Level one will also house food service, shipping and receiving, and the first nuclear magnetic resonance program in the metropolitan area, which was approved recently by the State Commissioner of Health.

While construction is on schedule, the replacement hospital is also under budget. In February, the University's Regents approved the utilization of $3.4 million, which was saved on low contruction bids, to be used to improve the efficiency of the building and to complete several areas of unfinished space on level one. Improvements include two additional elevators; an enclosure for the emergency ambulance entrance to the building; and upgraded interior finishes, including ceramic bathroom tile and terrazzo flooring for the second floor lobby.

Complete occupancy of the new facility is scheduled for summer 1986.

This article reprinted, with permission, from the March/April 1984 issue of ***Monitor*** *, University of Minnesota Hospitals and Clinics. Photo by Brenda Johnson.*



Construction of the new University of Minnesota Hospital building continues on schedule, with the exterior nearly complete.

Watson award given for excellence in research

Dr. John Baillie, a medical fellow at the University of Minnesota Medical School, is the 1984 winner of the Watson Award for excellence in research.

The $1,000 Watson Award, cosponsored by the Minnesota Medical Foundation and the Minneapolis Society of Internal Medicine, is given annually in recognition of outstanding research by a resident in clinical medicine. Dr. Baillie was selected for the award by the Honors and Awards Committee of the University of Minnesota Medical School for his paper, "Flavone Stimulates Cholesterol 7a-Hydroxylase in vitro and in vivo."

The award is named in honor of the late Dr. Cecil J. Watson, a Regents Professor of Medicine at the University of Minnesota and longtime head of its Department of Medicine. The award was established in 1961.

Dr. Coleman wins radiology award

Dr. John B. Coleman, president of the board of trustees of the Minnesota Medical Foundation, was honored with the Presidents Award from the Minnesota Radiological Society at the Tenth Annual K.W. Stenstrom Lectureship in Radiological Science held in February.

The President's Award was specially created by the Society for Dr. Coleman in recognition of his many years of service in the medical field. Dr. Coleman retired in January 1984 after nearly 40 years of active practice in radiology. In presenting the award, Dr. Coleman was cited for his "outstanding contribution to the profession of radiology, his unfailing good will, and his distinguished leadership as a medical scientist and statesman."

Dr. Coleman received his M.D. degree from Northwestern University Medical School. As board president of MMF, he gives much time and energy to the leadership of the foundation.

A fourth year medical student, a participant in the National Resident Matching Program, tore open the envelope that revealed where she would be spending her medical residency.

Graduating medical students participate in matching program

Fourth year medical students around the country were all doing the same thing at 4:00 p.m. on Wednesday, March 14. They were waiting. Groups of students in medical schools across the nation waited to find out the results of the 1984 National Resident Matching Program.

There were screams of joy, looks of dismay and even a few tears as students at the University of Minnesota Medical School ripped open their envelopes in Mayo Auditorium to find out where they would be spending the next year or years of their lives. Overall, the results were good. Nearly 60 percent of Minnesota's medical students were matched with their first choice of resident positions.

The National Resident Matching Program matches graduating medical students with the available resident positions in hospitals throughout the country. Students rank their choices of residencies and institutions and the institutions, in turn, rank their preference of candidates. The computer does the rest.

At the University of Minnesota, 272 graduating students participated in the match out of a nationwide total of more than 15,000 (4,741 U.S. medical school graduates, 1,695 U.S. foreign medical school graduates and 4,212 alien foreign medical graduates.) At Minnesota, nearly 94 percent were matched with 59.9 percent, or 149 students, receiving their first choice; 13.3 percent their second choice; and 9.2 percent their third choice. Nearly 45 percent, or 120 students, will remain in the state of Minnesota for their residencies, with more than half of those going to the University of Minnesota Hospitals.

1984 marked the first time in three years that the number of positions offered in the National Resident Matching Program increased. The 505 position increase was primarily in the fields of internal medicine (303) and pediatrics (120).

Eighty-one graduating medical students from the University of Minnesota (30.3 percent) will serve their residencies in family practice, while 55 students (20.5 percent) will be in medicine.

UMD med students choose family practice

No other medical school in the nation is as successful as the University of Minnesota, Duluth (UMD) in turning out family practice physicians, according to a national study released March 15.

The National Resident Matching Program Report showed 58.3 percent of the students who began their medical training at the UMD School of Medicine in 1980 have elected family practice as their career choice. In contrast, only 12.8 percent of graduating medical students nationally elected family practice.

When the other primary care medical disciplines are considered — internal medicine, obstetrics and pediatrics — UMD's percentage is even higher. In these four primary care areas, 87 percent of UMD's students matched.

Since it was founded in 1972 to help meet the need for family practice physicians in rural communities, the UMD School of Medicine has consistently led the nation in the percentage of its students who elect family practice.

"No other school even comes close to us," said James G. Boulger, associate dean of administration and student affairs for the UMD medical school.

Continued on page 8

Reunion activities planned for returning medical alumni

Renewing old friendships, reminiscing about the good old days, sharing stories of careers and families . . .

That's what's coming up in June for medical alumni of the University of Minnesota Medical School. It's reunion time and plans are underway for a host of activities for the classes of 1934, 1944, 1949, 1954, 1959, 1964, 1969 and 1974.

The individual class committees are busy coordinating activities and notifying classmates of the festivities. Reunion dinners are being planned for most classes. In addition, returning alumni can participate in these all medical alumni activities.

Thursday, May 31

1-4 p.m. — A leisurely cruise down the Mississippi River aboard the sternwheeler "Jonathan Padelford." Trip departs from Harriet Island in St. Paul. Sponsored by the Minnesota Medical Foundation.

Friday, June 1

2:30 p.m. — Graduation of the Medical Class of 1984, Northrop Auditorium. Dean's reception follows the ceremony on Northrop Mall.

6-8 p.m. — Medical Alumni reception at the University of Minnesota Alumni Club, 50th floor of the IDS Center in downtown Minneapolis.

Saturday, June 2

8:30 a.m. — New Horizons in Medicine, a continuing medical education seminar presented by University of Minnesota faculty members to be held in Malcolm Moos Health Sciences Tower. CME credits approved for the program.

1 p.m. — 47th Annual meeting and luncheon of the Minnesota Medical Alumni Society in Spectrum Cafeteria on the University of Minnesota campus. Tours of the University of Minnesota Hospital Renewal Project will follow the luncheon.

The Minnesota Medical Foundation is coordinating the plans for the 50th year reunion of the Class of ception and dinner on Thursday, May 31 at the Decathlon Club in Bloomington; the Medical Foundation luncheon on Friday in the Campus Club; the Class of 1984 commencement program; and the Grand Reunion Banquet on Friday at the Amfac Hotel in downtown Minneapolis.

Goals count for UMD students

It takes a lot of puck..er, pluck..to make it through medical school. Especially at the University of Minnesota, Duluth School of Medicine where, though hours are long and study intense, nearly one-quarter of the school's students have been getting up at 5 a.m. each Thursday morning to play hockey.

Why do they do it?

"These students have such a heavy schedule, they're so restricted to sitting down and studying, that they just need a physical outlet," said hockey organizer Thomas Fitzgerald, a faculty member.

"We're crazy," said second year medical students Tim Johanson and Greg Johnson.

Crazy or not, about 25 students show up each week. Out of a total enrollment of 96, 40 of which are women, this represents about half of the male population at the medical school.

The group wasn't always entirely male. "A female med student played with us last year. But she went on to Minneapolis. None of the other women have shown an interest so far," Fitzgerald explained.

Besides the students, faculty members and area physicians come, too. Jim Conant, an anesthesiologist at St. Mary's and Miller-Dwan, has been playing hockey for 30 years. It's hard to give it up, he said. "Getting up at 5 a.m. isn't so bad. It's better than playing late at night where you can't get to sleep when you get home."

"Five a.m. is the only time our advisors give us off," joked Bill Mills, a graduate student in physiology at the medical school.

Second year medical student Bob Stocker plays just to cover all his bases: "If medical school fails, I'll join the Junior Stars," he said.

The skaters get the ice at either Pioneer Hall or the Duluth Arena between 6 a.m. and 7 a.m. each Thursday. Everyone brings his or her own equipment. There are no set teams. Sides are chosen each time. By 7:30 a.m. they're done. Until next week, that is, at 5 a.m.

Editor's Note: *UMD's Bulldogs were 1984 champions of the Western Collegiate Hockey Association. No medical students were on the team however.*

UMD part-time hockey players and full-time medical students are (left to right): Robert Stocker, Stan Davis, and Robin Fischer.

Students at Henry Sibley High School in West St. Paul dressed up in their finest during GOFA (Give Once for All) week. During GOFA week, students raised $8,600 for the Children's Cancer Research Fund.

Henry Sibley students raise $8,600 for Children's Cancer Research

To put a friend or favorite teacher in jail was worth $2.00. A flowergram delivered to that special someone was a steal at $1.50. Buying out of an hour of class was certainly worth any price.

Students at Henry Sibley Senior High School in West St. Paul spent their money on some "wild and crazy" things during GOFA week in February. The result of that spending, however, was far from crazy. At the end of the week, students had raised $8,600 to be donated to the Children's Cancer Research Fund through the Minnesota Medical Foundation.

GOFA stands for Give Once For All and GOFA week is an annual event at Henry Sibley High School. Each year, students vote on which worthwhile charitable organization will benefit from the proceeds of their GOFA week activities, according to Al Gislason, faculty advisor for the event. Last year, the Minnesota Medical Foundation received $7,400 from Henry Sibley students for the cystic fibrosis program at the University.

A student committee, headed by Mike Pahl, Mike Droubie, Holly Nelson and Tracy James, planned and coordinated the activities for this year's GOFA week. The festivities kicked off on Saturday, February 11, with a dance, during which students paid 25 cents to vote for their candidates for GOFA royalty.

On the following Monday, students attended an assembly to learn more about the Children's Cancer Research Fund and to hear about all the fun activities planned for the week. For a small price, students could participate in sending flowergrams, guessing the number of corks in a jar, searching for a hidden medallion by buying clues each day, and bidding for the chance to "buy out" of class for an hour to attend one of two special GOFA programs.

One of the highlights of the week was an auction during which students from each class collected money in order to participate in a variety of class competitions such as a mattress relay, food slurping contest and scavenger hunts. A jail was also set up at the auction. It cost $2.00 to put someone in jail and it cost $1.00 to get out.

All in all, a fun time was had and, more importantly, a worthy cause was served. Congratulations and thanks to the students of Henry Sibley High School!

Students pick family practice—cont. page 6

What makes these statistics significant, says Boulger, is the fact that UMD medical students spend only their first two years at the school. Their last two years are spent at the University of Minnesota, Twin Cities campus. While there, the students are exposed to all medical disciplines — many, more lucrative than family practice.

Yet, this initial family practice exposure during the students' first two years at the UMD medical school holds up, even against the national trend away from family practice.

How is the school able to achieve this?

There are several reasons, Boulger explained.

First, class size at the school is kept small. Total enrollment is just 96.

Secondly, the school's Family Practice Preceptorship Program, which involves 92 area physicians in private practice, places students one-on-one with family practice physicians. Here, the students learn first-hand the details and lifestyle of family practice.

In addition, the school's admissions committee carefully screens the large number of applicants to the school for those students who show the greatest interest in and likelihood of pursuing a career in family medicine.

A well-designed curriculum with a strong emphasis on family practice, is taught by an extremely able, competent and dedicated faculty, Boulger added.

"We are delighted" said Paul Royce, dean of the UMD School of Medicine, "that we have been able to fulfill our mandate to the state, to prepare young men and women for careers in family practice."

Pederson named Burch professor

The Department of Ophthalmology at the University of Minnesota announced the appointment of Dr. Jonathan E. Pederson as the first Frank E. Burch Professor of Ophthalmology.

The Frank E. Burch Research Fund, established in 1943, was named in honor of Dr. Frank E. Burch, a prominent St. Paul physician. He served as chairman of the Department of Ophthalmology at the University of Minnesota from 1927 to 1944. The Burch Fund has now made possible the two dreams of its founder and donors: the construction of the original Ophthalmology research laboratories in Diehl Hall, which were occupied by ophthalmology from 1959 to 1978; and the naming of a research professor in ophthalmology.

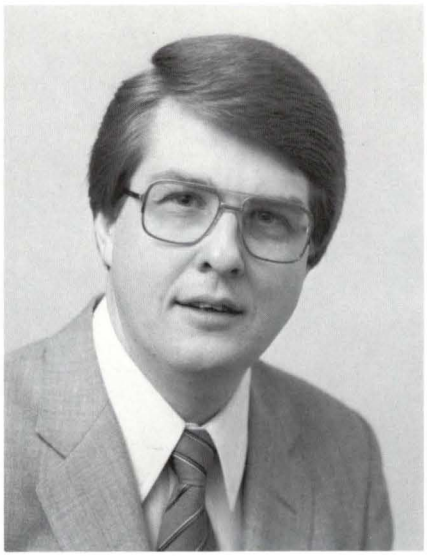
Dr. Pederson joined the University of Minnesota faculty in 1980. He is a specialist in glaucoma and a highly respected researcher in that field.

Students interested in medical careers visit University

Approximately 300 pre-medical college students from around the state of Minnesota attended the Pre-Medical Students' Day program at the University of Minnesota Medical School March 24 on the Minneapolis campus.

During the day, students had the opportunity to tour the medical school and ask questions about admissions procedures, finances and other areas of concern.

Program speakers included Dr. N.L. Gault, dean of the medical school; Dr. W. Albert Sullivan Jr., associate dean of admissions and student affairs; Dr. Helene Rudnick, student aid director of the Minnesota Medical Foundation, and Bruce Laverty, Med I. The keynote speaker was Dr. John P. Brantner, professor of clincial psychology at the medical school, who addressed the forces of change and their impact on medicine.



Dr. Jonathan E. Pederson

Mannering receives Pharmacology award

Dr. Gilbert J. Mannering, a professor of pharmacology at the University of Minnesota, is the 1984 recipient of the Bernard B. Brodie Award in Drug Metabolism.

Mannering, who joined the medical school faculty in 1962, received the honor in April at the annual meeting of the American Society of Pharmacology and Experimental Therapeutics (ASPET) in St. Louis.

Mannering's research has focused on nutrition, morphine and alcohol metabolism, drug enzyme induction and the influence of interferon inducing agents.

ASPET said Mannering was selected for the Brodie Award because: "It is apparent that his research has been at the forefront of drug metabolism and has unquestionably opened horizons and given incentive to a number of investigators throughout the world. His research has given many others an opportunity to confront and answer a variety of intriguing basic problems in the field of drug metabolism."

Mannering received his bachelor's degree, master's degree and Ph.D. in biochemistry from the University of Wisconsin, where he spent his early academic career before coming to Minnesota.

He is the author of more than 100 scientific articles, a member of many professional and honorary societies and a former field editor for the *Journal of Pharmacology and Experimental Therapeutics.*

MMF makes grants

continued page 2

search of endothelial cells and thrombosis; **William Schuback,** assistant professor of medicine, $6,750 for research into the chromatin structure of humanc-myc; and **Joel Trugman,** medical fellow in neurology, $3,000 for research of pathologic and biochemical mechanisms of cisplatin-induced neurotoxicity.

Students who received research grants were: **Kevin Bjork,** Med. II, $1,200 to look into methods of increasing ATP regeneration during myocardial ischemia; **Keith A. Bengtson,** Med. III, $1,200 for experimental production of hemifacial spasm; **Kent A. Carlson,** Med. IV, $600 for research of permeability defects in the human eye and kidney; **Deborah S. Quanbeck,** Med. III, $1,200 for research into the effect of nifedipine on coronary blood flow during graded treadmile exercise in dogs; **Stephen Setterberg,** Med. IV, $800 to study visual cortical evoked potentials, connotative meaning, and schizophrenia; **Mark J. Vellek,** Med II, $1,200 for research into ige levels and infection in atopic versus non-atopic individuals; and **Michael Workman,** Med. III, $1,200 to study the mechanism by which potassium decreases blood pressure in experimental hypertension.

Warwick Castle overlooks the town of Warwick, England. Photo by Carol Winter.

Students visit Great Britain to study medicine

For the past 20 years, the Minnesota Medical Foundation has provided nearly $5,000 a year to support the medical student exchange program between the United States and Great Britain. This program, originated by Dr. W. Albert Sullivan Jr., associate dean of admissions and student affairs, gives students from the University of Minnesota Medical School the opportunity to broaden their education by studying medicine in Great Britain. In turn, students from Great Britain come to Minnesota for American medical training and in the process share their experiences and ideas.

George Edmonson and Carol Winter were two medical students from Minnesota who participated in the exchange program. Edmonson spent from January 20 to April 17, 1983 in Birmingham, England. For part of the time, he was "in residence" as a senior medical student in general surgery at the Queen Elizabeth Medical Center. This was followed by five weeks of cardiology at the General Hospital in downtown Birmingham.

Winter attended classes at the Welsh National University in Cardiff, Wales. She did a general medicine rotation at the University Hospital for four weeks, followed by five weeks of chest medicine at Llandough Hospital. The last three weeks of her program were spent in a hospital in the small town of Bangor, Wales, under the tutelage of Dr. Neville Hodges, who himself, was one of the first British students to come to Minnesota as part of the exchange program.

In the following, Edmonson and Winter describe their experiences and impressions of Great Britain's system of socialized medicine as compared to medical practice here in the United States.

Carol Winter: "One of the most basic differences is that British socialized medicine is not consumer-oriented. The people simply must wait for many services until they reach the top of the list. For example, a person may wait for a year or more for a hip replacement after he or she has been found to need one. It also seemed that the care of the elderly is less aggressive than it is here.

"The people (patients) there did not appear to be as concerned about their health as Americans are. They certainly did not ask as many questions about the conditions they were told they had. They simply accepted what they were told and that was it. I thought many of the doctors were quite paternalistic in their relationships with patients. This was most evident in the practice of not telling a patient when the diagnosis was cancer. This was by no means universal, but it was common and I found it disturbing to see a large tumor through the bronchoscope and then to hear the patient being told of "some inflammation" in the lung. While I was in Britain, it seemed

that there were many regulations limiting what a physician could do. Now that I'm back and working in a hospital here, however, I think we may have just as many, or soon will.

"There are good points to the British system. Medical care truly is available to everyone. People there do not avoid medical attention simply because they feel they cannot afford it. The system is also relatively inexpensive. I think they deliver good care for the money which is only about six percent of their gross national product.

"Another difference which I found interesting, was the division of inpatient and out-patient care. The general practitioner does office practice and makes house calls, but does no hospital work. If the GP decides that a patient needs to be admitted, care is then taken over by a 'consultant' who works only in the hospital. Consultants usually have a clinic in the hospital where they see the people referred to them for evaluation. Many of the consultants also have private practices.

"Before leaving the U.S., I was told that British medical schools placed a greater emphasis on learning clinical skills. I found this to be true. We had many teaching sessions in which an instructor and six or eight students would go to see a patient. The instructor would then ask one of us to take the history or examine a particular organ system. I often felt uncomfortable during these sessions, but I think my clinical skills did improve as a result of them.

Birmingham General Hospital in Birmingham, England, was built in the late 1800s when everything was supposed to look like a castle. Photo by George Edmonson.

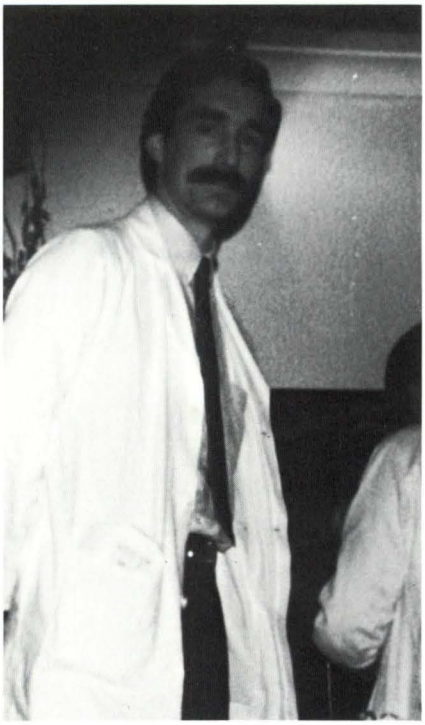
"With the exception of the University Hospital, all the hospitals I worked in or visited were quite old. One had been a tuberculosis sanitorium. Several others were World War II barracks which had been connected to each other and turned into hospitals. I was a bit shocked when I went to visit a friend one weekend and found her in the local hospital having just had an 'appendisectomy.' The hospital had been built by the U.S. Army during World War II and was meant to be temporary. It looked it to me. Nevertheless, the patient care there and in the other hospitals did not seem to suffer just because the facilities were old.

"I think my view of the world did expand during my stay in Wales. Slowly, I realized how wealthy we are in the U.S. We tend to live in large, single-family homes with large yards and garages. We have big refrigerators so we do not have to shop for groceries every day. We have miles and miles of open, uncrowded country. We certainly are fortunate to have so much elbow room. I also got the feeling that we are more socially mobile in the U.S. 'Rags to riches' is much more likely to happen here than elsewhere.

"Children in Britain must decide at a rather early age, many as early as age 16, what their careers will be. That includes the decision to become a physician. Education is subsidized for one degree. If a student decides to change majors or get a second degree, it must be financed privately, which can be difficult.

"The newspapers in Great Britain especially were interesting to me. The larger ones were very political and the smaller ones were the tabloid type with big headlines and sensational stories. I was surprised at the amount of attention they focused on the U.S. and on events throughout the world. Students there were much more politically

A typical British back yard or "garden" of a typical row house. Photo by Carol Winter.



George Edmonson

aware than I was when I was 21. I think our news focuses more on ourselves and we know relatively little about the rest of the world.

"During one of the last weeks I was in Wales, the cruise missiles were deployed in Great Britain. This was the number one news story most evenings for several weeks. The deployment was not long after the U.S. invasion of Grenada, which was, for the most part, disapproved of by the British. There were many protests against the missiles, even though the government supports their deployment. I talked to many of my friends about this, and over and over the message was that they felt trapped in the middle of the nuclear arms escalation. They feel that, even though their country is unlikely to launch a nuclear attack, they will suffer retaliation. They were certain that they would be bombed should the U.S. and U.S.S.R. become involved in a nuclear war. I came away with a strong sense that they are living 'under the gun' and that they are very uncertain about their futures.

"Living in a dorm made meeting people and finding new friends easy during my stay in Wales. I think I may even have dispelled some myths about Americans. One young woman thought that all American women were very glamorous like those on the television show *Dallas.* After getting to know me, she decided that it wasn't so. I took it as a compliment. I hope that some of the people I met will visit me here and that I will be able to return to Great Britain and see them one day.

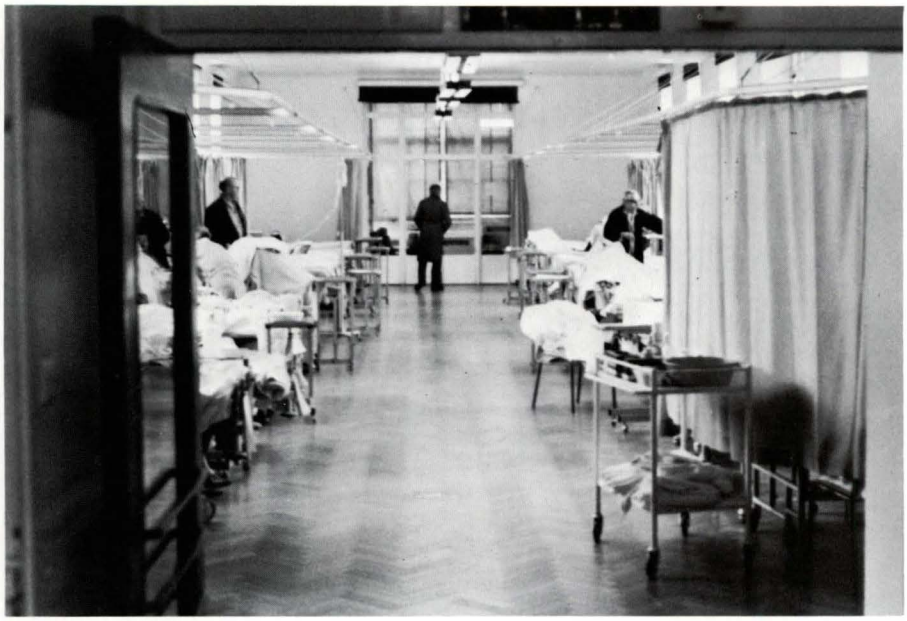
"The exchange was a wonderful experience for me. I thank the Minnesota Medical Foundation for their generous travel grant, which was one of the key factors in making the trip possible. It will give me great pleasure, if in the future, I can help make such a trip possible for another student."

George Edmonson: "In the few months I spent in Birmingham, I discovered, with no great surprise, that British medical education is very similar to that in Minneapolis. The primary differences lie in the somewhat different attitudes regarding medical care 'across the pond.' Most of the contrasts are economic, although there are a few cultural differences as well, many of which parallel U.S. medicine historically. The British government offers very solid support for higher education by providing local grants, tuition and up to $3,000 per year of living expenses for each university or medical student. This provides quite a contrast to the ever diminishing government support offered to medical students in the U.S. Without the continued assistance of organizations such as the Minnesota Medical Foundation and the Minnesota Medical Association, the staggering levels of personal debt would have prohibited many of my classmates from completing their education.

"European students attend medical school for five years, beginning at age 17 or 18, and becoming house officers at age 23. In my experience, they seemed as knowledgeable and well-trained as their American counterparts. While I can't help feeling that they missed some intangible elements of growth in exchange for bypassing a few years of liberal arts, there is no question that the system generates qualified physicians more rapidly and at much less expense than the American system.

"Another small difference is in being a resident. Many of the senior students and virtually all of the house officers (HOs) live in rooms provided by the hospital in which they are employed. This lifestyle works in Birmingham because most HOs are not yet married and, since house jobs last only six months, they must move twice each year. It provides a genuine camaraderie in the

The Medical School in Birmingham, England. Photo by George Edmonson.



A surgical ward at Queen Elizabeth Hospital in Birmingham, England. Photo by George Edmonson.

doctors' mess and is a substantial tax free subsidy to their yearly salaries. An unfortunate side of hospital residence, is the unpopular necessity of buying most of your meals in the hospital cafeteria. It is my considered opinion, that this frequent consumption of institutional food can be causally linked to the generally anemic pallor and psychic discord apparent in most interns.

"The British consider themselves more civilized than we colonials (or anyone else for that matter). This attitude prevails in medicine. The working day, including for surgeons, runs from 9 to 5 with elevenses, lunch, and 4 p.m. tea and toast daily, with two or three weekends a month free. They see no need for weekend rounds, nor any reason the patients should be disturbed at 6 a.m. each day. This somewhat paternalistic attitude is also reflected in patient-physician interaction. The physicians tell the patients they will make them better and in exchange for these assurances - even in terminal cases where the family has been told the grim truth - the patients generally accept whatever is said or done medically. With the exception of cases of gross negligence, litigation is never even considered. The litigious atmosphere in U.S. medicine never ceased to fascinate the British physicians.

"British medicine lacks the complexity that we have here, meaning medicine still primarily involves the doctor, nurse and patient. Vastly fewer number of things are done for, to, or about the patient in the ward. In spite of, or because of this, those that should recover do, and those that won't go home. This simple relationship is embraced by the patient, who for example, knowing that there is only one CAT scanner in the whole city does not expect a series of head CTs everytime he falls down and bumps his head. The rest of the NHS (National Hospital System) involves the local general practitioners who still make housecalls, etc. It was my general impression that the people of Great Britain are satisfied with their medical care system. I would not be.

The Birmingham Cathedral. Photo by George Edmonson.

"All the things you have heard about the NHS are true, the majority of which are due to severe financial constraints on medical expenditures. Due to shortcomings in the NHS, a private practice medical system is rapidly developing. At present, roughly 25 percent of medical care is delivered on a fee for service basis in private hospitals and offices along with the private insurance premiums above the mandatory National Health Insurance each citizen must buy. The rapid growth in the private sector suggests that the British will soon have the two-tiered medical care situation that we have in the U.S.

"On a more personal level, I thoroughly enjoyed my time in England. I got on quite well with the medical teams I was affiliated with and spent an additional month enjoying the company of some of the people I met there, as well as doing a bit of sightseeing in England and Scotland. I very much appreciated the opportunity to experience British medicine first-hand, which the Minnesota Medical Foundation helped make possible. I gained a greater appreciation of how truly advanced our medical care system is, while achieving some insight into its ironies. As one of the students privileged in this, the twentieth year of the exchange program, I strongly urge its continued support by the Minnesota Medical Foundation."

Biomedical ethics
Preparing students to face dilemmas

• A severely disabled burn victim wishes to die rather than receive medical treatment for his burn injuries.

• Parents of a severely handicapped infant refuse to give permission for doctors to operate on the infant's congenital heart defect.

• The family of a comatose woman asks doctors to "unplug" the respirator which keeps the woman breathing.

• A woman, whose fallopian tubes are blocked, seeks in vitro fertilization, where doctors remove her egg from an ovary, unite it with her husband's sperm in a laboratory dish and then implant the resulting embryo in her womb — a practice commonly referred to as the "test tube baby" process.

These are situations that a physician in today's health care industry may face. Modern medical progress has brought about artificial hearts, organ transplants, genetic engineering and a burgeoning technology allowing physicians to perform procedures that they once only dreamed about. Modern medical advances have also raised a host of moral and ethical questions that physicians must face. Questions about when to prolong life, when to spend huge sums of money on new techniques, or when to allow a patient to die. What are the right answers? Who decides?

The University of Minnesota Health Sciences Center is taking steps to address these questions in order to more adequately prepare students for their roles in the health care industry. Doctors, nurses, pharmacists, dentists and others in the health field will undoubtedly face such moral and ethical dilemmas during their careers. The university is looking at ways to help students make decisions on some very sensitive topics.

"Ethics is not a fad. These issues are not going away." — Dr. Neal Vanselow

Currently, there is no formal program at the university that deals with biomedical ethics. That may change in the near future.

"There is obviously an increasing amount of interest in the area of biomedical ethics, both at the University and in the general community," said Dr. Neal Vanselow, vice president of health sciences at the University of Minnesota. "Hardly a week goes by without some medical ethics issue being raised in the newspaper or a medical journal."

"We believe it's necessary to ensure that those issues are being addressed in both our teaching and research in the Health Sciences Center," he continued. "We also believe we should be taking an active role in defining and dealing with ethical situations that students will inevitably face when they begin their professional careers."

In April, Dr. Vanselow and Kenneth Keller, vice president for academic affairs, took the first step in addressing the issue by appointing a 15-member task force, charged with evaluating a biomedical ethics curriculum. The task force will define the scope of the existing biomedical ethics programs at the university and may also identify topics for faculty research. Chaired by Dr. Shelley Chou, professor and chairman of the department of neurosurgery, and John Wallace, professor of philosophy, the task force includes representatives from nursing, pharmacy, public health, dentistry, psychology, sociology and law.

Dr. Vanselow would like the task force to define the role the University of Minnesota should take in researching and teaching biomedical ethics.

One possibility he sees the task force recommending is the establishment of a center for examining the wide range of moral, social, and legal questions pertaining to biomedical ethics. Such a center might do theoretical research on ethical issues, provide resources and position papers for hospitals and physicians, conduct workshops and stimulate thinking on pressing ethical topics such as genetic engineering, death and suffering, care of the defective newborn, and rationing of scarce medical resources.

According to Dr. Vanselow, there are a few institutions in the country already doing this. However, he knows of none attached to a major university. He feels the University of Minnesota should take a leadership role in the area of biomedical ethics.

"We are known nationally as being a leader in the way we deliver health care," Dr. Vanselow explained. "We are at the forefront of technology with our transplantation program. We need to do more in the area of biomedical ethics."

"All of the students in the health sciences are concerned about ethical problem-solving." — Timothy Culbert

Biomedical ethics is not a new topic. Debates over physicians and truth telling, abortion, and care of the dying have been raging for centuries. What makes it such a "hot topic" today, however, seems to be the sheer number of ethical, social, economic, and legal conflicts that result from new and advanced medical techniques. Liver transplants and test tube babies weren't possible 30 years ago. Court cases such as Baby Jane Doe and Karen Ann Quinlan have focused public attention on the rights of a patient to refuse treatment. Modern technology coupled with rising costs have created new dilemmas.

"How do we allocate a finite pool of resources?" asked Dr. Vanselow. "We have very expensive technology and it's not clear society can pay for it. Do we spend money on one liver transplant or a number of needed vaccines. Who gets an organ transplant and who doesn't?"

Students need exposure to these moral and ethical questions and Dr. Vanselow feels the university should supply it. Surprisingly, students have been leading the way in developing programs to deal with biomedical ethics.

In 1979, a group of interested medical students pursued the idea of a course on biomedical ethics. Their activity resulted in the formation of the Student Committee on Biomedical Ethics. The committee, traditionally composed of second year medical students, has annually sponsored a series of lectures on ethics in medicine during the winter quarter. Lecture topics have ranged from law to philosophy, from transplantation to neonatology, and from right to life to abortion.

This year, under the chairmenship of second year medical students Timothy Culbert and Mark Matson, the committee tried to involve not only medical students but students in the other health sciences areas as well. In their statement of purpose the student committee wrote: "We are in the process this year of turning the Student Committee on Biomedical Ethics into a more high-profile organization. Many students and faculty have indicated that the need exists for education, information, and discussion about issues in the biomedical realm now more than ever before. Currently, this committee is one of the only forums in which these issues are brought to the attention of the University of Minnesota Health Sciences community, since no formal instruction in professional ethics is included in most curricula. This committee is, therefore, the appropriate group to generate awareness of ethical issues in health care. The members of the committee feel that exposure to such issues represents an important and much needed component in the education of truly competent health care professionals. Advances in science and medicine are out-pacing the ability of society to adjust, as is evident by the current biomedical controversies we hear of daily in the news. The committee's purpose is twofold: to sponsor activities that educate and inform students and faculty about ethical issues in health care; and to develop individuals who will be leaders in their respective fields in the area of biomedical ethics."

"A course would help students evaluate the appropriate use of technology and how to use it humanely and reasonably." Dr. Ronald Cranford

Students need to learn "how to go through a process to make decisions on moral issues." — Mark Matson

The 10-part lecture series of 1984 included discussions on medicine and the media, Christian conflicts with medical practice, health care economics and care of the dying. The student committee had control over what topics were discussed and

Dr. Norman Fost, nationally recognized authority on neonatology, discussed the ethical dilemmas involved in the care of newborns during a biomedical ethics forum sponsored by the Student Committee on Biomedical Ethics.

arranged for the lecturers.

"We approached the lecture series like it was a course," said Matson. "We tried to identify what the pressing issues were and present case studies to explore the issues." It was not the committee's intent, according to Matson, to come up with right or wrong answers, but rather to expose students to "how to go through a process to make decisions on moral issues."

In addition to the lecture series, the students sponsored a forum on biomedical ethics in the spring, which featured Dr. Norman Fost, a nationally recognized authority on neonatology. Dr. Fost discussed recent developments in medicine, ethics, and the law in regard to care of the newborn. A panel discussion followed with Dr. Fost, Dr. Ted Thompson, chairman of the University of Minnesota Hospitals Institutional Ethics Committee, Mila Aroskar, associate professor of Public Health Nursing, and Dr. Ronald Cranford, associate professor of neurology at the university.

The lectures and the forum drew overflow crowds in a 300-seat auditorium.

"All of the students in the health sciences are concerned about ethical problem-solving and feel there has been a lack of formal instruction in this area in the past," said Culbert, who was appointed by Dr. Vanselow to serve on the biomedical ethics task force.

As evidence, Culbert pointed to a survey of health sciences students conducted by the Student Committee on Biomedical Ethics to reflect support for the development of more systematic instruction in the area of ethical decision-making. Out of the repondents, 70 percent indicated their strong support.

Matson, Culbert and the student committee also worked with an interdisciplinary group of faculty called the Committee on Ethics and Value in Medical Education that is putting together a proposal for a course in biomedical ethics and the decision-making process for the selective period of the medical students' third and fourth year. This committee's efforts are just one more indication of the broad interest in some formal program in biomedical ethics at the University of Minnesota.

If such a course develops, Matson and Culbert feel it should be a course that heightens students' awareness of the complexity of the ethical dilemmas they may face in their careers and provide a foundation on which personal and professional resolutions to those dilemmas may take place.

Dr. Cranford has served as the faculty advisor to the Student Committee on Biomedical Ethics since its formation in 1979. He is also a member of Dr. Vanselow's task force and a consultant to the national President's Commission for the Study of Ethical Problems in Medicine.

Dr. Cranford feels the University of Minnesota is "a little behind in establishing a more formal course in ethics," but points out the tremendous demand for course time already on the medical school curriculum and the expense of bringing in faculty to teach courses in ethics.

There is no doubt in his mind, however, that students need to be made more aware of ethical issues and "develop a systematic way of addressing the dilemmas." He feels it is the responsibility of the medical community to assume a strong leadership role in helping society realistically and humanely cope with contemporary ethical dilemmas which have resulted from advances in medical science.

"Many people fear that we are going too far, too rapidly with medical advances," he said. "They are overwhelmed and scared. They want simplistic answers and there aren't any."

"Others think if we have the technology we should use it at any cost," he continued. "A course would help students evaluate the appropriate use of technology and how to work with it humanely and reasonably."

Biomedical ethics is a "hot topic" at the University of Minnesota and, as Dr. Vanselow pointed out, it is not a fad. "These issues are not going away," he said.

Although students do currently receive some exposure to medical ethics, Dr. Vanselow, Dr. Cranford, Culbert and Matson all agree it is not enough.

The task force on biomedical ethics will spend the next few months evaluating the topic to consider what needs to be done. They have been asked to complete their work by January 1985.

Dr. Ted Thompson, University Hospitals, and Mila Aroskar, School of Public Health, participated in a panel discussion on biomedical ethics.

Lectureship on biomedical ethics held in honor of former Medical School dean— Dr. William Fleeson

Dr. William Fleeson, a former assistant dean of the University of Minnesota Medical School, has held a career-long interest in the ethical and legal issues which relate to medicine. While at the University of Minnesota in the early 1960s, Dr. Fleeson lectured on medical ethics in both the medical school and the law school.

Recently, Dr. Fleeson was honored by the University of Connecticut School of Medicine, where he spent his career after leaving Minnesota in 1963, with the first in a series of lectureships, which bear his name, on medical ethics.

Allan M. Stone, professor of psychiatry and law at Harvard University, was the guest speaker for the first "William Fleeson Lecture on Medical Ethics."

A native of Sterling, Kansas, Dr. Fleeson received his medical degree from Yale University School of Medicine in 1942. After an internship in psychiatry at the University of Minnesota Hospitals, Dr. Fleeson became a captain in the U.S. Army Medical Corps. He was one of five psychiatrists assigned to the Manhattan Engineering District Project in Oak Ridge, Tennessee, where the atomic bomb was being developed in 1945 and 1946. Of those days, Dr. Fleeson recalled security was so tight and ingrained, that not one of his patients ever mentioned his work with the government.

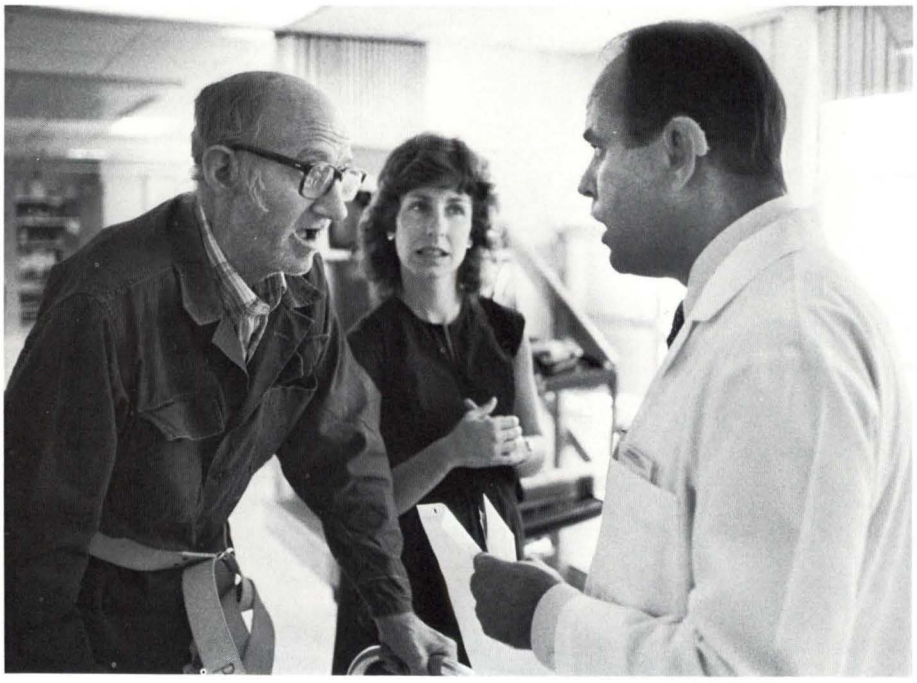
After World War II, Dr. Fleeson returned to Minneapolis to become director of the child guidance division of the Minnesota Psychiatric Institute and a staff psychiatrist at Sister Kenny Institute. In 1957, he joined the University of Minnesota faculty as an assistant professor of psychiatry and physical medicine. Three years later, he was named assistant dean of the university's medical school.

Psychiatry and medical ethics seemed to go hand-in-hand, and Dr. Fleeson lectured on the subjects at Minnesota from 1960 to 1963. At that point, he left to help give life to the then, only conceived, University of Connecticut School of Medicine. Serving as an associate dean and one of the school's first three faculty members, Dr. Fleeson and his colleagues planned the new medical and dental schools and the university hospital and clinics which became the major components of the University of Connecticut Health Center.

As associate dean for student affairs, Dr. Fleeson welcomed the University of Connecticut's first class of medical students in 1968 and watched as they graduated in 1972. He resigned as associate dean in 1974, but continued teaching and practicing psychiatry. In 1982, Dr. Fleeson retired from the University of Connecticut and the lectureship on medical ethics was established in his honor.

Since his retirement, Dr. Fleeson has remained active in the medical field. He serves part-time as a psychiatrist on the staff of the Veterans Administration Medical Center in Newington, Connecticut. He and his wife, Beatrice, an expert on mental retardation, also lecture each summer at the Free Faculty of Medicine in Lille, France.

-by Whitney Jacobs



Deaf physician makes good listener

Editor's Note: *The following article was written by Maureen Smith and appeared in the October 1983 issue of the University of Minnesota's* ***Report.*** *Since the article appeared, Dr. Zondlo was offered and accepted a position with the University of Oklahoma Teaching Hospital as assistant director of the Rehabilitation Institute and chief of physical medicine and rehabilitation.*

Asking good questions and listening carefully and caringly to the answers are two important skills for a doctor. Patients feel reassured when they know the doctor has heard them and understood.

Frank Zondlo, a resident in the University of Minnesota's Department of Medicine and Rehabilitation, is a skillful interviewer and attentive listener. If anything, he seems to be a better listener because he is deaf.

"He's the only doctor I like to talk to," one patient told me when I spent an afternoon with Zondlo while he was in residency at the Veterans Administration (VA) Hospital.

Zondlo couldn't do it alone. His interpreter that afternoon was Laura Becker, who translated everything into sign language - not just the comments addressed to Zondlo, but everything that was spoken around him. Zondlo listened with his eyes, watching each speaker for gestures and facial expressions and Becker for the words.

Any uneasiness people might feel about talking to a deaf doctor is quickly dispelled by Zondlo's own confidence and warmth. "I get along well with my patients. I tell them what the situation is and don't make a big deal out of it. They're sick. That's what they want to talk about."

As an observer, I found my attention drawn in all directions—admiring Zondlo's sure touch as a doctor, Becker's speed and expressiveness as an interpreter, and the patients' courage and determination in overcoming disabilities.

But in conversation with Zondlo, I was hardly aware of Becker. She sat beside me so that he could look easily at us both, and she never intruded. Zondlo spoke easily, he cracked jokes, he listened and reacted. His hearty laughter would come after a few seconds' delay — the time it took Becker to complete her translation — but it was worth waiting for.

A long road back

One reason Zondlo connects with his patients is that he understands what they are going through. He has been there himself. "I've been on the other side of the fence," he said. "I can show some consideration because of the insight I gained when I was a patient."

Zondlo was just a few months short of graduation from medical school at the University of Florida when he was in a car accident that put him into a hospital for a year and a half. He was in critical condition for months, plagued by an overwhelming infection that wouldn't go away.

Finally the infection was beaten with antibiotics. "It was the good news and the bad news," Zondlo said. The antibiotics saved his life but left him deaf. In the battle against infection, he also lost a leg.

When he got out of the hospital, Zondlo returned to medical school and completed his degree requirements. But the next few years were discouraging.

"I tried a radiology residency. Sometimes I would go home after a 12-hour day knowing that I had not understood one complete sentence. I was trying to do it all with lip reading and a hearing aid. Nobody suggested sign language."

When he saw that radiology wouldn't work, the only advice anybody could give him was to try pathology. Without the patient contact, maybe his deafness wouldn't be such a disadvantage.

"I didn't enjoy pathology," he said. "It's valuable and interesting work, but it's just not what I'm cut out for. I'm an extrovert. I love the patients — that's why I went into this business."

Through all of this time, Zondlo was trying to master lip reading. "I would study four and six hours a day in the language lab and with instructors," he said. After three years, he

wasn't doing much better than when he began. Disheartened, he was out of medicine for almost four years.

A turning point came when Zondlo met the widow of a doctor who had become deaf near the end of his life and had learned sign language in order to continue his career. "She gave me all the dope," he said. "She convinced me to go ahead and learn sign language."

More good fortune came when Dr. John Scanlon of St. Paul Ramsey Medical Center offered Zondlo a residency in psychiatry with the use of a sign language interpreter. He eventually decided that psychiatry wasn't right for him but he said he will always be indebted to Scanlon. "He's a genuine humanitarian," he said.

It was after Zondlo moved to St. Paul in June of 1979 that he learned sign language. He took an intensive course for two months, eight hours a day, at the St. Paul Technical Vocational Institute and then developed his skill while working at St. Paul Ramsey. He worked mostly with deaf patients but discovered that "psychiatry just wasn't my bag."

An offer of a residency in physical medicine and rehabilitation came from Dr. Frederic Kottke at the University of Minnesota and after two years Zondlo is convinced the field is right for him. "Eventually I want to concentrate on three kinds of patients — amputees, spinal cord injury patients, and geriatric patients," he said. "That's what I enjoy the most."

"You made my day"

It doesn't take long following Zondlo around to see why he enjoys working with the patients and why they like him. Some of the patients are fighting against long odds, but he rejoices with them at each sign of progress.

"You made my day," he said to one patient when he saw the improvement since the last visit.

"You made a new man out of me," the man said.

"You did it all, not us", Zondlo said. It's something he says frequently to patients. "This guy cured

Dr. Frank Zondlo stopped on his clinic rounds to talk with patient Glaydon Jahr. The conversation proceeded with only slight pauses as Laura Becker translated Jahr's remarks into sign language. When Jahr learned Zondlo would be leaving the VA Hospital, he said, "You'd better stay here. They need you here. You've been a good doctor."

himself," he said about another patient. "It's nothing we did." Zondlo means what he says. He has fought the same battles and won the same victories himself.

Zondlo treats his patients with respect and, as much as possible, lets them make their own choices. One patient was resistant to the idea of taking any medicine.

"I agree with you. No medicine is the best medicine," Zondlo said. "But sometimes we need medicine. Let me tell you about this new medicine I'm suggesting, and then you can make the decision."

The medicine, Zondlo explained, is used in large doses as an antidepressant. In much smaller doses, it has been found to relieve pain.

"You're saying the pain is in my head," the man said as he heard the word antidepressant.

"I'm saying the pain is real and it's in your back. We know that from the x-rays. But for some reason, with this medicine, the pain seems to get better. We think the medicine raises your pain threshhold. I think you should give it a try, but I'll leave it up to you. I'm not saying you have depression or this is in your head. I think we can help your pain." The patient agreed to try the medicine.

Walking through the clinic, Zondlo spotted a patient who would be leaving the hospital the next day. "You're looking great! Success! Amazing!" he said. The man wanted to know where Zondlo would be going when he left the VA. Zondlo explained that he would be returning to the University of Minnesota for six months.

"You'd better stay here," the man said. "They need you here. You've been a good doctor."

Turning to me, the man made his point again. "That's a good doctor there. Don't ever forget it."

The last patient of the afternoon was another one of those whose progress made Zondlo feel good. "You're looking like a million bucks," he said. "I never saw such improvement before. The recovery you made is just remarkable. It makes my day to see you looking like this."

The best interpreters

Throughout the afternoon, Becker kept translating everything into sign language and mouthing the English words at the same time. Zondlo relies primarily on the signs, but lip reading gives him some additional cues.

Zondlo and his interpreters have developed a unique medical sign language that concentrates on roots, prefixes, and suffixes. If they have to use finger spelling for medical terms, he said, "it would take all day."

"I work with maybe the best interpreters in the Twin Cities," he said.

Whenever Zondlo was paged, the beeper would go off in Becker's purse. Her ears, and her interpreting skill, enabled him to keep track of everything he needed to know.

To talk on the phone, Zondlo would go to one phone and Becker to another. She did the listening and translating and Zondlo did the talking. My own first contact with Zondlo was by telephone, and it was like talking to anybody else on the phone.

Occasionally a call would come in a room with just one telephone. Zondlo doesn't like taking calls that way, but sometimes it is unavoidable. Becker then would talk on the phone, relaying messages back and forth. In these cases, she became Zondlo's voice. "This is Dr. Zondlo," she said. Not "I'm talking for Dr. Zondlo." Except for those words on the phone — Zondlo's words, never her own — Becker was silent the whole afternoon.

Three foundations — the Jay Phillips Foundation, the Minnesota Medical Foundation, and the Edwards Foundation — are paying most of the cost of the interpreters. A Navy pension has enabled Zondlo to pay a smaller share himself. (Zondlo was a Navy pilot for 10 years before going to medical school. His goal then was to be an admiral.)

By the end of his residency, he said, he will have spent about $20,000 of his own money for interpreters and the foundations will have paid about $60,000. In applying for jobs, he said, he has made it clear that he will pay for the interpreters himself.

Before I left, I said something briefly to Becker about her work. She translated my compliment, and her response into sign language so Zondlo could know what we were saying. At first it surprised me, but immediately I knew it shouldn't. We all want to know what people are saying around us, not just the comments that are addressed to us. Zondlo, or any hearing-impaired person, wants the same.

Wants to work

Zondlo has proved he can work successfully as a doctor. Now his primary concern is whether he will have a chance when he finishes his residency.

The University's Department of Physical Medicine and Rehabilitation is one of the top-rated in the country, and Zondlo said the shortage of doctors in the field is "one of the most critical shortages in all of medicine." Other people in the program "seem to have people beating on their doors," he said.

Nobody has been beating on Zondlo's door. He has sent out 30 letters with resumes and only two institutions have even acknowledged the letters.

Other doctors aren't always as accepting as patients have been, he said. "Doctors sometimes don't fully understand disabilities, or they consider themselves above that sort of thing."

But even though the acceptance may not come as quickly as it does from the patients, Zondlo said he gets along well with other doctors. "It may be two or three weeks before they adjust to the interpreter, but then they find out I'm just like one of them and they can talk with me the way they would talk with any hearing person."

Dr. Wesley Spink receives Bristol Award for achievements

Dr. Wesley W. Spink, University of Minnesota emeritus regents' professor of medicine and comparative medicine, recently received the 1983 Bristol Laboratories' Award for Distinguished Achievement in Infectious Diseases at the annual meeting of the Infectious Diseases Society of America in Las Vegas.

The award is given in recognition of outstanding contributions to the understanding of infectious diseases. Dr. Abraham I. Braude, president of the society and one of Dr. Spink's first trainees at the University of Minnesota Medical School, made the presentation saying that "Dr. Spink's contributions to the field are amazing, not only for their durability as part of the existing body of standard important information, but also because of their originality, scientific importance, and scope."

Dr. Spink began his research career more than 50 years ago at Harvard Medical School. He has worked continually on defining how organisms infect the body and how the host responds to the resulting infection. Dr. Spink has influenced modern thinking in understanding a wide array of important infections including trichinosis, gonorrhea, brucellosis (undulant fever), overwhelming blood stream infection (sepsis), and the shock associated with severe infection ("endotoxic shock").

Dr. Spink's contributions to the subject of brucellosis are particularly noteworthy. During World War II, brucellosis became a serious public health problem in the United States due to a breakdown in control methods. Dr. Spink formulated a systematic study of the disease, describing how the illness was produced, how it was spread and then showed the ways to proper treatment and control. He wrote a book on brucellosis entitled *The Nature of Brucellosis*, University of Minnesota Press, which 30 years later remains the classic reference for those studying the disorder.

For many years, Dr. Spink was director of the World Health Organization Brucellosis Research Center of the United States at the University of Minnesota. He has served as a consultant for that organization for the past 30 years. He was also a former consultant to the U.S. Secretary of War during World War II, and to the Surgeon-General, U.S. Air Force. He has been president of the American College of Physicians and of the American Society for Clinical Investigation. In addition, he has published approximately 500 scientific papers.

When Dr. Spink retired from the University of Minnesota, he spent three years writing an important book (his third book) on the history of infectious diseases called *Infectious Diseases: Preventions and Treatment in the Nineteenth and Twentieth Centuries*, University of Minnesota Press.

At the age of 78, Dr. Spink continues to engage in work as a scholar and teacher with the same contagious enthusiasm of his earlier years.

Class Notes

'20 After 63 years, **Dr. Harold C. Stratte** continues to practice medicine in Hallock, Minnesota, although he admits not as actively as in his younger days. An old fashioned country doctor, Dr. Stratte estimates he has delivered more than 2,000 babies and performed countless surgeries on humans and animals during his long career.

'27 **Dr. Thomas O. Swallen** wished to share this message with his fellow classmates of 1927. "Don't resent growing old," wrote Dr. Swallen, "many are denied the privilege."

'33 **Dr. Harold E. Gillespie** was presented an award at the annual meeting of the Medical Society of Virginia "in recognition of 50 years devoted to the service of the public in the practice of medicine."

'35 The Department of Ophthalmology of the University of Pennsylvania honored **Dr. Harold G. Scheie** with the unveiling of a portrait of him which will be displayed in the University of Pennsylvania School of Medicine. Dr. Scheie is founder of the Scheie Eye Institute, part of the Presbyterian-University of Pennsylvania Medical Center. His portrait was commissioned by the Department of Ophthalmology and painted by Arthur DeCosta, senior member of the faculty of the Pennsylvania Academy of Fine Arts.

'40 **Dr. Howard Burchell,** emeritus professor of medicine at the University of Minnesota, received the Gifted Teacher Award at the 33rd Annual Convocation of the American College of Cardiology held in Dallas in March.

Dr. Bernhoff R. Skogmo, family practitioner, retired from active practice in December 1983. Dr. Skogmo will continue to reside in Mitchell, South Dakota.

Dr. Harold Stratte held the birth certificates of twins Donald and Dennis Nelson, whom Dr. Stratte delivered 55 years ago.

'43 **Dr. Kristofer Hagen** retired in January 1984 after 40 years of family practice. For the majority of his career, Dr. Hagen practiced at Southdale Medical Center in Edina, Minnesota, but he also spent time as a missionary in India, Ethiopia, Taiwan and Honduras. Dr. Hagen continues to serve as a ship physician each winter for Norwegian-Caribbean Line and he was recently appointed to the board of the Medical Alumni Society.

'45 **Dr. Robert L. King** retired from the U.S. Navy Medical Corps where he served as a captain. He is now in private practice in a group medical center clinic in Otorhinolaryngology/Head and Neck Surgery in Pensacola, Florida.

'50 **Dr. Sherman N. Kieffer** retired in January of 1984. His current status is professor emeritus, State University of New York at Stony Brook.

The University of Pennsylvania honored Dr. Harold G. Scheie by commissioning a portrait of him to be hung in the University's Medical School.

'51 **Dr. Calvin Elrod** was elected vice chief of staff at St. Joseph Medical Center in Burbank, California. A family practitioner and assistant clinical instructor at the University of Southern California, Dr. Elrod has been with St. Joseph Medical Center for 23 years.

'56 **Dr. Dale C. Lindquist** and his wife spent March and April 1983 working in a mission hospital in Tenwek, Kenya, East Africa. He reports that it was the first chance he'd had to use his medical school training in treating malaria. He saw 25 to 30 people a day with the disease.

Dr. Calvin Elrod

'58 **Dr. David Berman** had the opportunity to address participants at the 25th reunion of the University of Minnesota Medical School Class of 1958 last June. He spoke on "a nostalgic look at the 50s." Dr. Berman was recently appointed clinical professor of internal medicine at the University of Minnesota.

'60 **Dr. Eugene Kern,** professor of Otorhinolaryngology at the Mayo Clinic in Rochester, Minnesota, was recently elected an honorary foreign member of the Belgian Society of Otorhinolaryngology, Head and Neck Surgery. He is the first Mayo Clinic physician elected to membership in this society which has only four honorary members from the United States.

'62 **Dr. John E. Sutherland** was appointed program director of the University of Minnesota Affiliated Community Hospitals Residency in Family Practice and Community Health. The appointment was made in March 1983.

'67 **Dr. Ross S. Olson** was elected recently to Fellowship in the American Academy of Pediatrics. To qualify as a Fellow of the Academy, a pediatrician must be certified as a fully-qualified specialist in the field of child health with a minimum of five years post medical school experience. Dr. Olson is a staff member at Fairview Hospital in downtown Minneapolis.

A co-winner of the 1983 Grand Isle International Tarpon Rodeo was **Dr. Pat Mottram.** His partner was Dr. Rich Rubin and they won with a 186 pound, 12 ounce silver tarpon taken from the Gulf of Mexico. Dr. Mottram invites anyone from the Class of 1967 who visits the 1984 World's Fair in New Orleans to drop in or at least call him.

'68 **Dr. Bernard Statland** returned to the University of Minnesota Medical School in March 1984 to deliver a special lecture on drugs and the clinical laboratory. Dr. Statland is director of laboratory medicine at Boston University Medical Center.

Dr. Richard E. Latchaw was recently promoted to professor of radiology and neurosurgery at the University of Pittsburgh. He has been chief of neuroradiology for the University of Pittsburgh Health Center since coming to Pittsburgh in 1980.

'69 **Dr. Richard L. Stennes** was elected vice president of the American College of Emergency Physicians at the ACEP board of directors' meeting in Atlanta. Dr. Stennes is president of the Association of Emergency Physicians Medical Group, serving as emergency medical services coordinator at three San Diego County Hospitals. He also holds a position as assistant clinical professor in emergency medicine at UCLA - Harbor General Hospital in Torrance, California.

Dr. Bruce A. Norback received the 1983 Teacher of the Year Award from North Memorial Hospital in Minneapolis. He is a neurologist with the Minneapolis Clinic of Psychiatry and Neurology and 1983 chief of staff at North Memorial Hospital.

Currently serving in a primary health care program sponsored by the Sudan Council of Churches, **Dr. Ruth M. Goehle** has found that "gunfire and mud have interfered with this program in Southern Sudan." But, she reports, a handful of villages have dug wells for safer water and there are 30 health stories in the Nuer language to help the people of the villages learn about oral rehydration solution. She's seen her first cattle with Rinderpest, immunizing more than a 125,000 animals and she recently helped examine 900 snails for schisto. Not the usual continuing medical education, but Dr. Goehle enjoys it.

'70 **Dr. Linda Blodgett Burns** ('75) and **Dr. Milton C. Hanson** ('70) were married in August 1983. Both are family physicians in practice with the Park Nicollet Medical Center in Minnetonka, Minnesota.

In Memoriam

'71 **Dr. Darrell L. Carter** was elected recently as president of the Minnesota Perinatal Organization (Minnesota Chapter for the Great Plains Organization) for 1984.

Dr. Kathryn Green, director of pediatric neurology at Children's Hospital in St. Paul, Minnesota and assistant professor of neurology at the University of Minnesota, was elected president of Minnesota Women Physicians. The 140-member organization provides a professional and social network while addressing the special needs of its members.

'75 **Dr. Rita Kristina Gedgaudas** was selected as an outstanding Young Woman of America for 1983. She was selected out of thousands of nominations submitted by business and civic leaders throughout the country in "recognition of her sharing her time, talents and service to enrich the quality of American life." Dr. Gedgaudas was also recently promoted to the rank of associate professor at Duke University School of Medicine.

Dr. Kathryn Green

Dr. Marbry Duryea, Class of 1924, died in December 1983 at age 84. A general practitioner, Dr. Duryea had her practice on West Broadway Avenue in Minneapolis for more than 40 years.

Dr. Walter Philip Eder, Class of 1944, died in December of 1983. He was 65. Dr. Eder had been on staff at North Memorial Medical Center and Zuhrah Shrine Temple. He was a Fellow of the American College of Surgeons. Dr. Eder is survived by his wife, Dorothy, three daughters and two sons.

Dr. Satoru Matsuyama, Class of 1932, passed away on March 24, 1984, after a career in family practice that spanned nearly 50 years. At the time of his death, he was retired and living in Honolulu, Hawaii. Dr. Matsuyama is survived by his wife Harriet and children, Suzanne, Steven and Eugene (class of 1965).

Dr. Angus A. McKinnon, Class of 1925, passed away in 1983 at the age of 82. Dr. McKinnon had served on the staff of Mercy Hospital in Sacramento, California from 1925 till the time of his death. He was also a member of the advisory board of Sutter General Hospital in Sacramento. During his career, Dr. McKinnon served as El Dorado County Health Officer, president of the El Dorado County Tuberculosis Society, superintendent of both the Placerville Sanatorium and the El Dorado County Hospital and a charter member of the County Mental Health Commission. Dr. McKinnon was the first physician in the state of California to organize immunizations for school children. He is survived by his wife Catherine.

Dr. Helen M. Safford, Class of 1948, died on February 24, 1984, after a six year struggle with cancer. She was 68. Dr. Safford's professional life was devoted to practice in public health. The majority of her career was spent in administration, working for the county health departments in San Joaquin, San Francisco and Alameda, California.

Dr. Marvin Sukov, Class of 1930, died February 10, 1984 at his home in Edina, Minnesota. He was 81. A professor emeritus of psychiatry at the University of Minnesota, Dr. Sukov had served as a commander in the medical corps USNR in World War II. During his years at the University of Minnesota, Dr. Sukov was a contributing editor of *Modern Medicine.* He was a noted rare book collector and founder of the Sukov *Little Magazine* collection at the University of Wisconsin. He also donated the LeRoi Jones collection at the Beineke Library at Yale University. He is survived by his wife Annette and two sons.

Dr. Robert A. Wood, Class of 1944, died at his home in Sheboygan, Wisconsin, on February 18, following a lengthy illness. He was 63. A urologist, Dr. Wood had been a staff member of the Sheboygan Clinic since 1951, serving as chief of staff in 1957 and 1974. Prior to that, he served as a captain in the U.S. Army Medical Corps from 1945 to 1947 and then completed his residency at the Minneapolis Veterans Administration Hospital from 1948 to 1951. While an undergraduate at the University of Minnesota, Dr. Wood was elected to Phi Beta Kappa. He went on to become president of Chi Psi Academic Fraternity and president of Nu Sigma Nu medical fraternity. Dr. Wood is survived by his wife Maxine, a son, Robert, and two daughters, Marti and Christine.

Calendar

The *Medical Bulletin* was also notified of the deaths of the following alumni:

Dr. Gordon H. Tesch, Class of 1937.

Dr. Stanley B. Lindley, Class of 1939.

June 6-9	Second Annual Critical Care Conference Landmark Center, St. Paul, Ramsey Medical Center (612) 221-3992.
June 13-16	Advances in Hepatic, Biliary and Pancreatic Surgery, Willey Hall, U of M, CME (612) 373-8012.
June 14,15	Running and Endurance Sports: A Scientific Appraisal, Duluth, UMD Medical School (218) 726-7916.
June 22,23	Clinical Hypnosis, Earle Brown Center, U of M, CME (612) 373-8012.
June 27,28	Human Aging: Senile Dementia of the Alzheimer's Type, Willey Hall, U of M, CME (612) 373-8012.
June 27-29	Real Time Ultrasound in Obstetrics and Gynecology, Malcolm Moos Health Science Tower, U of M (612) 373-8012.
June 28-30	A Practical Approach to the Management of Trauma, Lighthouse Inn. Two Rivers Wisconsin, St. Paul Ramsey Medical Center, (612) 221-3992
July 20-22	Fifth Annual Anterior Segment Surgery Workshop, U of M, Department of Ophthalmology (612) 376-9195.
July 30-Aug. 1	Pediatric Orthopaedic Surgery, Hyatt Regency, Mpls., CME (612) 373-8012.

What's New with You?

Name Degree Year

New Home Address Telephone

City, State, Zip

New Business Address Telephone

City, State, Zip

New Title or Position

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

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June is Reunion Time for University of Minnesota Medical School Alumni!

Classes of 1934, 1944, 1949, 1954, 1959, 1964 and 1974

Join Us

Festivities include a leisurely cruise down the Mississippi River aboard the Jonathan Padelford. For more information on reunion activities see page 7.