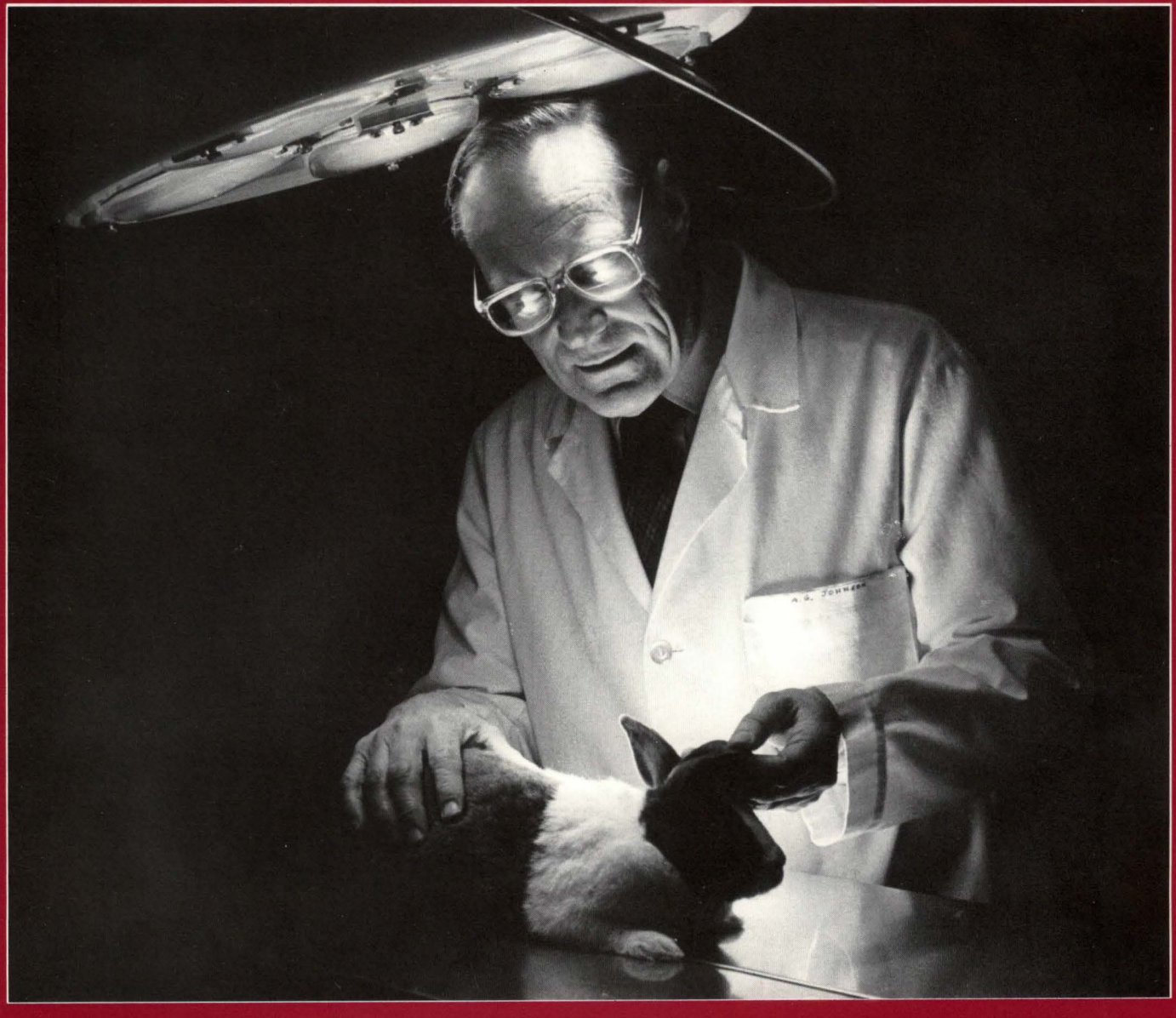
Winter 1985

UNIVERSITY OF MINNESOTA

Medical Bulletin

A Publication of The Minnesota Medical Foundation



Harold A. Diehl Award

The committee for the Diehl Award given annually by the Minnesota Medical Alumni Association solicits nominations for this award from the physicians of Minnesota. The award is presented to one or more physicians meeting these four major criteria:

1. Preferably an alumnus of the University of Minnesota Medical School.
2. Not engaged in an academic activity.
3. Has made outstanding contributions to the Medical School, the University, the Alumni, and the community.
4. Has had a relatively long experience in the field of medical science or a related field.

Nominations for the awards should be sent immediately to:

Konald A. Prem, M.D., Chairman
Harold A. Diehl Award Committee
Box 395, University of Minnesota Hospitals
Minneapolis, Minnesota 55455
(612) 373-8854

Detailed supporting documents are necessary to consider nominees, but these can be forwarded later.

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Editor's Column

In just a few weeks, alumni of the University of Minnesota Medical School will be returning to their alma mater to celebrate and reminisce with old friends and classmates.

That's right, it's reunion time at the University of Minnesota and a host of activities have been planned for medical school alumni celebrating a reunion year. For details turn to page 9 in this issue of the *Medical Bulletin*.

Reunion time seemed an appropriate time to feature the medical school in the *Medical Bulletin*. For those of you who are planning to return to campus for your reunion, you may be interested in not only seeing how the campus has changed, but also reading about the new programs and priorities that the medical school has established. Dean David M. Brown outlines these nicely on page 20.

For those of you who began your medical training at the University of Minnesota, Duluth (UMD) School of Medicine, this issue offers you a look at how that school has changed and progressed. Turn to page 14. Primarily, the UMD medical school still focuses on turning out family practice physicians. However, innovation, new programs and exciting research are adding a depth and breadth to the school that alumni may find fascinating.

As with every issue of the *Medical Bulletin*, reunion time or not, I hope reading about the activities of the medical schools, their faculties and students brings back memories, generates new interest or simply entertains. And remember, I'm always open to suggestions for future stories. Let me know your ideas.

Until next time, however, read this issue, reminisce and enjoy.

Elaine Cunningham
Editor

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Cover: Now into its second decade, the University of Minnesota, Duluth (UMD) is adding innovative, new programs to its curriculum and making exciting strides in biomedical research. Dr. Arthur Johnson, head of the UMD department of medical microbiology and immunology, is one of many UMD researchers involved in exciting research projects. Dr. Johnson has made important discoveries in aging and immunology.

Minnesota Medical Foundation approves nearly $72,000 in medical research grants

Medical research grants totaling $71,647 were 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 recipients of the grants which varied in amounts from $600 to $8,000. Another $64,672 in special grants for research equipment and salary support was also approved by the board.

Faculty members who received MMF research grants were: **Bonnie Bean**, assistant professor of laboratory medicine and pathology, $5,547 to study the relationship of the cell-mediated immune response to postherpetic; **Thomas B. Beniak**, assistant professor of neurosurgery, $2,500 for research into the behavioral toxicity of occupational exposure to inhalation of anesthetics; **Thomas A. Bergman**, resident in neurosurgery, $3,000 to evaluate pharmacological therapy in brainstem hemorrhages; **David A. Katzenstein**, assistant professor of medicine, $7,500 for research of cytomegalovirus infection and graft versus host disease; **David R. Knighton**, assistant professor of surgery, $8,000 to look at the platelet derived angiogenesis factor; **Ryoko Kuriyama**, assistant professor of anatomy, $5,000 for a molecular analysis of centrosomal components; **Denise M. McGuire**, post-doctoral fellow in biochemistry, $2,500 for translation control of the diurnal variation of rat sterol carrier protein, **Peter G.W. Plagemann**, professor of microbiology, $8,000 for research of LDV-induced paralytic disease in immuno-suppressed C58 mice; **W. Steves Ring**, instructor of surgery, $7,500 to study the ventricular function in cyanotic congenital heart disease; **Chester B. Whitley**, medical fellow specialist in pediatrics, $7,500 for a molecular genetic analysis of osteochondrody splasias; **Walid G. Yasmineh**, associate professor of laboratory medicine and pathology, $4,500 to investigate carbohydrate and nucleic acid metabolism of lymphocytes by high-performance liquid chromatography; and **David C. Zoschke**, assistant professor of medicine, $2,500 to look at the effects of antirheumatic drugs on the generation and scavenging of oxygen radicals.

Students who received MMF research grants were: **David E. Gutsch**, Med. IV, $1,000 for the detection of cytomegalovirus viremia using DNA spot hybridization; **Wendy Huempfner**, Med. III, $1,200 to study the role of glycosaminoglycons progesterone and danazol on pelvic adhesion formation; **John C. Roberts**, Med. IV, $1,200 for the biomedical ethics committees; **Brian D. Patty**, Med. IV, $1,200 to analyze peripheral nerve regrowth and repair; **Kristi L. Peterson**, Med. IV, $1,200 for research of hepatic lipid metabolism in porcine sepsis; **Sharon J. Ruggiero**, Med. III, $1,200 to look at the role of prostaglandins in PMN and platelet medicated endothelial cell damage; and **Jeffrey A. Toretsky**, Med. I, $600 to study the shifting of hematopoietic sites during development.

Robert Kane named public health dean

Robert Kane, professor in residence in the schools of medicine and public health at the University of California-Los Angeles and senior researcher at the Rand Corporation, has been named dean of the School of Public Health at the University of Minnesota beginning August 15. The university's Board of Regents approved the appointment April 12.

"Dr. Kane is a distinguished academician who is nationally known for his work in the fields of gerontology and long-term care," said Dr. Neal Vanselow, vice president of health sciences at the University. "His commitment to excellence, his demonstrated leadership abilities and his broad view of the field of public health, should help make him an outstanding dean."

Dr. Kane, 45, has been with the systems sciences department of the Rand Corporation since 1977 and with UCLA since 1978. He also is director of research at the UCLA/University of Southern California Long-Term Care Gerontology Center. Before coming to UCLA and the Rand Corporation, he served on the faculties of the University of Utah and the University of Kentucky, and also was with the U.S. Public Health Service. He received a bachelor of arts degree from Columbia College in 1961 and his medical degree from Harvard University in 1965.

Robert Kane

"I am very excited about the opportunity to work in Minnesota and at the university," Dr. Kane said. "I have always seen Minnesota as an area which is in the vanguard of health care in the United States and as an area which places a high trust in the social values which matter."

Dr. Kane is the author of numerous scientific papers and books. His research interests lie in the areas of health-care delivery and public policy, with a focus on care of the elderly.

Dr. Kane has served as a consultant to many organizations including the Robert Wood Johnson Foundation, the National Institute of Aging, the American Public Health Association and the National Center for Health Services Research.

U of M doctor says acyclovir pills will revolutionize herpes treatment

Food and Drug Administration approval of the pill form of acyclovir "is the best news yet for genital herpes sufferers and will eventually revolutionize treatment of all types of herpesvirus illness," according to University of Minnesota virologist, Dr. Henry H. Balfour.

The FDA action, which was announced in January, means acyclovir pills should be available by prescription in pharmacies shortly.

Although FDA licensing is limited to primary and recurrent cases of genital herpes, which affect an estimated nine million Americans, Dr. Balfour predicts that "it is only a matter of time" before acyclovir is used as a treatment for cold sores, shingles, chicken pox and mononucleosis.

"Genital herpes sufferers are not the only people in need of effective anti-viral therapy," said Dr. Balfour, head of the University Hospitals' clinical virology division and author of the book *Herpes Diseases and Your Health.* "Millions of others, who are afflicted with different forms of herpes diseases, may soon benefit."

Clinical research studies have shown that acyclovir is most effective in treating the herpes simplex viruses, which cause cold sores and genital blisters. The drug has shown promising results in treating chicken pox and first episodes of shingles, which are diseases caused by the varicella zoster virus, another member of the herpesvirus family, Dr. Balfour explained.

Approximately 30 U.S. medical centers have been involved in acyclovir testing since 1980. The University of Minnesota has "the broadest experience" with all forms of the new anti-viral agent against all of the human herpesviruses, Dr. Balfour said. The forms are: herpes simplex virus type I, the primary cause of cold sores; herpes simplex type 2, the primary cause of genital herpes; varicella zoster virus; cytomegalovirus, the most common viral cause of birth defects in the United States and a nemesis to transplant patients; and Epstein-Barr virus, the cause of mononucleosis.

Unfortunately, the public stigmatizes those with genital herpes when, in actuality, most people have at least one herpesvirus living in their bodies, said Dr. Balfour.

FDA approved the ointment and intravenous forms of acyclovir in 1982. The agency required further testing before sanctioning the oral, digestible form. The pills are more effective than the ointment because they allow the drug to be absorbed into the body to combat herpesviruses throughout the system. The ointment only works at the site of application.

"The big question for physicians now is: Who should be treated?" said Dr. Balfour. "It may not be necessary to give acyclovir to every patient with herpes because, in some cases, the body's own immune system copes quite nicely with the invading virus. There is also the question of whether to use the drug prophylatically, or before the outbreak. Doctors and researchers will continue to debate these issues."

Medical students elected to AOA

Third and fourth year medical students were elected into the prestigious Alpha Omega Alpha honorary medical society at AOA's annual banquet in April.

The AOA medical society, founded in 1902, elects its members on the basis of scholastic achievement and leadership. This year, AOA elected 23 third year and 26 fourth year medical students into membership.

Third year students were: Janet M. Anderson-Beckman, Kelli R. Bartholomew, Karen E. Bateson, Laurence C. Berg, Mark W. Christopherson, Deborah A. Davenport, Marshall H. Everson Jr., Joan M. Kosieradzki Fox, Dorothy J. Gaal, Paul J. Halverson, Carol A. Kemper, Frank I. Kirshbaum, Sara L. Langer, Barry J. Larson, Anthony F. Novak, Carol J. Potter, John R. Raskind, Suzanne M. Riley, John C. Roberts, Christopher F. Roland, Kirsten O. Waller, Donald R. Westerhausen, and Kristine K. Westrom.

Fourth year students elected to AOA were: Steven A. Anderson-Hermann, Michael C. Berry, Allison K. Cabalka, Lisa A. Callies, Ann C. Casey, Gary A. Christenson, Paul R. Damrow, David A. Kittleson, Marie E. LaFrance, Susan M. Markstrom, Teresa C. McCarthy, Nancy E. McKinley, Thomas E. Nelson, Angus Y. Ng, Paul E. Pederson, Kathryn L. Pyzdrowska, John J. Reusch Jr., Leeann M. Rock, Ronald L. Schut, Timothy H. Seline, Mark L. Solfelt, Jerald O. VanBeck, Mark J. Vellek, Jeffrey D. Wagner, Mary E. Wahl, and Christopher J. Widstrom.

Dr. Ellis appointed to state medical examiners board

Dr. Cassius M.C. Ellis

Dr. Cassius M.C. Ellis has been appointed by Governor Rudy Perpich to a four-year term on the Minnesota Board of Medical Examiners. Dr. Ellis is a clinical professor and assistant dean at the University of Minnesota Medical School and director of surgical education and continuing education at Mount Sinai Hospital.

As a board member, Dr. Ellis becomes part of a select group of physicians and laypersons that regulates medical practice acts of the State of Minnesota; issues new physician licenses and annually reissues licenses to practicing physicians; oversees disciplinary action of physicians; and assures the high quality of medical care to Minnesotans.

Doctors on Call
8th 'most-watched' Public TV show

Dr. Paul Royce (left), dean of the UMD School of Medicine, serves as moderator of WDSE-TV's *Doctors on Call* program. Guest physicians are (left to right): Johannes Aas, Duluth; Michael Mollen, Duluth; and Steven Park, Ely.

You can't argue with success.

Call it what you will — effective community health education or simply entertainment — WDSE-TV's locally-produced *Doctors on Call* is up there with the best of them.

The show, now in its third season, is the eighth most-watched program in the WDSE-TV public television viewing audience in the Duluth area. It shares that top rating along with such other blockbuster Channel 8 programs as *National Geographic* and *Nova*, says WDSE-TV general manager George Jauss.

In fact, the show, hosted by University of Minnesota, Duluth School of Medicine Dean Paul Royce, has met with such success that other Minnesota public television stations now want to copy it.

The program format is simple. Each week, three different area physicians, from the Range, St. Louis County, and Douglas County, join moderator Paul Royce in discussing a medical topic.

"We try to keep it timely," Dr. Royce explains.

During the half-hour live and unrehearsed program, the viewing audience calls in questions for the physicians to answer. The questions are taken, off-camera, by UMD School of Medicine student volunteers who write the questions down and pass them to Dr. Royce on 3 by 5 cards.

"We like to use medical students because they have a feeling for what's going on and are able to take a long question and make it more concise," says Marty Anderson, director of *Doctors on Call*.

Those who do call in remain anonymous.

"Usually, people ask questions that they're afraid to ask in person or that they think aren't significant enough to ask their doctor," says second-year medical student Tammy Lundstrom. "We get excellent, excellent questions," Lundstrom emphasizes.

Lundstrom, as president of the medical school fraternity that has taken the program on as a service project, is responsible for lining up student volunteers for each program. She believes the students get a lot out of volunteering. "For us, as medical students," she explains, "it's nice to know the kinds of questions people are afraid to bring up to their doctors."

Typically, the show receives about 40 questions per night.

"Some programs are really hot," Lundstrom points out, "like the ones on colon cancer or depression. On those nights, we got close to 70 calls."

As for the types of questions asked, people are more interested in disease symptoms, what to do about them, and what they mean, Dr. Royce says. "We don't seem to get as many calls when the program is on an issue-oriented subject such as nursing home care."

No one really knows how many questions might be received if the show were on longer than 30 minutes. As it is, the show's three phone lines are often jammed.

Lundstrom finds the number of calls that don't make it onto the air frustrating. "We always have many, many more questions called in that never get on the air because the time is so short," she says.

The show, which premiered with six programs in the spring of 1983, has now grown to about 25 programs per season. It is aired Thursdays at 7 p.m. and re-broadcast on Sundays at 11 a.m. Last year the show ran from October to March. This year's shows were scheduled through February.

Each season that the show is on represents over 100 hours of volunteer time, Dr. Royce points out. But no one seems to mind. Actually, everyone benefits by the show, he says: the medical community, the students, and the audience.

Still, Dr. Royce would like to see some research done to determine if the show is really effective as community public health education. "It may or may not be," he says. "It may be just entertainment."

But whichever it is, community public health education or entertainment, it's a good program, Anderson says. "It's got a regular, loyal audience plus an additional audience that tunes in to specific topics."

Actually, there are two gauges Anderson uses to judge the program's popularity. One is the number of phone calls received and the other is that the moderator is becoming a recognized celebrity on the street.

"People do come up to me in the supermarket now and tell me how much they enjoy the show," Dr. Royce says with a smile.

WIC helps iron deficiency, U of M study concludes

Enrollment of children in the Special Supplemental Food Program for Women, Infants and Children (WIC) helped reduce iron depletion in young infants and helped prevent iron deficiency anemia among older infants, according to a study at the University of Minnesota. This points to the need for continued support for the program, said study leader Amos Deinard, a university associate professor of pediatrics.

The federally funded WIC program provides nutritional care to pregnant and lactating women and children up to five years old. Its purpose is to prevent nutritionally related health problems in early childhood.

"Because the central nervous system is developmentally vulnerable in early childhood, iron deficiency or iron deficiency anemia during that period may produce long-lasting — perhaps irreversible — changes that impair mental functions," Dr. Deinard explained. He examined data from patients receiving comprehensive health care at the Children and Youth Project Clinic, operated through the Minneapolis Health Department's Bureau of Maternal and Child Health. He compared the iron status of infants seen by the clinic in 1973 and 1974 to that of infants seen in 1977; only the 1977 infants were enrolled in WIC.

Infants six to nine months old enrolled in WIC had significantly higher blood levels of ferritin, a measure of iron stores, than did non-WIC infants of the same age. The two groups did not differ significantly in hematocrit, a measure of anemia. These data indicate greater iron stores in WIC infants at this age and such storage is good insurance against the development of iron deficiency anemia later in life.

It isn't surprising that the hematocrits were similar, Dr. Deinard said. "Even infants on an iron-poor diet can maintain hematocrits for the first several months of life by drawing on iron stores present at birth."

But an iron-poor diet can make those stores run out, lowering hematocrits later. When Dr. Deinard compared WIC and non-WIC infants ages 9 to 11, 12 to 17 and 18 to 20 months, he found significantly higher hematocrits among the WIC infants.

Since its start in the early 1970s, the WIC program has provided infants with iron-fortified formula to 12 months of age, and iron-fortified cereal and vitamin C-fortified juice from 6 to 12 months. Children 1 to 5 years old receive milk, iron-fortified cereal, eggs, vitamin C-fortified juice or citrus juice, cheese and dried beans. Lactating woman are given milk, cheese, iron-fortified cereal, eggs, vitamin C-fortified juice or citrus juice and dried beans. Vitamin C increases the efficiency of iron absorption from food.

Medical students receive scholarships through Minnesota Medical Foundation

Providing financial support to medical students at the University of Minnesota has been a tradition at the Minnesota Medical Foundation since 1949 when the foundation conferred its first five scholarships. Assisting in this effort are countless individuals and organizations whose contributions establish these scholarship funds.

In recent months, MMF has awarded the following scholarships to these medical students.

Ruth Boynton Scholarship

Elizabeth Aronsen, Elizabeth Reeve, Joanne M. Hilden and **Naomi Olson** were recipients of the $1,000 Ruth Boynton scholarships. This fund is named in honor of Dr. Ruth Boynton, a former, long-time director of the University of Minnesota Health Service.

American Cancer Society Scholarship

These $1,200 scholarships were established with a grant from the American Cancer Society. **James L. Comadoll** and **Christopher Widstorm** were the recipients.

Park-Nicollet Medical Center Scholarship

Barbara Sigford, Ann Jefferds, Ann Casey and **Agnes Ng** received these $500 awards for second and third year medical students estab ished by the Park-Nicollet Medical Center.

Barbara Sigford, a second-year medical student, received two student scholarships through the Minnesota Medical Foundation.

United Way of Willmar Scholarship

This $500 scholarship contributed by the United Way of Willmar, went to **Jennifer Mehmel**.

Delia Tenille Hobbs Scholarship

These $1,000 scholarships are given to second-year minority medical students. **Nader Aziz** and **Carlton Lyons** were the recipients.

Alpha Omega Alpha Scholarships

This scholarship fund was established by the Minneapolis Chapter of Alpha Omega Alpha, an honorary medical society. The $1,500 award went to **Barbara Sigford.**

Fourth year medical students receive results of National Resident Matching Program

There were a few disappointed faces, but the majority of medical students in Mayo Auditorium on March 13 were grinning with delight. These fourth year medical students at Minnesota, along with medical students all over the country, had just found out the results of the National Resident Matching Program.

After a few remarks by associate dean W. Albert Sullivan, 271 University of Minnesota fourth year medical students tore open envelopes to discover where they would be spending the next couple of years as residents. The grinning, happy faces were understandable, as the results at Minnesota were very good. Nearly 75 percent of those participating were matched with one of their top three choices of resident positions.

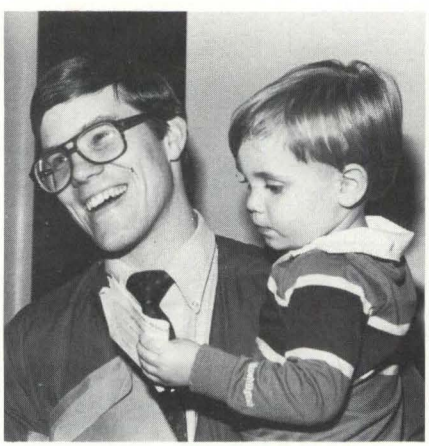
The National Resident Matching Program matches qraduating medical students with the available resident positions in hospitals throughout the country. Students rank their choices of residencies and institutions, and the institutions, in turn, rank their preference of candidates. The computer does the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

Nationwide, 14,849 U.S. medical students participated in the match. At Minnesota, only five students out of 271 were unmatched. Everyone, however, was matched by 2:00 p.m., a mere three hours after results were released. More than 57 percent of students at Minnesota received their first choice of resident positions, 12 percent their second choice and nearly six percent their third choice. Slightly more than half, or 144 students, will remain in Minnesota to begin a residency program, with 76 students staying right here at the university.

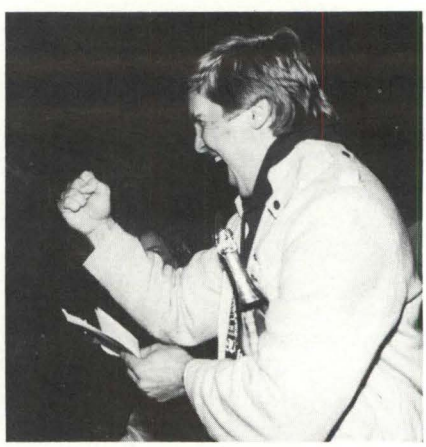
This year, the total number of positions offered nationally in the match increased by 78. Internal medicine increased the most with 157 positions. Psychiatry increased by 23 positions, family practice by 13, and obstetrics/gynecology by seven. These were offset by decreases in support specialities (78), surgery (22), pediatrics (16) and transitional programs (7).

The top three types of residency programs chosen by students from Minnesota were family practice with 82 students or 29.1 percent, medicine with 78 students or 27.7 percent, and surgery with 26 students or 9.2 percent.

Once again, the University of Minnesota, Duluth (UMD), School of Medicine led the nation in the percentage of its students who chose family practice as a career choice. In the match, 45.2 percent of the students who began their medical training at the UMD medical school selected the field of family practice. Only 13 percent of graduating students nationwide choose this field.



For some students, resident match day was a family affair.



After discovering where he would be serving his residency program, this fourth-year medical student was ready to celebrate.

There were many smiling faces on University of Minnesota fourth-year medical students after resident match day. Results were good — 75 percent of those participating were matched with their top three choices of resident positions.

Rhythm methods of cancer control described by U of M researcher

The fight against cancer will go better if physicians and patients watch the clock and the calendar, according to University of Minnesota chronobiologist Dr. William Hrushesky. Addressing the American Cancer Society's Science Writers' Seminar in San Diego in April, Dr. Hrushesky stressed the importance of biological rhythms in the bodies' responses to cancer and other diseases.

Several cancers appear most frequently in certain seasons, he said. The incidence of breast cancer hits a sharp peak in spring, while prostate cancer and testicular seminoma strike men most often in winter. Dr. Hrushesky, an assistant professor of medicine, hypothesizes that the body has mechanisms to control the functions of cancer cells, and that these mechanisms operate with an approximately yearly rhythm. For example, the ability of breast cancer cells to respond to the hormone estrogen shows such a cycle. How the cancer responds to estrogen determines to a great extent both the therapy chosen and the patient's prognosis.

Daily, or circadian, rhythms appear to govern patients' responses to some anti-cancer drugs. Dr. Hrushesky found that patients receiving adriamycin and cisplatin at 6 a.m. and 6 p.m., respectively, had fewer complications, dose reductions and treatment delays than patients treated on the reverse schedule. The time of day at which the drugs are given influences their toxicity to some extent, he said. However, it is still too early to tell if the timing of the drugs affects a patient's survival rate.

Another biological rhythm can be put to use in the diagnosis of damage done by adriamycin. It has been known for centuries that the heart speeds up when we inhale and slows during exhalation. This respiratory sinus arrhythmia, or RSA, slows down with age and is modified by heart damage, a side effect of adriamycin. Dr. Hrushesky said that his sine-o-graph device, a computerized instrument that measures the RSA, can quickly spot such damage. Currently, the most accurate method of detecting the trouble is heart muscle biopsy. But the sine-o-graph provides a non-invasive means of assessing the heart's condition and the effects of drugs.

"The evaluation of this biologic rhythm may also provide the first clinical screening test for the cardiotoxicity of new drugs," Dr. Hrushesky concluded.

UMD researchers present 10 papers at prestigious scientific conference

University of Minnesota, Duluth (UMD) School of Medicine researchers presented 10 papers at one of the largest scientific gatherings in the world — the 69th annual meeting of the Federation of American Societies for Experimental Biology in Anaheim, California, April 21 to 26.

Presenting papers from the UMD School of Medicine were: **Omelan Lukasewycz,** associate professor of medical microbiology and immunology and assistant dean of curricular affairs; **Paul Anderson,** professor of biochemistry, **Joseph Prohaska,** associate professor of biochemistry; **Richard Eisenberg,** associate professor and head of pharmacology; **Edward Knych,** associate professor of pharmacology; **Jean Regal,** assistant professor of pharmacology; **Lois Heller,** associate professor of physiology; **George Trachte,** assistant professor of pharmacology; **Michael Zlonis,** clinical assistant professor of pathology and laboratory medicine; **Lester Drewes,** associate professor of biochemistry; **Ashok Singh,** assistant professor of biochemistry; **David Gerhart,** biochemistry/pathology and laboratory medicine assistant scientist; **Carol Casey,** postdoctorate fellow in biochemistry; **Richard Little,** guaduate student in chemistry; **L. Sunnarborg,** physiology laboratory technician; and **R. Nelson,** pharmacology senior laboratory technician.

Seasonal depression studied at University of Minnesota

To determine the inheritability of seasonal affective depression (SAD), researchers at the University of Minnesota will study adults and children with the mood disorder and then evaluate other family members for the same psychiatric disorder.

SAD is a condition in which a person's mood changes depending on the amount of daylight. People with the disorder always become depressed in fall and winter when the days are shorter, and become re-energized in the spring and summer when the days are longer.

"These adults (with SAD) have noted similar symptoms in their children, but to date there are no systematic reports of their observations," said lead investigator Dr. William Sonis, assistant professor of child psychiatry at the university.

Dr. Sonis and his group plan to systematically assess the nature, extent and duration of depression symptoms in families in which at least one member has SAD.

Although the initial study is not a treatment study, Dr. Sonis said that treatment studies and long-term mood studies are planned. Many adults suffering from SAD have responded to repeated treatments of full-spectrum fluorescent light. Dr. Sonis plans to try that treatment and others on children.

"This is important because kids with SAD don't do well in school and even lose friends in the winter," Dr. Sonis explained. "We suspect it's inherited to some degree as all affective disorders — disorders of emotion and energy — are. What we'll be looking for is the degree of inheritance, and the relative importance of the family environment versus the genetic environment and how extensive the phenomenon is."

Attic treasure gains new life at UMD medical school

It's not the kind of thing one would expect to see in a modern-day medical school. But, this September, students at the University of Minnesota, Duluth (UMD) School of Medicine began studying anatomy as their grandparents did.

The UMD medical school received a gift of stereoscopic anatomy slides manufactured sometime in the 1890s. And, students are using them.

John Leppi, head of the biomedical anatomy department, sees nothing unusual about that. "The human body hasn't changed in 90 years," he points out. The slides are still useful.

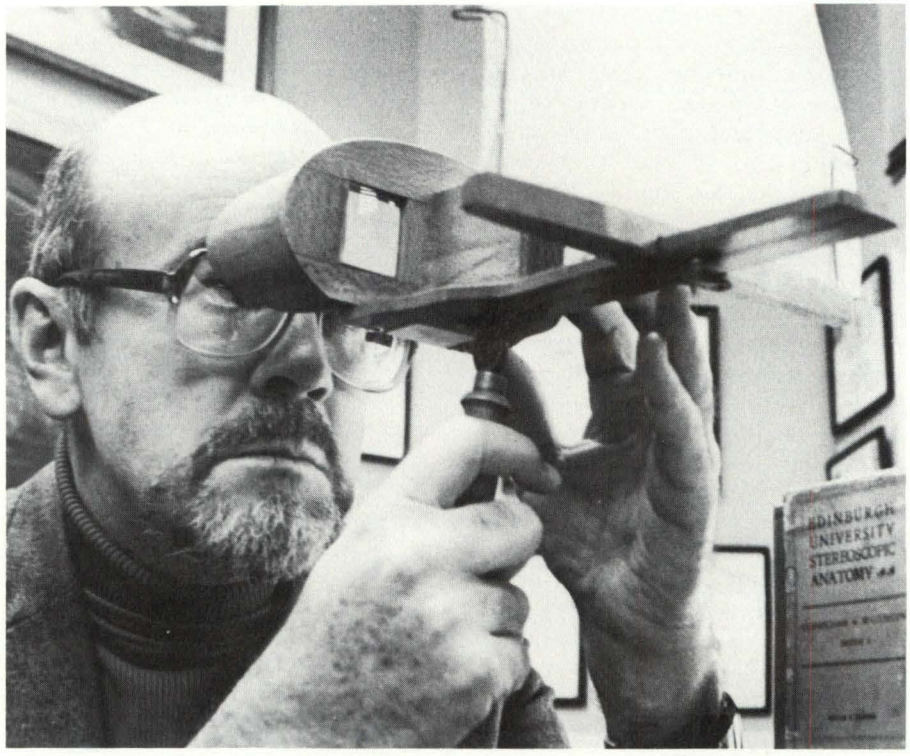
Stereoscopic slides, those three-dimensional, postcard-type slides that great-grandmother looked at with a hand-held wooden viewer, are particularly useful in the study of anatomy, Dr. Leppi says. "They give a three-dimensional aspect of the body you can get nowhere else."

It wasn't technology that replaced the old slides, Dr. Leppi explains. It was the reduction in the number of hours spent on gross anatomy. "In their day, these slides were state-of-the-art," he says.

While the introduction of video tapes into the classroom may have hastened the demise of stereoscopic slides as a tool for studying anatomy, video tapes have their own weakness, Dr. Leppi points out. They can't hold a picture's image on the screen for a student to study. And, textbook photos can't show depth.

"With stereoscopic slides, students can see the relationship of front to back and side to side," he emphasizes.

Steroscopic slides were probably used longer in medical schools than anywhere else. Some schools used them right up to the 1950s when they were replaced by video tapes and colored slides. But neither of these quite replaced the usefulness of the old steroscopic system. "With modern slides, you gained color but lost stereo," Dr. Leppi says.



John Leppi, head of the UMD School of Medicine's biomedical anatomy department, demonstrated the use of 90-year-old stereoscopic anatomy slides which will be used by students in anatomy instruction.

The problem Dr. Leppi now faces is finding enough viewers with which to see the slides. Modern desktop viewers, something like a cartographer's magnifying glass on a stand, don't work because they aren't set at the right distance.

"If we can't find modern viewers, we'll just hunt up enough of the old wooden ones to go around," he says. Since the old viewers aren't manufactured anymore, that means a trip to the attic or the antique shop.

The slides, some 250 in all, were produced in Scotland before the turn of the century. Titled "The Edinburgh Steroscopic Atlas of Anatomy," they were given to UMD by the family of Dr. Charles William Bray, who bought them new in 1899.

They are in as good a shape now as they were then.

"Both my mother and father were 1895 graduates of the University of Minnesota Medical School," says Dr. Bray's son Phillip, himself a retired physician. "When my father moved to Biwabik as a mining physician in 1899, he bought the slides. In those days, before x-rays, they were used when treating trauma."

Charles Bray had three sons who all became doctors: Robert, Phillip, and Kenneth. When they retired, they decided to turn the slides over to the UMD School of Medicine.

"Although we have a grandson in medical school, we thought the slides would be better placed at the university," Phillip's wife, Helen, says.

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 have been made for reunion celebrations for the classes of 1935, 1940, 1945, 1950, 1955, 1960, 1965, 1970 and 1975.

The individual class committees are coordinating the activities and notifying classmates. Reunion banquets have been planned for most classes. However, several activities for all medical alumni are scheduled. These include:

Friday, June 7

2:30 p.m. - Graduation of the medical school class of 1985, Northrop Auditorium. Dean's reception follows the ceremony on Northrop Mall.

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

Saturday, June 8

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

1 p.m. - 48th Alumni Luncheon and Annual Meeting of the Minnesota Medical Alumni Society, Spectrum Cafeteria, University of Minnesota campus.

The Minnesota Medical Foundation is coordinating the plans for the 50-year reunion of the Class of 1935. The new University Radisson Hotel will be the reunion headquarters. A hospitality suite will be set up where returning alumni can check-in and meet each other.

In addition to the all-alumni events, activities planned for the Class of 1935 include an introduction to the nuclear magnetic resonance imager by Dr. Richard Morin, a bus tour of the University of Minnesota campus to see how it has changed since 1935, and a social hour reception at the University Radisson Hotel. These activities will occur on Thursday, June 6. On Friday, June 7, 1935 alumni are invited to a luncheon sponsored by the Minnesota Medical Foundation, with guest speaker Dean David M. Brown. Following the luncheon, they will be honored guests at the graduation ceremony for the Class of 1985. Then, it's on to the Grand Reunion Banquet at the University Radisson Hotel.

Wannamaker Lectureship to be held

The second annual Lewis W. Wannamaker Memorial Lecture will be held at the University of Minnesota on Wednesday, June 5, 1985.

Dr. M. Tom Parker, Director of Central Public Health Laboratory (Rtd), Colindale, London, England, will be the guest lecturer and will speak on "Changing Concepts of Group A Streptococcal Disease Over Four Decades."

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

The Wannamaker Lecture is jointly sponsored by the Minnesota Medical Foundation and the Department of Pediatrics.

Technique opens new door in diabetes research

Suppose you were a diabetic, struggling to keep your blood sugar down with insulin, and somebody kept slipping sugar into your food when you weren't looking. It sounds unthinkable, yet diabetics' own bodies perform a similar act of sabotage to aggravate their blood sugar problems. The culprit is a hormone that normally acts opposite to insulin, raising blood sugar when it gets too low.

The hormone is called glucagon, and it is made in pancreatic cells that lie close to the cells that make insulin. The two hormones perform a balancing act, with insulin "telling" the liver to remove sugar from the blood and glucagon "telling" it to put the sugar back. In diabetes, the cells that make insulin are damaged and blood sugar gets very high. But often the glucagon cells don't seem to notice, and go right on producing glucagon, thereby telling the liver to release more sugar. The result is a more severe case of diabetes.

The whole problem with unneeded glucagon could be stopped if the liver somehow couldn't "hear" the hormone's message. Fortunately, the liver does have "ears" of a sort, and University of Minnesota scientist Victoria Iwanij, an assistant professor of genetics and cell biology, has found a way to identify them. Her work may lead to a means of "deafening" the liver to glucagon's message.

The ears are molecules called glucagon receptors, which sit on the outside of liver cells and receive glucagon by grabbing it and yanking it out of the blood-stream. The liver cells respond by pumping glucose into the blood. This effect could be blocked by a molecule that looked enough like glucagon to get grabbed, but that couldn't make the liver release glucose. Dr. Iwanij said that figuring out how to make such a fake glucagon molecule is a major goal of her research.

Her technique of identifying and harvesting glucagon receptors is

(continued on next page)

Diabetes research *(cont.)*

simply to expose liver cells to a solution containing radioactive glucagon and then turn on an ultraviolet light. The light causes the glucagon to form a stable chemical bond to the receptor without damaging either molecule. The radioactivity then serves as a beacon to help Dr. Iwanij sort out the receptors from the rest of the liver material.

After isolating the receptor molecules, Dr. Iwanij found they had rather interesting features. For one thing, the liver is not the only tissue to have glucagon receptors. They also occur in heart tissue and certain white blood cells, among other places. But the receptors in the various tissues are not identical. Another characteristic is that the receptors, which are basically protein molecules, also contain chains of sugar molecules streaming out from the protein core.

"The receptor in liver contains at least four chains of sugars," Dr. Iwanij explained. "Differences in the sugars may account for differences in receptor molecules from various organs. We already know that the brain has receptors for insulin that differ from liver receptors in the type and amount of sugar. These differences may make the hormone bind more tightly to some tissues than to others, which would influence the hormone's strength of action."

Suppose scientists designed a fake glucagon that would bind only to liver receptors, blocking the action of natural glucagon. It ought to stop the liver from releasing unneeded sugar, thereby alleviating the symptoms of diabetes, without interfering with glucagon's harmless effects on the heart and other organs.

But no such molecule could ever be invented without a good way to isolate and study the receptors. Hormone receptors are like locks, the hormones the keys that make them work; and you can't make a key until you know what the lock looks like. "The main point is to identify the part of the hormone that actually attaches to the receptor, so we can make a workable key," Dr. Iwanij said.

Deluxe Check Printers Foundation donates $2,000 for Cystic Fibrosis

Deluxe Check Printers Foundation has donated $2,000 through the Minnesota Medical Foundation to aid in the treatment of cystic fibrosis and pulmonary disease in children and young adults.

The gift will further the work of Dr. Warren Warwick, director of the University of Minnesota Pediatric Chest Clinic and the Minnesota Cystic Fibrosis Center since 1962. Dr. Warwick will use the money for one month's rent of a mass spectrometer, a vital piece of equipment used in diagnosing and treating cystic fibrosis patients. Through an agreement with Thoratec, Dr. Warwick will rent the equipment for $2,000 a month for one year, at which time, Thoratec will donate the equipment.

In addition to Deluxe Check Printers Foundation, the Cystic Fibrosis Foundation has also donated $2,000 for a month's rent. Further contributions are being sought.

Health Fest '85 held at U of M

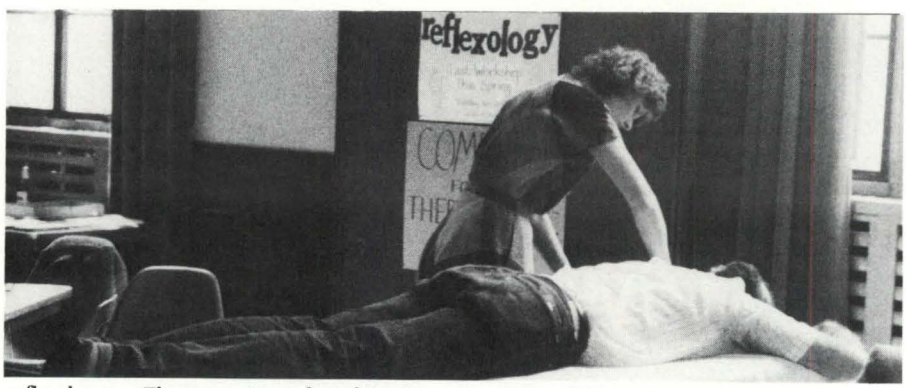
Blood pressure and body-fat testing, informational exhibits, and talks on self-esteem and recognizing unhealthy relationships were all a part of "Health Fest '85: Minding Your Health," held on the University of Minnesota Minneapolis campus April 15 through 18.

Health Fest is an annual event put on by an organization of health sciences students called CHIP (Council for Health Interdisciplinary Participation). Free and open to the public, the event is sponsored to encourage the development and maintenance of health care routines and to increase awareness of health issues.

Speakers during the four days of the festival included local author Jean Illsley Clarke on self-esteem for healthy selves; University psychologist John Brantner on beginning and ending relationships and the changing role of men; Dr. Alex Ratelle on setting healthy examples; and psychiatric social worker Ruth Aberwald on eating disorders and the college student.

Muscle stimulation . . .

EEG testing . . .



reflexology . . . These were just a few of the demonstrations available to the public during Health Fest '85, sponsored by university health sciences students.

Medical school faculty receive grants

The Medical School Faculty are proud of their accomplishments in research. The University of Minnesota Medical School, Minneapolis, ranks sixth in the nation in the number of principal investigators (the lead investigators on grants) and thirteenth among all medical schools in the amount of outside funded research expenditures per faculty member. We will be announcing in each issue of the *Medical Bulletin* some of the recipients of new grants.

—David Brown, M.D.
Dean, University of Minnesota Medical School

Department Principal Investigator	Granting Agency Amount	Research Project
Anatomy		
Bauer, Eric	American Diabetes Association $25,000	Analysis of Hormone-Degrading Mechanisms of Rat Liver
Elde, Robert	American Diabetes Association $6,000	Characterization of a New Peptide Hormone in Pancreatic Islet
Parsons, Jonathan	American Diabetes Association $6,000	Role of Prolaction in Islet Hormone
Sheridan, Judson	National Institutes of Health $111,089	Islet Cell Coupling and Secretion in Pregnancy and Lactation
Biochemistry		
Dempsey, Mary	American Cancer Society $83,000	Malignancy and Regulation of Lipid Metabolism
McGuire, Denise	American Diabetes Association $6,000	The Role of Insulin in the Translational Control of SCP
Dermatology		
Hordinsky, Maria	National Alopecia Areata Foundation $5,000	Mitogen Response Study
Laboratory Medicine and Pathology		
Bach, Fritz	National Institutes of Health $103,341	Upgrade of FACS-IV Flow Cytometry System
Lam, Luke	National Institutes of Health $165,091	Carcinogenesis of Butylated-Hydroxyanisole (BHA)
Rich, Stephen	American Diabetes Association $4,091	Combined Genetic Analysis of 100 Families Supratyped for Chromosome 6 Markers with IDDM
Snover, Dale	Dartmouth-Hitchcock Medical Center $15,846	Nutritional Prevention of Polyps in the Large Bowel
Medicine		
Azar, Silvia	National Institutes of Health $95,265	Dietary Salt and Blood Pressure Regulation
Azar, Silvia Blackshear, Gertrude	Data Sciences Inc. $25,739	Computerized Bio-chrono-monitor & Decision Helper
Bantle, John Oppenheimer, Jack	Travenol Laboratories $19,500	Evaluation of Replacement Dose and Fractional Absorption of L-Thyroxine
Hoogwerf, Byron Goetz, Frederick	American Diabetes Association $4,500	Beta Cell Function Glucose Disposal, PICA in Cystic Fibrosis
Luikart, Sharon	American Cancer Society $140,612	Glycosamino-glycans and Differentiation of Human Leukemia
Luikart, Sharon	National Institutes of Health $47,177	Glycosamino-glycans and Differentiation of Human Leukemia
Vercellotti, Gregory	National Institutes of Health $55,620	Mechanisms of Neutrophil-Mediated Tissue Damage
Microbiology		
Haase, Ashley	American Cancer Society $92,437	Virus Leukocyte Interrelationships in Chronic Infections
Haase, Ashley	National Multiple Sclerosis Society $3,779	Virus Genes in the Central Nervous System
Faras, Anthony	American Cancer Society $65,000	Mechanism of Retrovirus DNA Synthesis
Johnson, Russell	National Institutes of Health $110,276	Lyme Disease: Study of The Etiological Agent
Schlievert, Patrick	Proctor & Gamble Co. $30,000	Characterization and Pathobiology of Pyrogenic Toxins
Neurology		
Roelofs, Robert	Muscular Dystrophy Association $54,000	A Dose Response Study of MK-771 in Patients with ALS
Orthopaedic Surgery		
Ogilvie, James	Hospitals 3,890	Burr Epiphysiodesis
Otolaryngology		
Blakley, Brian	Deafness Research Foundation $10,000	The Dynamics of Otolith-Ocular Reflexes
Pediatrics		
Blum, Robert	Minnesota Department of Health $133,971	A Statewide Data Base on the Health of Adolescents
Giebink, G. Scott	National Institutes of Health $118,177	Viral Infection in Pneumococcal Disease Pathogenesis
Krivit, William	Viking Childrens Fund $130,000	Viking Childrens Fund
Psychiatry		
Heston, Leonard	Hurd Foundation $14,320	Visualization of Chromosomes in Mature Neurons
Surgery		
Simmons, Richard	National Institutes of Health $153,608	Synergism in Surgical Sepsis; B. Fragilis and E. Coli
Sutherland, David Steffes, Michael	Juvenile Diabetes Foundation $30,000	Allogenic Islet Transplantation: Prevention of Rejection by Reduction of Graft Immunogenicity
Therapeutic Radiology		
Vallera, Daniel	Cetus Corporation $30,000	Immunotoxin Pretreatment of Donor Marrow for Prevention of Graft-Vs-Host Disease Clinical Studies

Dr. James Boulger contributes to success of UMD family practice program

"The need is still there for family doctors," emphasizes James Boulger, associate dean of administration and student affairs at the University of Minnesota, Duluth (UMD) School of Medicine. To back up his statement, Dr. Boulger waves a copy of a March 1985 Department of Agriculture Economic Research Service Report, *Physicians in Nonmetro Areas During the Seventies.*

"What this report says is that, in the '70s, while the number of physicians per 100,000 people went up, the proportion of office-based physicians in family practice went down."

When the '70s began, Dr. Boulger explains, there was a large inbalance in the number of nonmetro to metro physicians on the state level. It was certainly clear that small towns either needed physicians or soon would. Doctors in small towns across the state were significantly older. As these doctors died or retired, who would replace them?

To compensate for this inbalance, the state chose the training route and in 1972 established the UMD School of Medicine. The mission of the school was clearly stated: to help fill the need for family practice physicians in rural and non-urban areas.

Dr. Boulger came to UMD in 1974, two years after the school began, as an associate professor of behavioral science and psychology. Since that time, the family practice program has been a major area of responsibility for him. He has served as an associate dean of curricular affairs (1974-76); acting dean of the school (July-September, 1975); director of the family practice preceptorship program (1976 to the present); associate dean for curricular and student affairs (1976-77); associate dean for admissions and student affairs (1977-79); associate dean for administration, admissions and student affairs (1979-83); and acting dean of the medical school once again (1980-82). Currently he is associate dean for administration and student affairs and an associate professor of behavioral sciences and clinical sciences.

According to Dr. Boulger, by 1979, there was still a big differential between the number of physicians settling in metro versus nonmetro areas of the state. While the decade saw an overall increase of physicians from 123 per 100,000 in 1970 to 149 per 100,000 by 1979, the gap between metro and nonmetro remained wide. By 1979, there were 177 physicians per 100,000 in metro areas, while there were only 79 physicians per 100,000 in nonmetro areas in the state. That's still a big differential, Boulger says.

"Even though there are lots of physicians now and the number per 100,000 has increased across the board, the actual proportion of physicians in family practice has decreased over the decade," he emphasizes.

"Most of the writeups you see on the 'doctor glut' are based in urban areas. There isn't a glut in family practice. My prediction is, there never will be — not with the national average of students choosing family practice a straight line at only 13 percent."

That 13 percent will shrink in terms of real numbers if medical schools begin cutting back enrollment, he explains.

To fully appreciate the job that the UMD School of Medicine has been doing in terms of fulfilling its mission, it's only necessary to look at the percentage of UMD students who have chosen family practice during this period. While the national average has hovered near 13 percent, the percentage of UMD's students choosing family practice has averaged near 60 percent.

Moreover, 60 percent of the school's graduates who are in family practice are in communities smaller than 20,000.

"We're doing exactly what this school set out to do," Dr. Boulger says.

Not all these graduates are family doctors, he adds, "But, on balance, we get family doctors in urban areas, too."

How is the school able to maintain this record against the national trend?

Dr. Boulger counts off the reasons: A dedicated and excellent faculty who support the family practice mission; an admissions committee that does a good job of screening for applicants whom they feel show a genuine interest in family practice; and a family practice preceptorship program whose physician participants not only instruct students in family practice, but serve as role models as well.

"We expose students to the best family doctors we can find — doctors who encourage students to emulate them," Dr. Boulger explains.

The school also works closely with the Duluth Family Practice Center. There, second and third-year residents serve as preceptor clinical teachers in the clinical rounds course. The physicians on staff at the Center teach actively and often at the school.

But above all, the school encourages a close association with the family practice community in general.

A grant from the Public Health Service, Bureau of Health Manpower, allows Dr. Boulger to provide support for the preceptor program. The grant also supports some family practice preceptor workshops.

Written by Carole Jaworski, Science Editor, UMD News Service

Dr. Charles Sheppard prepares for 50th reunion

Tuition was $80 to $90 a quarter. Part-time work paid around 35 cents an hour. Those were the economic realities in the 1930s, when Dr. Charles G. Sheppard attended medical school at the University of Minnesota. He graduated in 1935 and now, 50 years later, Dr. Sheppard will return to campus in June to get reacquainted and reminisce with his old classmates at their 50-year medical school reunion celebration.

As chairman of the 50-year reunion committee, Dr. Sheppard has been busy planning a host of activities for his 1935 classmates to enjoy.

Dr. Sheppard has many fond memories of medical school and his ensuing medical career. He recalls Minnesota being his only choice for medical school. "I never even considered any other school," he says now.

As a Minnesota resident of Hutchinson the University did cost less, but money wasn't the only consideration.

"My father was a physician," Dr. Sheppard explains, "and a member of the first graduating class at Minnesota in 1891." There were other medical graduates prior to that time, he points out, but his father's was considered the first formal class.

In looking back at medical school, Dr. Sheppard wishes he would have worked harder and improved his grades, but, as he recalls, he had a "great interest in girls." In his junior year, he married Lola Jones. That was the start of what is now a 52-year-old "marvelous marriage."

He and Lola had a whirlwind romance. After dating for six weeks, they decided to get married. At first, they planned to wait until after his internship. Each time he saw her, however, they changed the date.

"We decided to get married after graduation," he says, "then the comimg summer, then Easter vacation, then Christmas, and then I said the heck with it, let's get married Saturday night."

Until Dr. Sheppard finished medical school, the newlyweds relied on financial aid from his father and Lola's income as business manager for the University of Minnesota theater. It was difficult, but they made it through school and two years of internship at Miller Hospital in St. Paul.

Persuaded by his father, Dr. Sheppard returned to Hutchinson to set up his general practice. The first three years were rough going.

"I earned about $150 a month during those first three years." Dr. Sheppard recalls. Good fortune followed on the heels of bad fortune when a friend and colleague died suddenly. Dr. Sheppard took over his friend's practice and his income began to improve steadily.

For 27 years, he practiced in Hutchinson. During those years, he was interested in many different diseases. He became involved with the Public Health Department at the University of Minnesota so he could study some of them. For 10 years, he participated in a study of toxoplasmosis and then moved into a long-time research of tuberculosis.

In 1963, Dr. Sheppard was recognized for his many years of service and contributions to public health when he was presented the Harold S. Diehl award from the Minnesota Medical Alumni Society.

An interest in family counseling and a busy general practice which required too many hours away from home, led Dr. Sheppard to the decision to leave Hutchinson. He accepted a position with the St. Peter State Hospital in 1964. For five years, he worked in the open facility and then moved into the security hospital.

In those days, Dr. Sheppard explains, the hospital had a patient population of about 2,600 and one full-time physician. It was more of a place to house the mentally ill rather than a treatment facility. It didn't pay very well and unfortunately, according to Dr. Sheppard, it was a place physicians were sent as punishment. "Their licenses would be taken away and they weren't allowed to practice except in the state hospitals," he says.

Shortly after he arrived, Dr. Sheppard recalls a nurse asking him why he had had to come to St. Peter. She couldn't believe he was working there voluntarily.

During the 18 years Dr. Sheppard worked at the state hospital, conditions changed. They began recruiting good physicians with an interest in psychiatry and added nurses and social workers. In 1982, Dr. Sheppard saw his dream for St. Peter fulfilled. For years, he had been pushing for a new replacement security facility. The original building had been built in 1911 and, according to Dr. Sheppard, looked more like a prison than a hospital.

"I started agitating for a new hospital," he recalls. "I kept pushing and got others pushing and finally we convinced the legislators."

The hospital was built in 1981 and occupied in 1982. Dr. Sheppard had the great pleasure of working in it for about three months before his retirement in August of 1982.

Although Dr. Sheppard enjoyed his general practice, he never regretted his decision to go to St. Peter. "It was a fascinating place to work," he says, and he still refers to it as "our place."

At the 50-year reunion celebration in June, Dr. Sheppard is looking forward to meeting his old friends and sharing stories. "We had some very interesting times in medical school," he says "I remember that."

The UMD School of Medicine: Into its second decade

The University of Minnesota, Duluth (UMD) School of Medicine is now well into its second decade. After more than 10 years of existence, the school not only continues to outperform other medical schools in the training of family practice physicians, but it is becoming a major research facility in its own right.

The medical school was established in 1972 to help fill the need for family practice physicians in rural and non-urban areas. Since its opening, the school has consistently led the nation in the percentage of its students who choose family practice as a career choice with an average of nearly 60 percent over the past 12 years.

In contrast, the percentage of students choosing family practice nationwide in those 12 years has remained at roughly 13 percent.

The UMD School of Medicine offers a two-year basic science curriculum. At the end of the two years, students transfer noncompetively to the Twin Cities campus to complete their M.D. requirements.

By the end of 1985, some 380 students who began their medical training at UMD will have completed their medical degrees. In all, 212 students, some 56 percent of the total, have chosen family practice as a residency specialty.

"We are not aware of any other medical school in the nation that so consistently has had a majority of its students select family practice as a career choice," states James Boulger, associate dean of administration and student affairs at the medical school.

Not only is the school fulfilling its mission by turning out family practice physicians far in excess of the national norm, but the students who go through UMD's program excel.

"In the last five years, our students have scored substantially higher than the national average on board exams," points out UMD School of Medicine Dean Paul Royce.

Two reasons probably account for UMD students doing so well on the national boards, Dr. Royce feels.

"Because of UMD's small class size (48 students per class) we have, in effect, small group teaching — one of the goals of medical education. This small class size provides an opportunity for a great deal of interaction between faculty and students," he says.

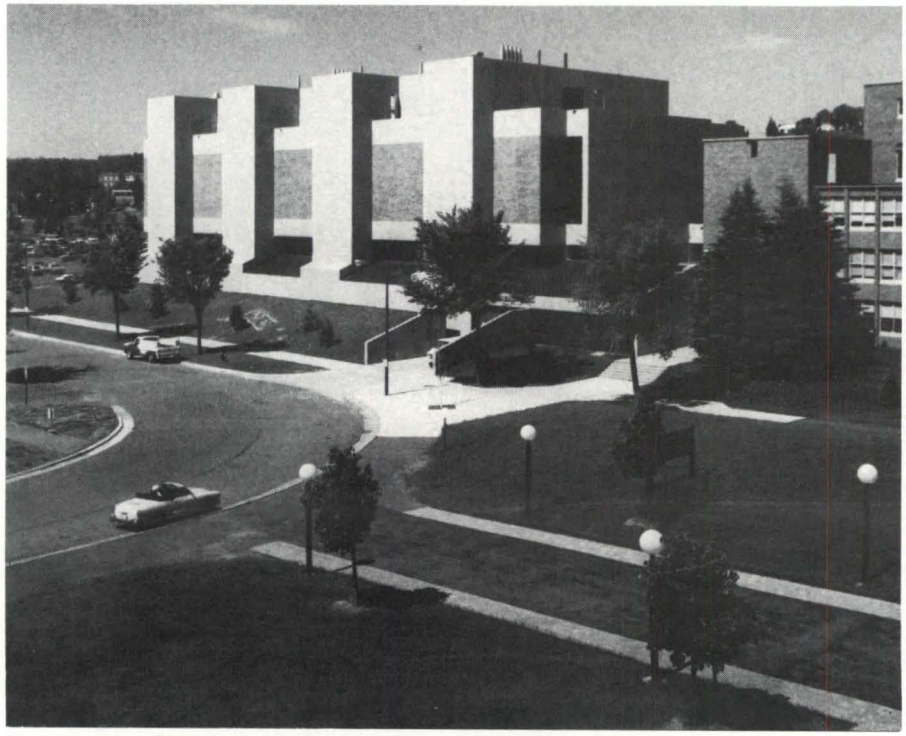
The other contributing factor to the students' success, Dr. Royce believes, is the overall quality of the UMD faculty itself, a quality he finds in both research and teaching.

While the school does not plan to lose sight of its fundamental teaching mission in the training of family practice physicians, at the same time, it is adding a breadth and depth in research that makes it first-rate.

"Research is the underpinning of success of any medical school regardless of its mission," Dr. Royce emphasizes, "particularly at the University of Minnesota."

Richard Eisenberg, associate professor and head of the pharmacology department, agrees.

"Part of our mission is family practice and we're very successful at it — top notch, in fact," he says. "Students from UMD show an outstanding performance on the national boards."



The University of Minnesota, Duluth (UMD) School of Medicine

"But," he adds, "as part of keeping an excellent faculty on the cutting edge in their fields, we need to keep active in scholarly research. As part of this scholarly and creative process, graduate education and training of new students in research activity must take place."

Not only are graduate students stimulated by faculty; faculty are stimulated by graduate students, Dr. Eisenberg points out.

Graduate programs have begun in several of the school's departments including medical microbiology and immunology, physiology, biochemistry, and pharmacology.

"In order to be successful in our mission, faculty have to be actively involved in research. If we have a stale faculty, we will put out an obsolete product," Dr. Eisenberg stresses.

Research currently underway at the UMD School of Medicine is anything but stale.

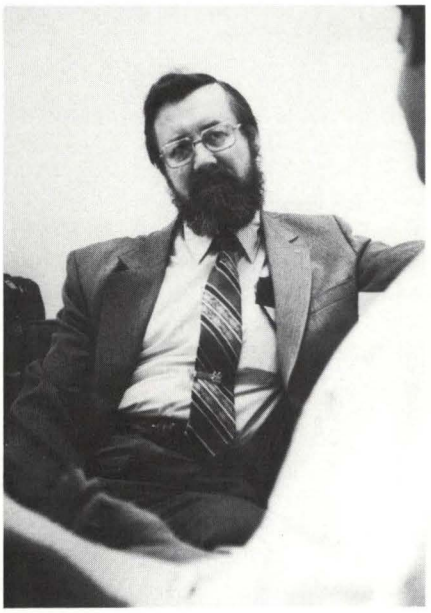
Arthur Johnson, professor and head of the Department of Medical Microbiology and Immunology, has made important strides in aging research. In laboratory experiments with mice, Dr. Johnson and his students have been able to reverse the normal breakdown of immunity with age. By the use of a new synthetic non-toxic compound (polyadenylic-polyuridylic acid complex), Dr. Johnson and his students were able to generate about a 60 percent increase in immunity among older mice.

The implications of Dr. Johnson's findings are intriguing, particularly as they relate to cancer. Like many other degenerative diseases, the incidence of cancer rises dramatically with age.

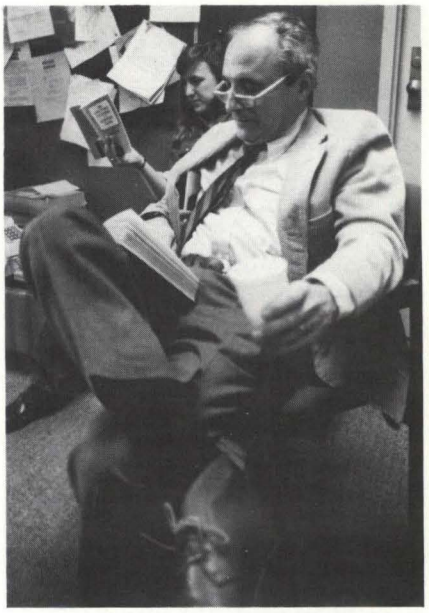
"It's in the back of our minds that if we can increase the immune response, we may be able to increase immunity against cancer," Dr. Johnson says.

Other new ground has been gained in the cancer fight recently by UMD School of Medicine researchers Lillian Repesh, associate professor of biomedical anatomy, and Thomas Fitzgerald, associate professor of medical microbiology and immunology. The two researchers have developed a cell culture model that allows them to observe, for the first time, the mechanism whereby metastatic melanoma spreads throughout the bloodstream.

Reprinted with permission of the Minneapolis Star & Tribune
Dr. Arthur Aufderheide performed an autopsy on an Egyptian mummy to study a disease of the joints, thought to have struck one out of every four ancient Egyptians.



Dr. Gerald Cotton, head of the clinical sciences department, cousels UMD medical students following senior citizen exams.

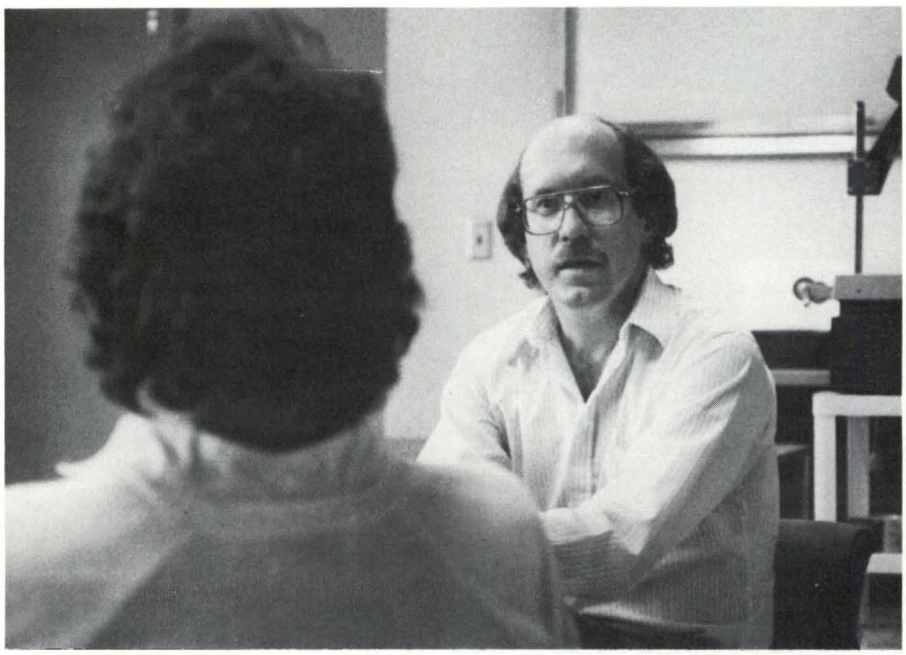


Dean Paul Royce conducted a reading of Shaw's *The Doctor's Dilemma* during a Drama of Medicine class.

"The attachment and spreading of cancer cells on the capillary walls suggests that cancerous cells, unlike normal cells, have an increased ability to produce enzymes that can break down capillary walls, thereby allowing them to enter," Dr. Repesh explains.

If researchers can characterize and isolate these enzymes, they may be able to immunologically inactivate them, thereby preventing metastasis, according to Dr. Fitzgerald.

Robert Pozos, associate professor and head of the physiology department, has established a national reputation in hypothermia research. Dr. Pozos is currently working on the role of shivering in hypothermia, Parkinson hand tremor, and the effects of alcohol on temperature regulation.



Gary Davis, head of the behavioral sciences department, put a patient under hypnosis during a Clinical Hypnosis class, one of 20 class electives in UMD's mini-course series.

Arthur Aufderheide, professor and head of the school's pathology and laboratory medicine department, is one of less than a half-dozen soft-tissue paleopathologists in the world. A paleopathologist is a pathologist who studies ancient human remains. Last summer, Dr. Aufderheide and a small research team from UMD laid to rest a mystery surrounding Egyptian mummies that had stirred the scientific community for more than 20 years.

What Dr. Aufderheide and his team found was that a disease of the joints, thought to have struck one out of every four ancient Egyptians, never happened. Through sophisticated analyses at both UMD and the Twin Cities campuses, the researchers were able to prove conclusively that an earlier scientific study was wrong.

"It never made medical sense to start with," Dr. Aufderheide explains. "The discrepanices were too enormous."

Other faculty research underway at the medical school covers everything from A to Z — from anaphylaxis to the zoster virus.

Many of the research projects have been or are being funded by the Minnesota Medical Foundation.

Beyond the laurels achieved by the UMD medical school in its family practice mission and beyond the breadth and depth of some of its research activities, innovative teaching programs are continually being added to increase the diversity and scope of the curriculum.

One of the first such innovative programs to be developed was the American Indian Program. The first, of what would later grow to four American Indian programs at the school, began in 1972 — the first year of the school's existence. The Native American into Medicine (NAM) program was established for essentially the same reason as the school itself: to help fill the need of family practice physicians in rural and non-urban areas. After all, Indian leaders reasoned, who needed physicians in rural and non-urban areas more than the American Indian population?

Robert Pozos, then assistant professor of physiology and one of the first faculty members to arrive at the medical school, applied to the Health Manpower Branch of HEW for a grant to fund a NAM program at Duluth. The first award was made July 1, 1972 and has been renewed annually ever since.

Under NAM, American Indian students attend a six-week summer mini-medical program at the school. They study anatomy, physiology, immunology, physical diagnosis, and cardiopulmonary resuscitation (CPR). They become acquainted with medical terminology and library use. By the time the students complete the course, most know if a medical career is for them.

Other American Indian programs since added at the school include the Indians into Research Careers Program, the Howard Rockefeller Program, and the American Indians into Marine Sciences Program. Co-directors of the American Indian Programs are Dr. Pozos and Ruth Myers.

Two of the more recent innovative programs at the school were developed by Dean Royce. *Doctors on Call* is a weekly public television program that has aired for the past three years. During the series, three area physicians join moderator Dr. Royce in the discussion of a specific medical topic. During the live half-hour program,the viewing audience is invited to call in questions for the physicians to answer. Questions are taken, off camera, by UMD medical students. The program has become the eighth-most watched program on public television in the Duluth area. (For a further look at *Doctors on Call*, turn to page 4.) Everyone benefits by the program Dr. Royce says: the medical community, the students, and the audience.

The second innovative program initiated by Dr. Royce is a Drama of Medicine class. The class, an elective, examines the changing image of the physician as seen through literature, in this case, drama. Plays by Moliere, Ibsen, Shaw, and Moore are read aloud by the class. A guest expert appears with Dr. Royce for each session.

Other innovative programs include the Department of Behavioral Science's mini-courses. The courses, which are one of the few electives in the two-year curriculum, offer students a wide-choice of subject matter not covered in the basic curriculum. Law and Medicine, taught by a lawyer; Religion and Medicine,

taught by a clergyman, and Clinical Hypnosis, taught by department head Gary Davis, are just three of nearly 20 mini-course offerings.

Gerald Cotton, head of the clinical sciences department, has added his own innovation. To give medical students a more well-rounded view of the elderly, Dr. Cotton conducts part of his clinical rounds with students at a senior citizen high-rise apartment. Instead of bedridden elderly patients, students have the opportunity to examine volunteer senior citizens from the high-rise and the surrounding community. The students enjoy the opportunity to examine functional, productive elderly people and often express surprise at the extent of the senior citizens' involvement in community affairs, according to Dr. Cotton. Many of the students have also expressed a favorable change in attitude towards, and impressions of, the elderly. On the other hand, the senior citizens enjoy the friendliness of the students and their willingness to listen.

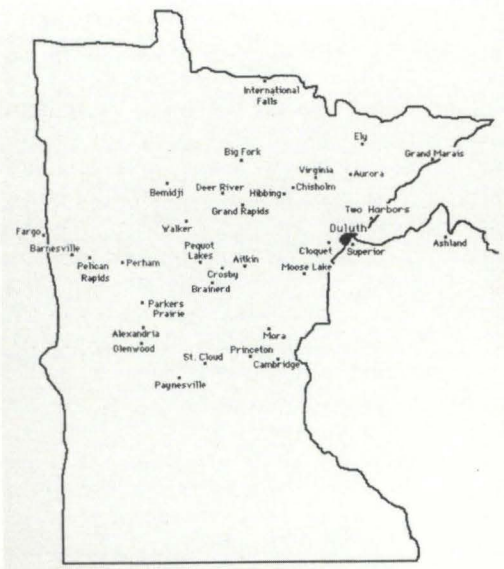
One of the school's most successful innovative programs is its family practice preceptorship program, which involves physicians throughout Minnesota, northwestern Wisconsin, and eastern North Dakota. First-year students spend 10 half-days per year with preceptors who serve not only as instructors, but as role models. Second-year students actually live the life of a family practice physician for three days in communities throughout the three states.

The preceptorship program is so successful that graduates of the school not only go on to become family practitioners themselves, but also, are becoming preceptors for the school. One such person is Jon Stephenson, a member of UMD's charter class of 1972 and now a family practice physician at the East End Clinic in Superior, Wisconsin. Having begun his medical training at UMD, Dr. Stephenson now works actively with the school in its preceptorship program.

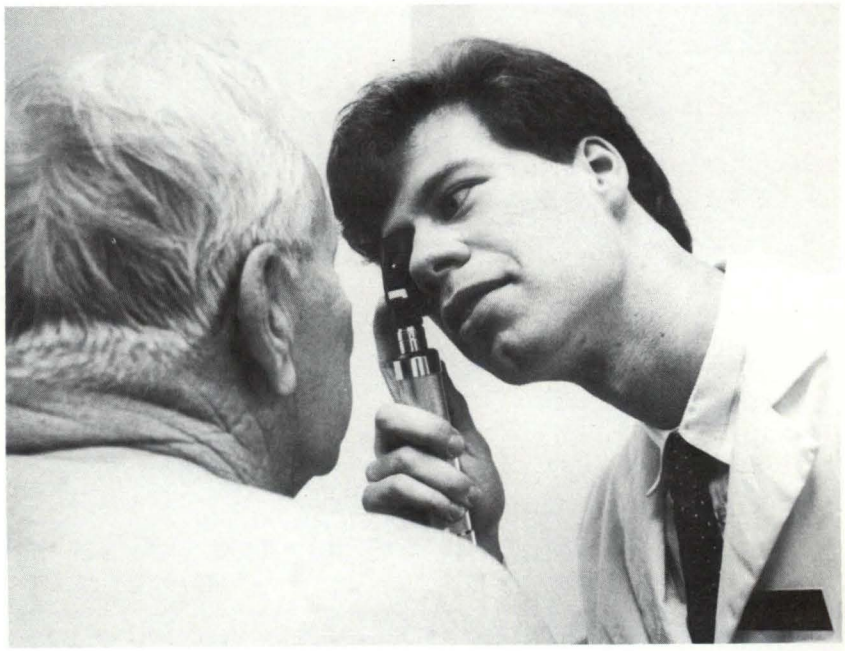
Dr. Stephenson is just one of many former UMD medical students who now are helping to ensure that the mission of the UMD School of Medicine remains a success.

Written by Carole Jaworski, Science Editor, UMD News Service

◀ Jon Stephenson (left), a member of UMD School of Medicine's entering charter class in 1972, now works with the medical school in its family practice preceptorship program. Shown with Dr. Stephenson is Dr. Kim Thompson, a family practitioner with the Duluth Clinic.



Family Practice Preceptorship Sites
UMD School of Medicine: 1984-85

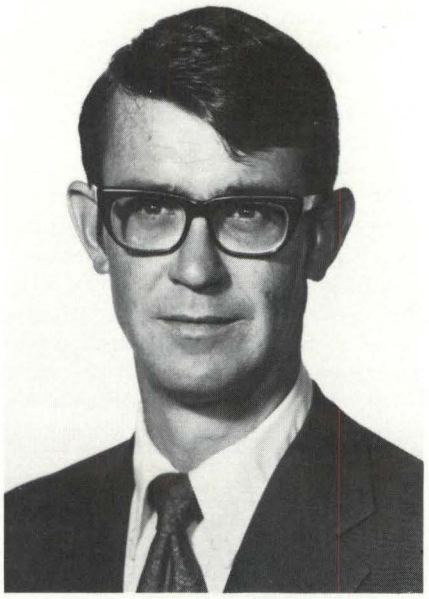


Lanse Lang, a UMD second-year medical student, examined a senior citizen volunteer as part of his family practice training at UMD. ▼

Controlling health care costs:

Two Views

Senator David Durenberger (R. Minn.)



Dr. George Tagatz, acting head of the University of Minnesota's Department of Obstetrics and Gynecology.

Senator David Durenberger (R. Minn.) visited the University of Minnesota this past winter to tour the Department of Obstetrics and Gynecology. During his visit, he spoke with medical school department heads and faculty about the "realities in Washington" in regards to health care costs.

As chairman of the Senate Finance subcommittee on health, Senator Durenberger was invited to the University by the obstetrics and gynecology department as "an opportunity to involve legislators in a dialogue about health care costs," according to Dr. George Tagatz, acting head of the Department of Obstetrics and Gynecology.

Following is a summary of some of Senator Durenberger's remarks about health care costs and a response by Dr. Tagatz.

Senator Durenberger

"Americans today want to have but aren't willing to pay," Senator Durenberger told his audience at the University of Minnesota. Facing the federal deficit, he continued, President Reagan wants to reduce federal spending without raising taxes and "get rid of the waste."

Applying this philosophy to the health care field will create what Senator Durenberger sees as "healthy competition for health care dollars."

"In health care," he said, "we've had to have and have had the best." First, he explained, Hill-Burton funds were used to build hospitals to reach everyone. Then came employer paid group health insurance plans. "The goal was to make health care available to everyone," he said. However, he continued, that was destroyed because it was made "free services to employees and if it's free, they use it." Insurance companies didn't build in cost effective methods, either. "That," said Senator Durenberger, "is the story of health costs."

"It's gotten to the point where its expensive to make people well," he said. "It's costing more than we think we should spend and we're doing something about it."

There are many abuses in current health care plans, Senator Durenberger believes.

"We subsidize people who aren't healthy," he says. "We take away from newborns to subsidize Barney Clark (an artificial heart recipient) who smoked cigarettes every day. A kid riding a motorcycle says don't fine me for not wearing a helmet but pay everything when I'm in the hospital with my brains smashed out. Why aren't there rewards for being healthy?"

Senator Durenberger sees the solution to escalating health care costs in consumer choice. He feels an educated consumer with money to spend, a choice of services and a choice of places to go to receive those services will reduce costs.

"Most people would say they don't want to pay for education (of doctors)," Senator Durenberger said. "They don't want to pay for a surplus of doctors. They feel there should be a better way to pay for the poor and high technology.

There needs to be better arrangements and clarity on how researchers are going to pay for research."

He told his audience that they would have to find the answers to questions about how to pay for education and research.

"There are more cuts to come," he warned.

Dr. Tagatz

Dr. Tagatz was appointed by Senator Durenberger to serve on the Fertility and Maternal Health Drugs Advisory Committee. He now chairs that committee. Dr. Tagatz is "very impressed" with Senator Durenberger's understanding of the current problems in the delivery of medical care.

"Senator Durenberger believes that the medical marketplace is governed by the law of supply and demand as modified by the consumers' perception of quality care," Dr. Tagatz said.

However, he continued, this theory on consumer-choice in health care relies heavily on a "sophisticated and informed" consumer who will recognize quality care. And although, Dr. Tagatz admits, the general public is becoming more educated about health care issues, he still believes that Senator Durenberger is "overly optimistic" about their ability to make an educated decision.

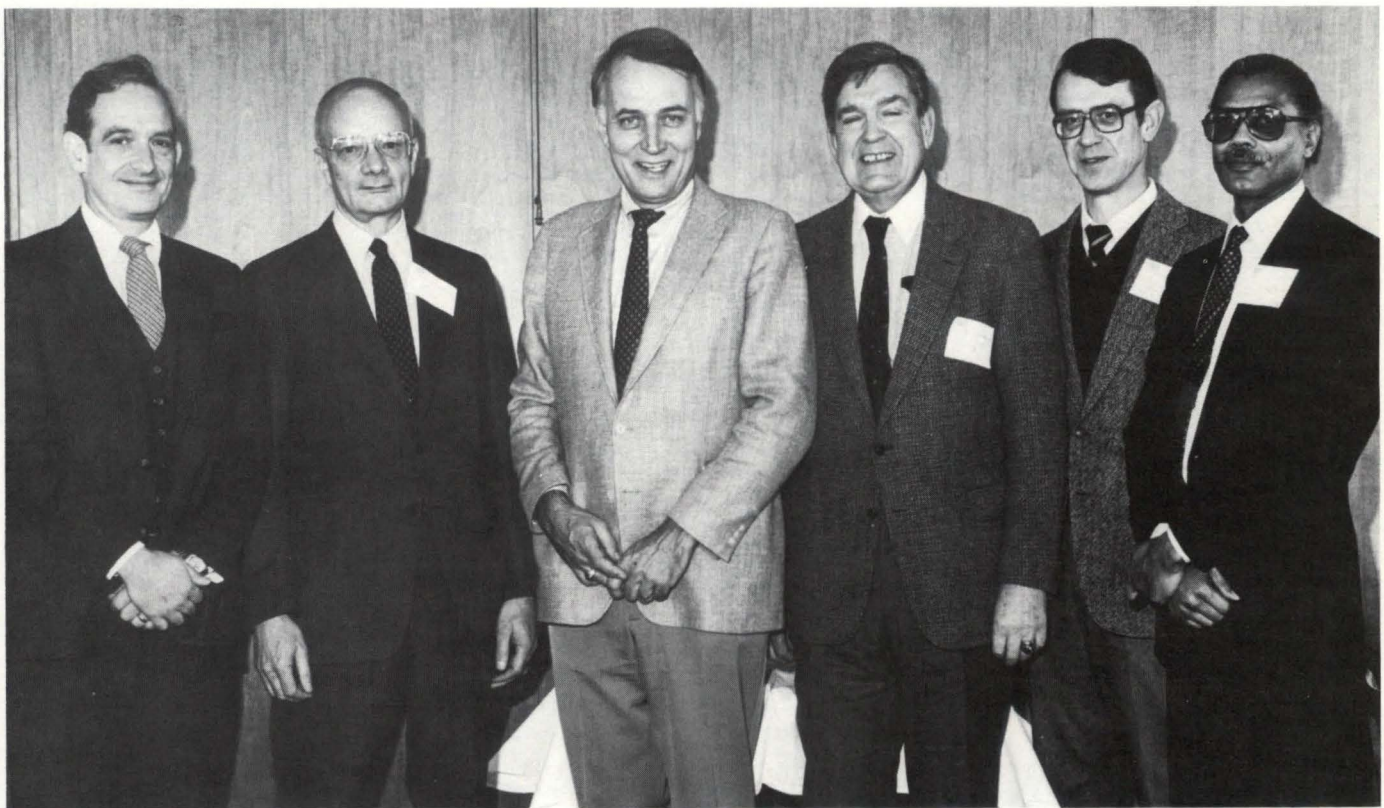
Dr. Tagatz is concerned about the unanswered questions in Senator Durenberger's plans for controlling health care costs: Will physicians, faced with DRGs and price controls, be able or willing to undertake complicated treatment plans? In a competitive marketplace, where physicians must compete for patients and income, will there be a willingness to refer patients to the experts in the fields to ensure quality care?

At the University of Minnesota, Dr. Tagatz feels physicians "continue to strive for quality and economy" at the same time. "We are policing ourselves," he said.

As for education and research costs at teaching hospitals such as the University of Minnesota, Dr. Tagatz's response is to charge the people of Minnesota, acting through their legislature, with more responsibility.

"The state wants a major university and an available pool of trained physicians but currently is not making a satisfactory investment," Dr. Tagatz explained.

"The education of future physicians and the research of promising avenues of therapies will continue to require financial support," he concluded.



Among the attendees at the University of Minnesota luncheon for Senator Dave Durenberger were (left to right): Dr. David M. Brown, medical school dean; Dr. Neal A. Vanselow, vice president of health sciences; Senator Durenberger; Dr. Konald A. Prem, former head of the Department of Obstetrics/Gynecology; Dr. George Tagatz, acting head of Obstetrics/Gynecology; and R. Nathaniel Scott, administrative director of Obstetrics/Gynecology.

Dean Brown looks at the programs and priorites of the University of Minnesota Medical School

The University of Minnesota Medical School is proud of its historically deserved high standing for innovative and outstanding programs in undergraduate and graduate education, biomedical research and inpatient care. It dedicates its future to building upon those precedents and to maintaining its leadership in all of its missions, based upon the unifying theme of excellence.

We look forward to working closely with all of our colleagues in the University and public communities to maximize the cost-effective utilization of resources and people in order to enhance mutually desired goals. These principles apply to our programs in education, research and patient care.

We hope to excite medical students with the challenges of the advances in medicine and biology and to enhance their abilities to meet society's expectations of receiving the very best in health care, delivered in a responsible and cost-effective manner.

We are excited about the opportunities to seek new leadership in several Medical School departments including otolaryngology, dermatology, neurology, obstetrics and gynecology, physiology, physical medicine and rehabilitation and radiology. Our efforts will focus upon obtaining excellent and innovative leadership in every instance. We will assure that each program will be coordinated with institutional priorities and resources.

Change and the need to respond to advances in research and patient care will motivate us go explore new and exciting frontiers. We have undertaken several new challenges.

Institute for Human Genetics

The **Institute for Human Genetics** will have coordinated programs in molecular genetics, behaviorial genetics, clinical genetics, population genetics and biostatistics. The first focus—to define the molecular bases for genetic disorders—will allow us to use the newest biochemical probes of genetic structure which are the determinants of several birth disorders, of cancer and of several disorders which are basically dependent upon a genetic predisposition. We look forward to the integration into that Institute of the other genetic disciplines whose historic roles at the University of Minnesota in advancing the frontiers of genetic research are widely recognized.

The Biomedical Ethics Center

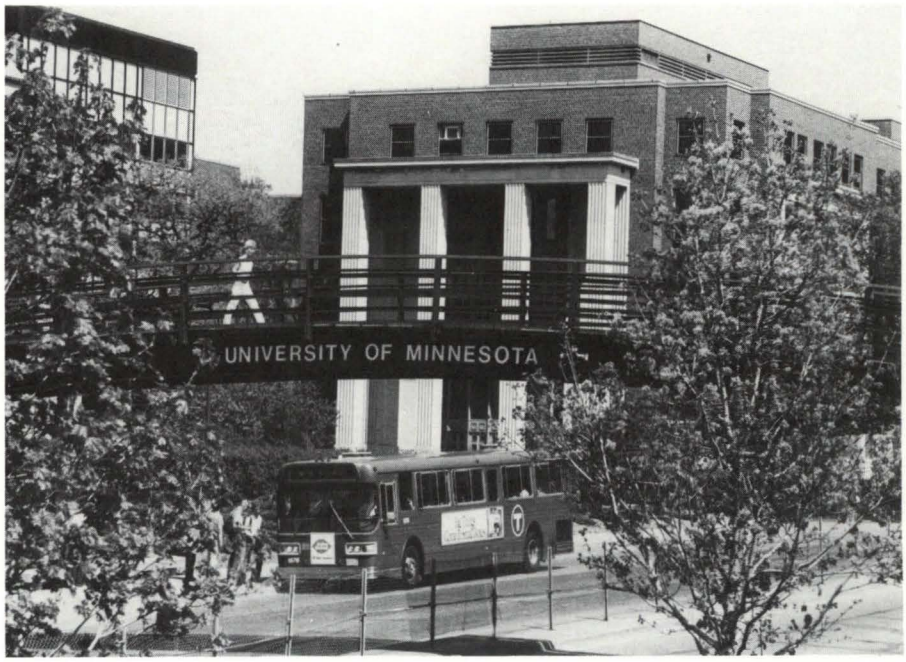
The **Biomedical Ethics Center**, funded in part by the Northwest Area Foundation, will be the University's focus for scholarship and community discussion of many major problems which confront so many people in our professional and personal lives. The Center will reach out to the entire academic and professional community to encourage their participation. Biomedical ethics curriculum development will be one of the Center's highest priorities. Major foci will include ethical considerations in health care for the aged, the impact of health care cost control upon health care delivery, and processes in ethical decision making in health care.

Research in the Neurosciences

The **Neurosciences** constitute some of the greatest opportunities to study and apply new knowledge in basic biological sciences to the diagnoses and treatment of common human diseases. How exciting it is to think that in the foreseeable future we will have a grasp of the cellular and biochemical bases for learning disorders of childhood, for several major psychiatric disorders such as schizophrenia, for acquired disorders such as multiple sclerosis and for degenerative diseases which are dominant in aging such as Alzheimer's disease. A specially appointed task force has identified the major resources of the faculty applicable to the neurosciences and has defined the goals and the resources which must be brought to bear in order to advance these frontiers. We are pleased with the many strengths of our faculty in the neurosciences. Their programs will be the building blocks for further growth and development in both the basic and clinical sciences where cross-disciplinary research is essential.

Bioengineering

Bioengineering must be a very high priority for any university in a community so blessed with industrial excellence in so many aspects of biotechnology as we are here. The Institute of Technology and the Medical School are embarking upon a study of how best to live up to this welcome challenge. We must not accept less than excellence in meeting the community's expectations. We are appointing a task force to be composed of leaders in industry and academia to point out the directions which bioengineering should take at the University of Minnesota. Some of the challenges which we must address include cardiac pacemakers, nerve and muscle stimulators, biopolymers and hearing aids—just to name a few.



To meet the goals of the University of Minnesota Medical School, Dean David M. Brown will work closely with his colleagues within the University as a whole to "maximize the cost-effective utilization of resources and people."

Diagnosis and Treatment of Cancer

Leadership by the University in the diagnosis and treatment of **Cancer** has been, and will continue to be, an expectation of the public and the faculty. We are pleased to have been able to meet these expectations so successfully over the past several decades. Many aspects of the study of the causes and treatment of cancer have been pioneered at the University. We need to take stock of where we stand in these efforts. We need to be certain that we have the necessary strengths to make progress in cancer research and patient care. The integration of the advances being made in understanding the basic biology of cancer must be assured. We are surveying our strengths and weaknesses in the study of cancer. We must be certain that we stay constantly vigilant in order to take advantage of every opportunity to advance the knowledge of the causes and treatment of cancer.

Undergraduate medical education is a priority for Dean Brown. His objectives in this area will emphasize concept development and comprehension, self-learning, scientific and scholarly inquiry, and the use of primary learning resources.

Nutrition Research

Nutrition research has always been one of the greatest strengths of the University of Minnesota. The Department of Food Sciences and Nutrition of the College of Agricul-

ture has high national stature in its discipline. Whereas we have had a long tradition of clinical nutrition research, we have never maximally integrated our research programs in the food sciences with those in clinical nutrition. We look forward to establishing a joint program in clinical nutrition with the College of Agriculture to further research and education in nutrition on broad fronts. Two targeted areas will be nutrition in the aged and international nutrition. The latter will involve broad areas of nutrition and agricultural research.

Undergraduate Medical Education

Our **undergraduate medical education** objectives will emphasize concept development and comprehension, self-learning, scientific and scholarly inquiry and the use of primary learning resources. We will increase the use of computers in education. We are working to meet society's expectations of physicians' knowledge of and concern with ethical values in health care and in cost effectiveness.

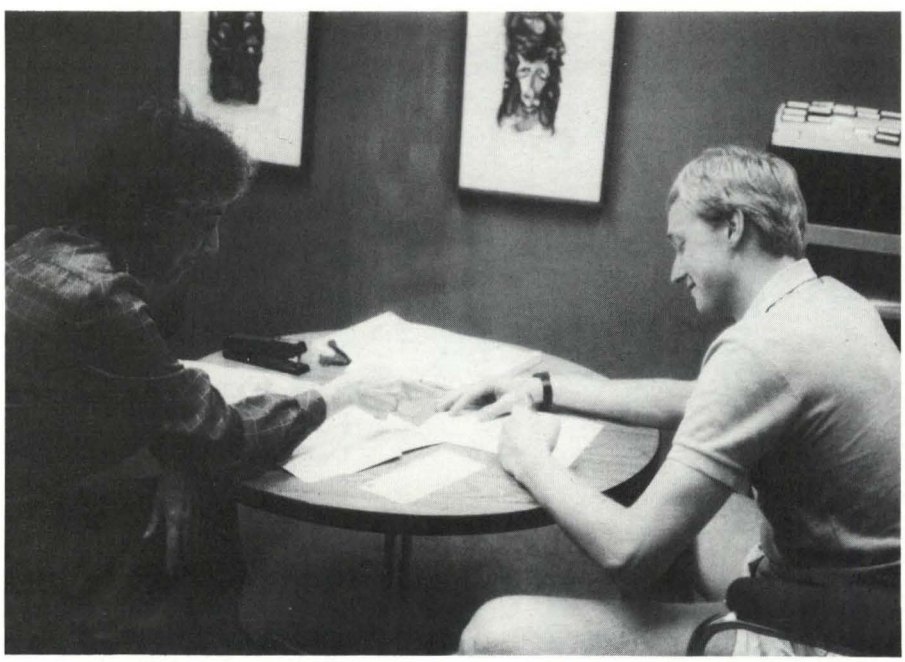
Financial Support of Students

We will endeavor to develop **financial support** mechanisms for medical students in order to prevent the abandonment of a career in medicine due to the high cost of education. The high tuition ($7,000 per year) and total indebtedness of graduates (anticipated to be an average of $42,000) is creating unacceptable pressures which will markedly hinder access to professional education. We must work to overcome these obstacles.

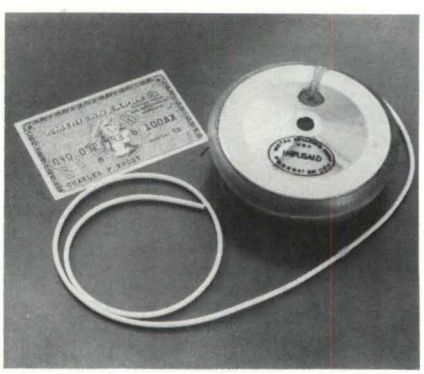
The challenges are immense. The opportunities are limitless. We look forward to working with alumni and friends to explore and to meet the future and to respond to its demands effectively. These are our obligations, and we accept them eagerly.

Written by David M. Brown, Dean, University of Minnnesota Medical School

Biomedical research will continue to be a focus for the medical school, according to Dean Brown. Human genetics, neurosciences, nutrition, and cancer are four of the high priority areas in which the medical school will look to expand knowledge and technology through research.



Helene Horwitz (left), financial aid director at the Minnesota Medical Foundation and Ronald A. Krueger signed the papers for a medical student loan. Krueger is one of many medical students who require financial assistance to complete his medical training. Dean Brown sees the high costs of medical tuition and total indebtedness of graduates as an obstacle to medical education and lists overcoming this problem as a priority for the medical school.



This insulin-dispensing pump was developed by researchers at the University of Minnesota in conjunction with Infusaid, a company specializing in biotechnological equipment. In addition to being used in treating diabetes, the pump may be used in treating cancer patients by dispensing chemotherapy drugs. Bioengineering and developing equipment such as the Infusaid pump is a priority for Dean Brown. A task force, comprised of leaders in industry and academia, is being appointed to guide the University of Minnesota in the direction it should be taking in bioengineering.

Class Notes

'29 Dr. Joseph O. Rude celebrated his "90th anniversary" in April. "The city of Juneau put on quite a celebration, giving me credit for much more than I had accomplished," Dr. Rude writes. Still active, Dr. Rude does 400 to 500 school examinations a year, skis downhill, rustles firewood, and hunts moose and deer. "I have announced another celebration for April 13, 1995," he says "when, God willing, I will celebrate my 100th anniversary."

'30 Dr. Hjalmar E. Carlson retired after 50 years of active urologic private practice in Kansas City, Missouri. He is a clinical professor emeritus at the University of Kansas and at the University of Missouri. He is also the author of 167 scientific articles.

'35 Dr. Harold G. Scheie was named an honorary member of the Portuguese Society of Ophthalmology and was the honorary guest of the 27th congress of the society, where he lectured on glaucoma. Dr. Scheie is founder of the Scheie Eye Institute in Pennsylvania.

'43 Dr. Frank J. Dixon, director of the Scripps Clinic and Research Foundation in La Jolla, California, and one of the world's leading immunopathologists, received the Outstanding Achievement Award from the University of Minnesota in February. The award is given in recognition of professional achievement and is the highest honor presented to the alumni of Minnesota. Dr. Dixon performed pioneering studies that led to an understanding of immunity in several kidney diseases. He is the author of more than 400 scientific articles and the recipient of many medical and research awards.

'45 Dr. Robert W. Goltz, professor of dermatology at the University of Minnesota, was elected president of the American Dermatological Association. The American Dermatological Association is a limited membership organization whose members rank as the leaders in dermatology.

Dr. James C. Breneman has developed a new highly sensitive method of patch testing patients for food allergies. The test uses a dimethyl sulfoxide (DMSO) vehicle to introduce fat and oil as well as water soluble foods to subcutaneous immune structures, and can thus detect many of the non-IgE mediated food allergies aqueous food extracts often miss. Dr. Breneman is clinical director of the Midwest Immunology Center in Galesburgh, Michigan. He reported his findings at the American College of Allergists' Fifth International Food Allergy Symposium.

'49 Dr. N. M. Hensler reports that he is enjoying his 16th year in Austin, Texas, and his sixth year in total retirement. His hobbies include golf and admiring his grandchildren.

'50 Dr. William J. Filante is an assemblyman with the California State Legislature and serves as vice chairman of the Committee on Health. He has been extremely interested in the problems of Medicare and Medicaid and malpractice liability. Last year, he authored a bill to accelerate the clean-up of toxic waste sites.

'53 Dr. William Halverson was named Minnesota Family Physician of the Year at the annual meeting of the Minnesota Academy of Family Physicians in March. Dr. Halverson has been a family practitioner in Medelia, Minnesota since 1956. He was honored with the award because he "typifies the kind of doctor the American public has been asking for."

'57 Dr. Fouad Bashour was appointed the first holder of the Fouad Bashour Chair in Cardiovascular Physiology at the University of Texas Health Science Center in Dallas.

'64 Dr. William E. Jacott was elected president-elect of the Federation of State Medical Boards at their annual meeting in April. The Federation licenses physicians and establishes education criteria for physicians in the 50 states. Dr. Jacott is a family physician with the Duluth Clinic in Duluth, Minnesota.

Dr. Peter A. Ahles reports that he is "alive and well in private practice family and general medicine." His wife Susan is a professional artist and his son Aron recently caught a 55-pound albacore in the Catalina Channel. "I miss the four season weather," he writes, "but can live without the cold."

'66 Dr. Avrin M. Overbach writes "No sex change operation occurred! 'He' is still a 'she'." Dr. Overbach is referring to a class note which appeared in the last issue of the *Medical Bulletin* where she was incorrectly identified as a "he." We apologize to Dr. Overbach for the error.

'67 Dr. Roy P. Hodge is practicing pediatrics at the Worthington Minnesota Medical Center. His wife Marlys owns and operates an antique shop there and his children Tim, 13, and Michelle, 14, attend local schools.

Dr. John F. Greden assumed the chairmanship of the Department of Psychiatry at the University of Michigan Medical Center in March. "I look forward to the challenge," he writes, "and hope to achieve the difficult goal of continuing with my research activities while functioning as chairman." Dr. Greden has been associated with the University of Michigan Medical Center since 1974.

'77 Dr. Bruce G. Kokernot and his wife Wendy will be leaving for Nepal in a few weeks to take over the management of the Sir Edmond Hillary Hospital at the base of Mt. Everest. "It's a two-year post," he writes, "and we are really excited about it. We will be the first U.S. doctors to manage it. New Zealanders have been in charge for the last 18 years."

In Memoriam

Dr. Rolf Daehlin, Class of 1946, died on March 4. Dr. Daehlin had practiced medicine in Fergus Falls, Minnesota from 1948 to 1973. He is survived by his wife Janet, two daughters, one son, and four grandchildren.

Dr. George D. Eitel, Class of 1923, died in March at the age of 86. Dr. Eitel was one of the founders of Eitel Hospital in Minneapolis. He was the senior member of the Eitel Surgical Clinic and former chief of staff and chief of surgery at the hospital. He was a life member of the American Medical Association, Minnesota State Medical Association, Hennepin County Medical Society, American College of Surgeons and the American Board of Surgery. He was also a member of the Alpha Tau Omega Academic Fraternity, Nu Signa Nu Medical Fraternity and the University of Minnesota's President's Club. Dr. Eitel was a charter member of the Trustees Society of the University of Minnesota. He was preceded in death by his wife Wilma.

Dr. William W. Heck, Class of 1924, died of heart failure on March 26 at age 85. Dr. Heck was a former chief of staff at St. Joseph's Hospital in St. Paul. He had a general practice in St. Paul from 1947 until his retirement in 1977. Dr. Heck is survived by his son William, daughters Mary Anne Orme and Barbara Webster, 13 grandchildren and six great-grandchildren.

Dr. Clifford W. Hogan, Class of 1939, died in April at age 73. He had practiced in Jamestown, North Dakota from 1950 to 1984 when he retired. During his years in Jamestown, he was active in sports medicine and had a close association with Jamestown High School. A certified specialist in orthopedic surgery, Dr. Hogan received an award for outstanding service from the governor of North Dakota in 1975 for his work with the handicapped. A member of numerous medical associations, Dr. Hogan also served as chief of surgery at the Jamestown Hospitals. He is survived by his wife, one son and one daughter.

Dr. G. Wendell Hopkins, Class of 1932, died on March 7 at the age of 77. He had been a general practitioner and a psychiatrist at the Veterans Administration Medical Center in Minneapolis. Dr. Hopkins is survived by his wife Adeline.

Dr. Dagfinn "Whitey" Lie, Class of 1945, died at age 64 in Boise, Idaho. Dr. Lie had had a family practice in Webster, South Dakota for 21 years. During that time, he delivered more than 3,000 babies, one of his proudest accomplishments. He joined the Veteran's Administration in Sioux Falls in 1969 as a staff physician. In 1974, he moved to Boise to work in the development of a outpatient clinic at the VA Hospital there. He retired from that position and continued in private practice until his death. Dr. Lie is survived by his wife Lorena, one daughter, three sons and three grandchildren.

Dr. John L. Magness, an assistant professor in the department of physical medicine and rehabilitation at the University of Minnesota Medical School, died in April at the age of 56. He is survived by his wife Gloria, two daughters, two sons and two grandchildren.

Dr. Jerry E. McRoberts, Class of 1937, died February 20 at his home in Sheboygan, Wisconsin. Dr. McRoberts had retired in 1975 after 38 years of medical practice as a general surgeon with the Sheboygan Clinic. He served as president of the State Medical Society, the Wisconsin Division of the International College of Surgeons, the Sheboygan County Medical Society, the St. Nicholas Hospital medical staff and the Sheboygan Memorial Hospital medical staff. Dr. McRoberts is survived by his wife Ruth, two sons and a daughter.

Dr. Russell B. Richardson, Class of 1928, died of cancer on March 15 at his home in Mesa, Arizona. He was 85. Dr. Richardson had practiced in the department of orthopedics at the Great Falls Clinic in Montana for 42 years. He retired in 1970 and moved to Arizona. He is survived by his wife Alice.

Dr. George M. Ruggles, Class of 1930, died of a heart attack at age 82. Dr. Ruggles had been a family practitioner in Forest Lake, Minnesota for 47 years. He retired in 1978. In 1949, Dr. Ruggles purchased a home on South Shore Drive in Forest Lake and remodeled it into a hospital. That was the forerunner of the present-day Forest Lake District Memorial Hospital. Dr. Ruggles is survived by two sons, eight grandchildren, and three great-grandchildren.

Dr. Ragnar T. Soderlind, Class of 1924, died in February at age 86. He was a urologist who practiced in Minneapolis for many years. He was a member of Phi Rho Sigma and numerous professional medical societies. He is survived by three sons, two daughters, 19 grandchildren and numerous great-grandchildren.

The *Medical Bulletin* was also notified of the death of **Dr. Kenneth Sutherland**, Class of 1923.

Calendar

June 13	Children in Sports — Children's Hospital, St. Paul (612) 298-8666
June 14, 15	Hospital Nutrition Support — Radisson University Hotel, Minneapolis, U of M, CME (612) 373-8012
June 20-22	Behavioral Pediatrics — Earle Brown Center, U of M, CME (612) 373-8012
June 24-26	Breast and Endocrine Surgery — Willey Hall, U of M, CME (612) 373-8012
June 27	Caries in Infants and Children — Children's Hospital, St. Paul (612) 298-8666
July 10-13	Orthopaedic Surgery: Spine — Hyatt Regency Hotel, Minneapolis, U of M, CME (612) 373-8012
July 17, 18	Human Aging — Willey Hall, U of M, CME (612) 373-8012
July 25-27	Minnesota Symposium of Nuclear Medicine — Radisson University Hotel, Minneapolis, U of M, CME (612) 373-8012
July 25-27	Interventional Radiology — Malcolm Moos Tower, U of M, CME (612) 373-8012
Aug. 1-3	Practical Approaches to Managing Trauma — Fox Hills Resort, Mishicot, WI, St. Paul Ramsey Medical Center, CME (612) 221-3992
Aug. 21-23	Pediatric Brian Tumors — Radisson University Hotel, Minneapolis, U of M, 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
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This is a view of the University of Minnesota campus in the 1930s. Medical alumni, who are returning to Minnesota for their class reunions in June, will have the opportunity to see how their alma mater has changed. Details inside.