

MEDICAL BULLETIN

UNIVERSITY OF *Minnesota*



in this issue

- ANNUAL REPORT, UNIVERSITY HOSPITALS
- FACULTY ROSTER
COLLEGE OF MEDICAL SCIENCES
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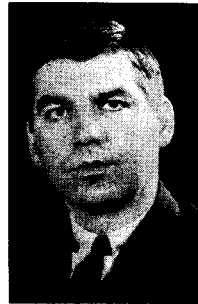
University Hospitals and the Referring Physician

John H. Westerman†

Traditionally the University Hospitals has published its annual report in The University of Minnesota MEDICAL BULLETIN. This year the report's format has been changed in an attempt to meet the modern interests of the BULLETIN'S readers. It is clear that University Hospitals must serve a variety of special and complex needs as it grows and becomes an integral part of the University's health sciences program.

We feel a special obligation to Hospitals' referring physicians since University Hospitals operates entirely on a referral basis. The doctors have shown a great deal of interest in how the University Hospitals operates as the state's principal referral and teaching hospital.

In this time of great change at the University Medical Center, we would like to suggest some of the implications of this change for you and the hospital itself.



John H. Westerman

HEALTH ISSUES AND UNIVERSITY HOSPITALS

In some ways 1966-67 has been a year of phrase-making. Newspapers, periodicals, legislation, medical and hospital meetings and the public have all seemed to hit on a set of phrases symbolic of society's concern for the hospital's role in the health care system. A listing of some of these phrases will serve as a starting point for this report. While University Hospitals as part of the Medical Center can claim no special gift in solving many of the difficult social questions about the health care system, it is happily situated in a state where programs have been developed to come to grips with these issues in advance of other

*From a report to the Staff Meeting of University of Minnesota Hospitals on Sept. 29, 1967

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areas of the country. This in part is a reflection of the less complex social and health problems facing this region than those confronting the great urban areas on the eastern and western seaboards. The most important of these phrases are:

More Consumer Orientation-Less Producer Orientation

This underlying theme is evident in the public's concern about rising costs, splintered services, shortage of health manpower, and the distribution of physician's services. In addition to the above items, University Hospitals has a unique assignment in meeting the needs of a special consumer group—the referring physician. There is not space here to go into the issues of costs, services and manpower. However, University Hospitals is making a conscientious effort to continue to strengthen lines of communication with referring physicians and to improve systems for the delivery of service. To this end the referring



Patients and visitors may now park in a modern new parking ramp recently opened on the East River Road adjacent to University Hospitals. Additional patient parking is also available in the Mayo Garage underneath University Hospitals.

physicians have indicated to us some of the reasons they elect to refer patients to University Hospitals and have offered some suggestions that would make the referral process a smoother one for both the referring physician and the patient. Discussions with referring physicians have indicated that University Hospitals successfully offers: (a) benefit to patients from the specialized services in the Medical Center, (b) cooperation between the referring physician and Medical Center staff in developing a medical plan for patients, and (c) a range of services to patients from complex inpatient hospitalization to ambulatory diagnostic services.

The Hospital As A Community Health Center

There is growing concern that a hospital extend beyond its inpatient medical-surgical services to provide a comprehensive range of care both on an inpatient and outpatient basis for the entire community. By the early 1920's, University Hospitals had been established as a service center for health care in the state. These services include acute inpatient, ambulatory, rehabilitation, psychiatric, radiation therapy, cardiovascular and transplant to name a few. Patients were admitted from every county in the state in 1966-67. Patients increasingly turn to a hospital as a first stop when they are ill while normally those engaged in health care rely on the hospital for treating acute phases of illness. University Hospitals has been operating as the base hospital of Minnesota under the Hill-Burton plan since 1946. In this capacity the hospital has been able to bridge the gap between patients' expectations and professional judgments. A major role of this institution has been and will continue to be concerned with the demonstration of a model health center on a statewide basis.



Supervisor of patient relations visits with a young patient in the remodeled admitting area.

Physician Participation In Hospital Affairs

Throughout the country there has been increasing interest in the participation of physicians in the daily hospital operations. This interest springs from the increasing reliance of the physician on the hospital for costly diagnostic and therapeutic services. Thus physicians are locating their offices in or around

hospitals and are spending much more time in the hospital setting. In effect, the University model of a full time staff is no longer particularly distinguishable from the community hospital medical staff model. Historically the clinical faculty of the University of Minnesota Medical School have served on various clinical committees and have set medical policy. There has been increasing interest in the programs that have been recently undertaken to involve the staff in questions of common concern. We will not go into these programs but would point out that they are based on the idea that a University Hospital cannot achieve its basic objectives without full involvement of its medical staff.

Increased Emphasis On Ambulatory Care

Medical educators are often their own most severe critics. One of the major themes of medical education meetings over the past three or four years has been recognition that the generation of people who control medical education today neither

have been exposed to nor are sufficiently aware of the benefits of an exemplary ambulatory care teaching program.



Computerized billing system provides current patient financial data.

The proponents of teaching and care in an ambulatory setting note the advantages of a setting more natural to the patient's. Implicit in this advantage is the recognition of limitations in teaching and care that are inherent in the typical referral bed patient.

In addition to this educational shortcoming, the laws of economics are at work in focusing attention on the ambulatory care sector. It is less costly to treat on an outpatient basis than as an inpatient. Yet hospitals typically build up optimum inpatient service units while neglecting alternative services. The faculty and hospital have been working hard to develop a new outpatient program. A new facility is planned as part of the expansion program. This developmental work has been underway since 1963 and signifies an intent to provide a strong ambulatory program as part of our comprehensive consultative service.

Sub-Acute Care Units

Part of the same concern that underlies the exploration of better ambulatory units is also translated into a demand for more subacute units. University Hospitals has recognized this fact and has been operating a sub-acute Masonic Memorial Hospital unit since 1960. This unit is not a nursing care unit, because in a referral center the medical staff does not have responsibility for ongoing care. However, the unit does relate to the referral roles that the University of Minnesota Medical Center plays and helps provide the broadest possible range of comprehensive services. The Masonic unit is dedicated to the care of those with diseases for which there is no known cure.



New waiting area greets patients arriving at Outpatient Entrance to University Hospitals.

Combined Public And Private Effort

A common theme in health meetings is that the health problems of our society will best be solved through a combined public-private effort. Here again it is the extremes of the country that have undergone shifts. The private affiliated teaching hospitals have found an increasing need for government support, and the public charity hospitals have been faced with declining population in light of free choice of vendor by the consumer. University Hospitals has been able to make an easy transition under new federal financing programs because this center historically has been a combination of public and private financing. Most of the physical plant of the University Hospitals was actually provided by private funds. The patient population

has been a mixture of private and non-private patients with a recent increase in private patients. The financing of University Hospitals is a combination of public and private funds. Therefore, insofar as University Hospitals is fulfilling its stated roles in the community, it is doing this through a pattern which is now emerging in the rest of the country.

Definition Of Institution Roles In Health Care System

The most common cliché at health meetings today is that the trouble with the pattern of health care systems in the United States is that there is no system. A number of solutions have been offered. They range from the notion that what is best for the health professionals is best for the country, to a plea for complete federal control of the producer or vendor system. As with most of the social questions that have faced our country, the solution likely will be a result of a compromise between the competing interests. One of the first steps suggested by all parties concerned is that each institution attempt to define its role and then share with this role at a community, regional or state level. Under Public Law 749, the State of Minnesota provides for a state level comprehensive health planning office. There are also voluntary regional hospital planning agencies. University Hospitals has undertaken the step of defining its roles and sharing its definition and projections of the future with appropriate voluntary state agencies.



Remodeled admitting offices insure privacy in discussions with patients.

Planning

Planning is of slightly broader concern than a simple look at the hospital's role in a health care system. University Hospitals has had a long-range plan underway since October, 1964, under the University of Minnesota Health Sciences Long Range Planning Committee. In this capacity the Hospitals worked closely with the College of Medical Sciences, the School of Public Health, the School of Nursing, the School of Dentistry and the College of Pharmacy to develop a long-range plan for the health sciences. This plan was presented to the 1967 legislature, and \$500,000 was appropriated to further develop the health sciences plan. University Hospitals has shared these plans

with the hospitals of Minnesota so that there may be a better understanding and working relationship between University Hospitals and the community hospitals.

OUTLOOK

Referring physicians and alumni of the Medical School have an obvious interest in the University's \$54 million health sciences expansion program. This program highlights the indirect service for the referring physicians. University Hospitals also serves referring physicians in a direct way by serving as a clinical laboratory for the education of health professionals. In this capacity as a clinical laboratory, University Hospitals provides the facilities and organizational team work to combine the many skills and talents of the health professionals into an organized pattern of health care. Through the expansion program, University Hospitals will be

able to serve more students in new and different ways. The health sciences faculties are examining what they are doing, what they would like to be doing in the future, and what kind of resources it will take to get to where they would like to be. The indirect benefit to the referring physician is that he will note a more plentiful supply of well trained associated health professionals.



Gas chromatograph unit reduces time needed for performing toxicologic tests from two hours to 20 minutes.

Under the expansion program more students will be doing things in a different way. This is because the faculty made programmatic changes before projecting space needs. In their long-range planning the faculty envisioned a team work approach to patient care, a redefining of a physician's duties, greater reliance on talents of the health professionals, and a desire to experiment with model or patterns of health care in the University setting.

The implication is that University Hospitals will have a role to play in shaping the future of the delivery system of the state's health services.

The term "health sciences" has been used throughout this report to reflect the fact that the College of Pharmacy and the School of Dentistry have developed joint program statements with the University hospital. In other words, the hospital now serves the School of Dentistry and the College of Pharmacy the same way it serves the Medical School, the School of Public Health and the School of Nursing. Referring physicians will soon be able to expect a wider range of hospital pharmacy and hospital dentistry services for the practicing physician.

A major effort will be made in the existing facility to focus attention on the systems developed for moving patients in and out of the Medical Center. This should benefit both the patient and for the referring physician.

Changes on a nationwide basis in patterns of financing patient care are reflected, as indicated earlier, in the financing of University Hospitals care, but they have not significantly changed the number of patients or the type of care provided here.



Diebold pharmaceutical storage unit in the new Out-patient Pharmacy area is first of its kind and speeds efficient handling of patient prescriptions.

The percent of inpatient care financed by insurance, patient resources and federally sponsored programs has increased from 64 percent in 1966 to 81 percent in 1967.

Numbers of patients over 65 years of age have not changed significantly with the advent of Medicare; the percentage of patients in this category has increased from 13.2 per cent to 14 per cent of the total patient load.

The patient volume is indicated in the table below. There

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was a slight decrease in the number of outpatients and a slight increase in the number of patients admitted during the past year, reflecting a continuation of a stable patient population during the past ten years.

In summary, this has been a time of unusual interest in the health care system in this country. It has also been a time of change in the University Hospitals. In this report we have suggested that the hospital is aware of the ferment in medicine and has been working with the medical staff to plan for the challenges that face us.

UNIVERSITY HOSPITALS STATISTICS

	1964-65	1965-66	1966-67
Patient Days	227,557	226,830	226,278
Average Daily Census	623	621.5	619.9
Prescriptions filled by Pharmacy	367,206	377,531	388,044
Laboratory Examinations	843,681	934,946	953,471
Number of Employees	2,088	2,182	2,271
Cost of Operation	\$14,325,066	\$15,082,424	\$16,774,380

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Paul E. Meehl
Manfred J. Meier
William Schofield
Robert D. Wirt

Associate Professor

John P. Brantner
Harold Gilbertstadt
A. Jack Hafner
Wentworth Quast
Alan Roberts
Lloyd Sines
Travis Thompson
Daniel Wiener

Assistant Professor

Shirley Corrigan
Edward Ells
Seymour Gross
Harold Ireton
James Kincannon
Thomas Kiresuk
Z. Stelmachers
Donald Stieper
Edward Thwing

Clinical Assistant Professor

Patricia K. Good
Gayle K. Lumry
Sherman Nelson
Murray K. Reed
Jon Weinberg

Instructor

Burton Danet

Clinical Instructor

Willard Kehrberg
David Rouzer
Marlin Wiemer

Research Associate

Felicia Siegel
Norris Vestre

Research Fellow

Margaret Berry
Frank Campbell
Margaret DuPont
Wayne Harris
Freda Jordan
Pearl Rosenberg

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Hyman S. Lippman

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Assistant Professor

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John C. Duffy
James Lawton, Jr.

Clinical Assistant Professor

Paul Bransford
Ronald Kyllonen

Medical Fellow

Michael F. Koch
Eva Mena
Wilmer Pew
James Swenson
Robert Zimmers

**SCHOOL OF
PUBLIC HEALTH**

Gaylord W. Anderson
Mayo Professor and
Director

Professor Emeritus

Ray Amberg
Ruth E. Boynton
Ruth E. Grout
James A. Hamilton
J. Arthur Myers

**PUBLIC HEALTH
ADMINISTRATION AND
EPIDEMIOLOGY**

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Gaylord W. Anderson
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Stewart C. Thomson

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Allyn G. Bridge
George E. Williams
Lawrence H. Meskin

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Charles A. Branthaver
Stanley L. Diesch
Edward J. Dvorak
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Gerald St. Denis

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Mary C. Simons

Research Specialist

Lorna D. Arthur
Eunice A. Sigurdson

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Lloyd F. Detwiller
L. W. Foker
Dean S. Fleming
Evelyn Hartman
William Jordan
Karl L. Lundeberg
Mildred Norvall
Wilford E. Park
Lee E. Schacht
John F. Shronts
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**ENVIRONMENTAL
HEALTH**

Professor

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George S. Michaelsen
Theodore A. Olson
Harold J. Paulus
Ingrid Pflug
Conrad P. Straub

Associate Professor

Donald E. Barber
John O. Buxell
Harry Foreman
Velvl Greene

Assistant Professor

Walter H. Jopke
Orlando Ruschmeyer
Gustave L. Scheffler
Rexford D. Singer
Ralph O. Wollan

Instructor

Raymond Boge
Raymond P. Ciagne
Roger DeRoos
Jess F. Kraus
Carl Peterson
Jerome J. Smith
Stanley Sorenson
Jerome Staiger
Wayland R. Swain
Donald Vesley

Research Fellow

Duane Hass
Albert Iglar, Jr.
Myrtle Rueger
Bailus Walker, Jr.

Research Associate

R. K. Gerloff
Vladimir Nigrovic

Lecturer

Gerald F. Briggs
Albert W. Buzicky
Paul Ebb
Russell E. Frazier
Jack J. Handy
Elmer Huset
Warren Lawson
Joe L. Mogg
Raymond L. Schreurs
Elmer C. Slagle
Lyle Smith
Robert G. Wissink
Frank L. Woodward

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NURSING**

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Eleanor Anderson
Alma Sparrow
Ruth VonBergen

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Assistant Professor

Delphie Fredlund
Helen R. Kohler
Rita Kroska
Katherine E. May

Instructor

Dorothy Downey
Barbara Leonard
Elaine Sime

Lecturer

Evi Altschuler
Hilda Boyle
Evelyn Hartman
Vivian Harriman
Helen Beverly Schei
Alberta Wilson

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Associate Professor

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Assistant Professor

Edward V. Ellis
Robert E. Schwanke

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Betty W. Bond
Marie E. Ford

PERSONAL HEALTH

Professor

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Phillip D. Kernan

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Marcus Kjelsberg
Marion W. Thornton

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Robert Evans
Frank Martin
R. Pogue

Instructor

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Ruth B. Loewenson

Research Associate

Alan Treloar

Research Fellow

Vincent Johnson

Research Specialist

Betty M. Weitzel

Lecturer

Robert Hiller

HOSPITAL ADMINISTRATION

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Bright Dornblaser
James W. Stephan

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Theodor J. Litman
Vernon E. Weckwerth

Assistant Professor

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A. Douglas Kincaid, Jr.
John Sweetland, Jr.

Instructor

Janet Brodahl
Dennis Countryman
David V. Damberg
John Kralewski
Leslie J. Krob
Kurt W. Metzner
Edmund K. Nelson

Research Fellow

David PeKarna
Engeberg Erichsen
Jane Jones
Betty Hallstrom

Research Specialist

Geraldine F. Wickre

Lecturer

Donald Dunn
Helen Knudsen
Telmer O. Peterson

Clinical Preceptors

L. E. Bates
William L. Branson
John Dumas
David L. Everhart
Richard K. Fox
Robert Gaines
Frank S. Groner
Kenneth J. Holmquist
Frederic G. Hubbard
Lloyd L. Hughes
Gordon Johnsen
Howard R. Jones
Merton E. Knisely
Charles C. Lindstrom
Matthew McNulty

Robert Millar
Russell Miller
Wade Mountz
Stanley R. Nelson
David Odell
Herluf Olsen
David E. Olsson
Carl N. Platou
Boone Powell
Jack W. Rivall
Donald M. Rosenberger
Sister M. Joanne
Sister Mary Modonna
Kenneth Shoos
Roger Starn
Carl Streufert
Richard Trenkner
William N. Wallace
Frank S. Walter
Kenneth R. Weaver
Colonel Edwin Wehrman
Rolland Wick
Russel Williams
Howard M. Winholtz
P. David Youngdahl

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Francisco Grande
Ansel Keys
Henry L. Taylor

Associate Professor

Henry W. Blackburn, Jr.

Research Associate

E. Stanton Fetcher
Ernest Klepetar
R. Willis Parlin

Research Fellow

A. K. Bhattacharyya
Akio Fukumoto
Charles Keiper
Aida Khalafalla
Iwao Sotoboto
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Oscar Lipschultz

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Daniel L. Fink
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Hans Kuisik
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David L. Moody
Mario Pliego
Shih Hao Tsai
Justin J. Wolfson

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O. J. Baggenstoss
Chauncey N. Borman
Stanford H. Calin
John B. Coleman
Charles W. Frye
Milton R. Gilchrist
Gerald A. Gretsches
Barnard Hall
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Donald C. Hauser
Harlan Hawkinson
Carroll N. Hess
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Ames Naslund
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Instructor
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Clinical Instructor
Heino Alari
Manouchehr Azad
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Medical Fellow
Quentin N. Anderson
Robert E. Anderson
Helmut H. Behling
Earl Bender
Eugene F. Binet
Brent B. Birkin
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K. K. N. Charyulu
Yosh Maruyama

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Baruch Jacobson
James T. Lowman

Clinical Assistant Professor
Solveig M. Berg
Elmer Paulson
Arnolds Veinbergs

Instructor
Martin T. Hilger
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Vaughn C. Moore
Anam Sudarsanam

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Richard C. Lillehei
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Yoshio Sako
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Clinical Professor Emeritus
Orwood J. Campbell
James A. Johnson
Thomas J. Kinsella
Stanley R. Maxeiner
Arthur A. Zierold

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Tague C. Chisholm
Lyle J. Hay
Conrad L. Karleen
Arnold J. Kremen
N. Logan Leven
Charles E. Rea

Associate Professor
Aldo Castaneda
W. Albert Sullivan

Clinical Associate Professor
Stuart W. Arhelger

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George S. Bergh
Davitt A. Felder
David Gaviser
Earl C. Henrikson
N. Kenneth Jensen
Frank Edward Johnson
Bernard G. Lannin
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Maynard C. Nelson
Frederick M. Owens
Jacob H. Stickler
Robert Utendorfer

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Professor Emeritus*

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Victor P. Hauser
Martin N. Nordland
Edward A. Regnier
Carl O. Rice

Assistant Professor

Eugene F. Bernstein
Raymond C. Bonnabeau
Henry Buchwald
John Delaney
Henry Gans
Victor A. Gilbertsen
Theodor B. Grage
John J. Haglin
Arnold S. Leonard
Donald G. McQuarrie
Demetre Nicoloff
Henry Sosin

Clinical Assistant Professor

Samuel B. Balkin
Coleman J. Connolly
John A. Culligan
Edward C. Emerson
Harrison Farley
Joseph J. Garamella
Bernard Goott
John K. Grotting
William F. Hartfiel
Laurence D. Hilger
Samuel Hunter
John H. Linner
Stanley R. Maxeiner
Daniel J. Moos
Nathan C. Plimpton
Frank Quattlebaum
Walter R. Schmidt
William R. Scott
Abbott Skinner
Vernon D. Smith
Bernard J. Spencer
Lyle A. Tongen
Earl G. Yonehira

*Clinical Assistant Professor
Emeritus*

Leo C. Culligan
George D. Eitel
Robert F. McGandy

Instructor

Orn Arnar
Robert Goodale
Herman Heupel
Louis Mantini
William G. Manax
John C. Parrott
Waid Rogers
Lee A. Simso

Clinical Instructors

John F. Alden
Frank J. Ankner
Robert B. Benjamin
Manuel R. Binder
Norman B. Bloom
Donald A. Bolt
John B. Brainard
Raymond E. Buirge
Merrill D. Chesler
Charles T. Eginton
Robert S. Flom
Leroy J. Fox
William C. Gamble
Jerome T. Grismer
Donald W. Hannon
Charles W. Hauser
David F. Hickok
Carter W. Howell
Thomas L. Huseby
Clarence V. Kusz
James W. LaFave
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Lawrence M. Larson
Richard E. Larson
Louis C. Lick
Michael F. Lynch
Walter L. Lynn
Felix A. McParland
Berton D. Mitchell
Aaron A. Papermaster
Theodore A. Peterson
John H. Rosenow
Horace G. Scott
Joseph L. Sprafka
William E. Stephens
Richard J. Webber
George Werner
Darrell E. Westover

Research Associate

Nabuko S. Mizuno

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Edwin G. Benjamin
Harold G. Benjamin
Frank J. Bonello
Lyle V. Kragh
Hamlin A. Mattson
Wallace I. Nelson

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Leonard A. Titrud

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Kenneth E. Livingston
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Paul S. Blake
Robert L. Merrick
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Clinical Instructor

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Richard H. Jones
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Assistant Professor

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Robert F. Premer

Clinical Assistant Professor

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Frank S. Babb
Lester W. Carlander
Paul O. Gustafson
Ramon Gustilo
Edward H. Kelly
Sheldon M. Lagaard
Donald R. Lannin
D. Keith Millett
George E. Nelson
Richard E. Reiley
Frederick G. Rosendahl
Wayne Thompson
Robert Winter

THE MEDICAL BULLETIN

Instructor

David J. Nelson
Paul Patterson

Clinical Instructor

Robert M. Barnett
John J. Beer
Michael Davis
Frederick E. Drill
Evans S. Ellison
David Florence
Paul H. Gislason
Meyer Z. Goldner
Richard D. Granquist
Arnold Hamel
John A. Hartwig
Richard J. Johnson
William R. Leslie
Donovan L. McCain
Donald C. Meredith
Roland F. Neumann
Edward L. Salovich
Elmer R. Salovich
Irwin F. Schaffhausen
Ivan Schloff
Joseph M. Tambornino

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Clinical Professor and
Director

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Clinical Associate Professor

Loren E. Nelson
Charles A. Neumeister
Lloyd F. Sherman
William T. Smith
Robert J. Tenner

Clinical Assistant Professor

Stanley M. Goldberg

Clinical Instructor

Emerson E. Hoppes

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Baxter A. Smith

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George T. Mellinger

Clinical Associate Professor

Samuel S. Beirstein

Milton P. Reiser
Richard S. Rodgers

Assistant Professor

Clyde Blackard
Ali Hakim

Clinical Assistant Professor

David M. Anderson
Bruce E. Linderholm
Hugo E. Miller
William E. Price
Edward J. Richardson
Edgar A. Webb

Clinical Instructor

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John P. Cooper
Robert A. Flynn
George L. Garske
Robert W. Geist
Max E. Harris
Paul R. Hartig
Gerald W. Koos
Gerald D. McEllistrem
Harold A. Reif
Gordon W. Strom
T. H. Sweetser, Jr.
Shin Tanaka
Joseph E. Twidwell

**MEDICAL FELLOWS
IN SURGERY**

University Hospitals

General Surgery

Costas A. Assimacopoulos
Manucher Atai
John C. Aust
Jose R. Barata
Robert G. Carlson
D. Scott Clark
Paulo H. B. DaSilva
Ronald H. Dietzman
Serge J. Dos
Richard F. Edlich
Edward E. Etheredge
John A. Feemster
Randolph M. Ferlic
Ronald P. Fischer
John E. Foker
Paul G. Gannon
Robert B. Gilsdorf
A. Daniel Goor
Patrick F. Hagihara
Carlos Ibarra-Perez
Yasuo Idezuki
Robert A. Indeglia
Peter R. Jochimsen
B. R. Kalke
David A. Krant
Arnold J. Lande
William G. Lindsay
Gary W. Lyons

Martin F. McKneally
Frederick K. Merkel
Ira D. Miller
Allan W. Moerg
Jose Ernesto Molina
George J. Motsay
Charles A. Murray
H. Bryan Neel
Richard C. Orahood
Lloyd G. Phillips
Manuel Prevost-Vargas
William R. Rassman
Wallace P. Ritchie, Jr.
Leonard S. Schultz
Michael A. Shea
Norval M. Simms
V. A. Subramanian
Tawfik Tamimi
Susumu Tanaka
Yosuke Tomiyama
Ming-Shiung Tsung
Luis F. Urdaneta
K. Visudharon

Neurosurgery

David Danoff
Donald Erickson
Stephen Martin
Robert Maxwell
A. Mohandas
Harry Rogers
Edward Seljeskog
John Seymour
John Wissinger

Orthopedic Surgery

Wilton Bunch
Patrick Clare
James House
David Kettleson
Charles Lai
Lloyd Leider
Elmer Lippmann, Jr.
Joel Mack
Robert Menter
Harvey Mininberg
William Mourad
William Neumann
Jon Scarpino

Proctology

Emmanuel Balcos

Urology

John A. Carothers
Bernard Feldman
Richard McKinley
Daniel C. Merrill
Myron M. Smith

**Hennepin County
General Hospital**

General Surgery

Carlton Akins
Robert C. Andersen

THE MEDICAL BULLETIN

Daniel Baker
 Richard Baker
 Rudolph Celis
 Thomas Coulon
 James DeVinck
 Donald Foss
 Roger L. Frerichs
 H. K. Helseth
 Tonu Kiesel
 Charles G. Koski
 Lawrence McGovern
 Charles Miller
 A. Morales-Zuniga
 Glen Nelson
 Rodney T. H. Nixon
 Dean B. Pratt
 Roger Strand

Urology

Everett Duthoy
 William Engel
 Braden Stevenson
 Philbin R. Tackoor

Mount Sinai Hospital

General Surgery

Robert J. Campaigne
 Ernesto B. Eusebio
 Ricardo Sinense
 Rafael F. Valle
 Lino O. Mier

St. Paul-Ramsey Hospital

General Surgery

Walter L. Bailey
 Roberto Barja
 Mohammed Barrada
 James Collinge
 James DeMeules
 Gary F. Gilbertson
 Rolf Larson
 Philemon Roy, Jr.
 F. Edward Stivers
 Richard Thompson
 John B. Young, Jr.

Minneapolis V.A. Hospital

General Surgery

Martin Beard
 Helmut Behling
 Thomas Carlson
 Charles Ehlen
 Cassius Ellis
 Thomas Greene
 Sergio Grossling
 Martin Loeb
 John Mahler
 Carl Manz
 George Nemanic
 David Van Nostrand
 Krishna Rao
 Albert Reid
 Sheldon Segal
 Alexander Vajener
 Albert Walonick

Orthopedics

Robert Cairns
 James Chambers
 Alfred Daly
 Hartley Erickson
 Thomas Litman
 Thomas Lowe
 Richard Mulvania
 Richard Sletten
 Peter Strand
 Peter Wirtz

Urology

Stanley Antolak
 Alexander McBride
 Allen Velder
 Frank Walerko
 John Wedge

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 Director
 Ruth E. Boynton
 Professor and Director
 Emeritus

Phillip D. Kernan
 Assistant Director
 (Special Services)

Kenneth P. Malvey
 Assistant Director
 (General Medical Services)

Full-Time Physicians

Wallace R. Anderson
 Edward J. Bardon
 Murray Bates
 Elaine M. Benthack
 Helen P. Dahl
 Donald C. Deters
 Daniel L. Donovan
 Thomas E. Dredge, Sr.
 Edward M. Drissen
 Joyce L. Funke
 Helen L. Haberer
 Robert G. Hinckley
 Philip W. Hursh
 Donald F. McGavisk
 Myron G. Messenheimer
 Thomas W. Milroy
 Nicholas F. Musachio
 V. George Nagobads
 Lydia I. Neibergs
 Paul Neibergs
 Mary H. Pennington
 Donald R. Severson
 Stella H. Sikkema
 Matthew B. Smorstok
 Wesley D. Sondreal
 Hugh J. Thompson
 Sabina S. Zimering

Part-Time Physicians

Richard D. Benjamin
 Lawrence R. Boies, Jr.
 Catherine Burns
 Jeanne E. Diefenbach
 Virgil T. Fallon
 Sonja M. Flory
 Rollin M. Hansen
 Mildred S. Hanson
 Irvine M. Karon
 Robert L. Koller
 Wendla E. Leinonen
 Darlene D. Martenson
 William E. McNally
 John E. Middlebrook
 Orville E. Ockuly
 Charles D. Officer
 E. Harvey O'Phelan
 Raymond L. Page
 Kurt Pollak
 Frank S. Preston
 R. L. Schmidtke
 Clifford E. Sisler
 John T. Smiley
 George V. Tangen
 Robert J. Tenner
 Joseph W. Teynor
 C. Gordon Vaughn
 Paul A. Wilken, Sr.

University of Minnesota Hospitals, Interns 1967-68

Medicine

Randall T. Curnow
 Univ. of Neb.
 Ronald C. Eggert
 Cornell Med. Coll.
 David A. Gortner
 Univ. of Minn.
 Paul L. Gunderson
 Cornell Med. Coll.
 David H. Gundy
 Cornell Med. Coll.
 Joseph Halperin
 Boston Univ.
 Ronald L. Koretz
 UCLA
 Irving L. London
 Washington Univ.
 Michael W. Mainen
 Johns Hopkins
 A. Zorel Paritzky
 Univ. of Maryland
 Joseph M. Ryan
 Univ. of Minn.
 Robert J. Sigelman
 Univ. of Iowa
 John M. Witherspoon
 Duke Univ.

Pediatrics

Paul B. Batalden
Univ. of Minn.
Gerald N. Bock
Univ. of Rochester
A. Todd Davis
Univ. of Minn.
Stanley Einzig
UCLA
Boyd W. Goetzman
Univ. of Minn.
Pat C. Hardy
UCLA
Harold J. Helbock, Jr.
UCLA
William B. Hosfield
Univ. of Minn.
Carolyn J. B. Levitt
Univ. of Minn.
Stephen C. Marker
Univ. of Minn.

Jerrold Milstein
Univ. of Minn.
Stuart E. Siegel
Boston Univ.
Ordean L. Torstenson
Univ. of Minn.

James W. Mullen
Univ. of Kentucky
Karl D. Nielson
Univ. of Utah
William I. Norwood, Jr.
Univ. of Colorado

Surgery

Theodore D. Aylward
Wayne State Univ.
Ernesto Ching
Univ. of Miami
Alson L. Greiner
Univ. of Calif.
(San Francisco)
Rcnald Isaacson
Univ. of Miami
Eleanor C. Justice
Louisiana State Univ.
James E. McLennan
Harvard

Loyde H. Romero
Univ. of Colorado
Francis J. Rotter, Jr.
Univ. of Colorado
Robert A. Sanford
Univ. of Arkansas
Michael L. Schwartz
Emory Univ.
Peter S. Stevens
Emory Univ.
John W. Walsh
UCLA



ANNUAL REPORT

1967

MINNESOTA MEDICAL FOUNDATION

The Minnesota Medical Foundation is a nonprofit charitable organization of 3,000 members, which is wholly devoted to the advancement of medical education and research at the University of Minnesota.

The Foundation is housed in Room 1342 of the University Medical Center, where it functions much in the way of a regular department of the Medical School. Its work however, is directed by an independent Board of Trustees of 37 members, carried out by two full time and two part time employes, and is underwritten by the dues and gifts of its members and friends. The Foundation is separately incorporated from the University, and is self-supporting.

The year which ended June 30, 1967 was a banner year for the Foundation. Its financial strength—i.e., its financial capacity to assist the Medical School—rose to \$3,929,834.62 com-

pared to \$605,517.09 a year earlier. The major increment reflects partial acquisition of the ROYAL A. AND OLIVE W. STONE MEMORIAL FUND, a bequest given to the Minnesota Medical Foundation for research in the fields of heart disease and cancer. When fully acquired, the Stone bequest will approximate \$4 million in itself. A plan for the future employment of this legacy will be developed over the coming months by the Foundation. It is not, however, available for the general purposes of the Foundation.

The responsibility for sound management of the Stone Fund, as well as the steadily increasing special needs of the Medical School, caused the Foundation to post an increase in its basic membership dues for 1967-68. Beginning this Fall, the Foundation asks its members, benefactors, and all of the Medical School's alumni to make a minimum investment of \$25.00 yearly in the Foundation's work. Membership billings are currently reflecting the dues increase, which was the first such raise in 28 years.

Here are some of the Foundation's other accomplishments in 1967:

- Obtained and awarded \$39,300.00 in Scholarship funds to 71 medical students for the 1967-68 year, bringing to \$337,520 the amount provided for medical scholarships since 1949. There have been 637 scholarships awarded.
- Loaned \$37,745.00 in short term funds without interest charges to 242 borrowers. Since 1959, medical students have borrowed a total of \$197,314.05 under this interest-free loan program. There have been 1,335 loans issued, without a single loss to delinquent accounts.
- Conferred DISTINGUISHED TEACHING AWARDS on DR. JAMES F. KOERNER and DR. JAMES H. MOLLER of the Medical School faculty, including cash prizes of \$1,000.00 each, for outstanding teaching performance, based on a student poll. Cash prizes are provided by the MINNESOTA STATE MEDICAL ASSOCIATION.
- Published ten issues of the University of Minnesota MEDICAL BULLETIN for 6,500 alumni and non-alumni readers, including exchanges with 100 medical libraries around the world.
- Fostered the CLASS OF 1967 FUND, to which nearly 90% of the graduating class has pledged annual gifts over the next 25 years benefitting the Medical School. The concept was pioneered by the CLASS OF 1966 FUND a year earlier.
- Provided summer research fellowships of \$1,200.00 each for two medical students.

MINNESOTA MEDICAL FOUNDATION

STATEMENT OF CONDITION*

ASSETS

Current Fnds	June 30, 1967	June 30, 1966
Unrestricted		
Cash on Hand	\$	\$ 5.00
Cash - Checking Account	11,342.18	1,643.67
Cash - Savings & Certificates ..	28,145.74	26,955.67
Executive Office Account with University of Minnesota		1,422.01
Restricted		
Cash - Checking Account	22,904.56	25,592.67
Cash - Savings & Certificates ..	82,018.07	45,000.84
Total Current Funds	\$ 144,410.55	\$100,619.86
Endowment Funds		
Regular		
Cash - Savings & Certificates .. \$	1,358.19	\$ 52,663.23
Investment Trust Fund	3,752,599.74	438,696.26
Special		
Cash - Savings Account	1,833.56	
Investment Trust Fund	1,915.79	337.60
Total Endowment Fund ..	\$3,757,707.28	\$491,697.09
Student Loan Fund		
Herman M. Johnson Memorial Loan Fund		
Cash - Checking Account	\$ 1,771.64	\$ 755.04
Notes Receivable	8,225.00	9,250.00
Minnesota Medical Foundation Loan Fund		
Cash - Checking Account	689.02	364.05
Cash - Savings Account	1,093.73	1,051.05
Notes Receivable	1,650.00	1,780.00
South Minnesota Medical Assn. Loan Fund		
Cash - Checking Account	1,295.56	
Cash - Savings Account	1,026.84	
Notes Receivable	11,965.00	
Total Student Loan Funds ..	\$ 27,716.79	\$ 13,200.14
TOTAL ASSETS	\$3,929,834.62	\$605,517.09

MINNESOTA MEDICAL FOUNDATION

STATEMENT OF CONDITION*

LIABILITIES AND FUND BALANCES

	June 30, 1967	June 30, 1966
Current Funds		
Executive Office Account with University of Minnesota	\$ 5,612.68	\$
Unrestricted	33,875.24	30,026.35
Restricted	104,922.63	70,593.51
Total Current Funds	<u>\$ 144,410.55</u>	<u>\$100,619.86</u>
Endowment Funds		
Regular	\$3,753,957.93	\$491,359.49
Special	3,749.35	337.60
Total Endowment Funds ..	<u>\$3,757,707.28</u>	<u>\$491,697.09</u>
Student Loan Funds		
Herman M. Johnson Memorial Loan Fund	\$ 9,996.64	\$ 10,005.04
Minnesota Medical Foundation Loan Fund	3,432.75	3,195.10
Southern Minnesota Medical Assn. Loan Fund	14,287.40	
Total Student Loan Funds ..	<u>\$ 27,716.79</u>	<u>\$ 13,200.14</u>
TOTAL FUNDS	<u>\$3,929,834.62</u>	<u>\$605,517.09</u>

*Audited by Main Lafrentz & Co., Certified Public Accountants, Minneapolis, Minn.

- *Provided continuous financial counseling service for medical students.*
- *Generally provided a continuous public relations counseling service for the Medical School administration.*

During the year ending June 30, 1967, the Foundation received gifts of \$199,051,160 from alumni and friends, exclusive of the Stone Bequest. Of that amount, \$124,416.62 was invested in grants aiding a variety of purposes benefitting the Medical School. Another \$29,967.38 was spent on operating costs of the Foundation itself. The remainder went to endowment.

The foregoing record is made possible by the individual and collective support of members and friends of the Minnesota Medical Foundation, including a dedicated Board of Trustees. We are grateful that the Foundation's work merits such generous backing.

— EIVIND O. HOFF, JR., Executive Director

Alumni Deaths

◆ 1920

Dr. John H. Gammell, Minneapolis, Minn. Died September 11, 1967. He was 76 years old, and former chief consultant to the Minnesota School for the Blind, Faribault, Minn. Among survivors are a brother, Dr. Robert Gammell (Med. '32), Kenmare, N.D., and a son, Dr. Gerald Gammell (Med. '61), Oshkosh, Wis.

◆ 1929

Dr. H. Paul Johnson, Canon City, Colo. Died May 4, 1967 at age 67. He had retired in 1966 from private practice of ophthalmology in Colorado, and was formerly on the staff of the Mayo Clinic and Northwest Clinic, Minot, N.D., and in general practice in Harmony, Minn. He is survived by his wife, Mrs. Selma V. Johnson, 431 College Ave., Canon City, Colo.

MEMORIALS

The Minnesota Medical Foundation acknowledges with gratitude recent contributions made in memory of:

Albert W. Schultz	Mrs. John Wetzler
Kenneth J. Clarkson	Edward Johnson
Mrs. Emma Zimmerman	Mervin Kalland
Eugene Goodman	John Bricher
Scott Alexander	Earl S. Swanson
Carl Ponto	Richard Koalska
Malcolm I. Lindsay, Sr.	Robert Davis
Dr. H. Paul Johnson	Harry Ranger
Walter K. Fritz	Mrs. Robert Bradford
Mrs. Ethel MacDonald	Joseph L. Bibeau
Mrs. Rose D'Angio	Mrs. Louise Tierney
George Runge	

Memorial gifts are a thoughtful means of honoring the memory of a relative, friend, or colleague. They serve the living by strengthening medical education and research at the University of Minnesota Medical School. Gifts may be designated for specific purposes. The Minnesota Medical Foundation acknowledge all gifts to both donor and next of kin.

COMING EVENTS

University of Minnesota Medical School
CONTINUATION COURSES FOR PHYSICIANS

1967

Sept. 19 - 21	Pediatrics
Oct. 19 - 21	Dermatology
Oct. 30 - Nov. 3	Radiology (Gastrointestinal)
Nov. 8 - 10	Neurology
Nov. 15 - 17	Ophthalmology (Refraction)
Nov. 30 - Dec. 2	Orthopedic Surgery

1968

Jan. 18 - 20	Otolaryngology
Jan. 25 - 27	Gynecology
Feb. 8 - 10	Psychiatry
Feb. 19 - 21	Internal Medicine
April 15 - 19	Proctology
April 20	Trauma
April 29 - May 1	Ophthalmology
May 23 - 25	Surgery
May 23 - 25	Anesthesiology

You and Your Will

Alumni and friends of the Medical School are urged to name the Minnesota Medical Foundation as a beneficiary in their will. The following form is suggested:

"I give to the Minnesota Medical Foundation the sum of _____ dollars, to be used in its work by direction of its Board of Trustees for the benefit of the University of Minnesota Medical School."

Funds may be bequeathed for specific purposes. For further information, contact the Executive Director, Minnesota Medical Foundation, 1342 Mayo Bldg., University of Minnesota, Minneapolis, Minn. 55455. Telephone: (A.C. 612) 373-8023.

MEDICAL ALUMNI REUNION

Friday and Saturday
October 20 - 21, 1967

University of Minnesota, Minneapolis, Minn.,
and St. Paul Hilton Hotel, St. Paul, Minn.

ALL MEDICAL ALUMNI WELCOME

— **Special Reunions** —

- **CLASS OF 1937 (MB)** - - Lloyd F. Sherman and Lyle Hay, Co-chairmen
- **CLASS OF 1942 (MB)** - Clarence J. Rowe, Chairman
- **CLASS OF 1957** - - - - Fred A. Lyon, Chairman

Tours of Medical Center and special Hospital Staff Meeting
(Dean Robert B. Howard, speaker)

Grand Banquet and Annual Meeting at St. Paul Hilton . . .

Homecoming Football Game: Michigan State vs. Minnesota

For Reservations and Information:

MINNESOTA MEDICAL ALUMNI ASSN.

205 Coffman Union - Univ. of Minn.

Minneapolis, Minn. 55455

MEDICAL ALUMNI REUNION

MEDICAL ALUMNI REUNION

. . . . **DON'T MISS IT!**