

# Medical Bulletin

UNIVERSITY OF MINNESOTA

October 1976

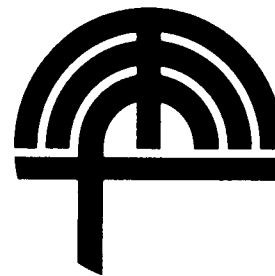


## FOR THE RECORD

The list of medical alumni of the University of Minnesota is always changing. This issue of the **Medical Bulletin** reports on the class of 1976 — adding 239 names to the medical alumni rolls. The next issue will deal in part with the class *starting* its medical education in 1976.

The Minnesota Medical Foundation, in cooperation with College and University Press (CUP), has begun work on the prodigious task of publishing a new directory of University of Minnesota medical alumni. Plans are to include a section listing those holding advanced medical degrees from the University of Minnesota, as well as M.D. alumni. Alumni will be listed alphabetically, geographically, by medical class and by specialty.

We hope that you will help by promptly returning the brief questionnaire you will receive in the mail. The Alumni Directory will be available solely to our school and its graduates. When it is complete in several months, you will have an opportunity to examine the finished product before deciding whether you wish to purchase a copy directly from CUP. There is no financial gain to MMF, the Medical School or the University. There will be substantial gain to all of us in updating our directory of University of Minnesota medical graduates.



## THE UNIVERSITY OF MINNESOTA MEDICAL BULLETIN

TOM PATTERSON, EDITOR  
EIVIND O. HOFF, EXECUTIVE EDITOR

SUMMER, 1976

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**MEDICAL BULLETIN EDITORIAL ADVISORS:** Dr. Reuben Berman, Danae Kasbi, Robert H. Lee, Dr. Wesley W. Spink.



# BICENTENNIAL MEDICAL CLASS

The University of Minnesota Medical School's 1976 "Bicentennial" class held Recognition Day ceremonies June 4 in Northrop Memorial Auditorium. There are 239 graduates in the medical class of 1976, about 60% of whom are continuing their post-graduate medical training in the state. There are 38 women graduates in 1976 (16% of the class) and 8 minority graduates (3% of the class).

Thirty per cent of the class is taking residency training in medicine and 27% chose family practice. Internship-residency matching results show that 55% of the class received their first choice of residency location and 11% failed to match with any of their initial choices for residency.

## HONORS

Several of the graduates received special honors:

The **Upjohn Award**, to a member of the senior class who shows exceptional promise for making an outstanding contribution to medicine, was presented to Dorothy J. Horns.

The **Minnesota Medical Foundation's Undergraduate Research Award** (see page 14) to Bruce Bowman.

The **Janet M. Glasgow Memorial Award for Women**, to the outstanding women in the graduating class, to Mary Dinter, Janet Doty, Margaret Heisel, Dorothy Horns, Janet Hubbell and Jean Porwoll.

The **Southern Minnesota Medical Association Outstanding Senior Award** was presented to Dorothy J. Horns.

## ALPHA OMEGA ALPHA

Members of Alpha Omega Alpha, the medical honor society, are: David J. Abelson, David J. Anderson, Mary A. Arneson, James C. Baumgaertner, William K. Becker, Stephen J. Brabeck, Robert G. Deichert, David Detert, Colleen T. Dinter, Richard W. Dinter, Paul J. Dorsher, Janet R. Doty, Robert A. Gill, Frederick J. Hall, Margaret A. Heisel, Dorothy J. Horns,

Janet C. Hubbell, Matthew A. Eich, Gregory A. Granrud, Gerald W. Grim, Richard Gustafson, John P. Halfen, John Mark Haugland, Robert E. Hodapp, Thomas E. Ives, Ronald C. Jensen, John D. Kasper, Alan F. Kremen, John M. Lacika, Scott W. McKenzie-Mandel, Peter B. Meier, Carl M. Melling, John D. Nelson, Graydon T. Page, Robert T. Perri, Jean M. Porwoll, Victor M. Sandler, David O. Smith, John Patrick Smith, Phillip H. Stoltenberg, Steven Vosler, Glen R. Willie, William O. Witt.

Members of next year's graduating class initiated into AOA as juniors are: David Antonow, Mary Lu Beigle, Stevan J. Cavalier, Gregory Doelle, Steven J. Groth, Denis Hom, James Inglis, Stephen Inglis, Jack Liebo, Rhoda V. Liebo, Charles Marti, Douglas L. Nelson, Stephen Ortlip, William R. Peglow, Roger W. Rhodes, Keith Schentzel, John Stenberg, David L. Swanson, James Turner, Michael Webster, Lawrence P. Zyskowski.

## AUDIOLOGIST HONORED AT MEDICAL SCHOOL GRADUATION

Medical School Recognition Day ceremonies were the occasion chosen to honor University of Minnesota alumna Marion P. Downs, assistant professor of otolaryngology and director of clinical audiology at the University of Colorado Medical Center. Dr. Lyle French, vice president for health sciences at the University of Minnesota, presented her with an Outstanding Achievement Award from the University. Ms. Downs received a bachelor's degree in liberal arts from the University of Minnesota in 1948 and holds a master's degree in audiology and speech pathology from the University of Denver. Ms. Downs is an advocate of the need for early detection of hearing loss in children so that the handicap can be minimized through special training. She is a pioneering researcher who devised a hearing test for newborns and is internationally known as a teacher, researcher, consultant and lecturer.

(CLASS OF '76 NEXT PAGE)

# MEDICAL CLASS OF 1976

*The following list of 1976 medical graduates includes the graduates' hometown, undergraduate college, and place and type of residency.*

- ABELSON, DAVID J.  
Minneapolis  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.
- ABRAHAM, DENNIS J.  
Winthrop  
Gustavus Adolphus  
Family Practice  
U. of Minnesota Hosp.
- AGRE, JAMES C.  
Minneapolis  
Augsburg College  
Physical Medicine, Rehabilitation  
U. of Minnesota Hosp.
- ALEXANDER, GORDON L.  
Edina  
University of Minnesota  
Obstetrics-Gynecology  
U. of Minnesota Hosp.
- ANDERSON, DAVID J.  
Edina  
University of Michigan  
Delaying Training 1 yr.
- ANDREWS, ROBERT G.  
Burnsville  
Amherst College  
Pediatrics, New England  
Center Hosp., Boston
- ANTONOW, JULI A.  
Virginia  
Carleton College  
Pediatrics  
U. of Minnesota Hosp.
- APPEL, THEODORE C.  
Minneapolis  
University of Minnesota  
Pediatrics  
U. of Missouri Medical Center
- ARNESON, MARY A.  
Minneapolis  
Macalester College  
Internal Medicine  
U. of Minnesota Hosp.
- BAGGENSTOSS, GARY A.  
Richfield  
University of Minnesota  
Anesthesiology, Mayo
- BAGLEY, CHARLES H.  
Duluth  
Macalester College  
Internal Medicine  
Bronx Lebanon Hosp., N.Y.
- BANKS, MARK W.  
Edina  
Carleton College  
Internal Medicine  
U. of Minnesota Hosp.
- BARKER, JAMES M.  
Duluth  
Lawrence University  
Internal Medicine  
Northwestern Hosp., Minneapolis
- BAUMGAERTNER, JAMES C.  
Glendora, Calif.  
California State Polytechnic  
Dermatology  
U. of Minnesota Hosp.
- BECKER, WILLIAM K.  
Minneapolis  
University of Minnesota  
Surgery  
U. of Minnesota Hosp.
- BEHRENDTS, ROBERT W.  
Minneapolis  
University of Minnesota  
Psychiatry, Yale-New Haven
- BIERAUGEL, JEAN T.  
New Ulm  
College of St. Benedict  
Family Practice  
U. of Minnesota Hosp.
- BOHLKE, DALE W.  
Mankato  
Mankato State University  
Surgery, Hennepin County Medical
- BOMAN, BRUCE M.  
Minneapolis  
University of Minnesota  
Research at Institute of  
Agronomique Research, France
- BOWERS, BARBARA J.  
Forest Lake  
Augsburg College  
Internal Medicine  
Northwestern Hosp., Minneapolis
- BOWERS, BETTY A.  
Forest Lake  
Augsburg College  
Surgery  
Hennepin County Medical
- BRABECK, STEPHEN J.  
St. Paul  
College of St. Thomas  
Internal Medicine  
U. of Minnesota Hosp.
- BRANDENBURG, ROBERT O.  
Rochester  
Michigan State University  
Internal Medicine, Mayo
- BRAUNLIN, ELIZABETH A.  
Minneapolis  
University of Iowa  
Pediatrics, Boston  
Children's Medical Center
- BREAM, RICHARD A.  
St. Paul  
University of Minnesota  
Family Practice  
Worcester (Mass.) Hosp.
- BROWNING, DUANE C.  
St. Peter  
University of Minnesota  
Family Practice  
U of N. Dak. Hosp.
- BUEGEL, DALE M.  
Minneapolis  
University of Minnesota  
Psychiatry, Northwestern U.

BURRELL, JAMES E.  
Thief River Falls  
University of Minnesota  
Family Practice  
U. of N. Dak. Hosp.

BUSKIRK, JAMES R.  
White Bear Lake  
Hamline University  
Psychiatry, Menninger Clinic

CARR, CRAIG C.  
Bloomington  
Dartmouth College  
Family Practice  
St. Francis Hosp.  
LaCrosse, Wis.

CARRIGAN, PATRICK M.  
Jackson  
University of Minnesota  
Flexible Program  
LaCrosse (Wis.) Lutheran Hosp.

CARSTENS, SCOTT A.  
Hopkins  
St. Olaf College  
Internal Medicine  
Medical College of Wisconsin

CHERNAUSEK, STEVEN D.  
Hutchinson  
Carleton College  
Pediatrics  
U. of Minnesota Hosp.

CHRISTENSON, LAURA L.  
St. Paul  
Augsburg College  
Internal Medicine  
Northwestern Hosp., Minneapolis

CLARK, EDWARD T.  
Luverne  
S.D. School of Mines & Tech.  
Family Practice Program  
Sioux Falls, S.D.

CLIFFORD, MICHAEL E.  
Chicago  
St. Thomas College  
Family Practice  
U. of Minnesota Hosp.

COHEN, LEE J.  
Duluth  
University of Minnesota  
Delaying Training 1 yr.

CULP, KIM S.  
Rochester  
University of Idaho  
Internal Medicine, Mayo



CURRENT, DAVID C.  
Litchfield  
St. Cloud State  
Family Practice  
U. of Minnesota Hosp.

DAUGHERTY, ROBERT G.  
Rochester  
Stanford University  
Surgery, Hennepin County Medical

DAVILA, RICHARD  
St. Paul  
University of Minnesota  
Internal Medicine  
Fitzsimmons Army Medical

DAVIS, GARY L.  
Rochester  
University of Minnesota  
Internal Medicine, Mayo

DECKER, JOHN P.  
Pasadena, Calif.  
St. John's University  
Family Practice  
U. of Minnesota Hosp.

DEICHERT, ROBERT G.  
Minneapolis  
Oberlin College  
Internal Medicine  
Virginia Mason Hosp., Seattle

DENNY, ARLEN D.  
Minneapolis  
University of Minnesota  
Surgery, Hennepin County Medical

DETERT, DAVID G.  
Fairmont  
Augustana College  
Internal Medicine  
San Diego Naval Hosp.

DICKINSON, PETER A.  
Stillwater  
University of Minnesota  
Internal Medicine  
Shadyside Hosp., Pittsburgh

DICKS, WILLIAM G.  
Minneapolis  
University of Minnesota  
Family Practice  
Hennepin County Medical

DINTER, COLLEEN T.  
Brainerd  
University of Minnesota  
Pediatrics  
Syracuse Medical Center

DINTER, RICHARD W.  
Milbank, S.D.  
University of Minnesota  
Internal Medicine  
Syracuse Medical Center

DOESCHER, PHILIP O.  
Sioux Falls, S.D.  
Augustana College  
Obstetrics-Gynecology  
U. of Minnesota Hosp.

DOHENY, STEVEN P.  
Bloomington  
University of Minnesota  
Flexible Program  
Hennepin County Medical

DORSHER, PAUL J.  
Glendora, Calif.  
University of California  
Internal Medicine  
U. of Minnesota Hosp.

DOTY, JANET RAE MAURER  
Power, Mont.  
University of Montana  
Internal Medicine  
Grady Memorial Hosp., Atlanta

DURST, MILO G.  
Pine Island  
Mankato State University  
Psychiatry  
Milwaukee County Hosp.

EALES, FRAZIER  
Minneapolis  
Macalester College  
Surgery  
U. of Minnesota Hosp.

EICH, MATTHEW A.  
Minneapolis  
University of Minnesota  
Surgery  
Hennepin County Medical

ERICKSON, JON M.  
Minneapolis  
Macalester College  
Oral Surgery  
U. of Calif. Hosp., Orange

ESMAY, JOEL L.  
Coon Rapids  
Bemidji State  
Family Practice  
U. of Minnesota Hosp.

FAULK, CHARLES W.  
Belmar, N.J.  
Parsons College  
Psychiatry  
Letterman Army Medical



Matt Eich and family. Marc Pritzker in background.

FINK, HENRY E.  
Minneapolis  
University of Minnesota  
Internal Medicine  
Grace Hosp., Detroit

FINK, ROBERT I.  
St. Paul  
Stanford University  
Psychiatry  
San Mateo, California  
County Health Service

FOLEY, CHRISTOPHER M.  
South Orange, N.J.  
Notre Dame  
Internal Medicine  
U. of Minnesota Hosp.

FREDERICK, JOHN P.  
Virginia  
North Dakota State  
Family Practice  
U. of Minnesota Hosp.

FRIEDLIEB, PETER M.  
Virginia  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

GALE, PETER F.  
Richfield  
Augsburg College  
Pathology  
St. Paul-Ramsey Hosp.

GALUSKA, RICHARD D.  
Rochester  
University of Washington  
Anesthesiology  
U. of Washington Hosp.

GATES, JOHN R.  
Rochester  
Harvard University  
Neurology  
U. of Minnesota Hosp.



Pearl Rosenberg, Ph. D., assistant dean, and N. L. Gault, M. D., dean, performed hooding honors for the medical class of '76.

GENSMER, CHARLES O.  
Hutchinson  
University of Minnesota  
Medicine  
Shadyside Hosp., Pittsburgh

GMITRO, MICHAEL G.  
Minneapolis  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

GREENE, JACK B.  
Virginia  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

GILL, ROBERT A.  
St. Louis Park  
University of Minnesota  
Internal Medicine  
Hennepin County Medical

GOFF, NATHAN W.  
Lexington, Mass.  
Bethel College  
Surgery  
Maricopa County General, Phoenix

GRIM, GERALD W.  
Crosby, N.D.  
College of St. Thomas  
Family Practice, Duluth

GJERDINGEN, DWENDA K.  
Raymond  
University of Minnesota, Morris  
Family Practice  
U. of Minnesota Hosp.

GOLDEN, RICHARD E.  
St. Louis Park  
University of Minnesota  
Internal Medicine  
Kansas City, Kan. General

GROAT, RONALD E.  
Richfield  
University of Minnesota  
Flexible Program  
Hennepin County Medical

GLADE, BILLIE K.  
Alexandria  
St. Cloud State  
Flexible Program  
Sioux Valley (S.D.) Hosp.

GRANRUD, GREGORY A.  
Moorhead  
University of Minnesota  
Internal Medicine  
St. Vincent's Hosp., Worcester,  
Mass.

GROOTWASSINK, LOIS  
Bismarck, N.D.  
University of North Dakota  
Flexible Program  
Los Angeles Harbor General



Graduates and guests enter the reception sponsored by the Minnesota Medical Foundation.

GUSTAFSON, RICHARD E.  
Mankato  
Luther College  
Family Practice  
Cedar Rapids, Iowa

HAAS, THOMAS P.  
St. Paul  
Augsburg College  
Family Practice  
U. of Minnesota Hosp.

HALFEN, JOHN P.  
St. Paul  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

HALL, FREDERICK J.  
Outing  
Drake University  
Pathology, Mayo

HANSON, MARTHA ANNETTE  
Brainerd  
Augsburg College  
Psychiatry  
Cambridge (Mass.) Hosp.

HARRIMAN, GEORGE H.  
Minneapolis  
University of Minnesota  
Flexible Program  
Fitzsimmons Army Medical

HAUGLAND, J. MARK  
Park Rapids  
Carleton College  
Internal Medicine  
Hennepin County Medical

HEARD, LAURENCE S.  
Eden Prairie  
Duke University  
Family Practice  
Kern County (Calif.) General

HEDLUND, LINDA M.  
Atwater  
St. Olaf College  
Family Practice  
Hennepin County Medical

HEISEL, MARGARET A.  
New Brighton  
University of Minnesota  
Pediatrics  
U. of Minnesota Hosp.

HENS, DUANE J.  
Alexandria  
University of Minnesota  
Family Practice  
Hennepin County Medical

HINTHER, LANCE R.  
Miles City, Montana  
University of Montana  
Internal Medicine  
Sacred Heart Hosp., Yankton, S.D.

HODAPP, ROBERT E.  
Willmar  
Notre Dame  
Family Practice  
Hennepin County Medical

HOLTH, DAVID M.  
Granite Falls  
Hamline University  
Family Practice  
U. of Minnesota Hosp.

HORNS, DOROTHY J.  
Edina  
Radcliffe College  
Internal Medicine  
U. of Calif. Hosp., San Francisco



HOWARD, CRAIG M.  
Granite Falls  
University of Minnesota, Morris  
Family Practice  
U. of Minnesota Hosp.

HUBBELL, JANET C.  
Gering, Neb.  
Nebraska Wesleyan  
Pediatrics  
U. of Minnesota Hosp.

HUBERT, JOHN P.  
Duluth  
College of St. Scholastica  
Surgery, Mayo

HUSTAD, MARGARET J.  
Duluth  
Macalester College  
Pediatrics  
Children's Mercy Hosp.,  
Kansas City

HUTTER, RICHARD D.  
Delano  
University of Minnesota  
Internal Medicine, Mayo

HUTTON, SCOT W.  
Worthington  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

IVES, THOMAS E.  
Richfield  
University of Minnesota  
Internal Medicine  
Northwestern Hosp., Minneapolis

JENSEN, RONALD C.  
Bloomington  
University of Minnesota  
Surgery  
Hennepin County Medical

JEVRIC, NICHOLAS  
Little Falls  
University of Minnesota  
Anesthesiology  
U. of Minnesota Hosp.

JOHNS, ALAN M.  
Stanley, Wis.  
University of Minnesota  
Neurology  
U. of Minnesota Hosp.

JOHNSON, BETH L.  
Winfred, S.D.  
Augustana College  
Pathology  
Hennepin County Medical



Lewis W. Lehr, president of the Minnesota Medical Foundation, reviews his notes for his remarks at Recognition Day ceremonies.

JOHNSON, DANIEL V.  
Isle  
University of Minnesota  
Family Practice  
Air Force, Scott AFB

JOHNSON, MARGARET M.  
Minneapolis  
University of Minnesota  
Pathology  
U. of Minnesota Hosp.

JUNG, ROGER W.  
Crookston  
Moorhead State  
Highland General Hosp.,  
Oakland, Calif.

KAFKA, THOMAS J.  
New Prague  
St. John's University  
Flexible Program  
Santa Barbara Cottage Hosp.

KANE, MAUREEN A.  
Hastings  
St. Teresa  
Internal Medicine  
U. of Minnesota Hosp.

KASPER, JOHN D.  
St. Cloud  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

KIEDROWSKI, GERALD A.  
Richfield  
University of Minnesota  
Family Practice  
U. of N. Dak. Hosp.

KIMPELL, RANDY L.  
Austin  
Mankato State  
Internal Medicine  
U. of Minnesota Hosp.

KLEINMAN, JOHN H.  
Minneapolis  
University of Denver  
Internal Medicine  
U. of Minnesota Hosp.

KRAUSE, LAUREL A.  
Edina  
Cornell College  
Pathology  
St. Paul-Ramsey Hosp.

KREMEN, ALAN F., Ph.D.  
Minneapolis  
Stanford University  
Surgery, Mayo

KUETTNER, JOHN F.  
Albert Lea  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.



John Kleinman and Randy Kimpell find out they "matched" at University of Minnesota Hospitals for residency training.

LACIKA, JOHN M.  
Hibbing  
College of St. Thomas  
Surgery  
U. of Minnesota Hosp.

LaDUE, EDWARD J.  
White Earth  
Moorhead State  
Family Practice  
U. of New Mexico Hosp.

LAZAROW, NORMAND H.  
St. Paul  
University of Chicago  
Internal Medicine  
Northwestern Hosp., Minneapolis

LERNER, STEVEN D.  
St. Louis Park  
University of Minnesota  
Internal Medicine  
New York Medical College

LeTOURNEAU, BARBARA C.  
St. Paul  
Macalester College  
Flexible Program  
Hennepin County Medical

LIND, BRADLEY C.  
Chicago  
Stanford University  
Internal Medicine  
U. of Minnesota Hosp.

LONG, WILLIAM F.  
Creve Coeur, Ill.  
Knox College  
Obstetrics-Gynecology  
St. Paul-Ramsey Hosp.

LORENZ, RICHARD E.  
Great Falls, Mont.  
University of Washington  
Surgery  
U. of Wisconsin Hosp.

LOWE, CATHERINE  
Belle Glade, Fla.  
University of Florida  
Internal Medicine  
Howard University Hosp.

LUCAS, STEVEN F.  
Long Prairie  
St. Cloud State  
Family Practice  
U. of Minnesota Hosp.

LUPO, VIRGINIA R.  
Edina  
St. Louis University  
Surgery  
U. of Minnesota Hosp.

MACKIE, ROBERT D.  
St. Paul  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

MAGNUSON, TONI R.  
Minneapolis  
Bethel College  
Family Practice  
Bethesda Hosp., St. Paul

MAHLE, SUSAN K.  
St. Paul  
Lawrence University  
Pediatrics  
U. of Minnesota Hosp.

MALKOVICH, DANA R.  
Crystal  
Carleton College  
Family Practice, Duluth

MANN, WINNIE LOU  
Chapel Hill, N.C.  
Macalester  
Surgery  
Virginia Mason Hosp., Seattle

MARTIN, ROBERT L.  
Louisville, Ky.  
University of Louisville  
Flexible Program  
Santa Barbara Cottage Hosp.

MASSOPUST, STEVEN A.  
Madison Lake  
University of Colorado  
Family Practice  
Hennepin County Medical

McCAMY, ALLAN E.  
Albert Lea  
Macalester  
Family Practice  
St. Paul-Ramsey Hosp.

McCANN, GEORGE L.  
St. Paul  
College of St. Thomas  
Family Practice  
U. of Minnesota Hosp.

McEVOY, RICHARD D.  
Minneapolis  
University of Minnesota  
Surgery, Stanford

McGEE, MICHAEL B.  
Kiester  
Concordia College  
Pathology  
Hennepin County Medical

McKENZIE-MANDEL, SCOTT  
Butte, Mont.  
Michigan State University  
Internal Medicine  
Sepulveda V.A. Hosp. (Calif.)

MEHLISCH, DONALD R., D.D.S.  
Kansas City, Mo.  
Graceland College  
Oral Surgery Private Practice  
Austin, Tex.

MEIER, PETER B.  
Winona  
St. John's University  
Internal Medicine  
U. of Minnesota Hosp.

MELLING, CARL M.  
Minneapolis  
University of Minnesota  
Family Practice, Duluth

MICKA, THOMAS F.  
Oronoco  
Harvard University  
Psychiatry  
Walter Reed Army Medical

MICKELSON, DAVID L.  
St. Louis Park  
Gustavus Adolphus  
Pediatrics  
Boston City Hosp.

MIDTLING, JOHN E.  
Ashippun, Wis.  
Augsburg College  
Family Practice  
U. of Minnesota Hosp.

MIKKELSON, THOMAS A.  
New London  
St. Cloud State  
Family Practice  
Air Force, Scott AFB

MILES, STEVEN H.  
Deephaven  
St. Olaf College  
Internal Medicine  
Hennepin County Medical

MUMFORD, CHARLES E.  
Red Wing  
University of Minnesota  
Internal Medicine  
Kansas City, Mo., General

NASH, RICHARD G.  
Fairmont  
Iowa State University  
Family Practice, Duluth

NELSON, CARRIE JO  
Elmwood, Wis.  
St. Olaf College  
Internal Medicine  
U. of Minnesota Hosp.

NELSON, JOHN D.  
Duluth  
University of Minnesota, Duluth  
Surgery  
St. Paul-Ramsey Hosp.

NELSON, OWEN T.  
Hoffman  
University of Minnesota, Morris  
Family Practice  
Good Samaritan Hosp., Dayton

NEUMANN, BRUCE R.  
Edina  
Colorado College  
Family Practice  
U. of Minnesota Hosp.

NEWMAN, TIMOTHY A.  
Eveleth  
Macalester College  
Family Practice  
U. of Minnesota Hosp.

NIELSEN, JON S.  
Edina  
University of Minnesota  
Flexible Program  
Hennepin County Medical

NUTT, ROGER W.  
St. Paul  
South Dakota State  
Internal Medicine  
Sacred Heart Hosp., Yankton, S.D.

OGLE, RICHARD G., D.D.S.  
Mankato  
University of Minnesota  
Oral Surgery  
U. of Minnesota Hosp.

OLSON, MICHAEL L.  
Luverne  
Augustana College  
Family Practice  
Methodist Hosp., Minneapolis

OLSON, RODNEY G.  
Brainerd  
St. John's University  
General Practice  
Monte Vista, Col.

OMLIE, MARK R., D.D.S.  
Minneapolis  
University of Minnesota  
Oral Surgery  
U. of Minnesota Hosp.

OSTREM, MARK S.  
Fargo, N.D.  
Moorhead State  
Flexible Program  
St. Luke's Hosp., Fargo

PAGE, GRAYDON T.  
Hopkins  
University of Minnesota  
Diagnostic Radiology  
U. of Minnesota Hosp.

PALMER, MICHAEL A.  
St. Cloud  
St. John's University  
Surgery  
St. Paul-Ramsey Hosp.

PALMER, SCOTT D.  
Blackduck  
University of Minnesota  
Family Practice  
Scottsdale Ariz. Mem. Hosp.

PEPLINSKI, KATHLEEN J.  
Chisholm  
Northwestern University  
Internal Medicine  
Northwestern University

PERRI, ROBERT T.  
St. Paul  
St. Louis University  
Internal Medicine  
U. of Minnesota Hosp.

PORWOLL, JEAN M.  
Brainerd  
Moorhead State  
Internal Medicine  
Beth Israel Hosp., Boston

PRITZKER, MARC R.  
St. Paul  
Amherst College  
Internal Medicine  
U. of Minnesota Hosp.

RAPP, KEITH L.  
Luverne  
Luther College  
Flexible Program  
LaCrosse, Wis., Lutheran Hosp.

REIF, CHRISTOPHER  
St. Cloud  
St. John's  
Family Practice  
Hennepin County Medical

ROACH, RICHARD R.  
Virginia  
University of Minnesota, Duluth  
Internal Medicine  
S.W. Michigan Program

ROCKLER, BARRY M.  
Minneapolis  
University of Minnesota  
Surgery  
Hennepin County Medical

ROUNDTREE, SILVERRENE  
Kansas City, Mo.  
University of Missouri  
U.S. Public Health Program  
Baltimore, Md.

RUNYAN, DESMOND K.  
Wilton, Conn.  
Macalester College  
Pediatrics  
U. of Minnesota Hosp.

RUPP, WILLIAM C.  
Chisholm  
Dartmouth College  
Internal Medicine  
Cincinnati General Hosp.

RUZICKA, PETR O.  
St. Paul  
University of Minnesota  
Surgery  
Queen's Hosp., Honolulu

RYAN, TIMOTHY J.  
Geneva, N.Y.  
Hobart College  
Family Practice  
St. Joseph's Hosp., Syracuse

RYSAVY, RICHARD L.  
Owatonna  
St. Mary's College  
Family Practice, Duluth

SAGERT, LOUIS A.  
Denver, Iowa  
Wartburg College  
Internal Medicine  
U. of Wis. Hosp., Marshfield

SALOMONSON, JANET K.  
St. Paul  
University of Minnesota  
Surgery  
U. of Calif. Hosp., L.A.

SANDLER, VICTOR M.  
Minneapolis  
Claremont Men's College  
Internal Medicine  
St. Vincent's Hosp., Worcester,  
Mass.

SCHAFFER, MICHAEL S.  
St. Paul  
University of Minnesota  
Pediatrics  
U. of Colorado Hosp.

SCHAUER, ROBERT M.  
Minneapolis  
Northwestern University  
Surgery  
Hennepin County Medical

SCHIFFLER, GLENN A.  
Albany  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

SCHLUETER, JEFFREY A.  
Fergus Falls  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

SCHMIDT, WILLIAM A.  
Rochester  
University of Minnesota  
Internal Medicine  
Northwestern Hosp., Minneapolis

SCHNELL, THOMAS G.  
St. Paul  
College of St. Thomas  
Internal Medicine  
VA Hosp., Hines, Ill.

SCHOLLMEIER, PAUL M.  
Winona  
St. Mary's College  
Family Practice  
U. of Minnesota Hosp.

SCHROECKENSTEIN, DAVID  
St. Paul  
Stanford University  
Psychiatry  
U. of Arizona Program

SEKHON, SYLVIA M.  
St. Paul  
Hamline University  
Pediatrics  
U. of Minnesota Hosp.

SHANNON, ROBERT P.  
La Crescent  
St. John's University  
Family Practice  
U. of Minnesota Hosp.

SHIPMAN, GREGORY F.  
Hopkins  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

SHOEMAKER, CRAIG T.  
Urbana, Ill.  
Miami University, Ohio  
Pediatrics, Travis AFB

SIEVERT, DWIGHT W.  
Stillwater  
Macalester College  
Surgery, Travis AFB

SITZMANN, JAMES V.  
St. Paul  
Notre Dame  
Surgery, Johns Hopkins

SLATTEN, STEVEN H.  
Fergus Falls  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

SLUSS, MICHAEL P.  
Winnetka, Ill.  
Carleton College  
Neurology  
U. of Minnesota Hosp.

SMITH, DAVID O.  
Minneapolis  
University of Minnesota  
Flexible Program  
Los Angeles County

SMITH, J. PATRICK  
West Concord  
Hamline University  
Surgery  
Hennepin County Medical

SORENSEN, JAMES A.  
Minneapolis  
Stetson University  
Family Practice  
U. of Minnesota Hosp.

STARK, JOHN G.  
Fridley  
St. Olaf College  
Surgery  
Hennepin County Medical

STASSEN, MICHAEL D.  
Marshall  
Cornell College  
Flexible Program  
U. of S. Dak., Sioux Falls

STEINHAUSER, MARK  
St. Paul  
University of Minnesota  
Family Practice  
St. Paul-Ramsey Hosp.

STENSLAND, MARK S.  
Richmond, Va.  
Virginia Polytechnic Institute  
Family Practice  
Virginia Beach, Va.

STERNER, STEVEN P.  
St. Paul  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

STOLTENBERG, PHILLIP  
Waseca  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

STRANGE, ROBERT J.  
Minneapolis  
Colorado University  
Sacred Heart Medical, Spokane

STRIKE, DAVID G.  
Isanti  
University of Minnesota  
Internal Medicine  
Grace Hosp., Detroit

SULTANY, GARY L.  
Minneapolis  
University of Minnesota  
Internal Medicine  
Hennepin County Medical

SWANSON, DAVID C.  
Willmar  
University of Minnesota  
Family Practice, Duluth

TATE, DOUGLAS Y.  
St. Paul  
St. Olaf College  
Research in Dept. of Anatomy  
U. of Minnesota

THOMPSON, WALTER E.  
Detroit, Mich.  
Wayne State University  
Internal Medicine, Mayo

THUESON, CHARLES R.  
Milbank, S.D.  
University of Minnesota  
Internal Medicine  
U. of Minnesota Hosp.

TIMS, ALAN L.  
Worthington  
University of Minnesota  
Surgery  
U. of Kentucky Medical

TOLLEFSON, GARY D.  
Faribault  
University of Minnesota  
Neurology  
U. of Minnesota Hosp.

TSCHIDA, BRIAN E.  
St. Paul  
Gustavus Adolphus  
Neurology  
U. of Minnesota Hosp.

VANCURA, ELLEN M.  
New Ulm  
Creighton University  
Flexible Program  
Hennepin County Medical

VEVERKA, MICHAEL J.  
Jackson  
St. John's University  
Flexible Program  
U. of Oregon Medical School

VOSLER, STEVEN T.  
Minneapolis  
St. Olaf College  
Flexible Program  
Spokane Hospital

WAAGE, ROGER K.  
Morris  
University of Minnesota, Morris  
Family Practice, Duluth

WALCHER, DAVID J.  
Hopkins  
University of Minnesota  
Family Practice  
Hennepin County Medical

WALLIN, BRUCE A.  
St. Paul  
Gustavus Adolphus  
Internal Medicine  
W. Virginia Univ. Hosp.

WETHERILLE, ROBERT  
Minneapolis  
Carleton College  
Surgery  
Hennepin County Medical

WILLEY, DAVID A.  
Canby  
University of Minnesota  
Family Practice  
U. of Minnesota Hosp.

WILLIE, GLEN R.  
Fort Ripley  
University of Chicago  
Internal Medicine  
Sinai Hosp., Detroit

WILSON, DIANE L.  
Babbitt  
Hamline University  
Internal Medicine  
U. of Minnesota Hosp.

WILSON, JOHN L.  
Duluth  
University of Minnesota, Duluth  
Family Practice  
United Hosp., Clarksburg W. Va.

WITRAK, WILLIAM D.  
Excelsior  
St. Olaf College  
Internal Medicine  
U. of Rochester Hosp., N.Y.

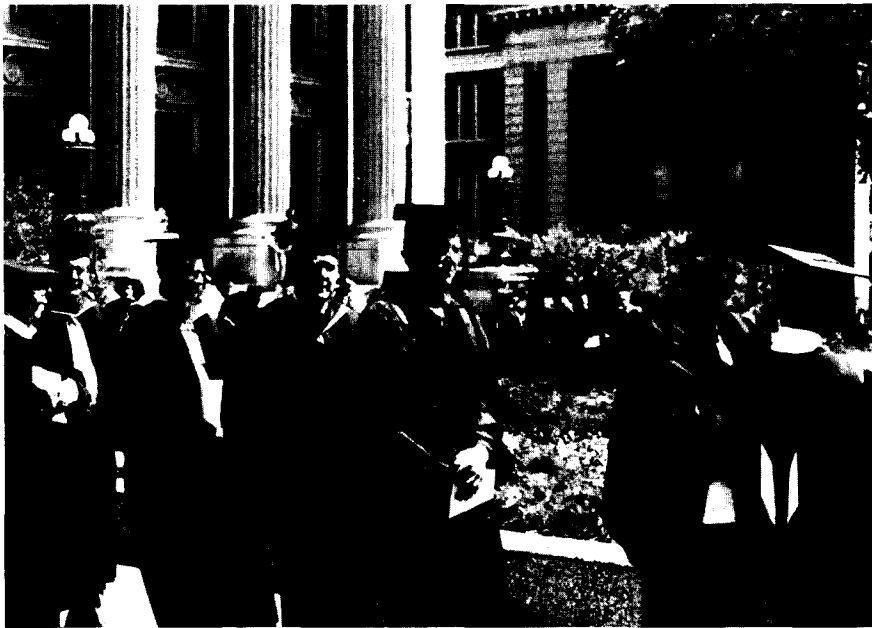
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University of Minnesota  
Surgery  
U. of Kentucky Medical

WOODWARD, THOMAS A.  
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St. Cloud State  
Internal Medicine  
Northwestern Hosp., Minneapolis

WOOLLISCROFT,  
ARLO ECKELS  
Bloomington  
University of Minnesota  
Pediatrics  
U. of Michigan Hosp.

WOOLLISCROFT, JAMES  
Alexandria  
University of Minnesota  
Internal Medicine  
U. of Michigan Hosp.

WORSING, ROBERT A.  
Edina  
University of Washington  
Surgery  
Hennepin County Medical



The faculty contingent at Recognition Day processional.

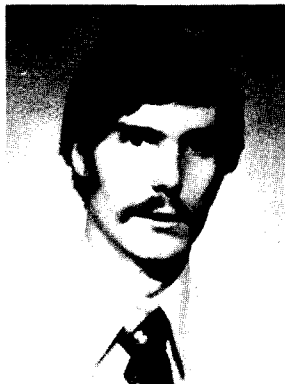
YAJNIK, DUSHYANTKUMAR  
 Kampala, Uganda  
 University of Minnesota, Morris  
 Pediatrics  
 Children's Hosp., Montreal

YIP, RAY  
 Taipei, China  
 Augsburg College  
 Pediatrics  
 U. of Minnesota Hosp.

ZANDER, JANET A.  
 Bismarck, N.D.  
 St. Olaf College  
 Psychiatry  
 U. of Minnesota Hosp.

ZINK, ROBERT A.  
 St. Louis, Mo.  
 St. Louis University  
 Family Practice  
 St. John's Mercy Hosp.  
 St. Louis, Mo.

## ARNESON, BOWMAN RECEIVE PRIZES FOR RESEARCH



Bruce Bowman

Mary Alice Arneson and Bruce M. Bowman, both members of the University of Minnesota Medical School's 1976 class, have received \$500 cash prizes from the Minnesota Medical Foundation for research conducted as medical students.

Arneson received the 1976 J. Thomas Livermore Memorial Award for student research in hematology. The award was established in 1971 to encourage promising young blood researchers and is named for a young man who died of leukemia in University Hospitals. Dr. Arneson studied the increased susceptibility to infection in patients with chronic lymphocytic leukemia.

Bowman received the Minnesota Medical Foundation's award for the most outstanding research project conducted by a member of the graduating class.

Bowman investigated the properties of the enzyme guanylate cyclase isolated from kidneys. He defined how the enzyme reacts to various agents, such as temperature, salts, detergents, etc.



(Left to right) H. Mead Cavert, M. D., associate dean of the University of Minnesota Medical School; Mary Arneson, Livermore Award winner and 1976 graduate of the Medical School; Eivind Hoff, executive director of the Minnesota Medical Foundation, and Charles Livermore, sponsor of the award.

# 'RESPONSE'

By Frazier Eales, M.D. '76  
President of the 1976 Graduating Class

*(Address presented to faculty and guests at Medical School Recognition Day, University of Minnesota, June 4, 1976, on behalf of the graduating class).*

Distinguished faculty, honored guests, fellow graduates:

One of the fonder memories I have of medical school here at the University of Minnesota is my recollection of an encounter with Dean Sullivan back in Phase A. We were in the midst of a respectable Minnesota winter and in the midst of Phase A: two entities which share the ability to impart a new significance to the meaning of the word "eternity." Be that as it may, I had become convinced that some horrible mischief was being done in the name of our education. For every muscle or nerve we were asked to memorize, for every turn of the Krebs cycle we managed to learn, there seemed to be innumerable small elves at work stockpiling information we needed to know and never would, and quickly gathering up the litter of items we were forgetting all too rapidly.

There we stood, in step with the march of an army of medical facts, and losing ground with every stride. Or so it seemed.

Dr. Sullivan, with characteristic charity, assured me that I was entirely correct. "How then," I asked, "are we ever going to become doctors?" In essence, his response was this: it is happening. Slowly, steadily it is happening. And one day, along about Phase D or so, something will happen to awaken you to the fact that you have, indeed, become what society now calls us — a doctor. Perhaps this experience will take the form of making a diagnosis, or being the first to recognize an important X-ray finding. Perhaps it will be confronting a patient with the fact that he or she is dying. Whatever the event, it is followed by the sudden, marvelous recognition that you have performed in the role of a doctor.

Well, Dr. Sullivan was right and, in a word, we have endured again the gestational process. If you can imagine for a moment a chicken embryo, pondering the meaning of things from the confines of its tiny shell, you have focused in on a tiny, improbable model of this event. There it is, a small, quivering blob of potential, surrounded by a sea of nourishment packed with information handed down from thousands of



COVER: Frazier Eales shows off his daughter Kathryn to George Williams, M.D., assistant dean of the Medical School.

more or less successful ancestors. Amazingly, miraculously, the potential organizes into a new form. First nudged by a new cell, then crowded by organs and limbs, then amazed by a new sense of coordination and delighted by the tricks these various parts want to perform. Finally, the shell becomes a bit confining and, for want of something better to do, this bird finds itself knocking its head against a wall. Lo and behold, the wall gives way, light pours in and we, the observers, say "Aha . . . a chicken!" And the chicken says "Aha . . . where am I?"

Where am I? Where are we? Well we might ask. Leaving the shell of medical school behind us, we will continue our education, our nourishment if you will, in the context of residency training, and subsequently in teaching, in research and in the clinical practice of medicine. But just as survival and change in the individual is referred to in terms of growth and development (of which gestation is but a part), so survival and change in a species, or a population, is spoken of in terms of "evolution." If this process of change is accelerated and applied to human experience or, more specifically, human thought, then we speak of it in terms of "revolution."

As we step from our gestational niche into the mainstream of "Modern Medicine," we become involved in both evolution and revolution whether we

## EALES continued

like it or not. Certainly from a technological standpoint we are in the midst of a revolution. A century ago, medical technology was virtually non-existent and the physician's role was largely one of "standing by" and simply caring. Compassion and dedication was then and remains now the cornerstone of the healing art. Nevertheless, in the last 100 years, a lot of knowledge has been heaped upon that foundation, at times coming dangerously close to obscuring it. Further complicating matters is the spin-off of that knowledge, something we call technology. Clicking, whirring, gleaming and expensive, it is our monument to progress. But technology is merely a reflection of knowledge and, as such, stands also as a monument to our shortcomings. Kidney transplants and coronary artery bypass surgery are but two of today's examples of a technology which is as sophisticated as it is primitive. After all, when we have the knowledge of how to prevent the premature death of the kidney and the premature clogging of coronary arteries then we can and will dispose of the bulk of these costly, unwieldy interventions.

I believe that the next 100 years, even the next 50 years, will bring to our grasp the simple, fundamental, yet devilishly elusive understanding of many of our serious diseases. In many respects, these will be our years. And just as our predecessors laid bare the elements of malnourishment and infectious disease, so we will endeavor to scratch and dig through the obscurities into an understanding of diseases now poorly understood or misunderstood. All the while, it will remain our responsibility to deliver the benefits of

what knowledge we have with as much compassion and dedication as we possibly can.

Meanwhile, what of our revolution? Revolution is an unsettling event. It is threatening, worrisome. It is also a human word, reserved primarily for human endeavors. If things were a little quieter, or better yet, if we weren't so personally involved, perhaps we would step back to get a better look and be surprised to find that we fit rather neatly into the system in nature we call evolution. My sympathy lies with evolution. As much as we like to deem ourselves apart from and above nature, the evidence is overwhelming that we are not. And somehow, evolution seems a kinder, more orderly process than anything we have invented. Furthermore, we can take considerable comfort in the fact that it has served nature's purposes so well for so long. Despite its slow, haphazard, even unweildy appearance, its fundamental grace is precision, its fundamental strength a new and better idea. Discarding only the outmoded and unsuccessful, evolution is nature's mechanism for building on the strengths of her past, aiming toward a better future.

Well, nature, too, has her technology. And, at least in our opinion, one of her crowning achievements is the human brain. As great as that achievement is, it needs constant attention lest it get carried away with itself or fall into disrepair. It needs nourishment, exercise and discipline. It needs compassion and humility. It needs to dream.

If we can go forward today with these requirements in mind, we may look back in 50 years and discover, to our surprise and delight, that we have left the world a better place.

## POLITICAL RESPONSIBILITY OF THE PHYSICIAN

By Mathias Masem, M.D. '75

*(Dr. Masem was president of the 1975 graduating class in medicine. His remarks were originally made as his address to his classmates at graduation ceremonies. The remarks are still pertinent today).*

We have been trained as medical scientists, the purveyors of modern medical technology, in a scientific tradition which has only recently elevated medicine from the realm of demonology to the age of organ transplantation.

We have also grown up at a time when science has seen its limitations. We have lived through perhaps the most tumultuous period in recent American history and witnessed the development of a radical political movement which rejected materialism and technological progress as its goal, and instead chose the pursuit of humanism and fundamental truth. In support of

Senator McCarthy's 1968 presidential candidacy, Erich Fromm stated that in a society in which "technological progress becomes the source of all values," the resulting consequence is "the complete alienation and dehumanization of man." The philosopher Herbert Marcuse crystalizes this idea in stating that "the mathematical character of modern science determines the range and direction of its creativity, and leaves the nonquantifiable qualities of 'humanitas' outside the domain of exact science . . ." According to Marcuse, the reductionist thought process so central to the development of scientific



knowledge clearly excludes ethical and moral considerations.

The practice of medicine is an art. Such practice necessitates the role of artist, regarding the ethical and moral aspects of patient care as well as that of the artisan, with respect to the scientific and technical aspects.

Certainly moral and ethical concerns have not been neglected in our "New Curriculum." The tribulations of the course scheduling computer notwithstanding, and despite a daily mileage figure which might make us the most mobile medical student group in the history of medical education, we have acquired considerable expertise in the fields of death and dying and human sexuality and have been impressed by the compassionate and humanistic approach to medicine espoused by so many of our professors.

It is precisely because we have a considerable foundation as both artists and artisans in dealing with our humanistic as well as our scientific responsibilities that I would hope to approach another area of concern — our political responsibilities as physicians.

#### **FEDERALIZED HEALTH**

The federal government is presently involved in health care to a major degree. This involvement could be generally divided into three categories: medical education, medical research, and health care services.

Prior to the time of Abraham Flexner, most medical schools were proprietary. Following 1910, philanthropy became a major source of funding, with many of the big names in industry and finance becoming involved. State governments also began to play a role through the State Universities but these funding sources became increasingly more resistant to subsidizing medical education when 50% of the medical graduates left their respective states. As the demands for funding increased, additional sources had to be sought and the rationale for federal participation in funding progressively increased. The federal government subsequently determined physicians to be a national resource and passed the Health Professions Act of 1963.

Regarding medical research, it became clear in the 1930's that Dr. Hertzler in Kansas, and those like him, could no longer continue to work in sheds behind their homes. With a commitment to medical progress and improved health care, Congress enacted the legislation which established the National Institutes of Health. With considerable assistance from Mary Lasker and Florence Mahoney, who have been dubbed by Elizabeth Brenner Drew in *The Atlantic Monthly* as "Washington's Noble Conspirators," the NIH budget went from \$2.5 million in 1945 to \$1.4 billion in 1968 and presently supports greater than 40% of the biomedical research in this country. Recently, however, the NIH has suffered a decline in its highly fa-



Mathias Masem, Med. '75

vored status and despite the efforts of the "noble conspirators," has felt a pinch for the first time in 40 years. The reason for this is that so much money is being paid for the provision of health care services that there is no longer so great an amount for NIH. Regarding basic research, Senator Edward Kennedy stated recently that the "informed consent of society was necessary to funding", with the inference that public expenditures ought to result from public decisions.

Finally, regarding health care services, the federal government began its involvement following World War II. At that time, increased demand for hospitals and health care services led to the enactment of the Hill-Burton Proposal. While significant in terms of its contribution, this act took on the proportions of a political football, leading to a remarkable proliferation of tiny hospitals in tiny towns, often not very far apart.

In 1965, Medicare and Medicaid were enacted and in 1966, at the recommendation of the DeBakey Committee, Regional Medical Programs was enacted. This proposal had the specific objective of designating several regional centers at which the most recent scientific advances and achievements could be used in the treatment of cancer and heart and lung disease. It was an effort to bring NIH to the people.

In the meantime, the Medicare and Medicaid programs began to have a profound effect on the health care system. The increased demand secondary to in-

creased purchasing power led to a cost escalation and the present 17% annual rate of expansion of hospital services, with the rate of expansion of physicians' services somewhat below that. A striking example of this effect can be seen in the annual number of physicians going into practice. In 1963, 6,000 medical doctors were graduated. In 1975, 15,000 of us graduated and 15,000 more foreign physicians were licensed to practice. That is quite a change and it seems reasonable to expect that the federal government might then move to determine just what proportion of the national resources, i.e. the GNP, ought to be devoted to health, and then to begin planning for the more efficient and effective allocation and utilization of a limited commodity.

Such considerations led to the amendment of the Social Security Act in 1972, establishing the Physicians Standard Review Organization or PSRO. The Foundation for Health Care Evaluation is such an organization, functioning here in Minneapolis and is responsible for the utilization review reports we have all seen on patients' charts informing us that, for example, 90% of patients with the diagnosis of "myocardial infarction," within a certain period have been discharged. The PSRO legislation specifically addresses the premise that the majority of health costs originate with the physician, and attempts to limit them. The legislation provides for the assumption of responsibility by some physician group in the review of medical care of all federal beneficiaries. This is to assure that the care delivered is necessary and of high quality, and to eliminate some amount of unnecessary health services.

In 1973 the Health Maintenance Organization Act was passed. This measure was intended to provide funding in order to encourage the growth of HMO's.

In 1974, the Health Planning and Resources Development Act, authored by Rep. Bill Roy, a physician from Topeka, Kansas, was enacted. This measure provided for the establishment of geographically and demographically defined health planning regions within each state. Each will be governed by a board of consumers as well as providers and will be charged with the determination of health needs as well as a plan for that region. The boards will further be charged with a review of existing facilities and rationalization of health services according to the needs of the region. This proposal does not include a grandfather clause so that even established physicians services will be subject to review. This type of administration is essentially a public utility model by which providers are franchised by the health governing boards, which would be somewhat analogous to public school boards.

## WHERE TO NOW?

With all this as background, I believe the implications of the new health care system should be considered. There should be little argument among us that our scientific and technical expertise and sophistication have reached such a degree that we do not have the resources to provide all of the benefits of modern health science to everyone everywhere. In addition, the health care expenditures for over a decade have been rising at a rate of twice that of the rate of growth of the GNP and considerably more rapidly than the rate of growth of the economy. Present health care expenditures represent 8% of the GNP and there is certainly some question how much greater an expenditure can be tolerated.

PSRO and CHP work in conjunction, toward the most efficient use and allocation of a limited resource. While such an attempt at rationing might not immediately seem appealing, it should be noted that rationing of health care services presently exists, but in a non-system which functions from discrepancies in availability, accessibility, and education. I believe an organized approach with established priorities and medical expertise would be remarkably superior, and, likewise, would be certainly superior to rationing done on purely a fiscal basis, as in Phase 4 controls, under which services and fees could increase only a given amount.

Additionally, we can expect health manpower legislation in the near future which will address the problem of geographic and specialty maldistribution. It does not seem likely with the magnitude of federal funding in medical education that Congress will long tolerate the heavy concentrations of physicians on either coast and in the suburbs, nor be able to afford the luxury of a situation as in Massachusetts where there are as many neurosurgeons, with a population of 5 million people, as there are in England and Wales, with a population of 50 million people. Under this legislation, areas of geographic and specialty need will be identified and physicians and other health professionals will be trained and designated to meet that need.

Finally, we can anticipate that PSRO, CHP, and Health Manpower will provide the matrix upon which universal third party payment, or in other words, national health insurance can be instituted. However, this need not be done with public monies and there is considerable justification for the use of private carriers, in terms of their flexibility and efficiency.

In the context of current and impending health legislation, we should hardly need to be reminded of our political responsibilities. According to Don Price, dean of the John F. Kennedy School of Government at Harvard, "many scientists are still inclined to think

that the moral obligation of a scientist is to remain aloof from policy issues and political controversy." The day has come when all of our scientific expertise and ethical principles will be viewed in the light of cost effectiveness. As Minnesota's own Dr. William Fifer would say, "let us keep the health in HEW" and indeed the consequences of not doing so would constitute a disastrous compromise, in allowing uninformed welfare administrators to determine health policy.

We are the future of medicine in this country and we will be following a book of rules for practice which has not yet been written. We can help shape those rules. While we can't all be legislators, we can all remain informed. While we can't all draft laws, we can remain responsive. And it is incumbent upon us to assure that health policy never poses a compromise to the quality of our health care.

## MEDICAL FOUNDATION MEETS IN DULUTH

The Board of Trustees of the Minnesota Medical Foundation, meeting in Duluth for the first time July 7, approved 16 grants for the UMD School of Medicine ranging from \$450 to \$9,800 and totalling nearly \$100,000.

**Gary L. Davis**, Ph.D., assistant professor of behavioral science, is to receive \$9,800 for a study of psycho-social adjustment of burn patients. **Edward K. Stauffer**, Ph.D., assistant professor of physiology, will receive \$8,250 to study the working relationship between the spinal cord and muscle control. **Lois Jane Heller**, Ph.D., assistant professor of physiology, **Omelan A. Lukasewycz**, Ph.D., assistant professor of medical microbiology and immunology, and **Lorentz E. Wittmers**, M.D., Ph.D., assistant professor of physiology, will each receive \$8,000. Dr. Heller will study the contracting properties of heart muscle, Dr. Lukasewycz will study cells involved in the immune response to tumors and Dr. Wittmers will

create a laboratory model of pulmonary edema and use the model for numerous studies of the disease. **Charles T. Theisen**, Ph.D., assistant professor of biomedical anatomy, gets \$7,000 to study how the nervous system is built during development, especially the times in the cycle when certain systems are formed. **Lester R. Drewes**, Ph.D., assistant professor of biochemistry, receives \$6,200 to study the mechanisms by which substances move from the blood into the brain. **Stephen Downing**, Ph.D., assistant professor of biomedical anatomy, will get \$5,900 to study the skin of hogfish for its mucus-producing properties and of lampreys to seek the cause of commonly found skin lesions. **John L. Gueriguian**, M.D., assistant professor of pharmacology, will get \$5,000 to seek information about prostaglandin receptors in the human uterus. Dr. Gueriguian will be looking for "receptors" which respond to the "commands" of prostaglandin. **Richard J. Ziegler**, Ph.D., assistant professor of medical microbiology and immunology, will receive \$4,850 to study Herpes Simplex Virus. **Richard Eisenberg**, Ph.D., assistant professor of pharmacology, will receive \$4,700 to study the mechanisms by which tranquilizers affect response to stress. **David E. Mohrman**, Ph.D., assistant professor of physiology, receives \$3,500 to study the dynamics of blood flow in muscles; **Wilmar L. Salo**, Ph.D., associate professor of biochemistry, \$3,400 to study the enzyme catalyzing the first step in biosynthesis of sialic acid; **Richard L. Leino**, M.S., instructor in biomedical anatomy, \$450 for an electron microscope study of the structure of tumors found in human pleural and peritoneal areas. These tumors are particularly difficult to detect in their early stages and he will be looking for any special properties of the tumors themselves which might make earlier detection possible.

The Foundation also approved a grant of \$5,000 for audio visual equipment for the Duluth Family Practice Clinic. The equipment will be used to film medical students during patient interviews for later faculty evaluation with the student. A second-year installment of \$2,500 was also approved as part of a three-year grant to the UMD Biomedical Library.

The grants were announced by Minnesota Medical Foundation President Lewis W. Lehr at a dinner at the Kitchi Gammi Club in Duluth.

At the same meeting MMF's Board approved seven grants totalling \$45,820 for Minneapolis campus medical researchers and \$4,800 for three Minneapolis campus medical student researchers. A full report on recent Minneapolis campus research grants by MMF will be carried in a later issue of the **Medical Bulletin**.





# ARMING FOR A POSSIBLE EPIDEMIC!

By Karen Fuss\*

Its official name is "A/NEW JERSEY/76." Major plans are afoot to keep it from stomping about in the United States.

It is a sometimes deadly virus more commonly known as "Swine Flu" and it has become a topic of conversation and debate for many government and health officials, as well as concerned citizens, since it appeared at Fort Dix, N. J., in early February. At issue is President Ford's plan to "immunize every man, woman and child in the United States" against the virus responsible for the death of a recruit in a military camp.

Congress appropriated \$135 million for this task, and state and county health departments nationwide have set into motion plans for distribution of the vaccine. Some experts feel the project was decided in haste without looking at the feasibility and necessity of such a major undertaking. Others deem it a necessary gamble. Dr. Henry Balfour, virologist and pediatrician at the University of Minnesota said, "Based on the evidence at this time, I would recommend vaccinating all people for swine flu, with the possible exception of children under three."

What is the evidence? Swine flu is the newest detected member of the influenza virus family to affect man. Balfour describes influenza viruses as wily structures of nucleic acids and proteins, which try to sneak up on the body's defense system by changing their outer coat periodically. The virus undergoes a major change approximately every 10 years, he said, causing severe outbreaks of flu. Most of us recall the forceful attacks of Asian flu in 1957 and Hong Kong flu in 1968. Following these trends scientists are predicting that we're due for another hard-hitting strain of flu.

\*Karen Fuss is a University of Minnesota senior journalism student who is working as a writing intern for the Minnesota Medical Foundation.

## SOME HISTORY

The most serious outbreak of flu in modern history was in 1918 and 1919 killing half a million in this country and about 20 million worldwide. This flu was called Spanish influenza because it started in Spain. In recent years this strain has been called swine flu because it affected pigs rather than humans. However, in February, this strain, or one much like it, turned up in recruits at Fort Dix, indicating that human to human spread had occurred. The virus was blamed for the death of one young man there.

Scientists now say that given the trend of influenza viruses, this new discovery of swine flu in humans should indicate the likelihood of another major outbreak of the virus.

"We're looking at the possibility of a minimum of 10 to 20,000 deaths if this virus takes off," Balfour said. "In weighing lives against dollars invested in this program I feel there's no choice but to go ahead and vaccinate. If we lose dollars we can always recoup, if we lose lives we can't."

Dr. Theodore Cooper, assistant secretary for health in the Department of Health, Education and Welfare, has said we have the ingredients for an influenza epidemic with serious health and economic consequences. But, for the first time, he believes that we have received a warning. He feels there is the opportunity and capability to counteract the threat of epidemic.

Do we have the capability to implement a program of this kind? Production of the vaccine necessary to immunize over 200 million of us was turned over to four major pharmaceutical companies. These companies have the capabilities to provide the necessary amount of vaccine. However, several snares were encountered in the road to production. One firm apparently made its vaccine from a strain of influenza called

"A/Swine/1976/31" the U.S. Public Health Services recently reported. This was a strain of swine-type influenza isolated in 1931 and, by chance, given the serial number of 1976. This type of error may have led to delay in the national immunization program and points out the problems which may occur in trying to speedily implement a national immunization program.

The most pressing issue to affect vaccine production and distribution was that of liability coverage for the vaccine. While drug companies sought legislation to protect them from liability for the vaccine, distribution of the vaccine was held up. This delay may cause problems.

### MINNESOTA'S PROGRAM

The Minneapolis Health Department initially planned its timetable, aimed at reaching 353,000 persons, to begin with the vaccination of senior citizens in mid-July. Their more recent estimate is that the program will begin in early October, and run until late November or early December, according to Katy Boone of the Health Education Department. (Flu season is generally considered to be December through February). She said, "This delay may cause some problem since it takes two to six weeks for antibody production with this type of vaccine."

Steve Bethke, health educator for the Minneapolis Health Department said, "The program designed for Hennepin County alone should take nine weeks to complete the distribution in mass clinics." Each county is designing its own program.

Vaccine will also be provided through private physicians if they choose to make the vaccine available to their patients. Bethke said, "Private physicians will be able to obtain vaccine from area hospitals. Letters are going out notifying them of the procedure to follow to obtain the vaccine."

While implementation of the program is still being discussed several questions about the safety of the vaccine have been raised.

The vaccine itself is not a safety gamble for the individual, Balfour said. "Live vaccine gives people a slight case of the disease, but the swine flu vaccine is a 'killed' vaccine. Few side effects will occur among those vaccinated — a little temporary ache at the vaccination site, or chills and fever in one to five per cent of those vaccinated."

The main problem has been finding a vaccine which will provide protection to those under 24 without adverse reaction. Balfour explained that this age group has had less contact with other strains of flu and has trouble recognizing it and developing antibody protection. Also those tested in this age group have re-

sponded with higher fever and adverse reactions. "We may have to consider administering the vaccine to the under 24 group in a two-injection series, four weeks apart," he said.

Again, time is a critical factor. If this age group can't be satisfactorily vaccinated, the efficiency of the entire program suffers.

### SOME SAY 'NO'

Others feel the vaccine may be a gamble for any age group. Some estimate the side effects of the vaccine may affect 15 to 25 per cent of the population, or about 30 million Americans, with reactions of some severity — even to the extent of developing a case of the flu.

Many question the need to vaccinate at all. Dr. Albert Sabin, noted for his work in polio vaccine, said the vaccine should be given to persons more inclined to catch swine flu or have severe effects from it. Beyond that, he feels the rest of the vaccine should be stockpiled in the event an epidemic becomes a certainty.

Dr. Harold "Skip" Hofstrand, a pediatrician at the University of Minnesota, agreed with the idea of stockpiling the vaccine saying, "At this point the question of a swine flu epidemic is all speculation. People are too quick to think that vaccination is the answer to any health problem. They put things into their system without questioning the long range effect."

Hofstrand also feels that vaccination could lead to other difficulties. "We could be creating new long term problems presently not considered to be associated with the immunization process. I'm not try to condemn immunization, it's obviously had a major impact on certain health care issues. I'm saying we should be cautious, especially when we're talking about a hasty nation-wide program. We have no evidence that shooting this vaccine into our systems today won't create health problems for us in the future."

Swine flu has created fearful images Hofstrand said. "There is a large fear component in the present program. The 1918 epidemic conjurs up frightening images of rampant disease and mass deaths. We make too many decisions in haste."

Still present in many minds is the fact that no one is sure the virus will appear. Dr. John O'Leary, internist at the University of Minnesota, said that the virus should have struck somewhere other than Fort Dix by this time.

What will happen if the influenza virus does hit?

Balfour said, "The symptoms of swine flu should be the same as influenza in general: fever, headache,



Is "Swine Flu" taking us for a ride?

chills, muscle ache. We don't know exactly how ill people will become." He felt the illness would be the same or milder than last year's flu cases. "The severity of the illness will depend on the individual and his general health. No specific treatment is recommended, we suggest that people limit their activity and remain at home for the course of the illness."

Hofstrand said, "I think we also have to consider that right now we're operating on the assumption that the same reaction and death rate as occurred in the 1918 pandemic will occur again. One has to question that theory now, since our general level of medical care, both supportive and specific, is greatly different. Perhaps a large portion of those deaths could have been prevented with the technology we have today."

Whether or not a person becomes vaccinated is, at this point, a matter of individual choice. Presumably, many people will ask their doctors for advice. We wanted you to know what some of them are saying. What will you say?



## FAMILY MEDICINE IS STRATTE WAY



Harold C. Stratte, '20, left, and Alf K. Stratte, '23.

Brothers Harold Stratte (Med. '20) and Alf (Med. '23) have each practiced more than half a century in Minnesota, Harold in Windom and Alf in Pine City. Stratte's have practiced 200 years of medicine when you add relatives Joe, John, Paul and Jon.

## MMF AWARDS PRESENTED



(Left to right) Doctors John W. Frost, Louis Terracio and Harold G. Scheie at plaque presentation in Philadelphia.

Dr. John W. Frost, former president of the Minnesota Medical Foundation, recently presented two plaques for MMF in Philadelphia. Dr. Louis Terracio received MMF's 1975 Kaplan Award for research. Dr. Harold G. Scheie (Med. '35) received a plaque commemorating an earlier **Medical Bulletin** cover story on his life.

# FIRST LAZAROW MEMORIAL LECTURE FEATURES CHRISTIAN DE DUVE



The first Arnold Lazarow Memorial Lecture was held June 2 in Minneapolis with Dr. Christian de Duve, professor of cell biology at Rockefeller University and the University of Louvain, Brussels, as guest speaker. The topic was "Recent Applications of the Lysosome Concept in Medicine." Dr. Lazarow was head of the University of Minnesota Department of Anatomy from 1954 until his death in June, 1975. Pictured above with Dr. de Duve are Mrs. Lazarow and her son, Normand, a member of the University of Minnesota's 1976 graduating class in medicine.



UMD School of Medicine party was held at Spirit Mountain resort.

## UMD SCHOOL OF MEDICINE FACULTY CELEBRATES WITH 2ND-YEAR CLASS

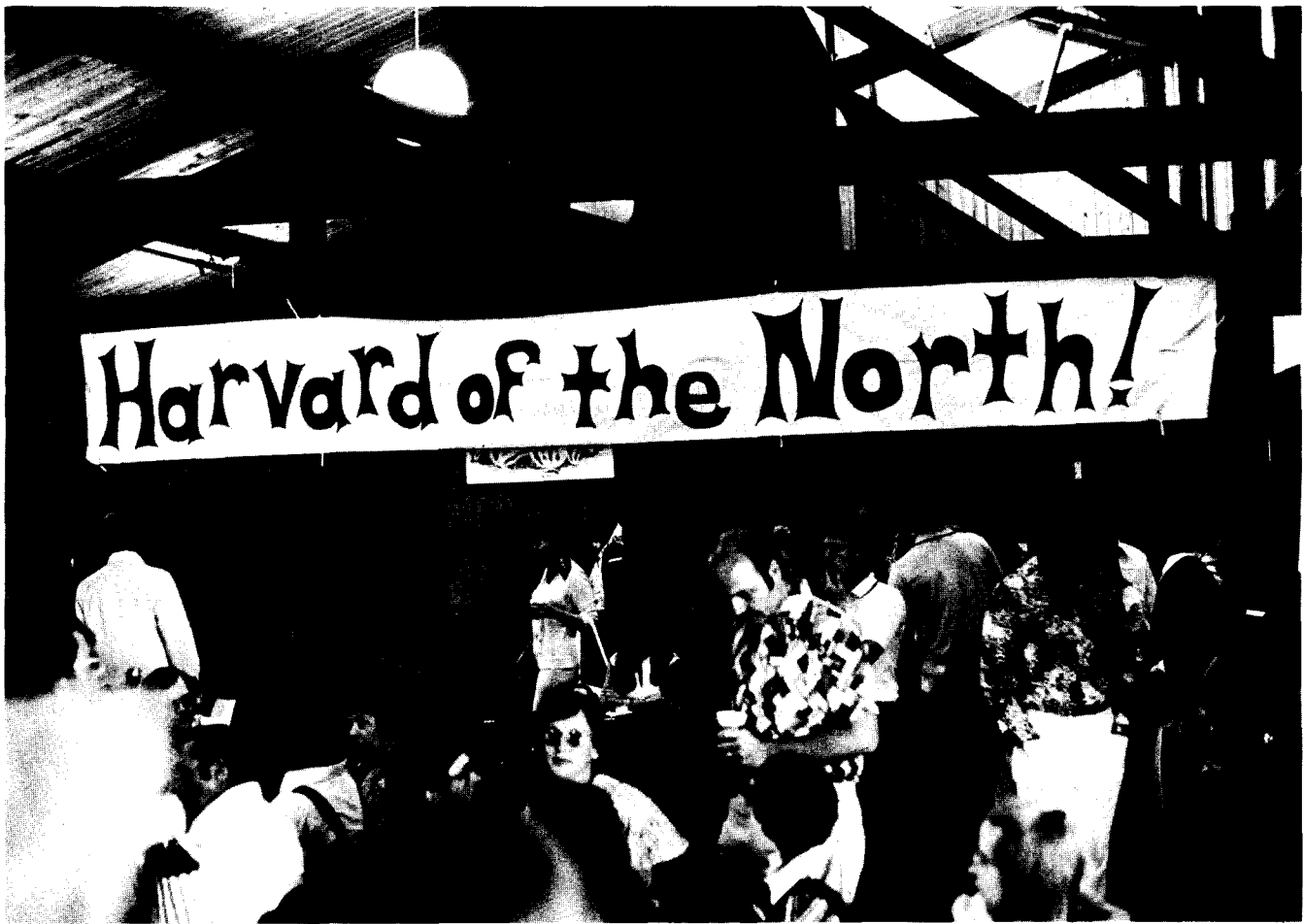
The University of Minnesota-Duluth (UMD) School of Medicine held a party July 16 for the 36-member class completing the two-year program. It was a particularly happy occasion, because, for the second year in a row, all of the students passed Part I of National Boards the first time they took the test.

Based on the 1975 national distribution of Part I scores, UMD School of Medicine will certainly rank among the top ten medical schools in the nation, and probably among the top five. Total mean score for the group was 560. Mean scores by test section were: anatomy-583, physiology-526, biochemistry-517, pathology-539, microbiology-543, pharmacology-570, behavioral science-571.

Faculty and students took turns kidding each other in a two-hour show which seemed to leave no individual student or faculty member safe from a good-natured hazing.

Among the few serious awards of the evening, the faculty selected Lois Steele to receive the first Dr. Herbert G. Lampson Award of the Minnesota Medical Foundation, as the most outstanding sophomore woman student. The award is named for the first full-time St. Louis County Health Officer and includes a \$100 prize. Students selected Donald M. Larson, M.D. and Clyde R. Olson, M.D. as teachers of the year. Each received a \$500 prize from the Minnesota Medical Foundation. Larson is a pathologist and Olson is a psychiatrist.





Harvard of the North!



Dr. Robert Carter, left, former dean of the UMD School of Medicine, and Dr. Robert Goldish, clinical faculty member, ham it up during the musical portion of the show.



Dr. James Boulger, left, played straight man for "The Great Jacotti," Dr. Bill Jacott, in faculty skit for UMD School of Medicine students completing the school's two-year program.

# UNIVERSITY OF MINNESOTA '26 ALUMS MET IN MINNEAPOLIS JUNE 7



A. M. Fawcett, Renville, Minn., still practices part-time.



Eivind Hoff, left, executive director of the Minnesota Medical Foundation, and Verl Borland, Med. '32, attended the '26 reunion.



Nora Winther, M. D., was present at the University of Minnesota Class of 1926 Reunion but we failed to get a good picture, so we asked her to send us this one. She lives in Columbus, Ohio.



Morris L. Cable, Minneapolis.

The University of Minnesota Alumni Association held a reunion June 7 in Minneapolis for alumni of the class of 1926 (from all schools, not just medicine). The *Medical Bulletin* was there to take pictures of medical alumni in attendance.

If the pictures look like most of the doctors were doing Frank Sinatra imitations, we can explain the ever-present microphone. The mike was passed around the room so that every one of the approximately 150 people who attended could introduce themselves and say something about what they had been doing for the past 50 years.



Roland Scherer, Green Valley, Ariz.



R. S. "Pat" Ylvisaker, Minneapolis.



Kenneth J. St. Cyr, Robbinsdale, Minn., is still in active practice.



Paul Wilkin, Laguna Hills, Calif., recently celebrated 50th wedding anniversary.



Glen W. Tuttle, Minneapolis.

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**DR. RESCH  
INTERIM HEAD  
OF NEUROLOGY**



The *Medical Bulletin* erroneously reported earlier that Dr. Joseph Resch was interim head of the University of Minnesota's department of biochemistry. He is interim head of the department of neurology.

# ALUMNI DEATHS

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## **William S. Beyer — 1925**

Died Dec. 6, 1975.

## **John E. Flynn — 1935**

Died April 19 at age 66. His home was in Everett, Wash. He practiced medicine at the Everett Clinic since 1935. Earlier this year he was voted staff member of the decade by his colleagues on the medical staffs at General and Providence Hospitals in Everett. The Providence Cancer Care Center will be dedicated as the Dr. John E. Flynn Cancer Center on Nov. 2.

## **Walter P. Gardner — 1926**

Died July 17 at age 71. The St. Paul psychiatrist was former medical director at Hastings and Fergus Falls state hospitals and superintendent of the Anoka State Hospital. He was the first appointed psychiatrist of the Ramsey County Juvenile Court. He was a retired clinical professor of the University of Minnesota Medical School and was past president of the Ramsey County Medical Society and the Minnesota Hospital Association.

## **Ralph O. Hayden — 1933**

Died Jan. 6 at age 68. He practiced and taught in San Jose, Calif., until his retirement in 1974.

## **Erling Hestenes — 1943**

Died July 3 in Dundee, South Africa, where he was a medical missionary. He had worked since 1948 among the Zulus in Natal province and helped develop a 300-bed hospital from a small clinic. He was founder and executive secretary of the Lutheran Medical Foundation which administers 13 hospitals in Natal province.

## **Donald McCarthy — 1918**

Died June 9 in Minneapolis. He was 81. He was a former president of the Minnesota State Medical Association and was deputy area medical director for the Veterans Administration from 1946 to 1965. He was medical consultant for the Minnesota State Department of Health from 1965 until he retired in 1970. He was a member of the faculty of the University of Minnesota Medical School from 1919 to 1962. He was a former president of the Minnesota Academy of Medicine and a former vice president of the Minneapolis Chamber of Commerce.

## **Pierre J. Nyvall — 1934**

Died July 31 at age 65.

## **Matthew K. Plasha — 1945**

Died Aug. 7 at age 56. He was the first doctor to establish practice in Coon Rapids, Minn. He saw 42 patients his first day in practice there in 1953. The Coon Rapids clinic now has a staff of 20 physicians and 100 employees. He was president of the Minnesota Academy of General Practice in 1968. He was the first president and a co-founder of the Coon Rapids Lions Club.

## **John M. Rumball — 1934**

Died April 16 in St. Petersburg, Fla. He was 67. He was former chief of the medical service department of the VA Hospital in Miami and an associate professor of clinical medicine at the University of Miami Medical School. In his will, he left \$10,000 to the Minnesota Medical Foundation's Student Aid Fund.

## **CHEMICAL DEPENDENCY 'GATEKEEPER' WORKSHOPS SET AT NOLTE CENTER**

Four two-day workshops designed to increase health professionals' skills in diagnosing chemical dependency problems will be held at Nolte Center for Continuing Education Sept. 30-Oct. 1, Nov. 12-13, Dec. 9-10 and Jan. 14-15. The first three workshops are designed for all health professionals and the January 14-15 workshop is designed specifically for physicians.

Topics include drug identification, understanding motivations for use of intoxicants, interviewing techniques, development and prevention of chemical dependency problems, assessment and diagnostic techniques and intervention techniques.

*For further information contact:*  
**Bill Cullen, Program Coordinator**  
2829 University Av. SE, Suite 744  
Minneapolis, Minn. 55414

## **CONTINUING EDUCATION DATES**

Continuing medical education courses offered by the University of Minnesota Medical School through the rest of 1976:

Family practice review, Oct. 4-8; Consultation in hypertension, Oct. 13; Second annual lecture course in dermatologic therapy for primary care physicians, Oct. 21-23; Internal medicine review, Oct. 20-23; Neurologic aspects of learning disabilities for professionals in education, Oct. 22; Obstetrics and gynecology update, Oct. 27-29; Current concepts in gynecologic surgical pathology, Nov. 5; Spinal deformity and neurological dysfunction, Nov. 6-7; Refraction for the non-ophthalmologist, Nov. 10-12; Principles of colon and rectal surgery, Nov. 10-13; Mortuary science (enucleation), Dec. 3-4.

*For information contact:*  
**Continuing Medical Education**  
University of Minnesota  
Box 293 Mayo Memorial Building  
Minneapolis, Minn. 55455

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**For information write:**

Minnesota Medical Alumni Association  
2610 University Avenue  
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**MINNESOTA  
MEDICAL FOUNDATION  
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Minnesota Medical Foundation  
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**FOR THE BICENTENNIAL:** The Minnesota Medical Foundation's own Betsy Ross (Kathy Broderick, secretary to MMF Executive Director Eivind Hoff) puts some final touches on MMF's flag for the graduating class. It says, "Congratulations Medical Class of '76." Liz Young, former MMF secretary, helps with her back to the camera.

