October 1988

Oct. 15 Open House Theme:
"Osteopathic Medicine -- A Way of Caring"

With the theme "Osteopathic Medicine -- A Way of Caring," the MSU-COM open house has been planned for Saturday, October 15, from 9:30 a.m. to 1:00 p.m.

All students and faculty are encouraged to exhibit or participate and to invite others to attend.

In previous years the open house has attracted more than 1,000 persons and has included 50 to 60 exhibits. Exhibits include the full array -- from scientific poster displays, interactive computer systems, lectures, blood pressure screening and other health assessments, tours of laboratories, audiovisual presentations, literature, and one-to-one interaction.

The Departments of Anatomy, Internal Medicine, Family Medicine, Microbiology and Public Health, Osteopathic Medicine, Pathology, Radiology, and the Division of Rehabilitation will exhibit. The Offices of Continuing Medical Education, Development, Admissions and Financial Aids will also exhibit. In addition, the AIDS Education Project, the Carcinogenesis Laboratory, the Clinical Center Library, the Carrel Room, the Rehabilitation Counselor Education Program, and pre-professional advisors will participate.

Most student organizations will be seen including the International Health Project, the classes of '91 and '92, UAAO, SOMA, the American Medical Women Association, Student Association Auxiliary and Student Council.

Many off-campus organizations will be there, including the American Cancer Society, Botsford General Hospital, Flint Osteopathic Hospital, and the Michigan Osteopathic Medical Center.

To register for exhibit space or to arrange for invitations to be sent, contact the Office of Health Information, A310 East Fee Hall, (517) 355-9261.

Coming to your mailbox...

MSU-COM mail survey

In order to facilitate better communication between the College and 'Communique' recipients, MSU-COM has sent out a mail survey to a random sample of readers.

It is hoped that the brief questionnaire will help the College to remain sensitive to its audience. It was only recently that "Communique" expanded its readership to all Michigan D.O.s.

If you do not receive the questionnaire but would like to comment about the newsletter or information you would like to receive from the College, please write to the Office of Health Information, A310 East Fee Hall, East Lansing, Mich. 48824-1316.

D.O. Communication audit

All Michigan D.O.s will be receiving a questionnaire from the researcher contracted by the Ad Hoc Committee on Osteopathic Unity.

This independent committee is made up of representatives from Michigan osteopathic hospitals, MSU-COM and Michigan D.O.s. They have concluded that improved communication among the various components of the osteopathic profession is a crucial step toward revitalization in the profession.

The committee will report to the representative organizations and to the Michigan Association of Osteopathic Physicians and Surgeons' House of Delegates.

The survey is a part of a comprehensive audit which will examine the communication among D.O.s, osteopathic professional organizations, osteopathic hospitals and educators.
Robert J. Fernandez recently became the chairman of the Department of Community Medicine at the Southeastern College of Osteopathic Medicine in North Miami Beach, Florida, and medical director of the Medically Indigent Demonstration Project there.

He is also in the process of completing a masters degree in public health at Florida International University and expects to graduate in May 1989.

Rhonna (Rosenberg) Shatz presented a paper on analyzing reading in Wernicke's aphasia to the International Neuropsychology Society in Barcelona, Spain. She completed a behavioral neurology fellowship with Andrew Kertesz in London, Ontario, and traveled home for the birth of her daughter, Allison Elizabeth, on March 20.

She writes: "This year was a productive one. Despite all the travels, the best time has been here at home with Allison. After this summer 'bonding' at the beach, I'll begin a staff position at Henry Ford Hospital, developing a behavioral neurology program."

1983

Ross VanAntwerp completed a clinical prevention medicine fellowship at Johns Hopkins University in June. The program included a MPH degree which he finished in May 1987. He had previously completed an internal medicine residency at Mount Clemens General Hospital.

He writes: "I am now working to establish an office-based prevention-oriented practice in Severna Park, Maryland.

1984

Teresa M. Hom writes: "I am currently in holistic general practice in Columbus, Ohio, associated with a M.D. and certified nurse midwife. I finished my residency in general practice at Doctors Hospital of Columbus in 1986. Still writing poetry and still participating in peace and justice groups and the American Medical Women's Association.

Michael G. Krogulecki recently completed a fellowship in the management of pain and regional anesthesia. He is moving to Erie, Pennsylvania, to begin as chairman of the Department of Anesthesiology at Mill Creek Community Hospital.

He writes: "Future plans include development of a pain program at the hospital. I am taking a lot of MSU with me!"

Rita M. Seek writes: "We recently welcomed the addition of a baby girl, Emily Marie, on July 20. She weighed 7 pounds 4 ounces.

My husband, Frank J. Seek, MSU-COM 1986, has joined me in general practice in Gladwin. We are both keeping very busy. I am doing obstetrics at Clare Hospital."

1986

Patricia L. Peters is a staff physician in the emergency department of Cottage Hospital in Grosse Pointe Farms, continued on page 3
ClassActs

Serving her Native American people

Julie Dixon, MSU-COM 1985, has realized her vision of the ideal medical practice.
She is the medical director for the Grand Traverse Ottawa and Chippewa tribes. Dixon, a Native American originally from the Upper Peninsula, wanted to serve her own people.
She runs a family medicine clinic on the Peshawbestown reservation near Traverse City. The clinic is open to any Native American in a five-county area of northwestern Michigan. The reservation has about 600 residents, but about 2,500 Native Americans are in the area.
Dixon had contacted Peshawbestown while still a medical student and found that they had no physician. There was a clinic building and a nurse did ambulatory care there.
"I knew what health care there would be like," she said. "My son was born on a reservation."
Caring for Native Americans isn’t much different than caring for any other group, Dixon said.
"People get the idea that Native Americans are some strange bird," she said. "They have the same kinds of illnesses and respond to the same kind of treatments."
What makes Dixon’s clinic unique is a sensitivity towards the Native American culture, she said. Many of her elderly patients, for example, use herbal medicine as a supplement to her treatments.
"We respect and understand traditional health care," she said.
Before Dixon came to the reservation, the tribes were unfamiliar with osteopathic care.
"Introducing osteopathic manipulative therapy was really fun," Dixon said. "They were amazed at how it could make them feel real good real fast."
The clinic has had great support from the tribal council, she said. Her patients have been very receptive to the osteopathic philosophy. Her decision to become a D.O. was a reflection of her agreement with osteopathic principles.
"Osteopathic medicine is something my people can agree with," she said. "It respects their own ways of health care by allowing them to make decisions about their care."
The majority of her admissions go to Traverse City Osteopathic Hospital, which wasn’t previously common in the tribe. She has delivered 14 babies at the hospital over the last two years.
All patients at the clinic must

"Osteopathic medicine is something my people can agree with," said Julie Dixon, MSU-COM 1985. "It respects their own ways of health care by allowing them to make decisions about their care."

Dixon is the medical director for the Grand Traverse Ottawa and Chippewa tribes.

provide proof that they are Native American before Dixon can treat them.
The tribe is growing in numbers and in its economic base, Dixon said.
The tribe owns a gambling casino for tourists and recently opened a hotel. The hotel was built with tribal money without federal help, Dixon said. The profits will be reinvested in the tribe.
Dixon believes that the clinic will need to expand in the near future. She has been establishing specialty clinics—the most recent is an adolescent clinic.
She has students who rotate through as part of an elective in her Traverse City office and has a family practice resident from Traverse City Osteopathic Hospital. In addition she trains physician assistants from Western Michigan University.
She believes the success of the clinic is due in large part to a good team helping her. Her entire staff of nurses, community health representatives and a physician assistant are also Native Americans.
Dixon says she couldn’t have found a practice which fulfilled her vision more completely.

Class Notes
continued from 2

1987

Gregory P. Maroco and his wife Gail announce the birth of Jessica Lynn on June 21. She weighed 7 pounds and 7 ounces.
He writes: "Jessica is a happy addition to our lives. I am currently doing a residency in anesthesiology at the University of Michigan Medical School and enjoying it very much. As of now we live in Howell but will move to Ann Arbor soon. Friends, please stop by and visit if you are in the neighborhood."

1988

Ella Noel and her husband Allen Evans announce the birth of a son, Matthew Allan Evans, on July 26. He was born at Botsford General Hospital and weighed 7 pounds and 11 ounces and was 21 inches long.

Alumni!

Keep us updated! Write to the Office of Health Information, A310 East Fee Hall, East Lansing, Mich. 48824-1316.

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ClassActs

On the threshold of computerized medicine

Thomas Naegle, MSU-COM 1983, has a unique viewpoint as a computer programmer and a physician -- a viewpoint which may well benefit both professions.

Working two days a week as an emergency room physician, Naegle spends the rest of his week at home working on a computer project which he hopes will be a step toward revolutionizing computers in medicine -- making computers both accessible and applicable for all physicians.

"The question of ‘Will physicians use computers?’ has changed to ‘Will the physicians standardize their use of computers?’" he said.

Computers have been around a long time, Naegle said, but computerized medicine is still in its infant stages. He believes computer use will mature in medicine when it becomes standardized.

Naegle believes many computer program failures have resulted from computer experts who didn’t grasp a physician’s perspective, designing programs for health care facilities. The failures have led to many physicians becoming disillusioned and distrustful of computer systems designed for medical practice, he said.

Many programs, for example, have required a great amount of data entry. "The program looks great until they realize they have to put all the information in," he said. "Writing programs is easy. Typing in data is difficult."

Therefore, rather than fulfilling the promise of freeing up doctors’ time, the programs have often used up even more of their time, he explained.

Presently there are five subdivisions of computerized medicine, Naegle said. They are: lab medicine, bibliographies/medical informatics/teaching, accounting programs, medical records, and diagnosing and therapy.

Naegle noted that lab medicine was the real forerunner in computerized medicine with nearly all labs operating some type of computer to analyze something. Interactive teaching programs, meanwhile, are proving to be excellent self-learning tools.

The accounting programs have meet with some success, he said, although some have failed. These programs are usually geared for the clerical and administrative staff.

Concerning medical records programs, Naegle has found that a number of transcriptionists and physicians have become proficient with some text processors and have successfully created their own systems. However, all are unique and rarely has the success been passed on to others, he said.

In the last category, diagnosing and therapy programs, Naegle believes the general rule is that programs written by computer programmers work very well but physicians fail to see their application. While programs written by physicians have application they in turn are too technically cumbersome to be of any commercial value.

He believes that more standardized computerization could lead to better national standards of health care because it could provide more nearly accurate data.

Take Diagnostic Related Groups and billing forms. Naegle believes that doctors use only a few varieties of the forms and pick the one that generally fits a case. Computerization might allow them to be more exact without increasing the workload. In turn, the data used to regulate the DRGs would be more nearly accurate. Naegle noted that it is believed that 80 percent of the data used to establish DRGs were incorrect.

He noted that if medical auditing and quality assurance paperwork were computerized, it could in addition lighten the health care work load considerably.

"It occurred to me while I was still in school that there was a lot of paperwork," he said. "Today I have to write things down three times."

Before becoming a D.O., Naegle was a systems computer programmer and instructor of computer languages at Michigan Technological University.

Naegle formerly lived and practiced in Gaylord. He continued to work on computer ideas there but found the amount of traveling it required was too much of a burden.

Deciding to move to a large city, he chose Albuquerque, New Mexico, in part because his parents had moved there and in part because a computer firm there was interested in his ideas.

Though there are some M.D.s working in the field of computerized medicine, Naegle believes he is one of the few D.O.s working in the field professionally. Presently Naegle is working on a computer project that allows the physician to enter medical notes into a computer faster than dictating and without any typing skills.

For the time being, Naegle is busy programming and often lectures on computers and medicine throughout the country. As a sideline, Naegle has also been working in the Philippines as
Making a mesh:

Upjohn links with Pharmacology and Toxicology

In 1983, the Department of Pharmacology and Toxicology and a Michigan-based pharmaceutical company instituted a program to

"I wouldn't begin to conduct some of the projects that they do at Upjohn and they wouldn't be able to do some of the work that we do at MSU. It is really true collaboration."

--Kenneth Moore, chairperson of pharmacology and toxicology

Facilitate research and training.
The Upjohn Company, based in Kalamazoo, provides stipends for two graduate students each year. The department faculty select the recipients. The two will work on their theses projects while also spending some time at Upjohn.

"It gives students a good idea of industry work," Moore said. "It is extremely useful for our young people to interact with researchers."

In turn, Moore believes the Upjohn teams enjoy working with graduate students.

Upjohn has benefitted from the collaboration in other ways.

Since 1972, Upjohn has employed six alumni of the Ph.D. program.

Upjohn gives the department $40,000 for research each year. Interested faculty apply for a grant to do a collaborative project with researchers at Upjohn.

"They aren't big grants but the interaction is very important," Moore said.

Facilities at MSU and at Upjohn, for example, can be shared. Expertise can also be drawn upon.

"I wouldn't begin to conduct some of the projects that they do at Upjohn and they wouldn't be able to do some of the work that we do at MSU," he said. "It is really true collaboration."

Each year Upjohn hosts a one-day "think tank" for the faculty and the company researchers. In addition to a formal presentation of the results of the various projects, small groups get together—exploring common interests.

"It gives us a chance to see where our expertise can mesh," Moore said.

Although there are differences between academic and industrial scientists, Moore notes that their goals are similar.

"As fellow scientists, they are asking questions and pursuing studies just like we do," Moore explained.

Those in industry need to do a lot of screening and testing—work which can become boring and routine, Moore noted.

"We can help them look at basic mechanism research. And they come away with more information which helps sell their drugs," he said.

In addition, the department and Upjohn have also benefitted from sharing the costs of seminar speakers.

"The whole arrangement," Moore said, "is a good example of a very successful and beneficial relationship between industry and academia."

Moore offers guidance to John Goodreau, a student in MSU-COM's Medical Scientist Training Program.
Clifford Welsch and breast cancer research:

Tough problems haven't deterred him

Welsch and technician Debra Thomas weighing the mice

Looking back over his career so far, MSU-COM researcher Clifford Welsch says he wouldn't want to change his specialization.

Welsch, a professor of anatomy, has been working in breast cancer research for over 25 years and has published over 100 papers on the subject.

"It is one of the top causes of death for women today," he said. "It is important and exciting to be a part of potentially preventing or curing such a serious killer."

Breast cancer is also one of the most intensely studied types of human cancer. There are literally hundreds of laboratories studying this disease throughout the world.

"The problem of breast cancer genesis is, and will be, difficult to solve," he said, "but the solution to preventing or curing this disease should be applicable to preventing and curing many other types of cancers."

Welsch is currently involved in three research projects. The first two are studies of the roles of dietary fat and calcium in normal and cancerous breast cell growth.

When immune-deficient mice are transplanted with human breast cancer, the growth of these cancers is very rapid if the mice are fed high levels of unsaturated fat, e.g., corn oil or safflower seed oil. In contrast, dietary animal fats stimulate the growth of these cancers only slightly while fish oils do not affect tumor growth at all.

In related findings, the amount of unsaturated fat in the animal's diet markedly enhanced normal and cancerous mammary gland development in mice and rats, he said.

How the type or amount of dietary fat affects these developmental processes is yet unknown. Welsch is currently examining the mechanisms by which fat affects these developmental processes.

In a similar study, Welsch has also examined the influence of caffeine in mammary gland development in mice and rats. Moderate dose levels of caffeine--via drinking water--can stimulate the developmental growth of the normal mouse mammary gland. In essence, the consumption of caffeine increases the response of the mammary gland to a hormonal growth stimulus. Caffeine consumption can also influence the development of mammary gland cancers in laboratory animals. Depending on the animal model, caffeine consumption can either stimulate or inhibit this tumorigenic process.

"Caffeine is the most common drug used in the world today," Welsch said. "Time will tell if this drug has any significant modulating effect on the development of breast cancer in humans."

The third study combines endocrine-therapy and immuno-therapy for the growth of human breast cancer.

The use of immuno-therapy in human breast cancer has not met with success--possibly due to the rapid growth rate of the cancerous cells, Welsch explained. In his studies, important immune cells--called NK or natural killer cells--are removed from mice and grown in a culture. By adding certain lymphokines to the cultures of the NK cells, the immunological activity of these cells can be significantly increased. These NK cells--now called LAK cells--are then placed back in the animal. Such cells have a much greater activity for killing breast cancer cells, Welsch said.

Upon slowing down the rapid growth of breast cancer cells with endocrine therapy, Welsch predicts that this type of immuno-therapy may be very effective in the treatment of human breast cancer.

"Immune cells, such as the NK cells, can then really begin doing the job of killing cancer cells," he said. "It is so exciting and important for the treatment of human breast cancer that I wake up nights thinking about it. No one has yet combined these two therapies."

In these studies, Welsch collaborates with Walter Esselman, associate professor of microbiology and public health and of surgery.

Welsch first came to MSU 23 years ago for postdoctoral training in tumor biology.

"MSU is a great place for collaboration with superb faculty," he said. "This is my first job and I've really never had a strong desire to leave."

He received a B.S. in chemistry, and a M.S. and Ph.D. in physiological chemistry from the University of Missouri.

His research has been continuously funded by the National Institutes of Health and he has been the recipient of many honors, including the NIH-National Cancer Institute Research Career Development Award from 1971-76. He was also named the MSU Teacher-Scholar of the Year in continued on next page
Steven Heidemann and microtubule studies:

**Doing just what he always wanted**

MSU-COM researcher, Steven Heidemann, his mother told him he announced at the age of five that he was going to be a scientist.

The influence of a good high school biology teacher kept him on that path. And now as a professor of physiology and biological science, he has indeed reached his goal and his fascination with science hasn't waned.

Focusing on cell biology, Heidemann says he has been working with microtubules since graduate school. Microtubules, present in all non-bacterial cells, are, as the name implies, submicroscopic hollow tubes that are made of protein building blocks. They serve as structural elements for cells, like wooden 2x4s in a house.

Unlike 2x4s, microtubules are able to assemble from the "building blocks" and disassemble repeatedly. This allows cells to change their structure quickly. Microtubules have two distinct ends that differ in their assembly/disassembly capability.

About eight years ago, Heidemann developed a method for visualizing this polarity and applied it to neurons. He found that microtubules in neurons all point in the same direction, suggesting that the cell organizes microtubule assembly very carefully. He found that if the long, thin "wire" (axon) along which neurons send electrical signals is cut and collapses, the axon can grow back and reorganizes a uniformly polar array of microtubules.

He has continued to study neurons hoping to learn more about the mechanism by which the average neuronal cell grows and the role of the highly organized microtubules in that growth. It was already known that mechanical tension stimulates growth of neurons in culture. Since microtubules play a structural role in cells, it was reasonable to suppose that mechanical force and microtubules were related.

"It is an issue of energy," he explained. "I'm trying to find if the mechanical energy that supports the cell also regulates the assembly and disassembly of microtubules."

He believes that microtubule assembly and the tension are combined to make the cells grow. He has been experimenting with the effect of different levels of tension and of compression on the microtubules. Heidemann has been collaborating with Robert E. Buxbaum, assistant professor of chemical engineering.

"We think the principles of architecture in the cells are involved in microtubule assembly," Heidemann said. "Much like a baseball stadium which is able to support its roof through appropriately placed poles, cells also have a structural foundation."

Heidemann's studies in these areas of cell biology have so far yielded over 30 publications.

Heidemann came to MSU with a full background in cell biology. He received his B.S. in biology from the State University of New York at Stony Brook. Both his M.A. in developmental biology and his Ph.D. in biological chemistry were awarded from Princeton University. He served as a research associate at Princeton and was a National Science Foundation National Needs Postdoctoral Fellow at the University of Colorado.

A native of New York City, Heidemann admits part of the attraction of MSU is its location.

"I wanted out of the city," he explained. "MSU is ideal as a place where there is an excellent biological science program and you can still live in a small town."

Heidemann enjoys MSU's general atmosphere.

"MSU has nationally recognized scientists and yet people are very humble," he explained.

He was also looking for a place where both he and his wife Merle Knudson Heidemann, an assistant professor of biological science, could be appointed.

Since his appointment at MSU in 1978 he has received many honors including the Research Career Development Award from the

Heidemann demonstrates the architecture of microtubules.

National Institute of Child Health and Human Development from 1981-86. He was the recipient of the MSU Teacher-Scholar Award in 1981.

His research has been and is currently funded by NIH and the National Science Foundation.

Heidemann has taught in various biological science and physiology courses for both undergraduate and graduate students.

He has taught the human cell biology course for first-year medical students as well as several other advanced courses and one general biology course. He has also made time to advise over 45 physiology students and to serve on many MSU-COM committees.

"In addition to my research I have enjoyed being in an academic environment working with students and teaching," he said.

His announcement at age five has indeed proved insightful.

**Welsh: Continued from page 6**

1971.

He currently teaches in the medical histology course for first year MSU-COM students and a graduate level pre-doctoral course entitled "Concepts in Tumorigenesis."

In addition he has found time to serve as the associate editor of the *Journal of Cancer Research* and is a consultant for many national, state and industrial organizations which are concerned with the problem of tumorigenesis.
Margaret Aguwa: On the front lines

As a native of Nigeria, Margaret Aguwa, professor of family medicine, has a unique opportunity to impact both American and Nigerian health care.

Her decision to go into medicine was influenced by her father, who was a nurse. In the late-colonial and early independence of the 1960s in Nigeria trained nurses were more like general practitioners, Aguwa noted.

"He was on the front line of medical care," she said.

As a young girl, she often went along on his evening calls. Today, as a general practitioner, she too serves on the front line.

She was first introduced to osteopathic medicine while a young recent-college-graduate living in Washington, D.C. She met Dr. Roy Harvey, former professor of family medicine at MSU-COM, who at the time was the director of the American Osteopathic Association. He encouraged her to pursue a D.O. degree as a means to primary-care training.

She received her D.O. from the University of Health Sciences in Kansas City, Missouri. She also received an M.P.H. from the University of North Carolina School of Public Health.

After one year of private practice in New York City, Harvey contacted her about teaching at MSU-COM. She joined the faculty of the Department of Family Medicine in 1976.

"One has to be updated and teaching is a good way to ensure that," she said. "I also enjoy training the next generation--which has its own rewards."

In addition to teaching and general practice,
Aguwa holds several consultancies including one with the Michigan Department of Social Services and another with the Ministry of Health of the Imo State in Nigeria.

She has remained active in Nigerian health in many ways, traveling there often, including during a 1986 sabbatical.

She recently published 'Bonesetting: A Case from Imo State, Nigeria,' as a result.

Bonesetting, a medical art practiced since ancient times, has good success rates in many African countries, Aguwa said. Bonesetting for orthopedic care is relied upon by people in rural areas, she said.

She interviewed bonesetters within Imo State regarding their practice methods, limitations of practices, referrals, mechanisms, and scope of traditional practices.

She found that palpation is an important aspect of the practice. Without radiographic equipment or the knowledge to conduct such tests and interpret the results, palpatory skills have been developed to their utmost, she said.

In addition, the bonesetters have knowledge of skeletal anatomy and medicinal herbs, roots, barks and foliage.

She believes African bonesetters should be involved in the national health care system to enhance the integration of Western and traditional systems of medical practice.

Aguwa was the first keynote speaker at a newly-formed American organization entitled the Association of Nigerian Women in Health Related Professions.

She spoke about the inequities between the participation of men and women in Nigerian governmental policy-making in the health area.

With high numbers of women dying in pregnancy and childbirth, a high infant mortality rate, and low levels of general health knowledge, Aguwa believes a failure to recognize the importance and impact of women in planning is unacceptable.

She encouraged the organization members to make their voices heard concerning the steps needed to improve the health of women and children—thereby positively affecting the entire nation's health.

She is currently working on a joint project with other Nigerian health-care providers on family planning methods in Nigeria.

"In Nigeria family planning is the responsibility of the women and does not involve medications," she said.

Aguwa has received many honors. In 1982 she was listed in World Who's Who in Women.

Her husband, Dr. Okechukwu Aguwa, serves as director of African Operations for Michigan, a division of the Michigan Department of Commerce and Agriculture.

Aguwa has three sons, ages 3 1/2, 5, and 6. She still finds time to serve on numerous university and college committees and is the director of the MSU-COM Junior Partnership Program.
News about us

Do you have news for your colleagues?

Have you recently published a paper, given a presentation, received an award or started a new project?

If so, please write to the Office of Health Information, MSU-COM, A310 E. Fee Hall, East Lansing, MI 48824-1316. Include your phone and address.

William G. Anderson, associate clinical professor of osteopathic medicine, has been elected to the Board of Trustees of the American Osteopathic Association.

Howard E. Bowman, professor and associate chairperson of pathology, was recently nominated by the College of American Pathologists to serve on the Diagnostic and Therapeutic Technology Assessment Program of the American Medical Association.


Susan (Koory) Piper, director of development, married Archie Piper on July 28 in Flint.

Kathryn L. Lovell, associate professor of pathology, attended a workshop on Interactive Videodiscs in Education in Salt Lake City, Utah, in June. She demonstrated an interactive videodisc program on CNS neoplasms developed in conjunction with Mark Hodgins, media services. Following the workshop she attended the Group for Research in Pathology Education meeting.

Myron S. Magen, dean, has been named chairperson of the American Osteopathic Association's Committee on Colleges. He was also recently re-elected as member-at-large to the board of the American Association of Colleges of Osteopathic Medicine.

Walter C. Mill, professor of osteopathic medicine, has been elected to the Board of Directors of the Mid-Michigan Fulbright Alumni.

Alan H. Morton, associate clinical professor of internal medicine, recently received the National Volunteer Service Citation Award from the Michigan Chapter of the Arthritis Foundation. Morton is the immediate past chairman of the chapter board of trustees. He currently serves as a member of the metropolitan Detroit branch board, the chapter communication committee and the chapter medical and scientific committee.


Ken Smithson, M.D. student, is the winner of the Annual Bubeck Memorial OB/GYN Award for his paper entitled "Control of Oxytocin Secretion in Parturition and Lactation." The $300 award is part of the OST 559 - Reproductive Course.

Terry S. Stein, professor of psychiatry, presented the keynote address at a conference in Boston sponsored by the Cambridge Hospital and Harvard Medical School. The topic was "Psychotherapy: Clinical Issues with Gay Men and Lesbians."

The Department of Pharmacology and Toxicology has received two anesthesia machines, donated by St. Lawrence Hospital, through their Department of Anesthesiology which is chaired by Henry Beckmeyer, chairperson of osteopathic medicine. The machines will be used in the Animal Research Laboratory.

The Institute of International Health Office is now located at A327 East Fee Hall, telephone 353-8992.

The MSU-COM Student Osteopathic Medicine Association organized a medicine check for senior citizens at Frandor Shopping Center in East Lansing on September 28-29, from 1-9 p.m. and at Capitol Commons Retirement Center. Medications were checked for expiration, sorted and recorded for interested parties. Information on safety, exercise and nutrition was also distributed.

The event coincided with National Osteopathic Medicine Week, September 25 - October 1. The week's theme was "Osteopathic Healthcare Salutes Older Americans."
Taking snoring seriously

"Traditionally in medicine, we didn't pay much attention to the fact that people spend a third of life sleeping," said Warren Brandes, assistant clinical professor. "This is one small area of an increasing and important new interest in sleep and sleep research."

People laugh about Warren Brandes' sub-specialty—snoring.

"A lot of people make jokes about people who snore," the assistant clinical professor said, "but snoring can be a symptom of a much more serious problem."

The potential problem is sleep apnea syndrome. Excessively loud snoring is indicative of obstructive sleep apnea—a condition where the tissues of the soft palate collapse and the patient wakes up, called an apneatic episode. Central apnea occurs when the respiratory center in the brain fails to trigger a respiratory effort. Mixed apnea is a combination of the two types.

Brandes, a D.O. and an ear, nose and throat specialist in the Detroit area, became interested in snoring and sleep apnea as a result of patients' complaints. He believes the public has become more aware of treatments available for snoring and that the number of patients coming to him with a snoring problem will increase. It now makes up 10 to 20 percent of his practice.

"Complaints about sleep disorders are growing because the potential has been out there for some time," he said. "People were unaware that this was a problem. They were more likely to laugh it off."

If apnea is suspected, tests can be run in a sleep disorders laboratory. It can be treated by weight reduction and the avoidance of alcohol and sedatives at night, medications and surgery. A recently developed treatment, called nasal continuous positive airway pressure, involves wearing a mask over the nose at night. A blower gently pushes air into the mask and into the airway, providing support to the soft palate and throat.

Sleep apnea aside, Brandes says snoring is a problem whenever it is loud enough to disturb people in the house.

"If people can't sleep together because of snoring," he said, "there is a problem."

All snorers don't have sleep apnea, he explained, but about 10 to 20 percent do. Nearly everyone has an occasional apneatic episode. More than 15 per hour is abnormal. Apnea patients may experience 30 to 300 obstructed events per night, he said.

Brandes estimates that most older men snore and 40 percent of women over age 60 snore. Age, obesity and heredity all play a role in who will snore. And sometimes a snoring problem occurs without any of those factors.

Brandes, along with his associates Henry Sonenshein, associate clinical professor, and Christine Lepoulre, MSU-COM 1976, have been giving presentations to the public and to physicians at various hospitals around Detroit. He encourages anyone who would like more information to contact him.

"Our presentations are an effort on our part to try to educate the public but even more so to educate doctors," he said.

Brandes and his associates have students on rotations year round. Many of them are interested in this topic, Brandes said.

"Traditionally in medicine, we didn't pay much attention to the fact that people spend a third of life sleeping," he said. "This is one small area of an increasing and important new interest in sleep and sleep research."