

Staff Meeting Bulletin
Hospitals of the » » »
University of Minnesota



Personality Aspects
of Skin Diseases

STAFF MEETING BULLETIN
HOSPITALS OF THE . . .
UNIVERSITY OF MINNESOTA

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I.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

CALENDAR OF EVENTSNo. 58

February 12 - 17, 1945

Monday, February 12

- 9:00 - 10:00 Roentgenology-Medicine Conference; L. G. Rigler; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 9:00 - 11:00 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Interns Quarters, U. H.

Tuesday, February 13

- 9:00 - 10:00 Roentgenology-Pediatrics Conference; L. G. Rigler, I. McQuarrie and Staff; Eustis Amphitheater, U. H.
- 11:00 - 12:00 Urology Conference; C. D. Creevy and Staff; Main 515 U. H.
- 12:30 - 1:30 Pathology Conference; Autopsies; Pathology Staff; 104 I. A.
- 12:30 - 1:30 Physiology-Pharmacology Seminar; The Characterization in Chemical Terms of Functioning Man; Olaf Mickelsen, 214 M. H.
- 4:00 - 5:00 Physiological Pathology of Surgical Diseases; Physiology and Surgery Staffs; Todd Amphitheater, U. H.
- 4:30 - 5:30 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Station 54, U. H.
- 4:00 - 5:00 Pediatrics Grand Rounds; I. McQuarrie and Staff; W-205 U. H.
- 4:30 - 5:30 Ophthalmology Ward Rounds; Erling Hansen and Staff; E-534, U. H.
- 5:00 - 6:00 Roentgen Diagnosis Conference; Lester Anderson, E. Stenstrom, 515 U. H.

Wednesday, February 14

- 9:00 - 11:00 Neuropsychiatry Seminar; J. C. McKinley and staff; Station 60 Lounge, U. H.
- 11:00 - 12:00 Pathology-Medicine-Surgery Conference; Obesity with Cardiac Failure; E. T. Bell, C. J. Watson, O. H. Wangensteen and Staff; Todd Amphitheater, U. H.
- 12:30 - 1:30 Pediatrics Seminar; Water Metabolism; Irvine McQuarrie, W-205 U. H.
- 12:30 - 1:30 Physiological Chemistry Literature Review; Staff; 116 M. H.
- 4:30 - 5:30 Neurophysiology Seminar; Thermocoagulation of the Motor Cortex; Jean Uehren, 214 M. H.

Thursday, February 15

- 9:00 - 10:00 Medicine Case Presentation; C. J. Watson and Staff; Todd Amphitheater, U. H.

- 4:00 - 5:00 Pediatric Journal Club; Review of Current Literature; Staff; W-205 U.H.
- 4:30 - 5:30 Ophthalmology Ward Rounds; Erling Hansen and Staff; E-534, U. H.
- 5:00 - 6:00 Roentgenology Seminar; Review of Recent Radiological Literature; Staff; M-515 U. H.
- 4:30 - 5:30 Bacteriology Seminar; Physical and Chemical Properties of Antibodies; H. O. Halvorson, 214 M. H.

Friday, February 16

- 9:00 - 10:00 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U.H.
- 10:00 - 12:00 Medicine Ward Rounds; C. J. Watson and Staff; E-214 U. H.
- 10:30 - 12:30 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Otolaryngology Department, U. H.
- 11:45 - 1:15 University of Minnesota Hospitals General Staff Meeting; Neurofibromatosis and Congenital Defect in Wall of Orbit; D. R. Simmons, W. T. Peyton, Powell Hall Recreation Room.
- 1:30 - 2:30 Medicine Case Presentation; C. J. Watson and Staff; Eustis Amphitheater, U. H.
- 1:00 - 2:30 Dermatology and Syphilology; Presentation of Selected Cases of the Week; Henry E. Michelson and Staff; W-206 U. H.
- 1:30 - 3:00 Roentgenology-Neurosurgery Conference; H. O. Peterson, W. T. Peyton and Staff; Todd Amphitheater, U. H.

Saturday, February 17

- 8:00 - 9:00 Surgery Journal Club, O. H. Wangensteen and Staff; M-515 U. H.
- 9:00 - 10:00 Pediatrics Grand Rounds; I. McQuarrie and Staff, Eustis Amphitheater, U. H.
- 9:15 - 10:30 Surgery Roentgenology Conference; O. H. Wangensteen, L. G. Rigler and Staff; Todd Amphitheater, U. H.
- 9:00 - 10:00 Medicine Case Presentation; C. J. Watson and Staff; M-515 U. H.
- 10:00 - 12:00 Medicine Ward Rounds; C. J. Watson and Staff, E-221, U. H.
- 11:30 - 12:30 Anatomy Seminar; Anatomy of the Soft Palate and Its Clinical Aspects; C. H. Morningstar, 226 I. A.

II. PERSONALITY ASPECTS OF SKIN DISEASES

R. F. Kendall

In recent years there has been increased interest in the diseases of the skin in which psychological factors are recognized. These patients are suffering from physical disease manifested as eruptions in the skin, yet they are ordinarily not "out of their minds"; they suffer no less from the emotional turmoil than from the bodily disease.

Those disturbances of the skin which are known have their origin in the higher brain centers operating through the autonomic nervous system are mentioned to call attention to their challenging complexity. The influence the emotions have on skin function is illustrated by alterations in the mechanism of perspiration in fear, the blanching of the skin in anger, the production of "goose-pimples" by terror. All these changes occur under ordinary conditions; under special or pathologic circumstances they may be aggravated or perverted. Such alterations may occur following actual damage in the so-called brain centers, as for example the oily post-encephalitic skin changes. Certain skin diseases have long been thought to have strong personality components; but certain others, such as angioneurotic edema and urticaria, may have personality traits which have not been intensively studied; others, including psoriasis and acne vulgaris, have recognized personality components which have been interpreted by some as being reactive to the disfigurement.

Emphasizing the psychological components of skin diseases does not mean that we deny the existence or minimize the importance of climatic factors, hormonal and constitutional factors, allergy to food, inhalants, or contacts, or infections including bacteria and fungus. These aspects have been generally recognized and clearly described by other writers.

It is our purpose in presenting this paper to point out two large groups of patients with rather characteristic syn-

dromes of dermatologic lesions and personality traits. These syndromes have long been recognized by a few writers who have been lonely voices, ignored or denied. Recent emphasis upon psychosomatic medicine suggests at least reconsideration of these.

Dermatitis Autophytica

The first group to be discussed has been called Dermatitis Autophytica, dermatitis artifacta, or dermatitis factitia, which as the names imply is a self-induced eruption. In this group are two subdivisions, the feigned eruptions, the production of which the patient denies, and neurotic excoriations which the patient readily admits producing.

Feigned eruptions represent a disorder of behavior with primarily cutaneous symptoms. The lesions are of a bizarre pattern usually simulated by no other recognized dermatologic entity.

Symptoms are usually absent or minimal considering the severity of the lesions; this disproportion between lesion and reaction is highly significant and may give the lead to the diagnosis. The rapidity of the appearance of large lesions, often overnight and in a predicted location, is striking. The lesion itself is an ulcer covered by a hard dry crust with a narrow red line of inflammation at the border; rarely is it secondarily infected causing confusing ecthymatous changes. The shape is sharply defined with straight lines and sharp angles. The patient staunchly denies the authorship of the lesions and only when confronted by irrefutable proof will admit the mutilation. Occasionally the hysterical patient will inflict the injury upon himself in an amnesic state and will have no conscious knowledge of its causation.

The physical mechanism of causation varies from the patient's own fingernails, a nail file, needle, ice-pick or sand-paper, to a red-hot instrument, matches, or chemical caustics. In the case of acid or lye burns, the tell-tale "tear-drop" line where carelessly applied chemical has splattered or, diluted

by tissue fluid, has run down over the skin leaving a less severe but similar lesion is characteristic.

The psychological factors encountered in these cases are usually malingering, i.e., consciously intended and produced, but denied, or on the basis of neurotic personality and repressed hostility and also denied. The frank malingerer inflicts the damage to avoid an unpleasant situation or for conscious gain. The skin lesions may be an expression of unconscious and thus otherwise inexpressible hostility for spouse, parent, sibling, or child, or some thing in the environment. On the other hand the skin lesions may be self-punishment for this repressed hostility. This patient is frequently a younger member of a large family where the parents and older members are domineering, and the patient is resentful and afraid. The patient may derive a vicarious masochistic pleasure from self-mutilation, not to mention the more obvious secondary gains of sympathetic family, friends, and physician.

The skin lesions may be cured by occlusive dressings or by confronting the patient with the diagnosis and the threatened exposure of the deception. Such treatment only relieves the symptom, i.e., the cutaneous manifestations, and does nothing therapeutically for the warped personality; in fact, the experience of such inflictions may have permanent psychological effects, and may be recurrent or result in substitute symptomatology, depression, hysteria, hypochondriasis or anxiety state. Here is a need for sympathetic and well-trained psychiatric help.

The term neurotic excoriations as used in dermatology refers to readily admitted and self-inflicted excoriations and may be on the basis of a tendency of morbid response to a physical stimulus, or on a purely psychic basis. The most characteristic symptom is an uncontrollable desire to excavate a supposedly offending substance from the lesion, or to obtain relief from irritation, itching, or burning. The patient frequently says that he must remove the "center" or

"core" of a lesion in order to hasten healing but in reality the secondary infection thus introduced readily produces ulceration and scarring. The tendency to excoriate the acne lesion would be a most frequent example of the physical basis. The process may become a ritual which female patients perform in their evening toilet and male patients, in shaving. (1) The excoriations resulting from the resemblance of sensations of a previous infestation of scabies, lice, mites, or chiggers, though the insects are now completely absent are produced by an irresistible impulse to dig out the supposed offender; this is often seen after a real attack of scabies has been cured, in which case the term acaraphobia, or fear of scabetic parasites, has true meaning. These patients almost regularly exhibit bits of excavated skin, hair, fluff or lint which they have captured and carefully preserved in folds of paper or sealed bottles demanding identification as a form of obsession. A patient seen in our clinic was convinced that the worms of trichina were wiggling up and down in his veins causing unpleasant cutaneous sensations. Such cases then frequently represent action on the basis of delusion.

Neurodermatoses

Psychic and emotional factors in commonly observed dermatoses have been emphasized particularly by Stokes, Becker and their associates. They have called attention to the fallacies of the single-cause concept of most dermatoses. Dermatologists as well as specialists in other fields are generally unwilling to discuss psychomatic relationships or commit themselves to other than morphologic descriptive diagnosis of the disorders which some regard as neurodermatoses. The mere application of a title to a commonly observed disease pattern with attention directed to the symptomatic treatment, ignoring the underlying contributing factors leads only to recurrence of the symptom either in its original or in a disguised form. They have pointed out the frequency with which "tension" can be demonstrated in a number of dermatologic conditions which may be spoken of as neurodermatoses. (Note: the term neuro-

dermatosis must not be confused with neurodermatitis; disseminated or atopic neurodermatitis is the cutaneous member of the eczema hay fever - asthma complexes.) (2)

In the group of patients with cutaneous diseases, Becker and Obermeyer (3) have considered the following to have quite characteristic personality accompaniments: those with generalized or atopic dermatitis, hay fever, asthma, anal and genital pruritus, circumscribed neurodermatitis or nummular eczema, dyshidrosis, urticaria, angioneurotic edema, rosacea, lichen planus, vitiligo and alopecia areata. Butterworth and Wilson (4) have found none of these conditions among the ten most common skin diseases at the Pennhurst State School for Feebleminded, yet they comprise at least forty per cent of the dermatologist's practice. At present all workers do not agree with this classification, and further investigation is being carried out. Since the work of Cannon on physiological responses to emotional stimuli increasing work is being done to show that the specific physiologic effects may depend upon the way the emotion is handled by the individual. Thus in psychosomatic medicine the specific emotions and their various modes of control and direction become the subject of study in normal and abnormal personalities.

Though "tensions" is but one of the aspects of the personality of the patients with neurodermatoses, Becker (3) and Stokes (5) have repeatedly called attention to the clinical features by which one usually recognizes the patient with tension and have outlined relatively simple nonspecific measures which may be prescribed to relieve it. It is thought that the personality traits rather than the adventitious circumstances underlie the outbreak of the skin lesions; the isolated incident is thought of as the precipitating or "trigger" mechanism. Becker postulates that an inborn skin inadequacy or "protoplasmic instability," a constitutional factor, underlies the neurovascular mechanism of the skin, and that the balance is broken under the frustrations and strains of maladjustments

of every-day living, i.e., domestic incompatibilities, finances, relatives-in-law, work-load, anxieties, phobias, repressions, and exhaustions. Becker especially emphasizes the work-load coupled with lack of rest.

Becker has postulated that patients with neurodermatoses seem to have been born with an excess of "protoplasmic unrest", to react to a lesser stimulus, or to react more violently to an ordinary stimulus. In infants this hyperactivity is especially manifest. Each motion demands the expenditure of energy and the child is soon fatigued. What would ordinarily be felt as fatigue is perverted into one or several functional diseases. Those diseases seen in children are; infantile eczema, neurodermatitis, urticaria, asthma, croup, and migraine. The children suffer from insomnia, nightmares, profuse sweating, enuresis, talking in sleep, restlessness, and fits of crying. The child is bright and usually learns easily, is inclined to overwork and strives to be at the head of his class. He is a copybook model of all that a schoolteacher desires in a pupil. The teacher, recognizing the high intelligence and the striving of the child to have an excellent record, often advises advancement to a higher grade, where new tensions await him. Opening school in the fall is followed by new eruptions and aggravations of pre-existing ones. There is frequently a disturbed parent-child relationship with overt anxiety present in one or both parents and utilized by the child in developing his trend toward aggression and dominance. (2) The adult is also ambitious and hard working; he lays out a program that would be a burden for the most sturdy and forces himself to carry it out even to the detriment of his own health. He is always rushing, "doing one more thing" or "working just 5 minutes more", until there is no time for lunch and he carries on his afternoon's work with inadequate nutrition. Just as the nervous system of these patients is hyperactive, it is hypersensitive. The patients are victims of exaggeration of impressions, particularly initial ones. They are meticulous and conscientious

which prompts their superiors to overload them with responsibilities.

Lynch, Hinckley, and Cowan (2) reporting on a combined study of the dermatologic, psychologic, and allergic aspects of a group of patients with disseminated neurodermatitis (atopic eczema) state that the outstanding emotional feature throughout was suppressed resentment of which few individuals were conscious and which most had difficulty in verbalizing. When expressed it varied from vague irritation and frustration to marked hostility together with some guilt and paranoid reactions. The mood tended to be grudging, serious, or depressed; the moods appeared to be persistent. Tension was universal. There was a tendency toward stubborn rigidity and high emotional reactivity masked by suppression. Superficially there was apparent emotional instability though little spontaneity. A tendency to exactness and meticulousness were coupled with relatively high standards increased to perfectionism in the neurotic group. High motivation, marked purposefulness and selection of difficult or unattainable goals along with great self-exaction was seen. Self-assertiveness and social need were marked especially in those with associated asthma. While in the main giving the appearance of self-adequacy and efficiency these patients with atopic eczema showed varying degrees of inability to get along with or effect adjustment with others.

Greenhill and Finesinger (6) reported on neurotic symptoms and emotional factors observed in 32 cases of atopic dermatitis. These patients were found to have a striking tendency toward phobic and compulsive and obsessive symptoms and personality traits. The authors point out that similar symptoms are present in association with asthma, colitis and arthritis and they suggest the need for further investigation of these relationships and the possibility that chronic diseases produce such personality characteristics. The patients with eczema were frequently found to have unexpressed feelings of hostility, feelings of inadequacy, shyness, sensitivity, depression and lack of self-confidence. The study showed a high correlation between eczema-

tous exacerbations and associated events, especially associated with specific emotional problems. They believe the feelings of depression and suppressed feelings of hostility should be considered as precipitating factors in the remittent pattern of this disease.

Mom and Noussitou (7) reported a series of patients tested with 2-4-dinitrochlorbenzene, a notorious sensitizer. In one group only one of four sensitized areas of the skin of the abdomen received a second application. In 6 out of 19 subjects a reaction developed in the three other areas which was similar in type, but lesser in intensity and delayed for 24 hours, compared with that of the treated area. In another experiment the procedure was the same except that the other three areas were treated with physiological saline, the patients being told that all areas were treated with 2-4-dinitrochlorbenzene. Reactions of equal intensity developed in all four areas at the same time. The same reactions occurred when all four areas were treated with physiologic saline. In the final experiment, physiologic saline was applied to all four areas and the patients were told that 2-4-dinitrochlorbenzene was used in two and saline in two; accordingly the reaction appeared in only two areas. It is seen from these experiments that suggestion plays a large part in at least some experimental studies. Sulzburger (8) considers this the most critical experimental approach yet devised for the study of psychosomatic relationships in regard to allergy and that further investigations should be made.

Emotional hyperhidrosis is a serious problem among the young adults, sometimes so severe as to interfere with his occupational activities. A vicious circle may be encountered in persons who blush readily and do so intensely when they try to avoid it. Functional hyperhidrosis with all its somatic sequelae such as maceration, creation of a susceptible soil for infection is a serious problem, and may be so severe as to interfere with the patient's occupational activities. Left alone, such psycho-

somatic disturbances may grow into intolerable conditions. However, most of them are amenable to simple therapeutic procedures. Surprisingly to the pure organicists, good results are obtained by simple reassurance and persuasion, and from insight of the patient into the nature of his illness. Barbiturates as contrasted with all other types of hypnotics and sedatives have a remarkable effect on all emotional autonomic impulses acting depressively on the hypothalamus (9) where the efferent impulse is integrated.

Besides small doses of barbiturates which probably should not be used for more than temporary aid, a therapeutic regime in which Becker points out the necessity of physical rest, and Stokes emphasizes psychological rest should be instituted. The physical rest may be attained by a nap preferably after lunch or in the middle of the afternoon, though one just before or after dinner will serve the purpose. This included physical relaxation which some patients must be taught, and has been presented by Jacobson (10). Vacations are important. It takes the hyperactive and hypersensitive two or three weeks to get unwound, so to speak, and to benefit from the enforced idleness. In the pre-war days when gasoline was not rationed, the two weeks vacation allowed was spent in an effort to see how much of the United States could be traversed in so short a time, and the patient returned more exhausted than when he started out. The weekend at the lake where the patient takes the excess of work accumulated through the week or where he builds a boat or mends the roof of the cottage is not sufficient. The patient usually says, "But doctor, I must be doing something." A hobby is fine, unless it is similar to the patient's work, or presents similar aggravations and frustrations; if the patient's work is indoors, the hobby should take him into the open, and vice versa. This is the kind of patient who will continue to work long after the retirement age, literally demanding "to die in the harness." Becker advises sunshine as the adjunct next in importance to the daily nap. Best is natural sun with the patient lying quiet-

ly doing nothing; second best is the artificial lamp treatment keeping just under erythema level. Thirdly, the patient should avoid all known physical factors which have been found to aggravate his neurodermatitis. Stokes, however, has stated, "I have had patients repeatedly tell me that they have recovered while strolling casually overhills which have been green with the very plants to which they were cutaneously sensitive." This lowering of the threshold of nervous, perhaps sympathetic, irritability is now recognized as an aid in the treatment of allergic processes, including asthma, and may very properly be applied to the treatment of the skin.

In addition to physical rest, the development of a psychic calm is of prime significance. Stokes advises the adoption of the DGAD (Don't Give A Damn) attitude; the attack on the obligatory, or injunction not to do whatever gives the patient a feeling of must be done; the search for the focus of suppressed emotion with insight into the frustrating circumstance, all are within the ability of the dermatologist or other specialist if he will but take time to listen to the patient.

Summary

Two groups of patients presenting characteristic dermatologic and psychologic syndromes were discussed.

Though the personality aspects are emphasized in this paper, attention must be given to constitutional, hormonal, climatic, allergic and infectious elements.

A frequent observation in patients with self-induced eruptions is inhibited, repressed, internally directed rage or resentment.

In the group with neurodermatoses, suppressed resentment is the outstanding emotional feature.

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III. GOSSIP

Sam Weisman has located in Los Angeles for the practice of Internal Medicine. Sam went overseas with General Hospital 26 and even though he was of an age which he could have used as an excuse for staying home. My good friend, Ed Murphy, is another one who heard the call and he is still serving with the First Army....This week we observed Social Hygiene day. Minnesota was the second state in the Union to set up a venereal disease control program which outlasted the enthusiasm of World War I. California was the first state to move in that direction, and it is interesting to note that Dr. Harry Irvine was responsible for the establishment of both programs. During the years which have elapsed since World War I there has been a marked reduction in venereal disease in this state. Syphilis is declining rapidly, and most of the cases reported are of the latent variety. This is not true of gonorrhoea which is on the increase in certain cities, notably Minneapolis. Latest addition to the venereal disease control program is a staff of educators who work with teachers, college groups, mothers clubs, and welfare organizations. Trend today is toward coordinating sex instruction in the home, school and church. Parents are advised to answer all questions asked by children. The school and church should do the same. As the result, the average girl of 8 or 9 has had most of her curiosity satisfied, and average boy, a few years older, is also satisfied....The ophthalmologists at Center for Continuation Study have had a busy week's program. They are displaying an interest in subjects related to their field which is as great as that of former groups in technical procedures. Visual Education is important in fields like this. I saw a demonstration of external diseases of the eye presented in Kodachrome slides which represented many years of experience. It would be impossible to gather that many patients together at one time. Radiology is another field in which Visual Education is important. The dermatologists have also made good use of it. Although most departments wish that they could take more pictures of interesting patients, only a few realized that the clinician should do it himself. Dr. Batson of Philadelphia pointed out that we should photograph the patient at exactly the same distance that we stand

in observing his condition. He has made kodachromes of a lecture in Anatomy in which he demonstrates the various bones of the skull in slides made at the same distance that he would have used if he had been giving a personal demonstration. The pictures include his hands and sometimes the pointer which he is using to focus attention on certain parts. It would appear as if lantern slides will replace many motion pictures for if action is not needed, everything else can be obtained from single views...Richard Varco spoke to the medical officers at Fort Snelling, February 6, for the second time within a year. Everyone is intensely interested in his presentation of the fluid and feeding aspects of surgical care. Thomas J. Kinsella is another popular teacher. His presentation of the subjects of chest injuries and disease, are masterpieces. Leo G. Rigler was invited to Omaha to address the radiologists of the Seventh Service Command at a conference last week. A letter from the Colonel in charge indicates that he acquitted himself well. Wesley W. Spink spoke in Lincoln last week. His interview with Milton Cross on Penicillin is now out in pamphlet form....The course in Cancer Diagnosis and Treatment at the Center last week was successful beyond all expectation I did not believe that general practitioners would ever display the interest in cancer that they did. A group of pathologists from Minnesota and North Dakota attended with the general practitioners and one of them said he had never seen so much malignancy in such a short time. Arthur W. Allen of Boston was an excellent teacher. He made a good associate for Owen H. Wangensteen. The physicians who attended the course asked me to thank everyone who took part. One older general practitioner from North Dakota said, "There isn't any reason for asking a lot of women to run around giving speeches and handing out literature about cancer!.. We have seen examples of what modern surgery and radiology can do. None of these would have been possible if some physician out in practice had not recognized the possibility of cancer in the patient. The general practitioner remains the key man in any cancer control program." One of our pipe dreams is a fully equipped teaching unit for physicians in Mayo Memorial building...