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

Local Health Service

Volume XVI | Friday, March 2, 1945 | Number 18

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

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William A. O'Brien, M.D.

I.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
CALENDAR OF EVENTS
March 5 - 10, 1945

No. 61

Monday, March 5

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.

12:30 - 1:30 Pathology Seminar; Calcium and Phosphorus Metabolism in Relation to Bone Disease; Edmund Flink; 104 I. A.

4:00 - 5:00 Public Health Seminar; Health and Hospital Surveys--Purposes, Methods, Results; Haven Emerson; 6th Floor, Health Service.

Tuesday, March 6

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 Borderline between Physiology and Psychology as an Area of Research on Human Capacity for Performance; Josef Brozek and Mr. Harold Guetzkow; 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; T. B. Merner, Solveig M. Bergh, 515 U. H.

Wednesday, March 7

9:00 - 11:00 Neuropsychiatry Seminar; J. C. McKinley and Staff; Station 60 Lounge, U. H.

11:00 - 12:00 Pathology-Medicine-Surgery Conference; Possible Amyloid Nephrosis; E. T. Bell, C. J. Watson, O. H. Wangensteen and Staff; Todd Amphitheater, U. H.

12:30 - 1:30 Pediatrics Seminar; Pathological Conference (Pediatric Cases) Forrest Adams; W-205 U. H.

12:30 - 1:30 Physiological Chemistry Literature Review; Staff; 116 M. H.

4:30 - 5:30 Neurophysiology Seminar; Action Potentials of the Pyramidal Tracts; Nathan Lifson; 214 M. H.

Thursday, March 8

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 Bacteriology Seminar; Dr. Charles A. Evans; 214 M. H.

4:30 - 5:30 Ophthalmology Ward Rounds; Erling Hansen and Staff; E-534, U. H.

5:00 - 6:00 Roentgenology Seminar; Emptying of Stomach with Duodenal and Gastric Ulcer; E. A. Boyden and L. G. Rigler, M-515 U. H.

Friday, March 9

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; Gastritis; R. S. Ylvisaker; Powell Hall Recreation Room.

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.

Saturday, March 10

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; Emptying of Stomach in Patients with Duodenal Ulcer; E. A. Boyden and L. G. Rigler; 226 I. A.

II. LOCAL HEALTH SERVICE - A PROPOSAL OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Haven Emerson

To avoid misunderstanding in the use of terms and provide a reasonably precise basis for discussion, let us agree that the purpose of public health services is to apply the sciences of preventive medicine, through government for social ends. This excludes concern for the illness of the individual and its treatment by the practitioner of medicine, except in respect to the bearing of the particular case of disease upon the occurrence of previous or subsequent cases related to it by some common or preventable factor. This definition excludes from the field of public health as a function of civil government, the organization, financing and distribution of services for diagnosis and treatment of general sickness.

Representative civil government is the creation and should be the servant of society, not the benefactor or agent of the individual. Accepting this limiting definition for our present purposes, we can specify the 6 basic services required and authorized by law under the police powers reserved by our constitution to the sovereign states. These 6 functions will be found to be undertaken with more or less success wherever government has accepted the responsibility and seriously attempted to make effective the knowledge of the sciences of preventive medicine. They are: 1. Vital Statistics, the recording, tabulation, interpretation, analysis, and publication of natality, morbidity and mortality; 2. Control of communicable diseases, acute or chronic, sporadic, endemic or epidemic; 3. Environmental Sanitation, including food and milk control, drugs, and the conditions under which people work for their livelihood; 4. Public Health laboratory services; 5. Protection of maternity, infancy and childhood, the field of human genetics, reproduction and replacement; 6. Health Information other than as provided for in public schools or institutions under educational authority of the state. There are four levels of health administration affecting the people of the United States:

1. International, by sanitary conventions and by agreements as to standard products and practices and epidemiological services.

2. Federal, in respect to foreign and interstate commerce, standards for biologicals, advisory, specialist consultation and emergency aid at request of states, grants in aid for state and local health services.

3. State, for standards of personnel and performance, consultant, advisory, laboratory, statistical, engineering and educational services. Operation of district health organizations and supervision of standards of local health performance, together with financial aid to local governments.

4. Local: The actual performance of the six standard health functions: Vital statistics, communicable disease control, environmental and industrial sanitation; public health laboratory service; maternity and child hygiene; health education. These are direct services to or for persons, families and communities, within the jurisdiction of some unit of local government, village, town, city, county, or other.

There are about 41 million of our people living in communities where there is no full-time medically directed local health service, and many of these communities have either no personnel, no health department, no health board or only part-time employees who have no professional or vocational training for the work.

To correct this and meet the spirit of resolutions passed by the House of Delegates of the American Medical Association in June 1942 and by the Governing Board of the American Public Health Association in Oct. 1942 and by the State and Provincial Health Officers of North America in March, 1944, a committee on Local Health Units was appointed by the

American Public Health Association to study the situation and present a plan for total coverage of continental United States with an adequate local health service.

The report will be published by the Commonwealth Fund in May of this year.

The essentials of the proposal follow: 3 assumptions are accepted: that 1 dollar per capita is not more than any but the poorest community can afford per annum for local public health services; that the medical health officer should receive a salary approximately the equal of the net professional earnings of a good internist or surgeon of the vicinity; that to justify such a qualified health officer there should be certain essential kinds and numbers of assistant full and part-time personnel.

The smallest unit of population that can support such a local health department and its staff is one of about 50,000 persons. There is required to do a good basic minimum local health service for 50,000 people a group of 16 full-time employees - 1 Health Officer, 10 public health nurses, 1 sanitary engineer and 1 sanitarian of non-professional grade and 3 clerks. Part-time clinical services for tuberculosis, venereal disease, and child hygiene and part-time dental services will be needed and diagnostic laboratory services at local or state expense.

Larger units of population can afford statistical clerks, full-time bacteriologists, veterinarians, full-time dentist or dental hygiene and health educator personnel within the dollar per capita.

There are in our 48 states about 38,000 jurisdictions of local government apart from school districts, some with as few as 150 persons. This number includes 3070 counties, many of which have populations far below 50,000. Less than 1,000 of these have full-time local health departments now. The problem before the committee was to suggest such combinations of adjacent local government jurisdictions as would include a minimum of 50,000 population each, using the county as the least practicable unit of local government and in all instances including any city in a county within a single or multi-county health unit.

In collaboration with the state health officers, 1197 units were agreed upon in principle covering the 48 states and the District of Columbia.

Of these suggested units

1. 36 or 3.0% have populations of less than 30,000.
2. 130 or 10.9% have populations from 30,000 to 45,000 in size.
3. 1031 or 86.1% have populations of 45,000 or more.

Of the 1197 units there are 318 of a single county each, 821 multi-county units, 36 including parts of more than one county, and 22 city units including the District of Columbia and a unit of 3 cities. Having reached this provisional agreement as to the number and boundaries of desirable and apparently practicable units of local health jurisdiction the following facts were assembled from official documents for each unit and by states.

1. Square mileage.
2. Population and density per sq.mi.
3. Spendable income per capita and in many instances property valuation or assessment per capita.
4. Number of general hospital beds and beds per 1,000 of population.
5. Number of practicing physicians (pre-Pearl Harbor) and ratio of persons per physician.

Further information was then obtained as to the personnel now employed in each of the proposed units in local health work, and the expenditures for salaries and non-salary costs, total and per capita for all local health services in each unit area. Finally the committee prepared for each unit a table of the desirable personnel to provide a good basic public health service in each suggested unit including the salary and other costs for the operation of the

local health department. In all but a few instances the recommended expense was kept within the one dollar per capita.

A few of the parallel figures for personnel and costs for present and proposed local health services are given here for continental United States, and for Minnesota.

Local Health Personnel and Service Costs

	Present	Proposed
	U.S.A.	U.S.A.
Full-time Medical Health Officer	2,269	2,060
Part-time clinicians	4,655	6,140
Public Health Nurses	13,740	26,380
Sanitary Engineers (Public Health)	300	1,325
Sanitarians	4,691	3,900
Clerks	4,596	8,446
Expense (total)	$77,262,600*	$127,391,300*
	per capita 61¢	97¢

*of which 21% other than salaries

In Minnesota there are employed in local health services and are suggested for complete coverage:

	Present	Suggested
Administrative Medical Officers full-time	26	22
Part-time Health Officers	1,626	---
Part-time clinicians	65	89
Public Health Nurses	251	562
Engineers	9	12
Sanitarians	52	98
Clerical Workers	81	185
Veterinarians	4	10

	Present	Suggested
Laboratory workers	15	76
Dentists	9 full time 6 part time	11 76
Dental Hygienists	1	68
Health Educators	2	10
Cost		
Salaries	$979,400	$1,810,800
Other	187,800	442,800
Total	$1,167.200	$2,253,600
Per capita	42¢	81¢

It is suggested that the 87 counties of Minnesota be served by 10 multi-county units of populations 71,300 to 591,300 of areas 1,024 to 16,940 sq. mi., with spendable per capita income of $382 to $891, of assessed valuation per capita $204 to $1,135, with general hospital bed ratios to population of 2.3 to 6.7, with ratio of population to practicing physicians of 1,698 to 407.

In Minnesota the smallest county has 3,000 population, only 5 of the counties have more than 50,000 population. There are 2,714 units of local civil government in Minnesota authorized to establish their own health organizations. Of these 1,638 had 1942 health officers mostly on part-time or fee basis and some of them non-medical. Of the 1881 townships only 821 had a health officer.

The maps of several states giving the outlines of proposed units in relation to county boundaries will be shown.

Until there is sound basic local health service for each unit of population and each square mile of area of our nation, neither state health service nor good federal health functions can be well performed. Without local interest in, and responsibility for local health servants, services and support through tax funds, the best that the medical and associated personnel of health departments are capable of will not be achieved.

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III. GOSSIP

Haven Emerson, our speaker today, is representing the Health Service and the School of Public Health. When post-war building plans materialize, the right wing of the hospital facing the Medical Sciences building will be completed by the addition of the School of Public Health. This unit will also house the Department of Bacteriology which will free Millard Hall for Physiology and Pharmacology. The School of Public Health will be located just opposite the Student's Health Service and will form a valuable addition to our institution. Some observers separate the functions of Preventive Medicine and Public Health into well defined categories. Preventive Medicine is represented in all medicine. The only other kind of medicine is palliative medicine. Geddes Smith of the Commonwealth Fund recently wrote on this subject. He pointed out that every good physician attempts to prevent a disease, its fatal outcome, prolonged disability from the disease, the development of complications, and the development of after affects, the failure on the part of individual to be re-absorbed into society, etc. Palliative medicine involves only the relief of pain, without particular emphasis on diagnosis. Diagnosis, knowledge of course of disease, and ways and means of preventing undesirable situations, is included in Preventive Medicine. Public Health on the other hand is a form of administrative medical practice as Dr. Emerson has so well brought out. On every hand we hear discussions of socialization of medicine. True socialization of medicine is only possible in totalitarian state. It is not likely to come here. Pre-payment plans, group practice, provision for medical care in out of the way places is a reality. At the same time, society is interested in developing a better pattern of public health practice. As the result of a generous gift by the Mayo family and their associates, it will be possible for the University of Minnesota to train public health physicians, public health nurses, public health engineers, and public health statisticians. The purpose of the University of Minnesota according to the inscription on the front of Northrop Memorial Auditorium is to educate youth, search for truth, and provide service for the people. These new developments in medicine here are another step in this direction. It may seem strange for a hospital staff to consider a proposed public health program, but our new developments will enable us to work together more effectively...The solution of the cancer problem is one of these joint affairs. The Center for Continuation Study this week housed a group of 80 lay women from various parts of Minnesota who studied cancer here. They were sent by the Minnesota Cancer Society in order that they might become better acquainted with the subject. We first considered "terms". This was followed by a discussion of the normal cell, and this in turn by a description of the cancer cell. They were given a lecture on research trends on mice cancer, and methods of study in human cancer (genetic factors). The second morning there were 4 clinical lectures which covered the bowel, uterus, breast and skin. A lecture the next morning on the stomach completed the series of clinical manifestations of "warning signs". This was followed by presentation of the role of radiologist and pathologist in diagnosis and treatment of the disease. Dr. Rigler covered the former and Dr. Arthur H. Wells of Duluth, the latter. Dr. Wells brought along a suitcase full of dry mounts of malignancy which were passed around the group. Every form of malignancy was presented. Final round table was a discussion of the part the women should play in the program. This is the second in the series of cancer courses, the first having been given in January for physicians. A third will be provided for public health nurses, and a fourth for teachers of biology in high school. National Cancer Campaign hopes to raise a fund of 5 million dollars. After a certain amount is retained for local purposes, the balance will go to research. Cancer is of greater interest today than ever before. Few families have escaped its presence in their midst. Much is known about the disease, but a great deal remains to be done. The first three days of next week the Center will feature Clinical Dietetics, and the last two days, Alcohol and Narcotic Education. There is a growing interest on the part of educators in alcohol and narcotic facts.....