

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

Achylia Pancreatica

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

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Published for the General Staff Meeting each week  
during the school year, October to June, inclusive.

William A. O'Brien, M.D.

I. UNIVERSITY OF MINNESOTA MEDICAL SCHOOL  
CALENDAR OF EVENTS  
 October 27 - November 1, 1947

No. 174

Monday, October 27

- 9:00 - 9:50 Roentgenology-Medicine Conference; L. G. Rigler, C. J. Watson and Staff; Todd Amphitheater, U.H.
- 9:00 - 10:50 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Interns' Quarters, U.H.
- 10:00 - 12:00 Neurology Ward Rounds; A. B. Baker and Staff; Station 50, U.H.
- 11:00 - 11:50 Physical Medicine Conference; Rehabilitation in Physical Medicine; Dr. Knese; E-101, U.H.
- 11:00 - 11:50 Roentgenology-Medicine Conference; Staff; Veterans' Hospital.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom and D. State; Eustis Amphitheater, U.H.
- 12:00 - 12:50 Physiology Seminar; The Program of Clinical Physiology for the Veterans' Hospital; H. S. Wells; 21 $\frac{1}{2}$  M.H.
- 12:15 - 1:20 Pediatrics Seminar; The Problems of Prematurity; Lawrence Erickson; 6th Floor Seminar Room; U.H.
- 12:15 - 1:20 Obstetrics and Gynecology Journal Club; M-435, U.H.
- 12:30 - 1:20 Pathology Seminar; Mitotic Poisons; Sister Teresita Judd; 104 I.A.
- 12:30 - 1:50 Surgery Grand Rounds; A. A. Zierold, Clarence Dennis and Staff; Minneapolis General Hospital.
- 4:00 - 5:00 School of Public Health Seminar; Familial Aspects of Rheumatic Fever; Stewart Thomson; 113 MeS.

Tuesday, October 28

- 8:30 - 10:20 Surgery Seminar; Lyle Hay; Small Conference Room, Bldg. I, Veterans' Hospital.
- 9:00 - 9:50 Roentgenology-Pediatrics Conference; L. G. Rigler, I. McQuarrie and Staff; Eustis Amphitheater, U.H.
- 10:30 - 11:50 Surgical Pathological Conference; Lyle Hay and Nathaniel Lufkin; Veterans' Hospital.
- 12:30 - 1:20 Pathology Conference; Autopsies; Pathology Staff; 102 I.A.
- 2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff; Bldg. III, Veterans' Hospital.

- 3:15 - 4:20 Gynecology Chart Conference; J. L. McKelvey and Staff; Station 54, U.H.
- 3:30 - 4:20 Clinical Pathological Conference; Staff; Veterans' Hospital.
- 5:00 - 5:50 Roentgenology Diagnosis Conference; Leo G. Rigler and Staff of University Hospitals; M-515, U.H.

Wednesday, October 29

- 8:00 - 8:50 Surgery Journal Club; O. H. Wangensteen and Staff; M-515, U.H.
- 8:30 - 12:00 Neurology Rehabilitation and Case Conference; A. B. Baker and Joe R. Brown; Veterans' Hospital.
- 11:00 - 11:50 Pathology-Medicine-Surgery Conference; Diabetes, Uremia; E. T. Bell, O. H. Wangensteen, C. J. Watson, and Staff; Todd Amphitheater.
- 12:00 - 12:50 Physiological Chemistry Seminar; Subject to be Announced; C. P. Barnum; 214 M.H.
- 4:00 - 5:00 Infectious Disease Routes, Todd Amphitheater, General Hospital, Veterans' Hospital.

Thursday, October 30

- 8:15 - 9:00 Roentgenology-Surgical-Pathology Conference; Walter Walker and H. M. Stauffer; M-515, U.H.
- 8:30 - 10:20 Surgery Grand Rounds; Lyle Hay and Staff; Veterans' Hospital.
- 9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; Todd Amphitheater, U.H.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U.H.
- 10:30 - 11:50 Surgery-Radiology Conference; Daniel Fink and Lyle Hay; Veterans' Hospital.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom and D. State; Embleis Amphitheater, U.H.
- 1:00 - 1:50 Fracture Conference; A. A. Zierold and Staff; Minneapolis General Hospital.
- 1:30 - 3:00 Pediatric Psychiatric Rounds; Reynold Jensen; 6th Floor West Wing, U.H.
- 4:00 - 4:50 Bacteriology Seminar; Compliment Fixation Test with Mouse Mammary Cancer; C. Jeannette Johnson; 214 M.H.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hansen and Staff; E-534, U.H.

- 5:00 - 5:50 Roentgenology Seminar; Multiple Primary Carcinoma; Joseph S. Summers; M-515, U.H.
- 7:00 - 8:00 Urology-Roentgenology Conference; H. M. Stauffer and George Eaves; M-515, U.H.

Friday, October 31

- 8:30 - 10:00 Neurology Grand Rounds; A. B. Baker and Staff; Station 50, U.H.
- 9:00 - 10:30 Pediatric Grand Rounds; I. McQuarrie and Staff; Eustis Amphitheater, U.H.
- 9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U.H.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U.H.
- 10:30 - 11:20 Medicine Grand Rounds; Staff; Veterans' Hospital.
- 10:30 - 11:50 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Department, U.H.
- 11:30 - 12:50 University of Minnesota Hospitals General Staff Meeting; Evaluation of 416 Consecutively Operated Cases of Peptic Ulcer; David Gavisser; New Powell Hall Amphitheater,
- 1:00 - 1:50 Dermatology and Syphilology; Presentation of Selected Cases of the Week; H. E. Michelson and Staff; W-312, U.H.
- 1:00 - 2:50 Neurosurgery Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U.H.
- 5:30 - 6:20 Surgery Literature Conference; Clarence Dennis and Staff; Minneapolis General Hospital.

Saturday, November 1

- 7:45 - 8:50 Orthopedics Conference; Wallace H. Cole and Staff; Station 21, U.H.
- 8:30 - 10:00 Psychiatry and Neurology Grand Rounds; Staff; U.H.
- 9:00 - 9:50 Surgery-Roentgenology Conference; O. H. Wangensteen, L. G. Rigler, and Staff; Todd Amphitheater, U.H.
- 9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; M-515, U.H.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; M-515, U.H.
- 10:00 - 12:50 Obstetrics and Gynecology Grand Rounds; J. L. McKelvey and Staff; Station 44, U.H.
- 11:00 - 12:20 Anatomy Seminar; Review of Chas. Singer's book "The Prelude of Modern Science"; Shirley P. Miller; 226 I.A.

## II. ACHYLIA PANCREATICA

Charles D. May

Achylia pancreatica occurs in adults as a result of chronic pancreatitis, obstruction of the pancreatic ducts by stone and neoplasms, and surgical removal of the head of the pancreas for various reasons. Pediatricians are compelled to take a particular interest in achylia pancreatica because of its occurrence in a fairly common disorder in infants and children, fibrosis of the pancreas.

The effects of excluding the digestive enzymes from the intestine are profound and should be of interest to physicians and surgeons treating all age groups as well as biochemists, physiologists, and nutritionists. An endeavor will be made to review some of the effects of achylia pancreatica in humans as well as animals with particular emphasis on the results of metabolism balance studies. Attention will be restricted to conditions which obliterate the exocrine function of the pancreas without disturbing its endocrine function. Knowledge of the effect of excluding the exocrine secretion of the pancreas with its digestive enzymes from the intestine began with the experiments of Claude Bernard in 1846. (1) Renewed interest in the subject was aroused at the beginning of this century by Reginald H. Fitz, (2) and Joseph H. Pratt, (3) and more recently by the newly described syndrome in infants, Fibrosis of the Pancreas.

As a group of infants and children with fibrosis of the pancreas provided the material for our experience with achylia pancreatica\* it may be helpful to briefly sketch the salient features of this disorder prior to presenting metabolism data derived from this group.

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\*I hasten to acknowledge great indebtedness to colleagues at the Children's Hospital in Boston with whom clinical studies of fibrosis of the pancreas have been shared during the past 10 years, particularly to Dr. Charles U. Lowe. All original data presented was gathered in Boston.

The clinical syndrome, Fibrosis of the Pancreas, began to be clearly delineated in 1938 (4)(5)(6). It has been discovered to be surprisingly common. 167 patients with fibrosis of pancreas have been studied at the Children's Hospital in Boston alone in the past 10 years (7). In this disease the normal acinar structure of the pancreas is completely destroyed as a result of obstruction of the ducts and acini by a viscid secretion. The Islands of Langerhans are left intact, and ultimately are the only recognizable pancreatic tissue left in a mass of fibrous tissue and dilated cystic appearing structures (8). Obviously no external secretion could be produced by a pancreas involved throughout in this manner as it usually is. Analysis of duodenal secretions reveals achylia pancreatica, complete loss of all pancreatic enzyme activity (9). The lesion in the pancreas is accompanied by a pulmonary process of varying severity believed to be caused by viscid secretions in the bronchioles and a superimposed low grade chronic infection. This aspect of the disorder will not concern us in the present discussion. As might be expected these infants present a wide spectrum of symptoms, including abnormal stools, malnutrition, and a chronic cough, dependent upon the achylia pancreatica and the severity of the pulmonary process. Clinical and metabolic studies have provided a reasonable explanation for the symptoms and course of the disease and a basis for therapy (10)(11). The fact that achylia pancreatica occurs during the period of growth in these patients has added considerably to their interest.

A brief summary of findings in experimentally produced achylia pancreatica in animals will provide a background for presentation of the results of studies in infants with fibrosis of the pancreas.

When the pancreatic ducts are completely and carefully ligated in dogs, the appetite becomes voracious, the feces markedly increased in bulk, and

often fatty in appearance. Unless an increased food intake is permitted, the dog loses weight and dies of inanition in a short time. If an abundant well balanced diet is consumed the dog may survive in reasonable health for a long time without pancreatin (12).

Quantitative studies of the absorption of protein and fat in dogs with pancreatic ducts ligated have established the following facts:- (3, 12-17)

1. The absorption of protein and fat is reduced, usually from the normal of 90-95 percent absorption to approximately 60 percent. The daily output of feces is increased about four times the normal. Absorption is variable, in the same animal, and for different animals, ranging between 20 percent and 90 percent of the intake.

2. The fact that although absorption is defective, usually 60 percent of the food may still be absorbed is often overlooked.

3. There is no tendency for improvement in absorption to occur with the passage of time.

4. Absorption of fat or nitrogen cannot be improved consistently by alterations in the diet such as low fat, high carbohydrate, etc.

5. The deficiency in absorption can often be compensated for by increased intake, resulting in normal or near normal absolute retention.

6. Animals deprived of the external secretion of the pancreas can enjoy reasonable health for long periods without the use of pancreatin substitution therapy.

7. When large amounts of pancreatin are administered, absorption of fat, protein, and carbohydrate can be improved (18).

8. Addition of Brewer's yeast in the diet, appears to cause increase in nitrogen retention in achylia pancreatica (19).

9. Fat in the feces may be less well split so that there is an increase in the ratio of neutral fat to fatty acids but this more often is not true and the percentage of splitting is found to be similar to the normal.

TABLE I

## DAILY ABSORPTION OF FOOD BY DOGS WITH PANCREATIC DUCTS LIGATED

(After Handlesman et al)

DOG (Time Post-Op)	NITROGEN		FAT		DRY WT. FECES Gms.
	Intake Gms.	% Absorbed	Intake Gms.	% Absorbed	
Normal	10.4	91.2	19.4	91.3	12.3
20 (1 month)	10.4	55.8	19.4	60.3	56.3
20 (10-1/2 mo.)	10.4	47.0	19.4	67.8	51.0
21 (1 week)	10.4	60.0	19.4	73.1	40.0
21 (7-1/2 mo.)	10.4	57.0	19.4	56.1	37.0
22 (2 weeks)	10.4	56.7	19.4	41.5	56.7

TABLE II  
 AVERAGE DAILY FECAL EXCRETION BY DOGS  
 (After Coffey, Mann, and Bollman)

Dog	FAT		PROTEIN		
	Intake Gms.	% Absorbed	Nitrogen Intake Gms.	Fecal Nitrogen Gms.	% N. Absorbed
	113	96	.83	0.4	50
Normal	35	98	5.3	0.7	87
	33	97	5.1	0.8	84
	17	96	8.0	0.4	95
Pancreat- tic Ducts Evulsed	106	53	.77	2.1	Loss
	36	49	5.5	3.5	36
	36	35	5.7	4.9	14
	17	21	8.2	2.4	71

TABLE III

DAILY ABSORPTION OF FOOD BY A DOG (NO. 20) WITH PANCREATIC  
 DUCT LIGATED - DIFFERENT DIETS\* (After Handelsman et al)

DIET	NITROGEN		FAT		DRY WT. FECES Gms.
	Intake Gms.	% Absorbed	Intake Gms.	% Absorbed	
Normal Dog	10.4	91.2(9.5 Gm)	19.4	91.3 (17.7 Gm)	12.3
Standard	10.4	55.8(5.7 Gm)	19.4	60.3 (11.7 Gm)	56.3
High Fat	10.0	62.7	49.1	93.7	33.0
High Protein	22.9	71.5	28.1	91.3	53.6
High Carbo.	7.2	74.9	10.8	90.8	23.3
3 x Standard	29.4	43.1(12.6 Gm)	57.3	58.0 (33.0 Gm)	132.5

\*Dog No. 20 lived 2 years without pancreatin. Autopsy - No  
 pancreatic tissue.



TABLE IV

DAILY ABSORPTION IN DOGS WITH PANCREATIC DUCTS LIGATED  
 FED HIGH CARBOHYDRATE -- LOW FAT DIET (After Handelsman, etal)

DOG	NITROGEN		FAT		DRY WT. FECES Gms.
	Intake Gms.	% Absorbed	Intake Gms.	% Absorbed	
Normal	10.4	91.2	19.4	91.3	12.3
No. 20	7.2	74.9	10.8	90.8	23.3
No. 21	7.7	75.1	11.6	22.0	69.7

These same facts have been found to hold for humans with achylia pancreatica (3, 10, 11, 21). Typical balance studies in children with achylia pancreatica due to fibrosis of the pancreas are presented in Tables V, VI and VII. Their clinical

symptoms are, as in animals: bulky feces, which may be, but are not necessarily foul and fatty, voracious appetite, loss of weight unless an increased intake of food is permitted.

TABLE V

FIBROSIS OF THE PANCREAS - INFANTS  
 ORDINARY DIETS - NO PANCREATIN  
 (Data Recorded on a Daily Basis)

Patient Period No.	Calories per Kg.	Nitrogen Intake Gm./Kilo	Nitrogen Retained Gm./Kilo	% Fat Retained	% Nitrogen Absorbed
Normal Infants	100	0.70	0.17	95	89
II - 1	100	0.51	0.22	-	78
II - 3	90	0.61	0.10	41	59
II - 4	80	0.59	0.12	-	75
II - 5	165	1.18	0.24	-	60
II - 6	130	0.91	0.14	-	76
II - 7	64+	0.48	0.11	37	-
II - 13	155	0.90	0.165	36	42

+Calories from Whole Milk. Additional number of calories given in soft baby diet in an unknown amount.

TABLE VI  
 FIBROSIS OF THE PANCREAS - CHILDREN  
 ORDINARY DIETS - NO PANCREATIN  
 (Data Recorded on a Daily Basis)

Patient Period No.	Calories per Kg.	Nitrogen Intake Gm./Kilo	Nitrogen Retained Gm./Kilo	% Fat Retained	% Nitrogen Absorbed
Normal Children	85	0.52	0.04	95	90
I - 9	60	0.41	0.10	64	77
I - 6	70	0.49	0.10	28	69
I - 7	112	0.53	0.13	-	65
I - 11	88	0.91	0.178	37	61
I - 14	100	0.99	0.073	40	56

TABLE VII  
 INFLUENCE OF PANCREATIN ON NITROGEN METABOLISM IN FIBROSIS OF PANCREAS  
 (Shohl et al) Pt. E.M.

Pancreatin	Nitrogen Intake Gms./Kilo	% Absorbed	Retained Gms./Kilo
None	0.63	50	0.07
10 grams	0.77	85	0.19

Table VIII illustrates the defective absorption of "Sprue" and shows Nitrogen absorption is normal and independent of fat intake or excretion.

TABLE VIII  
 DAILY NITROGEN AND FAT ABSORPTION IN ADULT IDIOPATHIC STEATORRHOEA  
 (After Bassett et al - Pt. J.B.) (20)

Wt. Feces	NITROGEN			FAT		
	Intake Gms.	Output Gms.	% Absorbed	Intake Gms.	Output Gms.	% Absorbed
34.3	11.5	1.3	89	104	19.9	81
26.4	15.6	1.5	90	3	2.1	-

The increase in appetite in pancreatic achylia appears to be associated with a rapid emptying time of the stomach (20). This has been demonstrated in our patients with fibrosis of the pancreas. That such increased appetite actually leads to increased intake is demonstrated by analysis of diets consumed by children with fibrosis of pancreas when fed ad lib. They actually consume 1 1/2 times the amount eaten by a normal child (11). That this might result in compensation for the deficient absorption is clear: 90 percent absorption of 100 grams would give 90 grams retained, while 60 percent absorption of 150 grams would also allow 90 grams retention.

Longitudinal growth curves of children who have had fibrosis of the pancreas and achylia pancreatica from birth, with minimal pulmonary infection, have been found to be remarkably normal whenever ad lib feeding of a well balanced diet has been given, without pancreatin substitution therapy (11).

Pancreatin substitution therapy has been shown in humans to be capable of improving nitrogen and fat absorption but only when large amounts of pancreatin are administered (21). This is very expensive, unreliable, and if too little is given absorption will be unimproved and the appetite lessened, thus destroying the compensation effected by increased intake.

A potent, cheap, reliable source of pancreatic enzymes which could be administered so as to avoid the destructive effects of the gastric acidity would be the ideal therapy. Meanwhile application of the concept of allowing ad lib consumption of a well balanced diet, depending on increased intake to compensate for deficient absorption, has yielded gratifying results (11).

There are limitations to this approach dependent on unknown facts concerning achylia pancreatica. Apparently dogs do not tolerate abundant intake for indefinite periods, and must occasionally have their intake reduced and then again increased, repeating this cycle indefinitely (12). Brewer's yeast should be added

to the diet: 6-10 grams per day for a small child.

Fat soluble vitamins are best administered in a dispersed state as by means of propylene glycol or wetting agent mixtures.

The explanation for the ability of the person with achylia pancreatica to absorb 60 percent of his fat and protein may be that the enzymes of the stomach and intestine can accomplish digestion to this degree (16, 22-25).

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### III. GOSSIP

The Norwegians are becoming sensitive over Americans mixing them up with the Swedes and Danes. According to the Oslo correspondent in the Journal of the American Medical Association, when Norwegians travel abroad, they learn that their distinguished compatriots are unknown or (what is still more galling) are supposed to be Swedes or Danes. It may be too late to teach the foreign colleagues elementary geography to keep separate Oslo, Stockholm and Copenhagen. It is recommended that Norwegian physicians should send their abstracts to leading libraries all over the world and also copies of their theses for the M.D. degree. It may mean that credit will be given where credit is due and it may serve their colleagues abroad from the invidious achievement of duplicating old discoveries hitherto overlooked....Our mighty hunters who had their schedules arranged many weeks in advance are finding the warm unseasonable weather interfering with their ideas on bringing home ducks....At a recent meeting of the Minnesota Society of Internal Medicine, Dr. Malcolm M. Hargraves known to most of us as a student of the bone marrow blossomed out with his other achievement as a leader of conservation activities. Last Sunday's Twin City newspapers also told of the work he is doing in connection with a farm project operated jointly with the Russell Wilders. ....Colonel Edward Sarsfield Murphy, distinguished ophthalmologist and former member of the Headquarters Medical Staff of the First Army, was a visitor last week. He was feeling quite chipper as he blossomed out with a handsome bow tie and a brand new set of stories....John Layne, Great Falls, Montana was also a hospital visitor this week. He will be remembered by many as a staff member in the Department of Medicine here starting in Hobart Reimann days. Great Falls Clinic with which he is associated is largely patterned after the Duluth Clinic. John likes clinic life and predicts that in many places it will be the answer to how to provide better medical care....Dr. Thomas E. Eyres of Pequot, Minnesota has joined our staff as a member of the Department of Postgraduate Medical Education. Dr. Eyres is the only general practitioner on our faculty. He is making a special study of the content of general practice (by

questionnaire) and the attitude of practitioners toward the several proposals to train recent graduates for general practice. He plans to offer an elective in general practice for students during the winter and probably the spring quarters. He spends part of his time in Radiology and the balance in attending lectures, conferences and clinics on the campus. He is compiling reports on the character on our teaching in relation to the needs of general practitioners. Dr. Eyres was a successful general practitioner and apparently a busy one as two men are taking his place during his sabbatical leave. He intends to go back to general practice when he completes his assignment....In view of the fact that the courses at the Center are opening up to those who were not in military service, it will mean that our new program will include offerings for all types of practitioners. When his survey has been completed, it will be of great assistance in future course planning for general men. It appears that there is a rather definite pattern of service for general practitioners who practice alone. By using this yardstick one can pretty well tell whether the general practitioner is giving good service to all of his patients. Greatest neglected opportunity in general medicine is in the field of psychotherapy. The 25 physicians who took the course at the Center are still shining examples of how psychotherapy can be used in any type of practice. It is evident from listening to many physicians tell how they practice medicine that they spend little time listening to their patients. They seem to pride themselves on examining neurotics from head to foot so that they will not overlook anything. This endless testing leads nowhere after a definite diagnosis has been made. This is not to de-emphasize systematic investigation of the sick but to criticize the use of physical examinations and laboratory tests to prove to the patient that he does not have anything wrong with him. I read an article the other day in which physicians vied with one another in telling how to shorten the interview. When Dr. Stark Hathaway weighed the charts in our record room, he found that many of the heavy ones were on patients with functional disorders much of this due to paper giving results, physical exams, tests and consultations.