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Bulletin of the
University of Minnesota Hospitals
and
Minnesota Medical Foundation



Medical Practice
in the State

BULLETIN OF THE
UNIVERSITY OF MINNESOTA HOSPITALS
and
MINNESOTA MEDICAL FOUNDATION

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As you all know well, the University of Minnesota Hospitals staff meeting consists ordinarily of the presentation of a scientific paper by one of our staff members or of a report of the activities of an individual department. Today's meeting represents a departure from this custom with regard both to subject matter and speaker.

It is, we believe, axiomatic that a medical school can do its job most effectively when it has the active interest and support of the practicing physicians in its area. Similarly, we believe that a practitioner can and should profit by continued association with a medical school. This practitioner-medical school relationship, although exceedingly important, is admittedly an ill-defined one. In an attempt to define further this relationship we have asked one of Minnesota's outstanding practicing physicians to speak to us today and to give us his ideas concerning the relation of the medical school to medical practice in the state.

Dr. Charles G. Sheppard is eminently qualified to speak on this subject. Dr. Sheppard received his M.D. from the University of Minnesota Medical School in 1936. After an internship and one-year residency at Miller Hospital in St. Paul, he returned to Hutchinson, Minnesota, where he has been in general practice since 1937. In addition to practicing the highest type of medicine, Dr. Sheppard has served the people of Minnesota by taking part in several public health activities. He has been on the governor's committee for the revision of commitment laws and has served on the tuberculosis committee of the Minnesota State Medical Association for several years. He recently retired as President of the Minnesota Public Health Conference. Currently he is the Speaker of the House of Delegates of the Minnesota State Medical Association. He is on the Board of Trustees of the Minnesota Medical Foundation and has always been a friend of the Medical School. I am sure, however, that the latter fact will not prevent him from making constructive criticisms. Dr. Sheppard's remarks on this occasion are, of course, to be construed as representing only his personal opinions but not necessarily those of any of the organizations in which he holds membership.

The entire Medical School faculty joins in welcoming Dr. Sheppard to our midst.

Editor

I. THE MEDICAL SCHOOL IN RELATION TO
MEDICAL PRACTICE IN THE STATE

Charles G. Sheppard, M.D.

The invitation to speak to you on this occasion was most unexpected and deeply appreciated. It never occurred to me at any time since I left this medical school 17 years ago that I should ever return to speak to any of you who were my own professors in medical education. I feel very humble because of it.

However, over the past several years, during which time it has been my privilege to serve as an officer of the Minnesota State Medical Association, I have been cognizant of the fact that there has been a certain schism between the practicing physician, be he a specialist or general practitioner, and the medical school staff and faculty. The impression has deepened that something must be done to close this breach, and it seems that this which I say today should be but the first of many similar efforts by others interested in the problems to accomplish that purpose. I believe that the differences of opinion exist because of a lack of complete understanding of mutual problems.

In beginning this discussion it might be well to review for you briefly the organized medical activities as they exist outside of the University Hospitals. Some of you know this already and others may not. There are 3,896 licensed physicians in Minnesota. An additional 2,000 are licensed in Minnesota, but do not live in the state. Of the physicians residing in Minnesota 3,713 are engaged in active practice and over 3,000 of these belong to organized medicine, that is, are members of their County Medical Society and hence the MSMA and AMA. The basic unit of the MSMA is the County Medical Society. There are 32 of these in Minnesota, ranging from small single county societies with membership of as few as 17 to larger single county or multi-county societies, the largest of which is the

Hennepin County society. Each medical society is autonomous, except that its efforts must be within the Code of Ethics of the MSMA and AMA and its Constitution and By-Laws must parallel those of the State and national organizations.

Activities on a statewide basis are conducted by representatives of each county society who are elected as delegates to the House of Delegates, one for each 50 or fewer members of each of the component societies. There are 77 delegates and 77 alternates elected to the House each year. The House of Delegates in turn elects its own officers who are the President of MSMA, First and Second Vice Presidents, Secretary, Treasurer, Speaker, and Vice Speaker. The House of Delegates meets annually or on special occasions, as required, to transact the business of the organization, accept or reject reports of the numerous committees and make whatever recommendations it wishes to be carried out.

Also there are 9 councilor districts into which the state is divided, and each councilor district nominates its own councilor to the House of Delegates who then, when elected, serves as the Councilor of the SMA to conduct the affairs of the association between sessions of the House. This council meets each quarter and sometimes oftener and considers any situations which arise on which it feels it can pass without consulting the House of Delegates. It is then, in effect, the interim governing body of the association, and has its own chairman, executive secretary and legal counsel. There are committees of the Council itself as well as about 50 Committees for the Association as a whole, who deal with all phases of medical economics and practice. These committees report annually to this House of Delegates, or in the interim to the Council. The Council makes major decisions of policy, and also makes recommendations to the House of Delegates which may be accepted or rejected.

Now the attitude of the overwhelming majority of doctors in the practice of medicine in Minnesota is in favor of private enterprise, and this in turn is re-

flected in these decisions in the House of Delegates. To witness this let me call your attention to the recent request by the House of Delegates for an evaluation of your cancer detection center. It was felt that certain members of your group had been using this center to further their own private practices, and it was resented and questioned. I haven't seen the report from the committee that was appointed to evaluate the center, if there has been one written, but I have read Dr. Diehl's statement of policy which came out recently, which I favor highly, and if carried out by your people here should prevent any further such criticism along this line.

The majority of doctors in Minnesota are engaged in general practice. In 1943, for instance, there were 1,800 of them as compared to 958 specialists. There has been considerable criticism of the attitude of certain people on your staff and faculty by those engaged in general practice because of the belittling attitude some of them have taken toward those in general practice. I have been told by some of the students that there was much discouragement for them to enter into general practice with the advice that they had much better go into one of the specialties. This attitude I deplore, first because I am a general practitioner, and secondly, because I firmly believe that a well trained general practitioner is capable of caring for 80 - 85% of all illnesses, but must have the specialist's help for the solution to the other 15 - 20% of the problems which confront him.

Fortunately there has been somewhat of a change in attitude in more recent years, so that more of the graduates coming out today are willing to go into general practice than was true 5 - 8 years ago when about 85% of them were going into specialties. I will grant that medicine is becoming more and more complex, and because of this more and more specialties are developing. There is still, however, the fundamental art of the practice of medicine which must not be lost in the maze of complicated laboratory procedures and which can be taught to any alert medical student.

Perhaps this art of the practice of medicine is being neglected somewhat here in the medical school. I have sensed that at least some of the recent medical students felt that their own undergraduate training was being neglected here because of your extensive graduate training program, so I submit to you that your primary function should be always the instruction of the undergraduate with secondary emphasis on your graduate program. You should, in my humble opinion, gear yourselves to turn out more, not fewer, men who are properly prepared and conditioned to go into general practice, and encourage that idea with all the means at your disposal.

Teach your staff a little more of the ethics of medical practice, as they should carry it on when they are finished so that the role or opinion of the referring doctor is not belittled to the patient who comes back home at times feeling that he is being cared for by a dud or numbskull. These derogatory remarks about previous treatment accorded a patient sent to the University Hospitals have occurred too many times and should be discouraged. I realize that this same practice is followed by men in private practice as well, and I don't condone it there any more than here. But those of us who are in general practice like to feel that we are rendering a real service to our patients and not just acting as first-aid boys to the specialists, whether here or outside the University staff or faculty.

There are many specialists who are engaged in private practice outside of the regular staff and faculty of the University. I believe that some departments within the University Medical School are not making as much use of these men as they should. I believe that your visiting staff should be utilized to as great an extent as possible to give as wide a variety of views on any subject under discussion as possible. In medicine there are usually several ways of accomplishing good results in any given patient. It is these different approaches to the solution of any patient's problem which should be brought out, rather than the teaching of one view only, as might be the case if a visiting staff member's

advice and consultation are not sought. There may even be times when the visiting staff opinion is superior to that of the men on the full time University staff.

Here at the University Hospitals, where you have every aid to diagnosis at hand, the temptation is to utilize all these aids as much as possible. I believe there is a tendency to forget that all these things are not going to be available at a moment's notice to the man going out to practice among the people of rural America. That is why I would have you teach him how he can best make some of the more common diagnoses with a minimum rather than a maximum of laboratory aids; how he can use his eyes, ears, head, and hands to the greatest advantage. In other words, I would have you emphasize more the art of practice, as I have said earlier. I do not mean by this statement to de-emphasize the role of the laboratory, because certainly we could not get along without it.

I believe, too, that it would be advisable for the heads of departments, as well as those on your faculty of lesser rank to attend these rural seminars as frequently as possible. By doing so they can see the existing facilities with which medicine is practiced outside of the medical school and can meet the practitioners of the state, talk with them, and understand their problems better. I think your understanding of our problems, and in turn, our understanding of yours would be increased tremendously. We might even give you some ideas for research problems which would be more practically profitable than some of those now engaged in. At the same time we certainly don't want to discourage any real basic research.

All along the line in medical school education, both graduate and undergraduate, the role of the doctor in his community should be emphasized. Because the physician entering into private practice in a community is at least as well educated, if not better educated than most others in his community, it behooves him to be of as great service as possible,

even beyond his contribution to his community's health. The old time doctor was placed on a pedestal by his community, and if he behaved himself, was kept there, aloof to public activities. That day has gone, and he must enter into general community life as much as his time will allow, and many times at some considerable personal sacrifice. He has an excellent opportunity to assist in the fight against "creeping socialism", and should so do.

From what I have seen and heard, there is too much advocacy of a socialized system from some elements within the faculty itself, and most of this stems from the fact that many who so believe have never been in private practice, or who have made failures of their efforts at it, and so turn to maligning it in favor of the completely salaried practice of medicine for all. I am convinced that the great majority of your staff and faculty believe in private enterprise, but even one or two in a group as large as yours, if they speak loudly enough, can leave the impression with these outside that the majority is favoring a socialized regime. At least the seed of doubt is planted, and this is not desirable. I believe that as new members are added to your faculty, you should take in those who have had a successful private practice or at least become thoroughly acquainted with their philosophy of practice and exempt those who favor the socialistic setup. More of the graduates come out now with the idea that socialism of medicine and eventually of all walks of life is inevitable. These words have been put in their mouths by the subtle attitude of the socializer, who is patient, bides his time, and advances his position little by little as is witnessed by the changes in our own life in the past 20 years. All of Norman Thomas' Socialist platform of 1936 is now public law, due in part to our acceptance of the slogan "It's inevitable, so why fight it?"

The fight against socialism should be the fiercest fight in the medical school, as we are the first, or among the first, that the government planners would bring to heel. There are many problems as far

as medical care costs that have not been solved, but given time and applied energy to the problems, they are and will be solved without excessive government intervention.

Now to another phase of undergraduate training which I think has been neglected. I believe it would be possible, probably in the premedical school course somewhere, to require a short course in business, especially as it is related to medicine with emphasis on methods of bookkeeping, medical records, etc., as well as a short course in legal medicine. There is no time for these subjects in the medical school, although there may be some time available during the senior year for discussion on fees in general.

Another suggestion which would be of inestimable value to the applicant for our medical school would be to acknowledge the names of the candidates who are acceptable sometime between December and April preceding the fall of admission. There has been considerable criticism of waiting until the last minute to announce the names of these men, at times severely handicapping that individual who may have his application in here and desires to go here above all other places, but who, to play it safe, has his application in at other medical schools in the country.

The subject of training of auxiliary medical personnel has been a sore point for many years in Minnesota. I refer in particular to the nurses training program, as laid down by the Nurses Training school and the American Nurses Association, in which people in our own state play important roles. I realize that this is a very tender subject, but that only increases its importance in solution. The nurse shortage has not been solved. I have had the privilege of sitting in on the discussion of the MSMA Committee on Nursing, but have not had the opportunity of hearing the other side of the picture. From what I can determine this committee is completely frustrated in its efforts to establish nurses training centers in small hospitals throughout the state, and unfortunately I am not familiar enough with all

of their proposals to discuss the entire program as intelligently as I should. I do know, however, that an apparent stalemate has been reached between the two groups.

As I understand the situation, the doctors in some of our small communities feel that they and their nursing staffs are quite capable of teaching a girl the fundamentals of bedside care of patients in homes or hospitals, while those in charge of setting up nurses training programs are keeping the standards of such instruction unnecessarily high, and are thus blocking the efforts of the doctors to train more badly needed nurses. Now there must be a solution to this problem. The doctors on the State Association committee have worked long and hard in an effort to solve these problems, but have arrived nowhere. When the subject is mentioned to them now, many of them become positively apoplectic during the ensuing discussion. With all due respect to them and their long hours and days of effort to solve this problem, it might be better if a new group would tackle the problem. Heretofore no one has had the courage to ask them to relinquish their committee appointment and let a new group be appointed in an effort to relieve the obstruction. I do not for one minute believe it is all the doctors' fault, however, and would suggest that perhaps it is time for the nurses to reassess their position with the object in view of doing the greatest good for the community, even at some sacrifice of position or standard.

Don't misunderstand me. I appreciate fully the hard battle which the nurse has made to attain her present position, but I don't like to see her become only a supervisor of others' duties when her primary function is patient care. It may well be that small hospitals are not staffed nor could afford to be staffed to produce R.N.s, but more help for bedside care must be obtained in some way, and it is up to the nurses to lead the way, rather than to be obstructionistic in their attitude. I'm probably pulling my own house and the nurses home down on my head, but I am impelled to speak frankly on this subject. Perhaps the University Nursing School should concen-

trate on producing teachers of nurses who would in turn be qualified to go out and supervise nurses training schools throughout the state to try to meet the need. There are, I am sure, a great many facets of this problem which I have not even touched, but I believe a start should be made to rectify existing conditions.

The other medical auxiliary groups which are in short supply are laboratory and x-ray technicians. The teaching is such at most schools here in Minnesota that a girl gets either laboratory training or x-ray training, but not both. Most small hospitals or doctors' offices cannot afford to hire two girls, one to do nothing but laboratory work and the other to do nothing but x-ray work. The two must be combined, and if possible in a shorter course than is now available. To become a registered technician now requires 4-5 years, I believe, including 2 years of academic training, which could possibly be eliminated in order to save time and expense of training and thus increase the supply of available people.

Many small hospitals find it impossible to obtain registered technicians because of the great demand, and hence have to rely upon graduates of so-called commercial schools of medical technology, who are not really thoroughly trained in laboratory and x-ray procedures. If the girl is intelligent, she can complete her training under the physician's guidance to a certain degree, but this is not the best way by all means. Some way must be found to increase the supply of competent technicians, either by establishing another shorter course here at the University or its affiliated hospitals, such as Ancker, General, or Miller, or by working out some arrangement with these commercial schools, so that their girls receive more adequate training. You can't afford to be stuffy about them, and not recognize and offer to assist them, since we in rural areas have to accept them whether we like it or not. Actually we find most of them quite satisfactory for many procedures. By having more and better training schools, and encouraging these graduates to go into rural communities, the prac-

tice of medicine in rural Minnesota could be improved.

The same thing might be said of nurse anesthetists, although here, I realize, a more thorough fundamental training in some aspects of medicine is really necessary. We have a most conscientious nurse-anesthetist in our hospital and are able to do many more operative procedures at home than we could previously.

A source of great irritation to the practicing physician who refers patients to the University hospital for care has been the great delay in getting out reports to him about the patient who has been discharged. This has improved some in the past year but still needs to be worked on a great deal. Such prompt reporting of diagnosis, treatment advised, etc. is absolutely essential to the family physician who must carry on after such patient's discharge, and will improve the University staff relation with private practitioners immensely, as well as improve the family doctor's and University staff relationship with the patient, and both are of equal importance.

In my opinion, and it is shared by many others I know, the doctors of Minnesota are negligent in their financial support of the medical school. There is at hand an ideal medium for such support, the Minnesota Medical Foundation, and I would encourage all Minnesota Physicians, whether graduates of Minnesota or not is immaterial, to join and support this organization.

More scholarships are needed, and the doctors, thru their medical societies and as individuals could supply all that are needed if they would. If we don't do it, the government will step in and do it for us, and we'll have no say in the matter. Research grants should be made available thru the estates of deceased physicians, wherever possible, to help carry on essential work.

Almost every county society in the state carries out immunization programs in the public and parochial schools, with small fees attached to encourage preventive medicine. We in McLeod County have pooled these immunization fees into the

Society's treasury and have found this to provide almost all of the money we ever need. Others could do the same if they wished, and some of this money could be used for scholarship purposes, and would certainly be a most excellent public relations maneuver.

I'm sure Dr. Diehl would be very much surprised and probably even a little disappointed, if I didn't mention a favorite subject, that of preceptorship for medical students. I became interested in this subject at the time when such a high percentage of the graduating classes were going into specialties, and realized that if this trend continued we would soon have a plethora of men in the specialties. Hence, over the past 3 or 4 years I have discussed this idea with many of my colleagues throughout the state with the result that several resolutions have been passed by the House of Delegates of the SMA encouraging the idea and requesting the University to look into the matter and bring about its accomplishment. My feelings about preceptorships were further strengthened after I had the privilege of discussing medical organizations with the senior medical students last spring.

I requested one of last years seniors to give me his own criticisms of the curriculum as he experienced it. I should like to quote a part of his letter to you for what it might be worth.

"All in all I think that we got a pretty good all round training especially so since I have been able to compare it with some of the other training evident on our internship. I do believe that most of us sincerely regretted that our university does not have a preceptorship included in the curriculum of its medical school. Again comparing notes with the boys from Wisconsin I feel that we missed a valuable form of training for general practice. I personally feel that general practice is the only form of medicine that holds any great deal of interest for me, but I would certainly have welcomed a chance to see it in action.

"Of course I felt that there was too much stress on the unusual of medicine and not enough on the everyday problems

which I would assume that one meets in a general field. While training is confined to a university hospital I do not exactly see how this can be overcome. It is entirely possible, too, that I will be glad in a few years that I trained in an institution where the stress was so placed since the rest may come easier than I now anticipate.

"There was absolutely no training in the realm of starting and handling a business. We did have some courses which were almost entirely superfluous and could easily be forgotten. I am sure that personnel is available that could enlighten us in such matters. Were I to start a practice on my own I would have almost no idea as to what equipment would be essential, what my fees should be, and other problems the answers to which might not make me a better physician, but might have a bearing on how soon I get a crippling ulcer.

"I do not feel that the criticism that we are taught to be too dependent on laboratory procedures in making a diagnosis is a very valid criticism. Only by actually seeing what certain physical signs mean in blood, urine, and chemical changes will such signs be fixed in our memory.

"These are only criticisms of the university in relation to our training for general practice, which is what I understood you to want. There are of course certain individuals on the staff who have a tendency to thumb their nose at any one in general practice but I believe that on the whole the staff was very good in praising the general practitioner and the results which they so frequently attained under adverse conditions."

It was very encouraging to me to learn first of all that so many of the group with whom I visited intended to go into general practice, and secondly that they felt they would have been very much interested in taking a preceptorship had the opportunity been presented to them.

At this same time I was rather disturbed because of the fact that there were so many of them who felt that they were willing to go into general practice

but did not wish to get out of larger urban centers. They felt that by going to Podunk Center, perhaps without a hospital, or even with a small one available within a few miles, that they would be greatly impaired in their practices, put at such a disadvantage that they did not wish to try it.

I don't know what has happened to the pioneering spirit which prompted our forefathers to settle in rural areas, where they had nothing to work with but their senses and a few meager drugs, but something of this kind must again be regained by the young man coming out into the country today.

Preceptorship, in my humble opinion, would afford those in rural practices, or even in general urban practice to further sell the idea to these young men, so that they could go into rural areas with a great deal more confidence and willingness, after having been exposed to the practice for a period of time. They would find that perhaps they could practice medicine without all the trimmings which are sometimes desirable, but not always necessary. They would find also that where conditions did not come up to the standards which they desired to practice under, they would have the pleasure and joy of bringing them up by their own efforts, with the help of their communities.

I believe that the patient coming to the University Hospital as a part pay or county patient should receive the same consideration as any patient in a private hospital. This should certainly include a great deal of care in the ordering of x-ray and other laboratory procedures, with the idea of trimming costs whenever possible. I am sure you will agree that some of these are expensive and perhaps not altogether necessary, even if interesting. Over the last few years we have

found that the boards of county commissioners are more and more willing to have us keep our county patients in local hospitals, rather than send them here, because of the increasing costs. We can keep them in most rural hospitals for far less than it costs here, and the patients themselves would rather remain nearer home.

Could we be of help to you people by sending in certain types of cases for teaching purposes? Could you send out periodic bulletins to all the state physicians with requests for certain categories of cases you would like to have sent in? We don't have any idea what your problems are. We certainly should know them, in order to be of assistance to you.

We who are out in private practice realize that you people probably have gripes about us too, and we would encourage you to be equally frank. I am convinced that by having a committee appointed from the medical school faculty and University hospital staff and a similar group from the State Medical Association, these and other problems could be worked out to the best advantage of all. Perhaps several joint committees would be necessary, one to deal with legislative matters, one with doctor-nurse-lab technicians and other auxiliary aid problems, etc. But let us sit down and really try to solve these problems and quit sniping at each other from across the fence. Thank you.

II. MEDICAL SCHOOL NEWS

Oct. 31 - Nov. 1 Special Homecoming
Program for Physicians
October 31 Special Lecture; "Inside the
British Health Plan;" Dr. James Rogers
Fox; Owre Amphitheater; 4:30 p.m.
November 13-15 Continuation Course in
Fractures and the Surgery of Trauma
for General Physicians
November 21 J. B. Johnston Lectureship
in Neurology; "Hypophysectomy in Man,"
Prof. Herbert Olivecrona, Professor of
Neurosurgery, Stockholm, Sweden, Muse-
um of Natural History Auditorium;
8:00 p.m.
November 21-22 Continuation Course:
Conference on Pemphigus and the Bull-
ous Dermatoses for Dermatologists
December 4-6 Continuation Course in En-
docrinology for General Physicians
December 5 Journal-Lancet Lecture;
"Some Studies on Experimental Diabet-
es," Dr. Dwight J. Ingle, Senior Re-
search Scientist, Research Division,
The Upjohn Company, Kalamazoo, Michi-
gan; Owre Amphitheater; 8:00 p.m.
December 15-17 Continuation Course in
Gynecology for Specialists

* * *

Welcome, Alumni!

The entire faculty of the Medical School joins in welcoming all of those alumni who have returned to attend the special Homecoming program for physicians. It is always pleasant to feel that our alumni maintain an interest in their alma mater. We should like to urge them, and all physicians in the state regardless of where they went to school, not to limit their visits to homecoming week. A variety of medical conferences are presented each week throughout the entire year, and all physicians are cordially invited to attend any of these they might find interesting.

Any suggestions for the improvement of the Homecoming Clinics session in future years will be greatly appreciated.

* * *

Continuation Course

The University of Minnesota announces a continuation course in Fractures and the Surgery of Trauma on November 13 to 15, 1952. Special features of the program will include an authoritative discussion of the evaluation of injuries from the medico-legal standpoint and a symposium on the seriously injured patient. Two distinguished visitors will take part: Dr. Carroll B. Larson, Chief of Service, Department of Orthopedic Surgery, State University of Iowa, Iowa City; and Dr. Edward L. Compere, Professor of Bone and Joint Surgery, Northwestern University Medical School, Chicago. The course will be under the direction of Dr. Owen H. Wangenstein, Professor and Chairman, Department of Surgery, and Dr. Wallace H. Cole, Professor and Director, Division of Orthopedic Surgery, and the remainder of the faculty will include clinical and full-time members of the University of Minnesota Medical School faculty.

* * *

Faculty News

Dr. John L. McKelvey is attending the meeting of the Southeastern States Cancer Seminar from October 30 to November 1 in Tampa, Florida, where he will speak on "Diagnosis and Treatment of Carcinoma of the Vulva and Vagina" and "Diagnosis and Treatment of Carcinoma of the Cervix."

Dr. C. J. Watson and Dr. Frederick W. Hoffbauer attended a Commission on Liver Disease on September 13 and 14. Following this, Dr. Watson attended the meeting of the American Clinical and Climatological Society. At this meeting he presented a paper on "Experimental Porphyria with Implications for the Human Disease." Doctors Rudi Schmid and Samuel Schwartz are co-authors of this paper.

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III.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
WEEKLY CALENDAR OF EVENTS

Physicians Welcome

November 3 - 8, 1952

Monday, November 3

Medical School and University Hospitals

- 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; W-612, U. H.
- 10:00 - 12:00 Neurology Rounds; A. B. Baker and Staff; Station 50, U. H.
- 11:30 - Tumor Conference; Doctors Kremen, Moore, and Stenstrom; Todd Amphitheater, U. H.
- 11:30 - 12:30 Physical Medicine Seminar; Heart Hospital Auditorium.
- 12:15 - Obstetrics and Gynecology Journal Club; Staff Dining Room, U. H.
- 12:30 - 1:30 Physiology Seminar; Autonomic Tests; Central Autonomic Balance; Therapy of Functional Psychoses; E. Gellhorn; 214 Millard Hall.
- 1:30 - 2:30 Pediatric-Neurological Rounds; R. Jensen, A. B. Baker and Staff; U. H.
- 4:00 - 5:30 Seminar on Fluid and Electrolyte Balance; Gerald T. Evans; Todd Amphitheater, U. H.
- 4:00 - 5:00 Pediatric Seminar; Oral Diseases in Childhood; Dale Cumming; Sixth Floor West, U. H.
- 4:30 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 4:30 - Public Health Seminar; 15 Owre Hall.
- 4:30 - 6:00 Physiology 114A and Cancer Biology 140 -- Research Conference on Cancer, Nutrition, and Endocrinology; Drs. Visscher, Bittner, and King; "Epilepsy Studies", O. Jardetsky; 129 Millard Hall.
- 5:00 - 6:00 Urology-Roentgenology Conference; C. D. Creevy, O. J. Baggenstoss, and Staff; Eustis Amphitheater.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Eldon Berglund; Newborn Nursery, Station C.
- 10:30 - 12:00 Tuberculosis and Contagion Rounds; Thomas Lowry; Station M.
- 11:00 - Pediatric Rounds; Erling Platou; Station K.

Monday, November 3 (Cont.)

Minneapolis General Hospital (Cont.)

- 12:30 - Surgery Grand Rounds; Dr. Zierold; Sta. A.
- 1:00 - X-ray Conference; Classroom, 4th Floor.
- 2:00 - Pediatric Rounds; Robert A. Ulstrom; Stations I and J.

Ancker Hospital

- 8:30 - 10:00 Chest Disease Conference.
- 1:00 - 2:00 Medical Grand Rounds.

Veterans Administration Hospital

- 8:00 - 9:00 Neuroradiology Conference; J. Jorgens, R. C. Gray; 2nd Floor Annex.
- 9:00 - G. I. Rounds; R. V. Ebert, J. A. Wilson, Norman Shrifter; Bldg. I.
- 11:30 - X-ray Conference; J. Jorgens, Conference Room, Bldg. I.
- 2:00 - Psychosomatic Rounds; Bldg. 5.
- 3:30 - Psychosomatic Rounds; C. K. Aldrich; Bldg. I.

Tuesday, November 4

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Pediatric Conference; L. G. Rigler, I. McQuarrie and Staff; Eustis Amphitheater, U. H.
- 9:00 - 12:00 Cardiovascular Rounds; Station 30, U. H.
- 12:30 - 1:20 Pathology Conference; Autopsies; J. R. Dawson and Staff; 102 I. A.
- 12:30 - 1:30 Physiology 114D -- Current Literature Seminar; 129 Millard Hall.
- 4:00 - 5:00 Pediatric Rounds on Wards; I. McQuarrie and Staff; U. H.
- 4:30 - 5:30 Clinical-Medical-Pathological Conference; Todd Amphitheater, U. H.
- 4:30 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 5:00 - 6:00 X-Ray Conference; Presentation of Cases from Mt. Sinai Hospital; Jack Friedman; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:30 - 9:30 Medical-Roentgenology Conference; Auditorium.
- 1:00 - 2:30 X-ray - Surgery Conference; Auditorium.

Tuesday, November 4 (Cont.)

Minneapolis General Hospital

- 10:00 - Pediatric Rounds; Spencer F. Brown; Stations I and J.
- 10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station F.
- 12:30 - Grand Rounds; Fractures; Sta. A; Willard White, et al.
- 12:30 - Neurocentgenology Conference; O. Lipschultz, J. C. Michael and Staff.
- 12:30 - EKG Conference; Boyd Thomes and Staff; 302 Harrington Hall.
- 1:00 - Tumor Clinic; Drs. Eder, Cal, and Lipschultz.
- 1:00 - Neurology Grand Rounds; J. C. Michael and Staff.

Veterans Administration Hospital

- 7:30 - Anesthesiology Conference; Conference Room, Bldg. I.
- 8:30 - Infectious Disease Rounds; Dr. Hall.
- 8:45 - Surgery Journal Club; Conference Room, Bldg. I.
- 9:00 - Liver Rounds; Drs. Nesbitt and MacDónald.
- 9:30 - Surgery-Pathology Conference; Conference Room, Bldg. I.
- 10:30 - Surgery Tumor Conference; L. J. Hay, J. Jorgens; Conference Room, Bldg. I.
- 1:00 - Chest Surgery Conference; Drs. Kinsella and Tucker; Conference Room, Bldg. I.
- 2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff; Bldg. III.
- 3:30 - 4:20 Clinical Pathological Conference; Conference Room, Bldg. I.

Wednesday, November 5

Medical School and University Hospitals

- 8:00 - 9:00 Roentgenology-Surgical-Pathological Conference; Paul Lober and L. G. Rigler; Todd Amphitheater, U. H.
- 11:00 - 12:00 Pathology-Medicine-Surgery Conference; Surgery Case; O. H. Wangensteen, C. J. Watson and Staff; Todd Amphitheater, U. H.
- 12:30 - 1:20 Radioisotope seminar; Use of C^{14} Acetate in Studying Intermediary Metabolism in the Mammary Gland; Wm. E. Petersen; 110 Botany Bldg.
- 1:30 - 3:00 Physiology 114B -- Circulatory and Renal System Problems Seminar; Dr. M. B. Visscher, et al; 214 Millard Hall.

Wednesday, November 5 (Cont.)

Medical School and University Hospitals (Cont.)

- 4:00 - 5:30 Physiology 114C -- Permeability and Metabolism Seminar; Nathan Lifson; 214 Millard Hall.
- 4:30 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 5:00 - 5:50 Urology-Pathological Conference; C. D. Creevy and Staff; Eustis Amphitheater, U. H.
- 8:00 - 10:00 Dermatological-Pathology Conference; Review of Histopathology Section; R. Goltz; Todd Amphitheater, U. H.

Ancker Hospital

- 8:30 - 9:30 Clinico-Pathological Conference; Auditorium.
- 2:00 - 4:00 Medical Ward Rounds;
- 3:30 - 4:30 Journal Club; Surgery Office.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Max Seham; Stations I and J.
- 10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station D.
- 11:00 - Pediatric Seminar; Arnold Anderson; Classroom, Station I.
- 11:00 - Pediatric Rounds; Erling S. Platou; Station K.
- 12:00 - Surgery Seminar; Dr. Zierold; Classroom.
- 12:30 - Pediatric Conference; Sympathetic and Parasympathetic Drugs; Raymond N. Bieter; Station I, Classroom.
- 1:30 - Visiting Staff Case Presentation; Station I, Classroom.
- 2:00 - 4:00 Infectious Disease Rounds; Main Conference Room, Bldg. I.
- 4:00 - 5:00 Infectious Disease Conference; W. Spink; Conference Room, Bldg. I.

Veterans Administration Hospital

- 8:30 - 10:00 Orthopedic X-ray Conference; E. T. Evans and Staff; Conference Room, Bldg. I.
- 8:30 - 12:00 Neurology Rehabilitation and Case Conference; A. B. Baker.
- 4:00 - Combined Medical-Surgical Conference; Conference Room, Bldg. I.
- 7:00 p.m. Lectures in Basic Science of Orthopedics; Conference Room, Bldg. I.

Thursday, November 6

Medical School and University Hospitals

- 8:00 - 9:00 Vascular Rounds; Davitt Felder and Staff Members from the Departments of Medicine, Surgery, Physical Medicine, and Dermatology; Heart Hospital Amphitheater.
- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U. H.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom and A. Kremen; Todd Amphitheater, U. H.
- 12:30 - Physiological Chemistry Seminar; Biological Breakdown of DFN; Dean Epperson; 214 Millard Hall.
- 1:30 - 4:00 Cardiology X-ray Conference; Heart Hospital Theatre.
- 4:00 - 5:00 Physiology-Surgery Conference; Todd Amphitheater, U. H.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hansen and Staff; E-534, U. H.
- 4:30 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 5:00 - 6:00 X-ray Seminar; Presentation of Cases from Miller Hospital; Drs. H. Peterson and Corrigan; Eustis Amphitheater, U. H.
- 7:30 - 9:30 Pediatric Cardiology Conference and Journal Club; Review of Current Literature 1st hour and Review of Patients 2nd hour; 206 Temporary West Hospital

Ancker Hospital

- 4:00 - Medical Pathological Conference; Auditorium.

Minneapolis General Hospital

- 9:30 - Neurology Rounds; Heinz Bruhl; Station I.
- 10:00 - Pediatric Rounds; Spencer F. Brown; Station K.
- 10:00 - Psychiatry Grand Rounds; J. C. Michael and Staff; Sta. H.
- 11:00 - Pediatric Rounds; Erling S. Platou; 7th Floor.
- 1:00 - Fracture - X-ray Conference; Dr. Zierold; Classroom.
- 1:00 - House Staff Conference; Station I.

Veterans Administration Hospital

- 8:00 - Surgery Ward Rounds; Lyle Hay and Staff; Ward 11.
- 8:00 - Surgery Grand Rounds; Conference Room, Bldg. I.
- 11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.

Friday, November 7

Medical School and University Hospitals

- 8:00 - 10:00 Neurology Grand Rounds; A. B. Baker and Staff; Station 50, U. H.
- 9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 10:30 - 11:50 Medicine Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 10:30 - 11:50 Otolaryngology Case Studies; L. R. Foies and Staff; Out-Patient Department, U. H.
- 11:45 - 12:50 University of Minnesota Hospitals Staff Meeting; Coronary Embolization in Bacterial Endocarditis; Joel G. Brunson; Powell Hall Amphitheater.
- 1:00 - 2:50 Neurosurgery-Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U. H.
- 3:00 - 4:00 Neuropathological Conference; F. Tichy; Todd Amphitheater, U. H.
- 4:00 - 5:00 Physiology 124 -- Seminar in Neurophysiology; Ernst Gelhorn; 113 Owre Hall.
- 4:30 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 5:00 - Urology Seminar and X-ray Conference; Eustus Amphitheater, U. H.

Ancker Hospital

- 1:00 - 3:00 Pathology-Surgery Conference; Auditorium.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Wallace Lueck; Station J.
- 10:30 - Surgery Conference; Oswald Wyatt; Tague Chisholm; Station I., Classroom.
- 12:00 - Surgery-Pathology Conference; Dr. Zierold, Dr. Coe; Classroom.
- 1:00 - 3:00 Clinical Medical Conference; Thomas Lowry; Classroom, Station M.
- 1:15 - X-ray Conference; Oscar Lipschultz; Classroom, Main Building.
- 2:00 - Pediatric Rounds; Robert Ulstrom; Stations I and J.

Veterans Administration Hospital

- 1:00 - Pathology Slide Conference; E. T. Bell; Conference Room, Bldg. I.
- 10:30 - 11:20 Medicine Grand Rounds; Conference Room, Bldg. I.

Saturday, November 8

Saturday, November 8

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.
- 9:00 - 10:30 Pediatric Grand Rounds; I. McQuarrie and Staff; Eustis Amphitheater.
- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; Heart Hospital Amphitheater.
- 9:15 - 10:00 Surgery-Roentgenology Conference; L. G. Rigler, J. Friedman, Owen H. Wangenstein and Staff; Todd Amphitheater, U. H.
- 10:00 - 11:30 Surgery Conference; Todd Amphitheater, U. H.
- 10:00 - 12:50 Obstetrics and Gynecology Grand Rounds; J. L. McKelvey and Staff; Station 44, U. H.
- 11:30 - Anatomy Seminar; Aleukemic Myelosis (Atypical Chronic Myelogenous Leukemia); R. D. Sundberg; 226 Institute of Anatomy.

Ancker Hospital

- 8:30 - 9:30 Surgery Conference; Auditorium.

Minneapolis General Hospital

- 11:00 - 12:00 Medical - X-ray Conference; O. Lipschultz, Thomas Lowry, and Staff; Main Classroom.
- 11:00 - Pediatric Clinic; C. D. May and Floyd Denny; Classroom, 4th Floor.

Veterans Administration Hospital

- 8:00 - Proctology Rounds; W. C. Bernstein and Staff; Bldg. III.
- 8:30 - 11:15 Hematology Rounds; Drs. Hagen, Goldish, and Aufderheide
- 11:15 - 12:00 Morphology Dr. Aufderheide