

1741100

111

Bulletin of the



University of Minnesota Hospitals
and
Minnesota Medical Foundation



Problems and Obligations
Of Organized Medicine

Volume XXV

Friday, November 6, 1953

Number 5

BULLETIN OF THE
UNIVERSITY OF MINNESOTA HOSPITALS
and
MINNESOTA MEDICAL FOUNDATION

Volume XXV

Friday, November 6, 1953

Number 5

INDEX

	<u>PAGE</u>
I. PROBLEMS AND OBLIGATIONS OF ORGANIZED MEDICINE	68 - 74
O. J. CAMPBELL, M.D., Clinical Professor, Department of Surgery, University of Minnesota Medical School	
II. MEDICAL SCHOOL NEWS	75 - 76
III. WEEKLY CALENDAR OF EVENTS	77 - 81

Published weekly during the school year, October to June, inclusive

Editor

Robert B. Howard, M.D.

Associate Editors

Wallace D. Armstrong, M.D.
Erling S. Platou, M.D.
William F. Maloney, M.D.

Richard L. Varco, M.D.
W. Lane Williams, M.D.

James L. Morrill, President, University of Minnesota
Harold S. Diehl, Dean, The Medical School, University of Minnesota
Ray M. Amberg, Director, University of Minnesota Hospitals
O. H. Wangensteen, President, The Minnesota Medical Foundation
Wesley W. Spink, Secretary-Treasurer, The Minnesota Medical Foundation

The Bulletin is sent to members of the Minnesota Medical Foundation
Annual membership fee - \$10.00

Address communications to: Staff Bulletin, 3330 Powell Hall, University
of Minnesota, Minneapolis 14, Minn.

Dr. O. J. Campbell is undoubtedly one of Minnesota's outstanding physicians. He received his M.D. from Rush Medical School in 1923 and served his internship at Presbyterian Hospital in Chicago. From 1924 to 1926 he was a Fellow in Surgery at the University of Minnesota Hospitals, spending six months of this time as an Exchange Fellow at the Mayo Clinic. From 1926 to 1929 he was on the full-time staff of the Department of Surgery here as an Instructor, and since 1929 has maintained a most active surgical practice in Minneapolis. He received a Ph.D. in Surgery from the University of Minnesota in 1933 and at the present time is a Clinical Professor of Surgery.

Dr. Campbell has played an active role in medical organizations in this state. In 1945 he served as President of the Hennepin County Medical Society and from 1945 to 1952 was Councilor for the Sixth Councilor District of the Minnesota State Medical Association. In May, 1952, he was named President-Elect of the Minnesota State Medical Association and assumed the Presidency of that organization on January 1, 1953. He is a Fellow of the American College of Surgeons, a Founder member of the American Board of Surgery, and a member of the Minneapolis Surgical Society, the Minnesota Surgical Society, and the Western Surgical Society.

It is with real pleasure that we welcome "O.J." to our Special Homecoming Program today.

--Editor

Thursday, November 5 (Cont.)

Minneapolis General Hospital (Cont.)

- 1:00 - Fracture - X-ray Conference; Dr. Zierold; Classroom.
- 1:00 - House Staff Conference; Station I.

Veterans Administration Hospital

- 8:00 - Surgery Grand Rounds; Conference Room, Bldg. I.
- 8:00 - Surgery Ward Rounds; Lyle Hay and Staff; Ward 11.
- 11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.
- 1:00 - 3:00 Metabolic Disease Conference; Drs. Flink, Heller and Hoseth.

Friday, November 6

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 - 1:50 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Department, U. H.
- 11:00 - 12:00 Vascular Rounds; Davitt Felder and Staff Members from the Departments of Medicine, Surgery, Physical Medicine, and Dermatology; Out-Patient Department, Heart Hospital.
- *11:45 - 12:50 Special Homecoming Staff Meeting; The Responsibilities of Organized Medicine; O. J. Campbell; Powell Hall Recreation Lounge.
- 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 - 5:00 124 Advanced Neurophysiology Lecture; Werner Koella and Ernst Gellhorn; 111 Cwre Hall.
- 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 - Urology Seminar and X-ray Conference; Eustis 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 - Pediatric 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.

Friday, November 6 (Cont.)

Minneapolis General Hospital (Cont.)

- 1:15 - X-ray Conference; Oscar Lipschultz; Classroom, Main Bldg.
- 2:00 - Pediatrics Rounds; Robert Ulstrom; Stations I and J.

Veterans Administration Hospital

- 10:30 - 11:20 Medicine Grand Rounds; Conference Room, Bldg. I.
- 1:00 - Pathology Slide Conference; E. T. Bell; Conference Room, Bldg. I.
- 2:00 - Autopsy Conference; E. T. Bell and Donald Gleason, Conference Room, Bldg. I.

Saturday, November 7

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.
- 9:00 - 10:00 Infertility Conference; Louis L. Friedman, David I. Seibel, and Obstetrics Staff; Eustis Amphitheater, U. H.
- 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. Wangensteen 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; Recent Advances in Iron Metabolism; R. Dorothy Sundberg; 226 Institute of Anatomy.

Ancker Hospital

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

Minneapolis General Hospital

- 8:00 - Urology Staff Conference; T. H. Sweetser; Main Classroom
- 11:00 - 12:00 Medical - X-ray Conference; O. Lipschultz, Thomas Lowry and Staff; Main Classroom.

Veterans Administration Hospital

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

* Indicates special meeting. All other meetings occur regularly each week at the same time on the same day. Meeting place may vary from week to week for some conferences.

I. PROBLEMS AND OBLIGATIONS
OF ORGANIZED MEDICINE

O. J. Campbell, M.D.

Fellow members of the faculty and alumni. I have been asked to discuss some aspects of organized medicine, particularly its problems, its obligations and its relationship to teaching institutions. I suspect that I have been asked to do this because my background should enable me in some measure to bridge the gap in point of view between those in private practice and those who are full time teachers.

On first consideration I thought this would be easy and that I would enjoy doing it. I have found it a pleasure because it is an opportunity to express some deep convictions but it has not been easy, for I lack the gift of language to convey them.

I believe that the future of medicine is inseparably bound to a wise, healthy, far-seeing, over all organization which considers the rights and interests of all branches of medicine and which is at once receptive to change, resistant to exploitation, a stimulant to scientific progress and the better utilization of that progress, a monitor of the competency and behavior of its membership, a trusted and respected interpreter of medical thought to the public and all this for the betterment of medical care. The realization of this is a larger order which we have not yet fully achieved but it is a goal toward which we must direct our thoughts and energies.

Very frankly, I do not know what attitudes toward Organized Medicine may be represented by this medical faculty. I am sure that the great majority of us believes in a type of medical practice which is compatible with a free enterprise system. I am sure that the great majority is friendly to the American Medical Association which, as you know, is only the aggregate of all state associations which in turn are the aggregate of all county associations. Trained as you are to challenge existing practices and

ideas in the hope of improving them, it would not be unusual if a few entertained ideas which are quite at variance with the views of most of us. If there are such among us, they are considerate to the wishes of the majority and reasonable enough to know that were they in different positions, active practice for example, they might think differently.

What I do not know is whether or not our full time men consider organized medicine as important to them, or to what degree they would have us change.

I am not here to defend Medicine since it is not under attack, certainly not by this faculty. I would like to express some of my own ideas concerning our problems and obligations as a medical organization, which ideas I have reason to believe are not too far removed from those held by the many able men who are giving their time, thought and energies to Medicine's needs, who can visualize our goal, and who hold no illusions regarding the pitfalls and road blocks to be overcome. If this somewhat philosophical elaboration of the problems and obligations of medicine should strike any of you as worthy of support; if the thought that the leaders in scientific medical thinking should logically concern themselves with the utilization of their contributions, I shall be amply repaid for appearing before you.

Our most serious problem, and I should add "in my opinion", for I have rarely heard this thought expressed, is to resist the forces which threaten to divide us. Our recent struggle to escape compulsory health insurance, which was actually a closer call than many realize, indicates what the socializers would do to the practice of Medicine were we to become split into factions.

Segmentation and division along lines of special interests assume a constantly increasing menace. Specialization in which whole groups with little knowledge of, or interest in, the problems of other groups fosters the illusion of self-sufficiency.

The general practitioners who make up

well over one-half of all practicing physicians and without whom we could not, for the foreseeable future, serve the American public, create a special problem. Today, the general practitioner feels threatened, suffers from loss of prestige and a sense of insecurity. Especially is this true in the cities where he is in competition with the specialist and where everything he does is measured in terms of specialist performance. In rural areas, he fares better and in most cases measures up to the finest tradition of "the family doctor."

Today the general practitioner has his own organization and operates it from the praiseworthy standpoint of education of its membership and from the understandable viewpoint of self-protection. How tragic for Medicine were the general practitioners and specialists to engage in a bitter competition for public favor!

There is urgent need today for Organized Medicine to summon all of its divergent elements and to define and spell out a reasonable relationship, especially between general practitioners and specialists.

To illustrate, the American College of Surgeons has declared it a breach of ethics for a surgeon to use a referring general practitioner as an assistant. Granting that on occasions such assistance may be but a subterfuge for a split fee and, granting that the general practitioner has no vested interest in his patient, he nevertheless, often by being the family doctor, holds a trusteeship toward his patients' health, which would be poorly served were he forced off the case when surgery is involved.

Most of us who are members and strong supporters of the College believe this to be wrong, believe it will discourage requests for consultation and reference of cases and will serve to isolate general practitioners into a resentful and dissident group.

The principle which I wish to emphasize is that questions as basic as that

of ethics and that of all-important relationships is a matter to be settled by Organized Medicine as a whole and not by a special group, no matter how sincere the motives or how great the qualifications to advise.

Thinking further along this line, there is urgent need for Organized Medicine to gather its resources and courage and to clean up unwholesome and immoral practices within the confines of its own doors. It is, in my opinion, to our everlasting discredit that we did not stop rebates for optical goods and all other forms of rebates until forced to do so by governmental action.

The American College of Surgeons has undertaken a crusade against fee-splitting, ghost surgery, and excessive fees, all reprehensible practices which should have been eliminated long ago. It should not have been necessary for the College to do this, and it is particularly unfortunate that they should have had so little confidence in the help that Organized Medicine would give them that they took their crusade out of Medicine's lap and put it before the public.

Again, most of us who will be glad to support any campaign to eradicate such practices, believe that the first step should have been to seek an agreement regarding a definition of fee splitting. All branches of Medicine should have participated in reaching such an agreement. After full agreement, the wholehearted cooperation of the American Medical Association should have been sought and should have been given.

Articles such as appeared in a recent issue of *Colliers* might not then be so disturbing to the public, so damaging to the confidence we seek to inspire, and so misleading about the extent of the evils described. The article did, indeed, admit that the majority of practitioners do not indulge in such misconduct, but it says so in fine print, figuratively speaking.

Closely allied to the eradication of gross and blatant evils is Medicine's obligation to examine and to pass judgment

upon the quality of service rendered by its members. Up to this time, it has been difficult if not impossible to do this. It has always been easier to avoid accepting a man into Organized Medicine if there is reason to doubt his worthiness than to extrude him after he has become a member. The courts have made it so difficult to discipline a member that his offense must be great before he can be expelled. Court action which is pending in Minnesota may be helpful in defining our rights in legal terms.

As many of you know, the Two Harbors Cooperative medical group is suing certain members of the St. Louis County Medical Society for the large sum of over \$300,000, claiming conspiracy. Out of this suit, it is to be hoped the rights of Medicine will be so clearly established that we may be able to limit our organization to men who foster the type of medicine in which we believe and who maintain the highest ethical and scientific standards.

A study of the problem of monitoring the quality and excellence of practice of the individual member leads inevitably to the conclusion that the place to regulate is at the hospital-staff level.

I believe that the recently promulgated rules applying to staff organization and staff obligations which have been issued by the Joint Accrediting Committee and which, as you know, require a critical review of every patient admitted to a hospital, clearly indicate such a viewpoint.

These edicts are creating a furor, not only because of the added time and responsibility they demand, but more importantly because they require an adjustment in our thinking. Accustomed to freedom of thought and action in the practice of Medicine, it is hard for us to accept the idea of supervision by our confreres. However, it is, in my opinion, an important move toward improvement of the quality of service which the public receives. With certain necessary modifications, some of the inconveniences may be eased. The hot breath of censure will

most certainly put wings on the feet of the laggard and fear in the heart of the dishonest.

Organized Medicine is very much opposed to federal aid to the medical schools. Perhaps some of you may not agree with this position, but you will respect the motives. We feel that support will eventually lead to control, and we believe it to be to the best interests of Medicine and of the public to keep our medical schools free of governmental dictation or control of any kind or degree.

The American Medical Association, through a foundation established for the purpose, is attempting to raise substantial funds from its own membership to aid medical colleges. They have fostered other foundations and agencies also seeking funds for our schools.

Admittedly, at this time, the moneys which have been raised fall short of the needs, but with more time the accomplishment will be greater. This country which raises so much money for privately endowed colleges will not desert its medical schools.

To stay strong, Medicine must remain sensitive and responsive to public needs and demands. Never again will we withdraw from and neglect our public relations. Review but briefly our response to the public's reasonable demand:

All over the country, implementing the request of the American Medical Association, county medical societies have established Grievance Committees to which any person who feels that he has been misused by a member of our profession may bring his complaint and receive satisfaction through explanation or redress.

We have made it possible for anyone to secure a physician within a reasonable time. Different mechanisms operating in various ways are employed over the whole country to assure availability of medical care to the public.

We have recognized the public's com-

plaint of high costs of medical care, and have fostered and promoted the sale of voluntary prepayment forms of insurance, such as the Blue Shield plans, and also the direct and indirect encouragement of the sale of commercial contracts covering surgical and medical expenses.

Today, according to testimony of major insurance companies at hearings before a House Committee, 91 million men, women, and children are covered by hospital insurance, 73 million have surgical-expense coverage, and 36 million are protected against medical expense.

Policies covering catastrophic illness are making their appearance. Two years ago California initiated this in conjunction with their standard Blue Shield policies; others, including private insurance companies, are following. Edmund B. Whittaker, Vice-President of Prudential Insurance Company estimates that already one million people are covered by this form of policy.

The voluntary insurance method of attacking the problem of high costs will never satisfy those who believe that people have a divine right to good health without personal responsibilities for it. It is their contention that under a voluntary prepayment insurance system man cannot afford his medical care along with food, clothing, shelter and recreation. They completely abandon the spirit of independence, self reliance and free enterprise in favor of governmental paternalism, socialism or some of the other "isms".

Furthermore, I believe that, to earn the respect to which it is entitled, Organized Medicine has the duty of fostering within its membership a stronger sense of obligation toward citizenship and toward civic responsibility. Perhaps it is because our old tradition taught us to be self-effacing as far as the public is concerned that doctors feel detached from civic activities. Regardless of the cause, it is harmful to us to shirk either the financial demands of our communities or the demands they may

make upon our time and energies. When other groups are doing a good job, can we afford to do otherwise? In the minds of many, Medicine should shun politics. What is politics but the business of operating our civilization? We can no more shun politics than we can waste our vote by boycotting the polls.

In this phase of my talk I have followed a rather philosophical, and, some may believe, unrealistic approach. I am quite ready to admit that Organized Medicine has made many mistakes and will unfortunately make more. I would not have you believe that I consider our need for unity transcends the right of any individual or any group to disagree, to debate and to dissent. You have only to attend a meeting of the House of Delegates to hear very vocal dissension. I ask only that these differences and debates be held within our own portals, and that when the vote is cast the will of the majority shall not only prevail but be freely adopted.

I wish to reiterate my belief that Medicine shares in the unrest and the uncertainty afflicting this country and the entire world, that Medicine as we would have it is still in danger and that, just as the free world needs a strong America, so free Medicine needs a strong American Medical Association.

I would rather skip the next phase of my talk but to do so would be to shun an obligation to help smooth out a totally unnecessary feeling of unfriendliness which seems to have crept between our medical school and some of the doctors in our state.

It is hard to evaluate this feeling, its origin, its extent or its intensity, but perhaps it is only necessary to know that it exists in order to move to correct it.

Last year on a similar occasion you listened to Dr. Charles Sheppard of Hutchinson, speaker of the House of Delegates of the Minnesota State Medical Association. Dr. Sheppard ably represents the point of view of the rural general practitioner and the views he ex-

pressed must be considered as held by many of the men in rural practice.

The faculty may believe that many of the direct and implied criticisms were unjust, some of the suggestions impractical or outweighed by other considerations. Nevertheless, right or wrong, just or unjust, it was good that he gave his talk and that we listened.

Speaking now for a moment as a faculty member, I feel that I cannot afford to indulge myself in the luxury normally awarded one who believes himself falsely accused and "tell off" my accuser. Rather I must remember that his complaint, if not completely justified, may have some basis in fact, and that in many ways he has been sorely tried and frustrated.

I get some solace out of the fact that despite his criticism he must think well of us, for he sends his own son here to receive our instruction. I am somewhat mollified to think that at the state level our relationship with organized Medicine has been excellent. Has not Dr. Diehl been a faithful attendant at council meetings, given hours of study on important committee assignment and has he not done as much or more on a National level? As a matter of fact, many of our members, including some heads of departments, have worked for Organized Medicine: Drs. Howard, Spink, Keys, Bieter, Wangenstein, McQuarrie to mention only a few of them.

Finally I reflect on the fact that our school cannot grow greater in an atmosphere of professional suspicion and disapproval. Especially is this true when the financial support comes for the most part from taxes appropriated by the state legislature, and our clinical material from the bailiwicks of both friends and critics. I now, therefore, try to evaluate what part of our critics' complaints is valid and how much of it is based on misinformation or misunderstanding.

Let me revert to my role as friendly critic and advisor and attempt to assay the situation in the hope that there may be an easy correction to whatever valid basis of ill feeling may be found to exist.

I believe that the medical school may feel most secure in its relations with the specialists in Minnesota. Within this group criticism and ill feeling is least likely to exist; rather the faculty is held in highest esteem and is called upon frequently for consultation and advice.

Within the Twin Cities, however, there is a tiny fear, a smoldering apprehension, that in years to come, with its source of teaching material from rural areas drying up, a gradual emphasis in private practice among the faculty will result in a large private clinic maintained by taxes and in competition with the private physician.

Let me hasten to add that I am not aware of antagonism to private practice on the part of full-time men when done on a limited basis. The doctors, proud of and ambitious for their medical school know that we cannot keep good men as heads of departments if they are limited to the same remuneration as a professor of Romance Languages. It is true that those of us who lose private patients to the University actually contribute more to the support of the medical school than do laymen who merely pay taxes. We do not object to the situation as it now exists, but would certainly not willingly accept the presence of a large private clinic. But why worry about something that does not exist?

There is far less ill-feeling among general practitioners in cities than in urban areas. In the matter of sampling, I have found very little antagonism. A general practitioner friend of mine who is very active in the Academy of General Practice in Hennepin County told me only a week ago that since Dr. Howard had assumed his position, relations between the general practitioner of his area and the medical school had improved greatly.

We come finally to the rural general practitioner, where our real problems lie. These men have been for years feeders of the University Hospital. These are the men who have been most seriously handicapped and frustrated by failure to obtain assistants and replacements in their

areas. These men also are allergic to the attractions of specialization for the younger men. Happy in their work and in their positions in their communities; they cannot understand why new graduates in medicine should hesitate to enter general practice in the "country." To add to their frustration, they cannot obtain nurses or even the right to train the nurses needed to operate their hospitals. This may explain why at times they may appear unreasonable.

Time will not permit a discussion of the problem of training general practitioners. I am convinced that our medical faculty does nothing deliberately to discourage our graduates from becoming general practitioners. Our offense, if there is an offense, is one of omission and not commission. In other words, the only question is as to whether we as a faculty are doing all we can to encourage graduates up to the point where the needs of the state are met. After that we have no obligation to influence. Some of us may feel we have no right to attempt to influence.

I believe that we can obtain enough information pertaining to student motivation to clear us of any suspicion of influencing the student toward specialization. I believe also that such information should be gathered, analyzed, and transmitted to the medical profession of the state. For the sake of harmony, we should defend ourselves vigorously in this respect.

I do not believe that Medicine would want its medical schools staffed exclusively by teachers whose sole aim and qualification is to turn out good practitioners of Medicine. It is good that some teachers find their greatest satisfaction in the superb training of men who are thereby made capable of supplanting or excelling them and that through this and through research they make their greatest contributions to medicine and mankind. We ask only that they not neglect the requirements of providing the needed practicing physicians for the people whose taxes support our school.

We come now to what I consider the

only justification for the resentful attitude of these men. Over a period of years in which they have been sending their low income or indigent patients to the University Hospital, a number of irritating incidents have occurred either to them individually or to a confrere whose experience they embrace as their own.

A report is not received. It is very tardy. It is sketchy. It is enormously detailed but not summarized. A patient referred to the hospital is sent back without treatment and without explanation. The patient hears or thinks he has heard remarks criticizing the referring doctor.

These and a host of other complaints are offered by the rural doctor to explain his reluctance to send his patient to the University Hospital. Add to this the fact that local commissioners charged with the financial responsibilities of the patient's care have found that it is less expensive to use the new hospital in the community than to use the University Hospital, and the patient would rather stay home within easy reach of his family. You will then understand why clinical material is becoming harder to get.

May I offer a suggestion? Complaints on the part of referring doctors are far less common when the patient is a private patient referred to a specific member of the staff. This is because the staff man immediately establishes a consultant relationship with the referring doctor.

Why not the same attitude toward every patient and every referring doctor? Let the code of ethics of the American Medical Association pertaining to consultations and referrals apply in these cases insofar as it is possible to apply it. This simple adjustment in thinking and the mechanics to operate it are in my opinion all that is needed to start our hospital and staff toward a fine relationship with the doctors of the state who will then see that the medical school does not suffer for want of clinical material.

One other suggestion which I have already made to Dr. Diehl: the University Hospital and the Medical School should have a professional relations man, who will visit the county medical societies, and even the doctors' offices to acquaint the doctors with University problems and in turn to learn the doctors' problems and what the staff can do to help them.

It has been my very great pleasure and privilege to try to serve both Organized Medicine and the medical school of this state. I have tried to interpret to each

the attitudes of the others. There is no incompatibility. There is no clash of interests. There should be no friction.

I am sure that the physicians of this state are very proud of their school and wish to see it continue to climb in stature and recognition.

If this talk has not rendered me persona-non-grata, I should like to continue to serve.

II. MEDICAL SCHOOL NEWS

Coming Events

- November 13 Special Lecture; "Fertilization of the Mammalian Ovum"; Dr. Richard J. Bladau, Professor of Anatomy, University of Washington School of Medicine; Owre Amphitheater; 4:00 p.m.
- November 16 Medical School Faculty Dinner; "Medical Writing"; Dr. Morris Fishbein; Coffman Memorial Union Main Ballroom; 6:30 p.m.
- November 16-18 Continuation Course in Fractures for General Physicians
- November 19-21 Continuation Course in Dermatology for General Physicians
- December 3-5 Continuation Course in Obstetrics for General Physicians

* * *

Class of 1933 Presents Class Memorial

At today's Homecoming Program, we are indeed pleased to honor the Class of 1933. This class, whose members received their M.D. degrees 20 years ago, includes many widely respected physicians now practicing in various parts of the country. Most appropriately, they have contributed a substantial sum to their Medical School as a class memorial, and this sum is to be used for scholarship purposes at the discretion of the Dean. Dr. Reuben Berman, one of the outstanding members of the Class of 1933, has sent us the following message: "The Class of 1933 today presents a scholarship fund to the Medical School as a class memorial. Representing the class, our committee, composed of Doctors Louis Freidman, Burton P. Grimes, Catherine McGregor, George Bergh, Albert T. Hays, Robert R. Kierland, Russell O. Sather, and Reuben Berman, will present the memorial fund which will be accepted by Dr. H. S. Diehl for the University and the Medical School. A class dinner is being held at the Criterion Restaurant in St. Paul this evening (November 6). Dr. E. T. Bell will speak on "The Medical School From 1928 to 1932," and we all look forward to hearing from Dr. Bell again." To this committee and to all members of the Class of 1933, go our most sincere thanks for their continued interest in their Alma Mater.

* * *

Faculty News

Dr. Ralph T. Knight, Clinical Professor and Director, Division of Anesthesiology, and Dr. Frederick H. Van Bergen, Assistant Professor, Division of Anesthesiology, attended the annual meeting of the American Society of Anesthesiologists at Seattle, Washington, October 5 to 9, 1953. Dr. Knight retired as President of the organization.

Many members of the Department of Medicine attended the October 22 meeting of the Minnesota Chapter of the Society for Experimental Biology and Medicine at Rochester. Dr. Samuel Schwartz, Associate Professor, presented a paper entitled, "The Conversion of Crystalline Porphobilinogen to Porphyrins by Normal Rat Liver."

Indianapolis was the site of the annual meeting of the Central Neuropsychiatric Association last October 15 to 17. The Medical School was represented by Dr. Reynold Jensen, Professor of Psychiatry and Pediatrics.

The following members of the Department of Bacteriology and Immunology attended the International Symposium for the Dynamics of Viral Infection in Detroit on October 21, 22, and 23: W. F. Scherer, H. E. Robertson, K. T. Brunner, J. O'H. Tobin, and J. T. Syverton.

Dr. Harold N. Wright, Professor, Department of Pharmacology, attended the meeting of the Academy of Ophthalmology and Otolaryngology at Chicago, Illinois, October 11 to 16 to take part with Dr. Noah Fabricant of Chicago and Dr. Clifford F. Lake of the Mayo Foundation in a panel discussion on "Medication for the Otolaryngologist."

Dr. W. D. Armstrong, Professor and Head, Department of Physiological Chemistry, gave a lecture on fluoridation before the Lake Superior Section of the American Chemical Society in Duluth on October 16, 1953.

Dean H. S. Diehl, Dr. William F. Maloney, Acting Assistant Dean, and Dr. Robert B. Howard, Director, Department of Continuation Medical Education, attended the meeting of the Association of American Medical Colleges in Atlantic City, New Jersey, October 26 to 28. Dr. Howard was made a member of the Association's Committee on Continuation Education. This meeting was preceded by a week-long Institute on the Teaching of Physiology, Biochemistry, and Pharmacology sponsored by the Association. Dr. Nathan Lifson, Professor, Department of Physiology, represented the Medical School at the Institute.

During September, Dr. C. D. Creevy, Professor of Surgery, and Head, Division of Urology, presented a paper before the meeting of the Uro-Surgeons which was held in Albany, New York. He also spoke before the North Central Section of the American Urological Association which met in Cincinnati during October.

Doctors Lewis Thomas and Robert A. Good, of the Department of Pediatrics, Heart Hospital Research Laboratories, attended the Twenty-fourth Annual Postgraduate Symposium on Heart Disease of the San Francisco Heart Association, San Francisco, California, October 28 to 30. Dr. Thomas spoke on "Implications of the Generalized Shwartzman Reaction" and Dr. Good on "Studies on the Mechanism of the Shwartzman and Arthus Reactions." Both also participated in panel discussions.

The Departments of Medicine and Pediatrics were well represented at the annual meeting of the Central Society for Clinical Research in Chicago on October 30 and 31. Among those attending were: Cecil J. Watson, Wesley W. Spink, Edmund B. Flink, Paul Frick, Neal Gault, Paul Hagen, Ben I. Heller, Robert B. Howard, William F. Maloney, Rudi Schmid, Richard T. Smith, and Lewis W. Wannamaker. A paper entitled "Experimental Hepatic Porphyria: Excessive Porphyrin Formation Resulting From Disturbance in Liver Catalase Metabolism", by Rudi Schmid, M.D., Samuel Schwartz, M.D., Jane Figen, B.S., and Marie Kiefer, B.S., was presented by Dr. Schmid.

Dr. Robert I. Wise, Assistant Professor, and Dr. Ernest Reiner, Clinical Assistant, both of the Department of Medicine, attended the Antibiotic Symposium held in Washington, D.C. from October 28 to 30. Dr. Wise presented a paper on "The Problem of Antibiotic Therapy in Staphylococcal Septicemia," of which Dr. Wesley Spink was co-author.

Dr. H. E. Michelson, Professor, Department of Medicine, and Director, Division of Dermatology, was recently made an honorary member of the British Society of Dermatologists.

* * *

III.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
WEEKLY CALENDAR OF EVENTS

Physicians Welcome

November 9 - 14, 1953

Monday, November 9

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.
- 11:00 - Tumor Conference; Doctors Kremen, Zimmermann and Stenstrom; Todd Amphitheater, U. H.
- 11:30 - 12:30 Physical Medicine Seminar; Electromyographs in the Study of Myasthenia Gravis; Sarah Gault; Heart Hospital Auditorium.
- 12:15 - Obstetrics and Gynecology Journal Club; Staff Dining Room, U. H.
- 12:30 - 1:30 Physiology Seminar 201; Report on First Teaching Institute of the American Association of Medical Colleges (Physiology, Biochemistry, and Pharmacology); Nathan Lifson; 214 Millard Hall.
- 1:30 - 2:30 Pediatric-Neurological Rounds; R. Jensen, A. B. Baker and Staff; U. H.
- 4:30 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 5:00 - 6:00 Urology-Roentgenology Conference; C. D. Creevy, O. J. Baggenstoss, and Staff; Eustis Amphitheater.

Ancker Hospital

- 8:30 - 10:00 Tuberculosis and Chest Conference; Auditorium.
- 2:00 - 3:00 Surgery Journal Club; Classroom.

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 - Orthopedic and Fracture Rounds; Drs. John Moe and Arthur Zierold; Sta. A.
- 11:00 - Pediatric Rounds; Erling Platou; Station K.
- 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.

Veterans Administration Hospital

- 1:30 - Cardiac Conference; Drs. Berman, Weisbart, and Smith; Rounds immediately following conference.

Tuesday, November 10

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 - 1:30 Physiology 114C -- Respiration; E. B. Brown; 129 Millard Hall.
- 12:30 - 1:20 Pathology Conference; Autopsies; J. R. Dawson and Staff; 102 I. A.
- 3:30 - Pediatric Seminar; Enuresis; Jack Wallinga; Sixth Floor, U. H.
- 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 St. Cloud Hospital; Drs. Nessa and Anderson; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:00 - 9:00 Fracture Conference; Auditorium.
- 9:00 - 10:00 Medical X-ray Conference; Auditorium.

Minneapolis General Hospital

- 10:00 - Pediatric Rounds; Spencer F. Brown; Stations I and J.
- 10:00 - Cardiac Rounds; Paul F. Dwan; Classroom, Sta. I.
- 10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station F.
- 12:30 - Grand Rounds; Fractures; Willard White, et al; Sta. A.
- 12:30 - Neuroroentgenology 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 - Surgery Staff Seminar; Thrombosis of Abdominal Aorta; Norton Rogin; Medical Conference Room, Bldg. I.
- 9:30 - Infectious Disease Rounds; Drs. Hall, Zinneman and Brown.
- 9:30 - Surgery-Pathology Conference; Conference Room, Bldg. I.
- 10:30 - Surgery-Tumor Conference; L. J. Hay, J. Jorgens and Donn Mosser; Conference Room, Bldg. I.
- 1:00 - Review of Pathology, Pulmonary Tuberculosis; Conference Room, Bldg. I.
- 1:30 - Combined Medical-Surgical Chest Conference; Conference Room, Bldg. I.

Tuesday, November 10 (Cont.)

Veterans Administration Hospital (Cont.)

- 2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff; Bldg. III.
- 2:30 - 4:00 Psychosomatic Conference; C. K. Aldrich; Conference Room, Bldg. I.
- 4:00 - Thoracic Surgery Problems; Conference Room, Bldg. I.

Wednesday, November 11 (HOLIDAY)

Thursday, November 12

Medical School and University Hospitals

- 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.
- 12:00 - 1:00 Medical Journal Club; The Differential Diagnosis of Anuria; Dick Anonsen; Dean's Conference Room, Millard Hall.
- 12:30 - Physiological Chemistry Seminar; Abnormalities from Feeding Soybean Protein; John Sheveland; 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 - ECG Reading Conference; James C. Dahl, et al; Staff Room, Heart Hospital.
- 5:00 - 6:00 Radiology Seminar; Hyaline Membrane in Lung; Richard Johnson; 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

- 8:00 - 10:00 Medical Grand Rounds; 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.
- 11:30 - 12:30 Clinical Pathological Conference; John I. Coe; Classroom.
- 1:00 - Fracture - X-ray Conference; Dr. Zierold; Classroom.
- 1:00 - House Staff Conference; Station I.

Veterans Administration Hospital

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

Thursday, November 12 (Cont.)

Veterans Administration Hospital (Cont.)

- 11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.
1:00 - 3:00 Metabolic Disease Conference; Drs. Flink, Heller and Hoseth.

Friday, November 13

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 - 1:50 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Department, U. H.
11:00 - 12:00 Vascular Rounds; Davitt Felder and Staff Members from the Departments of Medicine, Surgery, Physical Medicine, and Dermatology; Out-Patient Department, Heart Hospital.
11:45 - 12:50 University of Minnesota Hospitals Staff Meeting; Metabolic Aspects of Advanced Cancer; B. J. Kennedy; 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 - 5:00 124 Advanced Neurophysiology Lecture; Werner Koella and Ernst Gellhorn; 111 Owre Hall.
* 4:00 Special Lecture; Fertilization of the Mammalian Ovum; Dr. Richard J. Bladau, University of Washington School of Medicine; Owre Amphitheater.
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 - Urology Seminar and X-ray Conference; Eustis 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 - Pediatric 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 Bldg.
2:00 - Pediatrics Rounds; Robert Ulstrom; Stations I and J.

Friday, November 13 (Cont.)

Veterans Administration Hospital

- 10:30 - 11:20 Medicine Grand Rounds; Conference Room, Bldg. I.
1:00 - Pathology Slide Conference; E. T. Bell; Conference Room, Bldg. I.
2:00 - Autopsy Conference; E. T. Bell and Donald Gleason, Conference Room, Bldg. I.

Saturday, November 14

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.
9:00 - 10:00 Infertility Conference; Louis L. Friedman, David I. Seibel, and Obstetrics Staff; Eustis Amphitheater, U. H.
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; Electron Microscopy of Mitochondria in Nerve Cells Following Section of Axones; J. F. Hartmann; 226 Institute of Anatomy.

Ancker Hospital

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

Minneapolis General Hospital

- 8:00 - Urology Staff Conference; T. H. Sweetser; Main Classroom.
11:00 - 12:00 Medical - X-ray Conference; O. Lipschultz, Thomas Lowry and Staff; Main Classroom.

Veterans Administration Hospital

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

* Indicates special meeting. All other meetings occur regularly each week at the same time on the same day. Meeting place may vary from week to week for some conferences.