

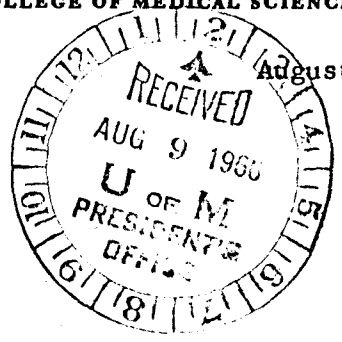
AUG. 4, 1966

UNIVERSITY OF *Minnesota*

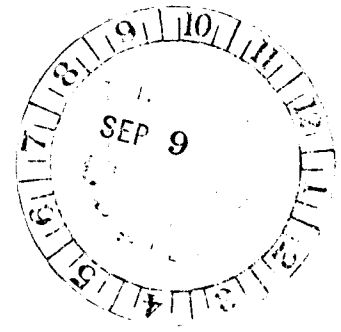
Minneapolis Univ. of Health Medical Sciences Medicine
Info: Medical School

COLLEGE OF MEDICAL SCIENCES • MINNEAPOLIS, MINNESOTA 55455

Office of the Dean



August 4, 1966



President O. Meredith Wilson
University of Minnesota
202 Morrill Hall

Dear Met,

I am enclosing a copy of Cecil Watson's valedictory. While it is long, it is well worth reading, for Cecil has made important points relative to a number of issues.

Some of these issues can be dealt with only by internal action within our College, e.g., the problems in relation to Pathology. Others, however, are of wider import. In particular, you will want to give consideration to his items number 1 and 10.

With all good wishes, I am

Sincerely yours,

Bob

Robert B. Howard, M.D.
Dean

RBH/ks

Enclosure

For all V.P.s.

hr



NORTHWESTERN HOSPITAL

July 15, 1966

810 East 27th Street
Minneapolis, Minnesota 55407
FEderal 2-7266

Dean Robert B. Howard
University of Minnesota Medical School
Minneapolis, Minnesota 55455

Dear Bob:

In accordance with your suggestion and our previous conversation I shall strive in the following to put down and discuss some items by way of constructive criticism of the Department of Medicine and the Medical School. No attempt will be made to discuss these in any strict order of importance; indeed, this would be difficult. Nevertheless, there certainly is some difference in relative importance and the No. 1 problem to which I shall give attention is the most important.

1. The problem of private consultation practice. The outcome of our long and ineffectual struggle to resolve this problem was truly one of the most disappointing aspects of my whole academic career. The more that I have come to realize the great dangers and disadvantages of our present method in terms of the highest possible standard for our School, the more I have become convinced that the present practice can lead only to increasing mediocrity, disillusion and estrangement on the part of those who are most important if a high standard is to be maintained - those who are deeply interested in teaching and research rather than a busy consultation practice and a large income. The department in which many or a majority are of the latter type cannot be administered satisfactorily by a department head in relation to what he needs to accomplish, both for undergraduate and graduate teaching and research. In effect, it becomes increasingly difficult, even impossible, for him to organize his teaching in the best possible manner. When a given station is assigned one Fellow or resident, one intern and two students, and when it has a complement of 20 private patients for whom 8 or 10 different staff men are responsible at any one time, you can well understand the chaos which is bound to result. Teaching is far less effective under these circumstances than with a well knit group having but one attending physician for a given period of time in charge of the ward and of the house staff and students. There might seem to be an obvious solution to this in an arbitrary assignment by the department head of a given station to a given staff member for a fixed period of time, such as three months. Unfortunately under the system which has now evolved, this would be on a collision course with the referral of private patients to individual staff members rather than the institution. Unless a department head had the strongest administrative backing, the outcry that would go up would likely defeat him.

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I have become fully convinced that the best solution of this problem for the future is to establish the rule that all patients must be referred to the institution rather than to specific staff members; that all consultation fees are to be turned over to the Regents of the University to be placed in a fund to support the total budget of the School and particularly, the clinical departments. This, as you are aware, is the Colorado system which Bob Glaser successfully introduced. So far as I can determine, this system is operating in a very satisfactory manner. It is ironical that it accomplished exactly the opposite of what its opponents predicted in terms of recruiting, at least in the instance of Bob Goltz who was offered and accepted a considerably larger salary than we could negotiate, and he was told that this was partly on the basis of the fund accruing to the medical school from private fees. Dire predictions were made by these same opponents in our own school - that it would be impossible to recruit and hold the best people without the added inducement of a considerable private practice income. While generous salaries are no doubt essential, it would be far better from the standpoint of teaching and research if the individual's total income were in the form of a salary. Several of the men in the Department whom I consider among the strongest in terms of teaching and research have indicated their grave unhappiness with the present problems of private consultation practice. In particular, I know that Ralph Williams, Yang Wang, Fred Goetz and Jim Carey are highly disturbed.

As you are aware, patients who will now come to the medical service on Medical assistance or Medicare have formerly been in A or B class. Even until recently these have constituted some 60% of the total service, a most important and valuable segment from the standpoint of teaching, and the facility with which the department head can organize it to the best advantage. Many of these, probably a great majority, will now have to be considered private patients in the sense that each one of them will be assigned to a staff member who will charge a fee. The difficulties which I referred to at the outset will be compounded and unless the staff can reach some suitable agreement, the department head will have remarkably little control over the clinical material upon which he must rely for his teaching program. Some time ago at my suggestion the Department formed a committee with Jim Carey as the chairman to try to formulate such an agreement according to which the fees from Medical assistance and Medicare patients, hitherto indigent, would be collected for a departmental fund to be used for the good of education and research. After many meetings and much discussion it is my understanding that there has been no agreement. There is evidently too much strength on the side of those who wish to add these fees to their regular private fees.

Many schools in the country have now worked out satisfactory methods by which the full time staff is truly full time rather than geographic full time, as in our own case in which the individuals are really engaged in private practice within the confines of the medical school. I think it will not be too long before schools of this type will come to be regarded as second class in contrast with those having genuine full time clinical faculties. The trend is full circle for such schools leading back to much the same situation which led to the Flexner report half a century ago.

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The private fees from Medical assistance and Medicare patients are very likely to affect adversely the clinical teaching in the municipal hospitals. As you and I know, there has never been any problem about private consultation practice either at the Hennepin County General Hospital or the St. Paul-Ramsey Hospital. I was told not long ago, indeed, by the Chairman of the Board of Public Welfare, that private practice is steadily increasing in the St. Paul-Ramsey Hospital. He agreed with me that this was unfortunate and that it was likely to get much worse after July 1 but it was evident that he felt helpless. It was significant that he said to me "The head hospital (meaning the University Hospital) does not set us a very good example".

The department head has a steadily increasing problem in terms of laboratory and x-ray procedures on private patients, procedures which he may regard as essential or highly desirable from the standpoint of teaching. Formerly he had control of this, as with the A and B patients (county and per diem) he could readily justify procedures that had teaching value, in the patient's interest. In steadily increasing proportion, however, he has lost this control as the private physician has the right to determine what shall or shall not be done on his private patients. Thus both the immediate teaching and the later study of hospital records will inevitably be impaired. It seems desirable to me that the hospital be prepared to subsidize procedures which the department head may regard as essential in this connection but which the private attending physician deems unessential. There are many additional things that I might say about this distressing problem of private consultation practice but I will content myself with voicing the hope that the University will be able to establish a far better method than that which now prevails in order that our School may continue to be in the first class.

2. I will comment briefly about nursing. I left the department with a heavy heart on this score. We increased our internship this year to 14 without any thought that we were going to lose an entire nursing station and 10 beds. This came as a bombshell only a short time ago and I have to pass it on, unhappy as it is, to my successor. This loss of beds cannot help but have a devastating effect on teaching on the medical service. Quite apart from the internship, the present number of students on the wards is too large, even if we had not lost the 10 beds. We have usually had only 8 or 9 students at a time and this is quite satisfactory. Now there are 13, and 10 less patients to be assigned.

The nursing shortage is relatively small in the private hospitals. I have just been told at Northwestern there is essentially no problem at all. They have over 90% of their complement and they attribute this entirely to their excellent three year nursing school. I must say that I have never understood the policy of our nursing school in this regard. I have the impression that they have been quite unwilling philosophically to consider nursing itself in contrast to nursing education or supervision, as a profession worthy of University training. It is generally accepted that a very good nurse can be trained in three years after high school, but it is evident that our nursing school has been interested in a degree program to the exclusion of regular nurse's training of the type which has been so valuable elsewhere. If a degree is essential because the training is given

in the university, could not some special designation be worked out similar to that for the two year course in the junior college? I have no fault to find with training nursing supervisors and educators but I believe that our School for many years has been out of balance and that they have been unwilling to recognize the essential dichotomy here that it is just as important to train good nurses who are going to remain nurses because they want to take care of sick people. We have repeatedly had the experience of losing excellent charge nurses from our stations and from the hospital simply because they did not have a degree. I doubt that this policy is rigidly adhered to now but it has been in the past.

3. I wish to make one or two comments about pathology in the University Hospital, especially as it affects the Department of Medicine. In my opinion the hospital should have its own pathologist, a relatively senior person who is a good teacher interested in general pathology, both autopsies and operations, and willing to give a reasonable amount of his time to teaching. There is a great opportunity for combined teaching by an interested pathologist and the clinical faculty at the weekly autopsy conferences, as well as the less frequent clinical pathological conference. Such an individual can also make a great contribution at the regular clinical conferences or grand rounds of the department, and can undoubtedly broaden his own knowledge and experience in this way. During the past three years we have been very fortunate in having Dr. Haus as the unofficial pathologist to the medical service. He has done a superb job and from the standpoint of our University Hospital, I deeply regret his leaving to accept a position at the St. Paul-Ramsey Hospital; nevertheless in the renaissance of the medical service which I hope may take place there, Dr. Haus can make an enormous contribution. Just what will happen to fill the gap here remains to be seen. If there were a director of pathology at the UH this would also take care of the highly unfortunate situation of which we are all aware respecting the backlog of reports of autopsies to the doctors of the state, the cause of continuing criticism of the University Hospital. A full time director of anatomic pathology in the UH could be expected to make an outstanding contribution to the whole fabric of teaching. It would only be appropriate, of course, that he hold his appointment in the Department of Pathology. In at least one respect the autopsies on the medical service have often failed to provide the teaching which they might. There are not a few neurological problems on the medical service in which the question arises as to a brain lesion. Despite the belief voiced to me by Dr. Dawson, that injection fixation of brains is unnecessary to obtain thoroughly satisfactory diagnostic sections, the brains are still being sent at once to Neuropathology to be injected; thus the service seldom sees or even gets reports on the brains of their cases and the correlation of the disease picture which they saw in a patient for whom the individual house staff members were responsible, is lacking. If they do get a report it is so long afterwards that the impact is gone. As you know, the autopsies are generally done by Fellows or junior staff members whose ability varies considerably. I believe that the autopsy service at the UH would make a much greater contribution to the overall teaching if there were a Director of Pathology for the Hospital whose interest would thus be well defined and localized.

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4. I am concerned about the trend that I see toward a separation of teaching and research, both in our own institution and on the national scene. I will comment briefly on two aspects of this: 1) The concept which has been expressed and fostered by certain of our faculty members that there ought to be formal recognition of two classes - those who only teach and those who teach and do research. As you know, the thought has been openly expressed that the first of these classes ought to be on a par with the second. I feel quite strongly that any tendency to formalization of this type would have very unfortunate consequences. I do not wish to be misunderstood with respect to the premium that I put on good teaching but at the same time, I believe that the best kind of teaching is enhanced when a man has the spirit of inquiry as evidenced by the research in which he is engaged. If the faculty of a school is too much diluted with teachers who do not investigate and who are not interested in research, the school will sink to a level of mediocrity. I recognize, of course, that in any departmental faculty there is bound to be a broad spectrum in terms of the relative emphasis among the members on teaching or research. It would be far too much to expect that they would all be equally involved in both, and this might even be undesirable, but to foster development of two well defined classes played off against each other, would be a far greater misfortune. 2) The development of research institutes in medical schools which is now receiving such impetus from NIH, temporarily blunted perhaps by Vietnam, is very likely to foster just such a development. The investigators in the institutes will have much less time or interest for teaching which will thus become a proportionately greater burden for the faculty members who do not belong to the institutes and who do not receive as much, if any, research support even if they had time to use it. After a while this latter group will be composed of teachers pure and simple whose spirit of inquiry, if they had it initially, will have become dulled and discouraged to the actual detriment of their teaching.

5. In thinking of clinical teaching on the wards of the UH I will turn to a problem which has given me great concern, especially in recent years. This is the matter of the most efficient utilization of the clinical material for teaching, especially undergraduate teaching. I have always believed that it is best for students to be exposed to general medicine, not to one or even two specialty services. During the relatively short period of their assignment to medicine, six weeks at each of two hospitals, it would be highly difficult, to say the least, to rotate them through several specialty services. This would not provide the continuity which is so important, and in many ways it would be undesirable. This question was considered in detail at the time that the VCHH was opened and because of the importance to our teaching program, there was a clear understanding then that patients with other than heart disease could be admitted to the VCHH. I confess that I was rather disheartened to find that someone from within our walls had given some suggestion to the Variety Club that perhaps it was not being used in the intended manner. I think the best thing that could have been done at this juncture would have been to meet with the responsible people in the Variety Club and explain the matter to them again, just as we did back in 1950 when they accepted it so readily

and in such an understanding way. I must say that we have had some rather vexing problems on Station 201 and these too had been foreseen at the time the hospital was opened. When I think what I went through to get the Variety Club interested in building a hospital (with no help whatever from either Surgery or Pediatrics) I must say that I felt singularly unrewarded in all the trouble I had with the hospital in the subsequent years. There was an understanding at the outset that the surgical service could admit not more than four patients directly to 201, but this was soon brushed aside and the simple fact is that we have had more and more trouble trying to maintain our teaching service in the face of the competition on surgery and the frequent utilization of beds for private patients not involved in undergraduate teaching. This was often a very discouraging situation. I sincerely hope that Dr. Ebert with his great interest in cardiovascular disease can figure out a good way to solve this problem.

6. As the department has grown, it has always been far behind in secretarial and clerical services. Although I have always striven to use our limited secretarial force to the best advantage for the whole staff, there is no doubt that some, even senior members, have had far less clerical assistance than they had a right to expect. Inequalities have been made more apparent by the use of secretaries paid from research funds where these were available. It has been a matter of concern to me that these individuals have often been used for general secretarial duties, including various chores related to private consultation practice. I have never known whether this can be adequately justified in terms of sparing the time of the investigator; in any event, I fear that this usage would scarcely stand close scrutiny, especially in terms of the more strict accounting which is now required. There have been some other causes for inequality apart from the use of research funds. For example, Dr. Winchell has a secretary paid by the Hospital. I was never consulted about this and, indeed, only learned rather recently that this was the case. I have not inquired as to the basis of this assignment but I assume that it goes back to the time some years ago, when Dr. Winchell was mainly responsible for cardiac catheterization in the Department. He has long since given up all activity of this type and, as you know, engages in private consultation practice to a very considerable degree, he and Dr. Kennedy competing for top honors in this respect. Dr. John Murray, on the other hand, has had quite inadequate secretarial assistance despite a very important contribution to the activities of the Department, both in teaching and research. I am glad to say that he has just received a three year grant of \$90,000 from the Hartford Foundation, but whether this can or should assist him with his secretarial problem, I do not know.

7. As you are aware, one of my principal difficulties in recent years has been to try to satisfy the requirements of the ever growing Department for office and laboratory space. Here, too, there has been undoubted inequality because of the principle of first come, first served and vested interests. I am sure that I could have been tougher in insisting upon greater equalization but this would have stirred up grave resentment and difficulties and perhaps would have done more harm than good. With the considerable amount of new space now in the offing, I think my successor will have good sailing

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and I shall feel particularly pleased about the utilization of the Christian Fund for this purpose. I hope that this may be assigned in accordance with earlier discussions and correspondence with Dr. Gault and with Jim Carey and Ralph Williams.

8. As you know, I have given considerable thought in recent years to the establishment of formal divisions in the Department. After considerable soul searching and with full recognition of the advantages that such divisions might have, we decided that it would be best at least for the time being to operate on the unit system, each unit being related to research interest and specialty clinic activity. This, I believe, is preferable in relation to a general medical service without attempted segregation on a specialty basis which would be extremely difficult from the standpoint of undergraduate teaching, as I have already pointed out in relation to the VCHH. I am aware that formal divisions may be established under the new administration and I have no comment about this one way or the other except in relation to one of the members of the Department whom I consider outstanding, namely, Ralph Williams. I have little doubt that if a secret ballot were to be taken of the full time members at the University Hospital as to who in the Department is making the most significant contributions, Ralph Williams would be Number One. Although Dr. Spink has not spoken with me about it, I know that he favors the establishment of a division which he would direct to include infectious disease, allergy and immunology, and that Williams and his work would be included in this division. I think it is my duty to say that if this transpires, Williams will quite likely be lost to the Department. He has had several very attractive offers from various parts of the country and although he has not made any threats or issued any ultimatum, he has indicated quite clearly that he would not like to serve in such a division. I might say in this connection that Dr. Ebert has not yet asked me for any information whatever about the Department. He may well plan to do so in the coming weeks and, of course, I shall be only too happy to help him in any way that I can.

9. I feel obliged to say something about the relation of the Department of Medicine to the Comprehensive Clinic. There has been considerable dissatisfaction on the part of a number of members of the Department with respect to the fact that while the departmental members are expected to make a major contribution to the teaching of the Clinic, they have no voice in policy forming and they feel that they are not consulted adequately. It is also somewhat unfortunate from the standpoint of the Department Head that there are individuals holding their academic appointments in the Department, but not on the departmental budget. The question of responsibility for tenure under these circumstances deserves consideration. I felt that it was my responsibility to make clear that Drs. Beaumont and Fuller were in this category and that some definite understanding would have to be reached between the new Department Head and Dr. Magraw in this connection. Lest what I have just said may in any sense sound critical of Dr. Magraw, let me hasten to say that our relationships have always been very fine indeed. I have had no difficulty whatever in working things out on an informal basis. The fact remains nevertheless, that many department members have the feeling that I have referred to. I believe it is justified, at least in part.

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10. I believe I ought to say a word in favor and in the hope of improved publicity for the Medical School and the University. People do not like to point to a lack of publicity about events in which they have been involved for the fear that they may be thought to be seeking publicity themselves. I hope you will agree that I have not shown evidence of being a publicity seeker and I can assure you that what I have to say on this subject stems solely from the belief that the School and the University are often missing superb opportunities to help them in interesting people who might do them a great deal of good, whether in terms of private gifts or influence. I will mention just a few examples of what I have in mind.

The first relates to the visit of Sir George Pickering, the Regius Professor of Medicine from Oxford. As you know, he was the first John and Miriam Cornelius Visiting Professor in Medicine. Here was a great opportunity to build up this professorship in a manner which might easily induce others to endow similar projects, not to speak of the great personal interest that some publicity about Pickering might have stimulated. Here perhaps was the outstanding Professor of Medicine in the world today, a man of the most charming personality, who made a tremendous impression on the students and faculty and who could have done the School quite a bit of good in terms of a personal interview with the press. Nothing whatever came of this. There was no publicity about Pickering that I saw and Cornelius got scarcely any credit either in the press or in the meeting of the Minnesota Medical Foundation through which his gift was made. I was at the meeting and although Mr. and Mrs. Cornelius were there, they were not even introduced. I know that it was the hope of Eivind Hoff that the Pickering's might become real supporters of the Foundation. They were certainly not encouraged on this occasion.

One of the outstanding lectures in the Medical School this past year was that of J. Bronowski who is, I suppose, generally recognized as one of the foremost philosophers in the world today, a scientist and humanist who has done so much in bringing the two cultures together. This would have been a superb opportunity to give support to the idea that we have been working on for several years, that of providing the medical student with a continuing education in the Humanities during the course of his medical curriculum. Bronowski's lecture was enthusiastically received but the opportunity to create interest and gain further support on the basis of his visit was largely lost. In fact, the only thing I saw about his visit related to what he did in the Department of Philosophy and the lecture he gave for them. This notice was very small. They did not sponsor his visit nor pay his expenses, and the Medical School could have profited by some good publicity about Bronowski's visit. As you know, Dr. Cowling obtained an anonymous gift of \$8000 to support this whole program. I am aware that President Rice of Macalester knew of this gift and was quite interested in its purpose. I doubt that he ever learned that Bronowski was brought to the Medical School for the objective in which Dr. Cowling was interested, and by the fund which he obtained.

Last but not least in this connection is the recent Liver Symposium and in mentioning

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this I realize that I might well be accused of being disgruntled in not having had enough publicity myself. The fact is I was greatly honored and could not have been more pleased, but I felt that the Medical School missed a very significant opportunity for its greater benefit. Here was a gathering of famous men, many of them famous clinical investigators, many of them world famous, yet so far as I can determine, there was not one interview with the local press nor one word about such people as Heilmeyer, Sheila Sherlock, Hans Popper, Charles Gray, to mention just a few of the more famous. I did not make any inquiry about the matter of publicity but John Murray informed me that Karen Mast had told him that Victor Cohen would cover the Symposium. He did not appear. My brother, who was struck by the lack of any announcement of the Symposium or any interviews with its members in the public press, asked the managing editor of the Star-Tribune about this. He was told that they must accept blame for not having covered such an event but at the same time stated that they had called the University publicity office and had been told in effect that it was something they need not bother with as it was entirely technical.

11. I would like to say a word about the George Clark Research Professorship. There is no doubt that Dr. Frantz was an excellent choice for this appointment, but I am rather concerned that he is getting more and more involved in various extra-research activities which are occupying a great deal of his time. He has been increasingly a Committee man, both at the School, the State and the National level. I felt quite frankly that it was unfortunate and inappropriate for him to be a member of the Private Consultation Practice Committee, and as you know, I question whether serving as chairman of the Human Experimentation Committee will be in the interest of the George Clark Endowment. Perhaps, however, this activity will not take as much time as I think. Ivan apparently has difficulty in saying no. He is such a fine individual that he does not like to turn people down and, as a result, he is getting heavily involved in many things rather far removed from his own basic research interests. You can appreciate my deep interest in the George Clark Professorship, but having said what I have you may be sure that I will say no more.

12. The last decade and particularly the last eight years in which you have served as Dean have seen great changes in our School. Your initiative, guidance and wise restraint have generally been superb. I hope that the increasing tendency to democratization and extensive representation of the faculty will not result in a situation where there is too much decision by committees and too little by the administrator and/or the department head. You know how strongly I feel that the Dean is, after all, the one who must make the important decisions. It is his responsibility and he cannot delegate too much of it to committees. I hope you will not think that in saying this I am trying to give you gratuitous advice but rather that I feel that this is the one time that I ought frankly to state my views and my philosophy for whatever it may be worth.

I know full well what a traumatic experience the private consultation practice problem

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posed for both of us. It was certainly one of my principal sources of discouragement and I would not hide the fact that this influenced my decision to relinquish the headship of the Department when I did. Had it not been for the growing complexities and unhappiness of this problem which I foresee for the coming years, I believe I might have thought twice about the decision which I reached. Of course, it was not the only factor in this decision, but it was an important one.

In closing this rambling letter, let me say quite simply what a great pleasure it has been for me over the years to have you first as undergraduate student, then as my intern and resident, and still later, as a member of the faculty of our Department, and finally as my Dean and administrative officer, always as a friend upon whom I could count for advice and support.

With all good wishes and warmest regards.

Sincerely yours,

Cecil

C. J. Watson, M.D.

P.S. I have not sent copies of this letter to anyone, but if you deem this advisable, do not hesitate to do so. I would be pleased, of course, if President Wilson were to see it, and perhaps Vice President Shepherd. I have no objection to its being shown to Dr. Ebert but this, of course, is entirely up to you.

CJW:lj