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

Case Reports

Volume VIII | Thursday, October 15, 1936 | Number 3

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

Volume VIII | Thursday, October 15, 1936 | Number 3

INDEX

PAGE

I. LAST WEEK 30

II. MOVIE 30

III. CASE REPORTS . . . . R. W. Koucky

1. HEAT PROSTRATION. RETROPERITONEAL HEMORRHAGE . . 31 - 32

2. GENERALIZED BURNS. MILIARY TUBERCULOSIS . . . . . 32 - 34

3. TUBOOVARIAN ABSCESS. ABORTION. PERITONITIS. . . 34 - 36

IV. GOSSIP . . . . 36 - 37

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

Financed by the Citizens Aid Society

William A. O'Brien, M.D.

I. LAST WEEK

Date: October 8, 1936

Place: Recreation Room, Nurses' Hall

Time: 12:15 - 1:21

Program: Movie: Mountain Building
Abstract: Carcinoma of Colon
Case Reports:
Carcinoma of Colon (cecum, hepatic flexure, transverse, rectosigmoid).

Present: 107

Discussion: L. G. Rigler
C. Watson
O. H. Wangensteen
E. W. Bedford
W. T. Peyton
R. E. Boynton
M. Wetherby

II. MOVIE

Title: Work of Atmosphere

Released by: Erpi Film Corp.

III. CASE REPORTS

1. HEAT PROSTRATION
RETROPERITONEAL HEMORRHAGE

R. W. Koucky

A.L., 82 years of age,
Hosp. No. 650373.

The case is that of a white male admitted to the University of Minnesota Hospitals 7-13-36 and expired 8-5-36 (25 days).

Heat prostration
7-13-36 - Picked up on street and brought to hospital. Semiconscious. Temperature 98.4°. Pulse 88. Respirations 22. Blood pressure 178/86. Punctate erythematous rash. Dulness over both lung bases, posteriorly. Heart moderately enlarged. Harsh systolic and loud diastolic murmurs over base of heart. Reflexes present. Babinski sign negative.

Laboratory
Urinalysis - trace of albumin, few red blood cells, many white blood cells. Blood - hemoglobin 90%, white blood cells 7,500 with 56% neutrophils. X-ray of chest: no evidence of bronchopneumonia. Ectasia of aorta present.

Improved
7-15-36 - Much better. Heart murmurs no longer audible. Temperature 100 to 102°.

Pneumonia
7-17-36 - Temperature 104°. Dulness in right chest with suppressed breath sounds. X-ray: Probable bronchopneumonia, right lower lobe.

7-22-36 - Condition unchanged. Temperature fluctuates to 104°.

Sudden abdominal pain
7-28-36 - Sudden severe abdominal pain. Nauseated, vomited bile stained material. Marked rigidity in right upper quadrant and epigastrium. Abdomen silent. White blood cells 15,900 with 88% neutrophils. X-ray: Distention of both large and small bowel. No free gas in peritoneal cavity. Surgical consultation: Impression: Ruptured appendix with peritonitis. Typhoid fever with performation to be considered. Conservative treatment advised.

Rapid anemia
7-30-36 - Much improved. Practically no pain. Blood - hemoglobin 51%, 2,500,000 red cells.

Abdominal mass - pneumonia - death
8-5-36 - Abdominal symptoms largely relieved. An abdominal mass now palpable in right side. Temperature elevated to 104°. Signs of pneumonia have returned. 6:50 P.M., expired.

Autopsy

Body is that of a well developed, well nourished, white male measuring 182 cm. in length and weighing about 160 lbs. No rigor, hypostasis or cyanosis. Slight edema of hands and ankles. Faint jaundice. Pupils, 4 mm. each. Full upper and partial lower dental plate.

Retroperitoneal hemorrhage

Ascending and transverse colon adherent to each other by numerous recent fibrous adhesions. Sigmoid adherent to cecum. Adhesions and serosal surface of colon in right half of abdomen are hemorrhagic in places. On right side, pushing colon forward, there is a large round retroperitoneal mass about 10 cm. in diameter. On section, mass proves to be a hematoma in the retroperitoneal fat anterior to right kidney. It contains about 400 cc. black clotted blood. Hemorrhage has pushed into retroperitoneal tissue superiorly so that it lies behind the liver. Laterally, it extends along top of pancreas to hilus of spleen, and downward into right iliac fossa. The iliopsoas muscle is infiltrated with blood and is somewhat softened. All this hemorrhage is retroperitoneal.

Peritoneal Cavity

Contains only about 10 cc. of bloody fluid. The hemorrhage does not appear to have originated from the aorta, vena cava, the branches of the celiac axis or the portal vein. The entire area of hemorrhage is removed and fixed in formalin and on subsequent dissection the only vessel that appears to be a possible source of hemorrhage is the upper main branch of the renal artery on the right side. Just at the point where the inferior adrenal artery arises from it, there is attached to this vessel a round mass of fibrous tissue about 5 mm. in diameter. The renal arteries as well as the other visceral arteries are markedly sclerotic. The gross appearance of the hematoma indicates that the hemorrhage began somewhere in the region of the right adrenal. It is in this region that the greatest amount of organization has taken place.

Diaphragm

Reaches to 4th interspace on right side, 5th rib on left. Appendix is normal. Right Pleural Cavity contains about 350 cc. of bloody fluid. Adhesions between right lower lobe and pericardium. Left pleural cavity contains about 50 cc. of bloody fluid. Pericardial cavity normal.

Cardiac hypertrophy - marked arteriosclerosis

Heart weighs 550 grams. There is marked left ventricular hypertrophy. Epicardium normal. Myocardium shows numerous small scattered areas of fibrosis and one large area, 2 cm. in diameter. Adjoining portions of right and left aortic cusps are fused and calcified. There is some atheromatosis of the mitral valve. Pulmonary and tricuspid valves normal. There is moderate ectasia of the aorta. The circumference just above the aortic valve is 9.2 cm. No ansurysm. Left coronary artery shows moderate to marked sclerosis. Right coronary artery shows moderate sclerosis and the root of the aorta slight sclerosis.

Pulmonary congestion - bronchiectasis

Right Lung weighs 635 grams, Left 450. Small apical scar on left side. Right lower lobe partially atelectatic. Both lungs show congestion. No gross pneumonia. Moderate degree of cylindric dilation of bronchi. Pulmonary arteries show numerous yellow atheromata.

Spleen weighs 95 grams and appears normal on section.

Liver weighs 1550 grams and is soft in consistence.

Gallbladder contains about 40 cc. of dark bile. Common duct moderately dilated. No stones. Hepatic duct, cystic duct and gallbladder not dilated.

Esophagus and stomach normal. Mucosa of duodenum markedly congested where it lies close to the hematoma. Large intestine contains yellowish-green fecal material. Remainder of bowel negative.

Pancreas normal.

Left Adrenal normal. Right adrenal is surrounded by hemorrhage but the interior of this adrenal is not hemorrhagic.

Each Kidney weighs 125 grams. Right kidney is surrounded by hemorrhage but this has not penetrated under the capsule of the kidney. Kidney surfaces are smooth. On section, they appear normal. Pelves and ureters are normal. There is an anomalous artery to the lower pole of the right kidney passing in front of the pelvis. There is no dilation of the pelvis. Left kidney contains a solitary cyst, 2.5 cm. in diameter.

Bladder contains about 100 cc. of cloudy urine.

Atypical prostatic enlargement
Prostate shows moderate enlargement of lateral lobes. On section, it has the usual appearance of benign cystic hypertrophy except that between the adenomatous formations are several small irregular yellow and white areas. Seminal vesicles, testes and epididymides normal.

Aorta shows marked degree of atherosclerosis.

Thyroid small. Parathyroids normal.

No enlarged Lymph Nodes noted.

Head - not examined; permission not granted.

Adenocarcinoma of prostate
Microscopic:
Prostate - most of gland shows benign cystic hypertrophy. The small irregular yellow and white areas show primary adenocarcinoma.

Renal Artery - The small connective tissue mass is composed of granulation tissue. No break in arterial wall seen. Marked medial fibrosis and moderate intimal thickening noted.

Wall of hematoma - shows well advanced organization.

Diagnosis:
1. Heat prostration (clinical).
2. Retroperitoneal hemorrhage, from undetermined source, probably an arterio-sclerotic artery.
3. Carcinoma of prostate.
4. Left ventricular hypertrophy of heart (hypertensive?).
5. Generalized arteriosclerosis.
6. Calcified aortic stenosis.
7. Myocardial fibrosis.
8. Ectasia of aorta.
9. Pleural effusion, right.
10. Bronchiectasis.
11. Healed pulmonary tuberculosis.
12. Pulmonary congestion.
13. Anomalous renal artery, right.
14. Slight generalized jaundice.

* * * *

2. GENERALIZED BURNS MILIARY TUBERCULOSIS

R. W. Koucky

F.S., 28 years of age.
Hosp. No. 648136.

Case is white female admitted to University of Minnesota Hospitals 4-21-36 and expired 7-16-36 (86 days).

Burned
12-16-35 - Severely burned over chest, arms and back while cleaning clothes with gasoline. Admitted to local hospital; treated with tannic acid. Subsequently, skin grafting begun.

Transferred to University of Minnesota Hospitals
4-21-36 - Transferred for further skin grafting. Physical examination negative except for extensive burns which are partially covered by skin grafts. Laboratory: Urine, negative. Blood - hemoglobin 62%, red blood cells 3,110,000, white blood cells 6,500 with 74% neutrophils. Non-protein-nitrogen 32 mgs.; chlorides, 588.

History of pleurisy for 8 years
Past history negative except for attacks of left-sided pleurisy over a period of 8 years. Family history negative for tuberculosis.

Skin grafts
4-29-36 - Pinch skin grafts to buttocks and thighs.

6-16-36 - Small deep grafts to chest,

both front and back.

Poor general condition - medical consultation
5-16-36 - Anorexia, marked apathy. Edema of legs. Right hydrothorax. Impression: toxic effect on myocardium. X-ray of chest: bilateral pleural effusion.

6-9-36 - X-ray of chest - fluid on right side absorbed. Thickening of pleura remains. Fluid still present on right. Hemoglobin 50%.

No improvement - daily temperature
7-2-36 - Forced feeding by tube necessary. Transfusions have been given. General condition not improved. Since admission has had a daily rise of temperature between 100 to 102°.

Heat prostration
7-12-36 - Involuntary. Temperature 105. One convulsion occurred.

7-13-36 - Temperature 106.8^{o}. Non-protein-nitrogen 44.1; blood sugar, 165; chlorides, 600.

Medical consultation
7-16-36 - Brawny edema of neck and some of arms. Tenderness and widening of mediastinal dulness at upper end of sternum. Some dyspnea. Tachycardia. Few muscle twitchings. Advanced malnutrition. Edema is probably on nutritional basis. Twitchings may be due to marasmus. Diagnostic suggestions: blood protein and calcium studies; x-ray of chest (mediastinum). Therapeutic suggestions: continuous nasal feeding of 3,000 calories per day with high protein, high sugar, low starch diet. Insulin, Units V, t.i.d.; oxygen tent.

Laboratory
Hemoglobin 50%. Blood calcium, 8.7. Total blood protein, 4.44%; albumin, 1.51%; globulin, 2.6%; fibrinogen, .33%. X-ray: fluid in both bases; mottled densities throughout both lung fields, probably representing pulmonary congestion.

7-16-36 - Expired at 7 P.M.

Autopsy
Body is that of fairly well developed, markedly emaciated, white female measuring 160 cm. in length and weighing about 60 lbs. No rigor, hypostasis, cyanosis or jaundice. Moderate edema of ankles, left upper extremity and left upper chest wall. Pupils, 6 mm. each. Numerous skin grafts over right anterior chest, right arm and forearm, left forearm, and buttocks. Skin grafts have been removed from adjacent areas of healthy skin. There are a few small areas of infection. Grafted areas are in good condition. Over back, numerous large decubital ulcers. In some places, the bone is exposed. There is contracture at left elbow. Hair is sparse. Teeth are in good condition. Left ear is smaller than right and has a cauliflower appearance.

Tuberculous peritonitis
Subcutaneous abdominal fat is only a few millimeters in thickness. Peritoneal Cavity contains 400 cc. of cloudy colorless fluid. Peritoneal surfaces, but especially those of mesentery, are studded with hundreds of rough papillomatous masses up to 5 mm. in diameter. On section, many are caseous. Numerous large caseous mesenteric nodes. Parietal peritoneum, pelvic peritoneum and serosa of bowel contain the same nodules but not to such a great extent. Appendix is retrocecal and is bound down by adhesions. Anterior surface of liver is adherent to diaphragm. Diaphragm reaches to 4th rib on each side.

Pleural adhesions - fluid
Right Pleural Cavity contains about 150 cc. of slightly yellowish fluid. Left pleural cavity contains about 500 cc. of same fluid. Extensive pleural adhesions on both sides, especially posteriorly. Pericardial Sac is normal.

Heart weighs 155 grams. Numerous petechiae in epicardium and a patch of epicardial fibrosis 1 cm. in diameter. Myocardium and valves show nothing of note. Foramen ovale, closed. Coronary arteries and root of aorta show slight atherosclerosis.

Miliary tuberculosis - old focus
Right Lung weighs 280 grams, Left 225. Left lower lobe and small portion of left upper lobe atelectatic. Every lobe of lungs contains dozens of tuberculous nodules of a few millimeters in diameter. In many places, these nodules are in small conglomerate masses. The only old or large focus of tuberculosis that is noted is in the right apex where there is an area 2 cm. in diameter which is partly caseous. Caseous hilar nodes on both sides.

Spleen weighs 200 grams. Two large notches in border. Normal consistence and, on section, dark red with prominent follicles. No gross tuberculous areas present.

Liver weighs 1570 grams. No gross tuberculosis. Few tubercles in peritoneal adhesions on anterior surface. Firm consistency and deep yellowish-brown color.

Gallbladder contains about 10 cc. of dark bile. Ducts not dilated.

Tuberculous ulceration
Esophagus, stomach, duodenum and upper small bowel are normal. In lower ileum, there are 3 or 4 tuberculous ulcers, partially encircling the bowel in a transverse direction. These ulcers are about 1.5 x 3 cm. There is a spontaneous ileo-cecostomy. A tuberculous ulcer of the last inch of the ileum has ulcerated through the cecum and a finger can be passed from the terminal ileum into the cecum underneath the ileocecal valve. Other than this ulcer, the colon shows no evidence of tuberculosis. The mucosa of distal half of colon is somewhat edematous. Serosa of small bowel contains numerous tuberculous nodules.

Pancreas and Adrenals are normal.

Tuberculosis of kidneys
Kidneys each weigh 120 grams. On surfaces, there can be seen about six white nodules, each from 1 to 2 mm. in diameter. On section, kidneys and pelves appear normal. Right ureter is slightly dilated. Bladder is normal.

Genital tuberculosis
Slight amount of cervical erosion. Uterus normal. Both tubes moderately thickened and tortuous. Peritoneal surfaces studded with numerous small tubercles and, on section, tubes contain caseous masteria. Right ovary, cystic; left, normal.

Aorta shows slight atherosclerosis.

Thyroid is small. Parathyroids are small.

Head: not examined.

Diffuse Miliary Tuberculosis

Microscopic: Confirms presence of tuberculosis. Tubercles likewise present in spleen and liver.

Diagnosis:
1. Extensive burns with skin grafts.
2. Generalized miliary tuberculosis.
3. Fatty change of liver.
4. Emaciation.
5. Edema (nutritional?).
6. Heat prostration (clinical).
7. Decubital ulcers.

* * * * *

3. TUBOOVARIAN ABSCESS
ABORTION
PERITONITIS

R. W. Koucky

G.H., 34 years of age,
Hosp. No. 650745.

Case is that of white female admitted to University of Minnesota Hospitals 7-26-36, and expired 7-27-36 (1 day).

(History not clear-cut because of critical condition of patient and lack of information on part of relatives).

Pregnancy (?)
5-1-36 - Last menstrual period.
Para II; gravida IV (?).

Abortion - induced (?)
7-1-36 (about) - Took "some" quinine as a "tonic." For one week had cramps and vaginal bleeding.

Uterine or vaginal packing
(Date indefinite - about 7-4-36) - Above episode diagnosed as a miscarriage. Was "packed."

Chills and fever
7-13-36 - Developed chills and felt feverish. Thought she had "flu."

Vomiting
7-23-36 - Began to vomit. (Relatives thought she had been vomiting for 2 weeks). Chills have continued.

Admitted
7-26-36 - Vomiting now marked. Admitted to University of Minnesota Hospitals. Temperature 102.8°. Pulse 144. Critically ill. Marked abdominal rigidity. Slight distention. No tenderness. Multiple painless ulcers of labia. Bloody discharge. Impossible to make detailed bimanual examination because of abdominal rigidity and induration of pelvic structures, especially on left side.
Laboratory: Urine - cloud of albumin, numerous casts, white blood cells and red blood cells. Blood - hemoglobin 59%, red blood cells 3,100,000, white blood cells 19,200, 89% neutrophils. Blood culture, sterile. X-ray of chest - bronchitis. X-ray of abdomen - no evidence of pregnancy.

7-27-36 - Expired.

Autopsy
Body is of white female, well developed, well nourished, 5 ft. 8 in. long and weighing about 180 lbs. Rigor and hypostasis are present. No cyanosis or jaundice. Slight edema of ankles and labia. Pupils, 5 mm. each and regular. On inside of right labium majus, there is a raised flat area, light brown in color, 2 cm. in diameter. Abdomen is somewhat distended.

Generalized peritonitis
Subcutaneous abdominal fat measures up to 3 cm. in thickness. Peritoneal Cavity contains about 1000 cc. of yellowish-gray purulent fluid. Intestines are glued together by fibrinopurulent exudate. Appendix is normal except for involvement by peritonitis. Diaphragm is at 4th interspace on right, 5th rib on left.

Pleural effusion
Left Pleural Cavity contains adhesions over base, anteriorly, and about 2000 cc. of clear fluid. There is about 50 cc. of clear fluid in right cavity. Pericardial Cavity is normal.

Heart weighs 260 grams. Epicardium and valves normal. Foramen ovale closed. Myocardium is soft and cloudy. Coronary arteries and root of aorta show minimal sclerosis.

Pulmonary edema and congestion
Right Lung weighs 430 grams, Left 420. Moderate diffuse congestion and edema; no consolidation. No evidence of tuberculosis.

Spleen weighs 185 grams. Deep red and only slightly soft.

Toxicity
Liver weighs 1995 grams. Anterior surface covered with green fibrinopurulent exudate. On section, liver is markedly pale and cloudy. Gallbladder is slightly thickened; mucosa shows slight cholesterosis; bile ducts are not dilated.

Esophagus, stomach, duodenum and mesentery normal. Intestines not opened. Pancreas and Adrenals normal.

Right Kidney weighs 145 grams, Left 180. Both swollen and pale. Left ureter moderately dilated, right markedly dilated. Both pelves moderately dilated. Bladder contains small amount of purulent urine.

Negative uterus
Pelvic organs covered superiorly by fibrinopurulent exudate. Culdesac contains about 100 cc. thick purulent material. Cervix shows moderate erosion. Vagina contains numerous flat-topped verrucous elevations from 1 mm. to 1 cm. in diameter and about 1 mm. in height. Uterus measures 11 cm. in height and is definitely larger than normal. The

greater part of the mucosa appears fairly normal; around internal os is a band about 2 cm. in height where the mucosa shows blackish discoloration. In lower part of fundus, mucosa shows an irregular polypoid projection 2.5 cm. in length having a base of about 1 cm. in diameter; this is dark red in color. Myometrium shows nothing of note. There is no evidence of instrumental perforation of the uterus.

Ruptured tuboovarian abscess
Right tube and ovary appear normal except for peritonitis. In right ovary is a somewhat cystic corpus luteum, 1.2 cm. in diameter. Left tube is markedly enlarged, thickened, edematous and filled with purulent material; connected with it there appears to be an ovarian abscess 5 cm. in diameter, filled with greenish purulent fluid. Near distal end of tube are 2 irregular perforation each about 6 mm. in diameter.

Periaortic Lymph Nodes enlarged. Aorta and its large branches show reddish staining of intima. Very slight athero-sclerosis of aorta. Thyroid and para-thyroids normal.

Dedicua

Microscopic: Uterus - Muscle heavily infiltrated with mononuclear and some polymorphonuclear cells. Mucosa shows normal resting endometrium. Polypoid area shows large typical decidual cells with numerous giant cells in basal portion of mucosa.

Mixed flora in peritoneum
Bacteriology: Cultures of pus from peritoneal cavity show mixed growth of B. coli, staphylococcus and streptococcus. Postmortem blood culture: staphylococcus.

Diagnosis:
1. Ruptured tuboovarian abscess.
2. Generalized peritonitis (mixed flora).
3. Cloudy swelling of liver and kidneys.
4. Splenitis.
5. Pulmonary congestion and edema.
6. Pleural effusion.
7. Hydroureters.
8. Vaginal leucoplakia.
9. Postpartum (?) uterus.
10. Possible induced abortion (clinical).

IV. GOSSIP

The tea given last Sunday by Dean and Mrs. Harold S. Diehl in honor of Drs. Maxcy, Shepard and Visscher and their wives was a great success. The lounge of the Nurses' Hall was crowded with guests anxious to meet the new members of our staff. The occasion also served as a splendid opportunity for many of our faculty members and their wives to see one another after the summer vacation. The Diehls have always been noted for their gracious hospitality and this occasion was no exception.............When Pediatrician Paul Dwan was trailoring in Florida last winter, he had many interesting experiences. Finding the regular camping grounds crowded, he and his family went to a secluded spot on the beach to set up housekeeping. They found that they were not alone for, glancing out one moonlight night, they saw Florida skunks cavorting on the sand. Their little friends proved to be first class scavengers and incidentally the Dwans were introduced to "skunk fishing." Colored boys on moonlight nights dangle fishing poles over the playful animals from a secluded spot in the shadows. A piece of string, a hunk of meat and a hungry animal make an ideal combination for strikes. The skunk discovers the meat overhead, reaches up with his little paws and holds on as the bait is gently conveyed to the open top of a barrel. With a quick flip of the fisherman's wrist Mr. Skunk joins many of his brothers in the bottom of the cask. When the container is full, the skunks are drowned---believe it or not............Don R. Mathieson is interning at the Detroit Receiving Hospital and writes to ask that we send the bulletin to Dean Flemming and himself. They like their new place very well and do not feel that having attended the Medical School

of the University of Minnesota is too much of a handicap........Dr. Hosabet Mukhyaprana of Suratkal, India, is the turbaned gentleman now seen on the campus. Both a physician and a dentist, he is here for graduate work. Strangely enough, according to Dr. Mukhyaprana, no one consults a dentist in India as very few of the natives have trouble with their teeth. Cavities rarely form and if they do they are not progressive. All of his dental practice is referred by physicians who wish to seek his advice about the relationship between the condition of the mouth and some other problem. A few of the natives have their teeth cleaned, some have gold put in for decorative purposes, while a few have real trouble. He believes the excellent condition of their teeth can be attributed to diet, sunshine, and the way they clean them. They chew a certain kind of a weed instead of using a brush. He also feels that if western civilization overtakes them that the dentist's drill will be busy............George F. Ellinger also writes for the Staff Meeting Bulletin. Both he and his wife are enjoying their stay in the South and are very much impressed with the hospitality of the people. He is serving his internship at the Charity Hospital in New Orleans and speaks of the daily census of 2,500 patients and the opportunities for clinical study. He is connected with the Tulane Service and assures anyone who comes there that they get a fine service..................Ophthalmologist Edward Sarsfield Murphy of Missoula, Montana, was a hospital visitor on his way to attend the American Academy of Ophthalmology and Otolaryngology in New York. Ophthalmologist Frank Earl Burch is president of the Academy this year. Dr. Murphy reports that all is well with him. At the annual meeting of the Montana State Medical Association in Billings this summer, he blossomed out as an historian by reading a paper on Montana's pioneer physicians........Surgeon William Thomas Peyton will soon leave for his annual hunting trip in the north country. Contrary to the usual custom of taking a vacation in the summer, Dr. Peyton takes his time during the hunting season. He will set up headquarters in a cabin and invites all of his friends to come up for a visit. It is hoped that no tame bears will be shot this time............. Dr. Thomas F. Thomsen, Red Oak, Iowa, and Dr. Joseph Alexander Weinberg, Omaha, were hospital visitors on Saturday, while here to attend the Minnesota-Nebraska game. Both of these estimable gentlemen are good friends of our institution and we are always glad to see them........The American Medical Association has surveyed the Schools of Medical Technology and issued an approved list. The School of Medical Technology, University of Minnesota, is the largest with an enrolment of over 180 in the four years of the course. The next largest school has an enrolment of 30 students. Ninety-seven approved schools are to be found on the list........The Annual Vocal Barrage for 1936 between the followers of Leif Ericson and Christopher Columbus is now a matter of history. The futility of the argument is obvious to all when it is realized that the Irish explorers were here first..........The October meeting of the Minnesota Pathological Society will be held Tuesday evening, October 20th, at 8 P.M., in the Anatomy Amphitheater. The discussion theme of "Heat Exhaustion" will be ably presented by Drs. McQuarrie, Noble, Gray and Visscher. All interested are invited to attend. Minnesota leads the nation in heat deaths last summer and the opportunity to see the real effects of heat was a new one for us. A Southern medical visitor during the heat wave said that the only case he had seen in New Orleans was in a WPA worker........Royal Gray and Mary Halvorson were married this summer. There is no connection between this announcement and the "heat wave," although many people are still wondering if Leap Year had anything to do with it. The cautious but now beaming, contented gentleman has had to repeat many times - the day, the time, the place, his name, etc. All join in wishing them happiness.............Dr. Harry P. and Dr. Wallace P. Ritchie announce their association for the practice of surgery at 914 Lowry Medical Arts Building, St. Paul. Both are now members of our teaching staff, making it three generations of Ritchies to serve in this capacity, Dr. Ritchie's father having been our second Dean.