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

## Present Trends in Psychiatry

Volume XVIII | Friday, November 1, 1946 | Number 5

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

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I. UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

CALENDAR OF EVENTS

November 2 - November 8, 1946

No. 131

Saturday, November 2

7:45 - 8:50 Orthopedics Conference; Wallace H. Cole and Staff; Station 21, U. H.

9:00 - 9:50 Surgery-Roentgenology Conference; O. H. Wangensteen, L. G. Rigler, and Staff; Todd Amphitheater, U. H.

9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; M-515 U. H.

10:00 - 12:00 Medicine Ward Rounds; C. J. Watson and Staff; E-221 U. H.

10:00 - 12:50 Obstetrics and Gynecology Grand Rounds; J. L. McKelvey and Staff; Station 44, U. H.

11:00 - Anatomy Seminar; Max Brödel and American Medical Illustration; Berry Campbell; and Perivascular Lymphocytosis in the Central Nervous System; John B. Hyde.

Monday, November 4

9:00 - 9:50 Roentgenology-Medicine Conference; L. G. Rigler, C. J. Watson and Staff; Todd Amphitheater, U. H.

9:00 - 10:50 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Interns Quarters, U. H.

12:15 - 1:15 Obstetrics and Gynecology Journal Club; M-435, U. H.

12:30 - 1:20 Pathology Seminar; Report of Meetings of the Central Society for Clinical Research; R. A. Green; 104 I. A.

12:15 - 1:30 Pediatrics Seminar; Irvine McQuarrie and Staff; 6th Floor Seminar Room Eustis, U. H.

12:00 - 1:00 Physiology Seminar; Fluid Balance in Malnutrition; Frank Gollan; 214 M. H.

Tuesday, November 5

9:00 - 9:50 Roentgenology-Pediatrics Conference; L. G. Rigler, I. McQuarrie and Staff; Eustis Amphitheater, U. H.

12:30 - 1:20 Pathology Conference; Autopsies; Pathology Staff; 102 I. A.

2:00 - 2:50 Dermatology and Syphilology; H. E, Michelson and Staff; Veterans' Hospital, Bldg. III.

3:15 - 4:15 Gynecology Chart Conference; J. L. McKelvey and Staff; Station 54, U. H.

3:45 - 5:00 Pediatric Staff Rounds; I. McQuarrie and Staff; W-205 U. H.

4:00 - 4:50 Surgery-Physiology Conference; Physiological Effects of Extensive Gastric Resection; Dr. Kolough; Dr. King; Eustis Amphitheater.

5:00 - 5:50 Roentgenology Diagnosis Conference; Solveig Berg, et al, M-515 U. H.

Wednesday, November 6

8:00 - 8:50 Surgery Journal Club; O. H. Wangensteen and Staff; M-515 U. H.

8:30 - 10:00 Psychiatry and Neurology Seminar; Staff; Station 60 Lounge; U. H.

11:00 - 11:50 Pathology-Medicine-Surgery Conference; Subacute Lymphatic Leukemia; E. T. Bell, C. J. Watson, O. H. Wangensteen and Staff; Todd Amphitheater, U. H.

12:00 - 1:00 Physiological Chemistry Journal Club; Staff; 116 M. H.

4:00 - 6:00 Medicine and Pediatrics Infectious Disease Rounds; W-205 U. H.

Thursday, November 7

9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; Todd Amphitheater, U. H.

10:00 - 12:00 Medicine Ward Rounds; C. J. Watson and Staff; E-221 U. H.

12:00 - 1:00 Physiological Chemistry; David Glick; 129 M. H.

4:30 - 5:20 Ophthalmology Ward Rounds; Erling Hansen and Staff; E-534, U. H.

4:30 - 5:20 Bacteriology Seminar; 214 M. H.

5:00 - 5:50 Roentgenology Seminar; Tracheotomy in Patients with Polio-Lung Findings; Eugene Ahern; M-515, U. H.

Friday, November 8

9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.

9:00 - 10:00 Pediatric Grand Rounds; I. McQuarrie and Staff; Eustis Amphitheater.

10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221 U. H.

10:30 - 12:20 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Otolaryngology Department; U. H.

11:30 - 1:00 University of Minnesota Hospitals General Staff Meeting; Advances in Otology; L. R. Boies; New Powell Hall Amphitheater.

1:00 - 2:00 Dermatology and Syphilology; Presentation of Selected Cases of the week; H. E. Michelson and Staff; W-312 U. H.

1:30 - 2:20 Roentgenology-Neurosurgery Conference; H. O. Peterson, W. T. Peyton, and Staff; Todd Amphitheater, U. H.

## II. PRESENT TRENDS IN PSYCHIATRY

Donald W. Hastings

This noon instead of presenting a discrete clinical topic for discussion I would like to ask your indulgence to speak in a general way about current trends that are abroad in psychiatry and also about the policies of the Department of Psychiatry and Neurology which relate themselves to these trends. To obtain perspective as to the present position in these matters it will be helpful to review briefly recent developments in medicine, developments which are now medical history.

It is within the memory of some living men that bacteria as a cause of human disease was an unknown area of medical knowledge. The realm of pathology, the wisdom of the phenomenon of X-ray, precise surgical techniques for the invasion of the abdomen and the skull, the electrocardiograph, the electroencephalograph, and a host of other techniques and procedures were still regions awaiting exploration as recently as the turn of this century. The years surrounding this new century saw the discovery and the development of practically all of the techniques and methods which we now choose to call the science of medicine. If one were to name a name which is associated with the beginning of this renaissance, it would probably be that of Virchow. But he was quickly followed by other great names which shook the medical firmament as they opened new avenues of vision to physicians. Medicine suddenly had a more realistic view of causes and effects. It was natural that hopes should run high; that perhaps all diseases would be found to have a specific pathology and that at long last the treatment of disease would become a scientific procedure, a specific antidote for a specific pathology. With this hope there began the necessarily exhaustive and painstaking search for pathological changes, and a review of the literature in this period makes one stand in awe of the energy and industry of these investigators.

In any event the surge of scientific medical procedure carried medicine far ahead. However, as medicine and the practice of it became more detailed, more technical, more specialized, more highly defined and refined, the logical sequence of events took place. As more and more knowledge accumulated about organs, about orifices of the body, about instruments, it became necessary that the diagnosis and treatment of these various pieces and parts of the body be turned over to doctors who had become versed especially in the specific knowledge relating to these bits and pieces. I hope that I will not be misunderstood on this point, and what I have just said is in no measure intended as criticism of those of us who are interested in and trained in certain specialized areas and functions of the body. I would like to emphasize that such specialized knowledge has brought medicine to the vantage point on which it now stands. There can be no criticism of specialized knowledge within a profession, whether that profession be engineering or whether it be medicine.

However, as I believe we all now recognize, specialization created one hazard, a hazard which the patient largely had to bear. As doctors became more specialized, it became more and more difficult for the specialized doctor to regard the patient as a whole person. Rather his interest in that patient centered about the particular piece or part with which he was concerned. Thus somewhere along the line in the age of specialization the patient as a person, as a person functioning in his own environment, as an individual beset by the troubles which beset other people, tended to be largely overlooked. The epitome of this attitude in present day medical practice is reached in the citadels of some of the large clinics spread across the face of the land. In these clinics I understand it is customary for the patient to be examined peice by piece, part by part, with the hope that at the end of such a line the diagnosis will

be discovered and treatment can be prescribed. However, as all clinics have discovered even though they have obtained the very best in the way of experts to diagnose and treat the parts and pieces of patients, still there exists a large group of patients who at the end of the line are just as confusing from a diagnostic standpoint as when they started down the line. I do not mean to be critical of the large clinics because what I have just said applies to all of us to a lesser or greater degree and I have simply taken the larger clinics as an example because they represent the problem with more clarity. That similar problems exist in the private office of the specialist and the general practitioner, that they exist within the walls of a university hospital, that they exist anywhere medicine is practiced, no one will deny.

Somewhere then along the track of progress which medicine has traveled one deficiency which developed has been the loss of perspective on the patient as a person. This disregard of the person extends through all phases of medical practice whether the patient be a private patient or a charity patient. Those of you who have witnessed a day in an outpatient department in a large eastern city hospital will, I think, agree that somehow somewhere along the medical path, the dignity of the person has been forgotten and the practice of medicine, the art of medicine, has become a caricature. Similar insults to the dignity of the individual can be just as effectively carried out, however, in the office of a private practitioner.

At this juncture, after perhaps seeming too critical of the practice of medicine, I do not wish also to leave you with the impression that all one needs to do is to intellectually embrace a psychiatrist to have one's problems in medical practice smoothed out. Psychiatry, if it were to make such an assumption, would be the victim of a grave fallacy. The point I do believe is that some knowledge of the principles of dynamic psychiatry, or to put it more accurately, some knowledge of the manner in which dynamic psychiatry contributes to the understanding of human persons, contributes to the art of medicine, will aid in partly resolving the confusion that now so frequently exists around the patient who has symptoms but has no discoverable organic findings to account for them.

I think you will all agree that as more and more knowledge accumulates over the years to come that more and more specialization must occur. I would like to suggest to you that possibly the answer to the problems created by increasing specialization is that the medical student be oriented along a slightly different line. At the present time those of us in the various departments teach our specialties often without much reference to other departments. As the student travels through the Medical School he is exposed to various facets of medical practice and policy but I wonder if at anywhere along the line he comes to an understanding of what it is all about and what it is all for. Is it not possible that if the medical student were to be oriented around the person, around the individual, what he is, who he is, how he developed, how he functions, how he feels, how he gets along with fellow humans, etc., and if the various specialties would then be set up as spokes radiating from this central hub, might it not be that the medical student would be in a better position to understand the whole individual and what he is trying to do as a physician? Also might not the medical student, and therefore the doctor, be better able to fit all the specialties into a panorama that had correct form and perspective?

As a specialist I would like to put in a plea for planning for the adequate training of the general practitioner. He is the first line of medical defense and thereby, just as in the military world, he assumes the most important job. His job is the most important one in medicine because he tries to keep the functioning patient functioning within his usual environment.

I would like to talk briefly about the

plans for the Department of Psychiatry and Neurology. First of all, at the medical School level we have tried to decide, as we apportioned the time allotted to the Department for the teaching of medical students, what the general practitioner would encounter of a psychiatric or neurologic nature most frequently in his practice. Various statistics indicate that the people who come to doctors can be roughly divided into three broad groups - the first, those with straight organic disease without any particular emotional component; second, people whose illness is on the basis of emotional causes and who do not have any demonstrable organic disease; third, persons who have a mixture of both organic disease and an emotional component which is in part contributory to the degree of illness or to the length of convalescence. It has been estimated that the numbers of patients in these three groups are about equal, that is, that the patients roughly fall into each group in approximately even numbers. Therefore, it seemed to us that if the main problem in psychiatry and neurology which the general practitioner is called upon to meet consists largely of psychosomatic illness of one sort or another, it was fitting and proper that we should devote the major share of the time allotted to the Department to psychiatric teaching and that the great bulk of psychiatric teaching should be directed at the psychoneuroses in general and the psychosomatic disorders in particular. Also it did not seem very important that the general practitioner have any detailed knowledge of the psychoses, that is, the insanities. While he should have a cursory acquaintance with such diseases, it was felt that the main weight should be given to the psychosomatic disorders. Toward these several ends we plan, as soon as the Mayo Memorial Building is erected so that sufficient space will be available, to remove medical students from Stations 60 and 61, where they are mainly exposed to the psychoses, and put them entirely into the psychiatric out-patient department for their training in psychiatry. Here under supervision we hope that we will be able to teach them the common sense, day to day management of the psychosomatic patient, the patient who is deviating in no other way from other sick people except that emotional pain, if you will, is causing physical symptoms. As time goes on we hope to make a closer and closer liaison with the medical out-patient department with the hope that the future medical student will be able to see no difference between the psychiatric out-patient department and the medical out-patient department. Our ideal is that as the medical student leaves the University he will have in his mind a picture of the approach to the entire patient and not to a part of him. If one could boil down what it is hoped the medical student will take away with him as he leaves the Medical School, it would be these four points:

1. Patients are people.

2. People have problems.

3. Problems can lead to anxiety, and anxiety can lead to illness, illness which can mimic or produce symptoms similar to organic disease.

4. That the doctor can be of specific assistance in helping these sick people if he knows a little bit in the way of psychiatric techniques.

Along this same line I would like to think that the practice of psychiatry of the future will be largely in the hands of the general practitioner and of the internist and to a much lesser degree in the hands of the psychiatrically trained specialist. If one were to attempt to predict what possibly might happen in the field of psychiatry, one might guess that the practice of psychiatry would logically be vested in the hands of non-psychiatrists and that teaching, research and the clinical management of those patients who are beyond the scope and training of the general practitioner or internist would be taken care of by the doctor who has specialized in psychiatry.

Because I have left the mention of neurology to the last does not indicate any lessening of its importance. I would like to mention that neurology as a specialty is one of the most detailed of all of the specialties and requires as long a period of training to master as any of the specialties. Because of the length of the training involved and because of the comparatively few patients who suffer from organic neurological defects as, for example, compared with the number of patients who suffer psychosomatic illnesses and general medical illnesses and surgical illnesses, the private practice of organic neurology must be limited to the large urban centers. If one were to examine the future of neurology as a specialty, one might come to the same conclusion that we have just come to in relation to psychiatry, namely, that the neurologically trained specialist will be found largely in the universities where he is doing research and teaching and in the large clinics in large cities.

In closing, I would like to mention to you that psychiatry at the present time is in a state of flux. As one of the newest of the specialties, it has gone through growing pains, the pendulum has swung far and wide in certain directions and as it was accumulating its body of knowledge it tended to divorce itself from medicine with the result that up until relatively recently psychiatry has been thought of as an isolated specialty practiced within insane asylums. This attitude within and without psychiatry is now largely a thing of the past and the trend in psychiatry is for it to find its place related to the field of medicine as a whole. The psychiatrist of present times is returning to the realization that he is also a physician first and foremost. Most of the diseases with which the psychiatrist deals are of poorly understood etiology. Fortunately in relation to the psychoneuroses and the psychosomatic illnesses, which are the most common of the emotional disorders, a good deal is understood when one compares the obscure etiologies of dementia praecox, manic depressive disease and other of the major psychiatric illnesses. Psychiatry vitally needs the help of the rest of medicine. It needs to borrow from their methods and techniques and needs to test them to see how they may apply to these large uncharted areas of psychiatric disorder. One of the chief problems facing psychiatry today is to avoid being oversold. There are illnesses in psychiatry that we as psychiatrists know almost nothing about and have no idea as to how they should be treated except on some purely empirical basis. A good example is electroshock therapy. Much has been written and said, particularly in the lay-press, which must lead the lay-public to believe that the psychiatrist is a combination of a soothsayer, magician and miracle worker. As a psychiatrist, I can assure you that this is far from the truth, and of all the specialties pscyhiatry at the present time must assume a humble attitude and one of testing its theories and watching its results. In my opinion, the future of psychiatry from the research point of view will largely depend upon how adequately and thoroughly psychiatry borrows from the other specialties their several techniques and methods. Admittedly there will be wide areas of new knowledge which no one can now predict, but at least the most profitable researches in the foreseeable future will be along such lines.

In closing I would like to take the opportunity of open meeting to thank the Dean and the Departments of the Medical School for the kind reception which they have given to a newcomer in their midst.

III. GOSSIP

At the meeting of Alcoholics Anonymous #2, one of the members presided and told the story of this movement, with all the frankness and sincerity which characterizes it. Physicians and alcoholics had just finished a wonderful meal provided by the wives of the members, in their club rooms over a liquor store on Lake Street. When alcoholics give up drink, they do not turn to food as replacement, but they do pay more attention to it than they did while they were drinking. A restaurant owner opposite me waxed eloquent on his method of making pancakes which featured the window service at his Nicollet Avenue place. I had just finished speaking to an enthusiast who had extolled the virtues of the Brown Derby recipes where he had been employed during the war...The art of food preparation reaches a high degree of perfection in competitive lines. We had tom turkey, which after all is the juiciest and best and only their size, 22 to 28 pounds keeps them off the general market. This year because of high prices of hens, it is anticipated that dealers will split toms for turkey halves. I don't know how we got there, but the subject of rat bites came up and one of the physicians told of his infant nephew who had been bitten in the night by one of these animals. The father, hearing the infant drying lustily, went in to see what was wrong and discovered his mutilated hands with death following from an infection. The A.A. sitting next to me was able to match the story with a personal experience which occurred in Buffalo, when he was a youngster at a family homecoming in which it was necessary for him to sleep on the floor. During the night a rat chewed off part of one of his ears, but this was a small loss as he has since developed acromegalic features. A.A. Group #2 is small and efficient and works with physicians who refer cases. They have an excellent record of "alcoholic" social service and should be encouraged. The group has changed as they are no longer nervous and gittery, in fact, I found it difficult to dis - tinguish the members from their physician guests. Service in A.A. is a lifetime proposition, comparable to any other ailment and the longer the men and women stay in the movement, the greater their value to society in both a negative and positive sense...One word description of Hobart A. Reimann's, personality is "dill pickle", sour but stimulating to the appetite. He and his charming wife were welcome campus visitors this week, and their presence here brought back many pleasant memories of their former assosiation with us...Charles Rammelkamp, Jr., of Western Reserve, will be with us on November 4 and 5, Monday and Tuesday next week. He is a member of the famous Respiratory Commission from Fort Bragg, which includes John Dingle. The team was signed up as a unit to man a Public Health Department in Western Reserve. In their studies of the common cold, they have separated the follicular tonsilitis group from the virus type. Many questions remain to be answered in this field, including the value of the present wave of enthusiasm of giving penicillin shots for the common cold. Many patients report wonderful results, and tell with open eyes of the number of units they received and of the injections which was made in their buttocks. These patients belong to the same group who used to chew sulfa tablets, but who now swear that the sulfa drugs are not of any value...Delores Kaely and Osler Peterson are the proud parents of a baby boy who arrived this week. Delores, is just as lovely as ever and blushes as of old. No one has ever looked quite the part of a true Hibernian miss as this graduate in Medical Technology, who was one of our best. Her youngsters are doubly blessed with her contributions and those of her distinguished husband...Rodney F. Sturley, M.D. who has again become a proud father, announdes the association with James S. Swendson, M.D., 1240 Lowry Medical Arts Building, St. Paul. Clarence Dennis has also joined the ranks. Doctor Dennis who acquited himself so well at Staff Meeting last week was on the program on another occasion while his wife was in labor upstairs. He cooly finished his subject material without any sign of nervousness, but at the completion of his assignment, he hurried upstairs to arrive just in time to welcome his youngster. The boy who stood on the burning deck had nothing on him...