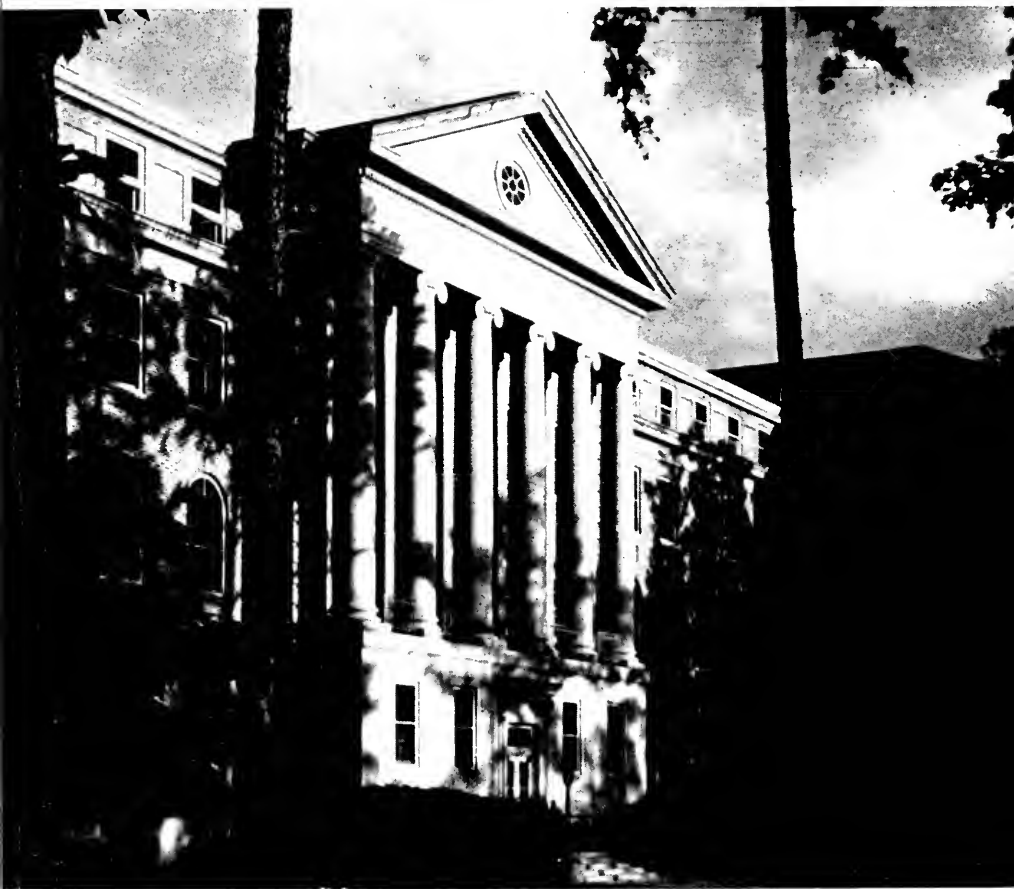


The BULLETIN

Vol. 1

October, 1953

No. 1



THE SCHOOL OF MEDICINE - THE MEDICAL FOUNDATION
IN COOPERATION WITH THE WHITEHEAD SOCIETY
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL

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THE BULLETIN

of the School of Medicine
in cooperation with the Whitehead Society
and the Medical Foundation
of the University of North Carolina

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Head Hunting Of A Less Classical Type

By *Kenneth M. Brinkhous, M.D.*

Medical educators have now abandoned the idea that anyone who meets the minimum entrance requirements for medical school should be given an opportunity to start his studies.

This system has been replaced by another to which all of you have recently been subjected. This is the gentle art of head hunting. It has accomplished one very fine thing for the individual in his medical studies. The cause of excessive anxieties, based largely on fear, present under the old system, has disappeared. You are probably better able to judge than I if the emotional trauma has merely been transferred to the pre-medical years, what with the necessity of maintaining a high average if favorable consideration is to be received from any admissions committee.

Now that the hunt is over, it seems to me that the stage is well set for you to take full personal advantage of the educational opportunities here. I suppose your problem is no different from that in other graduate education in the University—the greatest possible self-development, with a view to developing your latent abilities to the fullest (1) to *observe* and (2) to *evaluate* accurately that which you observe. Evaluation usually is based on the application of basic principles you will learn particularly in your first and second years. The curriculum you will follow has been designed to afford you multiple and diverse opportunities to observe and evaluate in the laboratories and autopsy room, in the hospital and clinics, and for some of you perhaps in the home.

Some of you will have the inclination and opportunity to gain experience in the research laboratories. This type of experience you will find most rewarding. It gives one a much better understanding of the nature of medical knowledge; how laboriously it came about, the joy of personally adding to it by your own efforts, and to know at first hand the type of observations on which commonly-held concepts are based.

Dr. Brinkhous is Professor of Pathology in the U. N. C. School of Medicine. This is a condensation of the Whitehead Society address he delivered to the entering class on September 18, 1953

Current medical knowledge has two characteristics worthy of comment—it is *enormous* in quantity, and it is *evolving* constantly and at a seemingly increasing tempo. Some reference might be made to the changing subject matter in medicine. It is often said that one of the great functions of Universities is to preserve a generally accepted body of knowledge. This is undoubtedly done by the libraries insofar as there is any such universally accepted body of knowledge. What is vastly more important is to maintain an environment in which the true nature of knowledge can be studied, tested and extended.

One avenue used in introducing you to medical knowledge is the use of textbooks—probably your first contact with recorded medical knowledge. This procedure is a necessary evil, since it is just a physical impossibility to go back and look up the basic data in all the fields in which you study. But you will have that opportunity in a few restricted fields. In several courses you will probably be assigned projects or topics in the library. After one has spent spare time for several weeks reading all one can find about a subject, it is usually a bit disconcerting to go back to the textbook and see how inadequately the same material is treated there. Something seems to happen to material once it appears in print—it becomes sacred, and the printed word is used as evidence. Some sage has given this oft-repeated advice to medical students: "Never accept authority for fact."

The dynamic state of medical knowledge is often a matter of great concern and bewilderment to the novice in medicine. If knowledge were as tenuous as made out, how could it possibly be made the basis of the successful practice of medicine? The saving grace, for the student, is that there are certain well established basic principles which change very slowly. Mendel's ideas on dominant and recessive characteristics have stood up for roughly a century; there's been some temporizing, such as the use of such terms as variable expressivity, but the principle remains almost intact. Numerous other examples could be given.

There are always those pragmatic individuals who point out that they wish their instruction was just a bit more practical, especially in their first two years. This is a common fallacy about teaching—that it should be directed solely to practical work. No sooner is the course of study in progress than practical life has moved on. The product is as dated as a last year's copy of *Time* magazine.

In just a few days you will be impressed with the other char-

acteristic of medical knowledge—its enormity. You will also be impressed when you look in at the medical library where they receive every year over 600 different journals, most of which come out every month or even more often. This growth has been of relatively recent origin. Just over 100 years ago, Johannes Muller, a famous pathologist, taught the courses in anatomy, physiology and pathology and found time for considerable research and writing besides. But we don't have to go that far afield to see an example of the change which has come about. Dr. J. B. Bullitt, now professor emeritus of pathology, in his early years at Carolina taught pathology, bacteriology, histology, preventive medicine and clinical microscopy. Today, these subjects are taught in five different departments with 30 different teachers. This situation may seem appalling, but it has at least one consequence that is all to the good—your teachers are in fact merely fellow students.

Another consequence of this large and ever increasing body of knowledge is specialization of the medical graduate. The members of the class of 1920—physicians who now are about 60 years old—specialized to only a limited extent—roughly one-third of them.

Contrast this with the graduates 20 years later, those physicians now in their middle 30's, the figures are reversed—less than one-third do not specialize.

You will have a better attitude toward your work, will get a better education and become a better physician if you postpone any decision about whether or not to specialize until late in your studies. I wouldn't consider research as specialization, because there it would seem the opposite holds—if you plan to try your hand at it, you should do so as early as possible.

During your career as a student, you may wonder from time to time if you really are being introduced to a proper sampling of medical knowledge. Some people are saying that medicine is no longer a natural science, but is a social science—and thus the emphasis should change to such things as social medicine, economics, and so forth. One should beware of substituting wisdom of the old-time physician for a mess of technical pottage. Others point out that the population is aging and that more emphasis should be placed on gerontology, oncology, and the like. Is adequate attention being given to biophysics or to physical medicine? The curriculum has become the focal point for bringing about changes in the character of medical practices, with wider recog-

nition that this is one of the main ways, through medical school education, that medical science is translated into practice. You cannot lose sight of your purpose here—that is to become a well-rounded and well-educated medical man, and this means a thorough grounding in the basic medical sciences and in human behavior.

I envy you a great deal, starting out in this old school with its tradition of sound teaching—and in this new school, with its viewpoint of furnishing the best possible environment to become personally acquainted with the whole spectrum of human maladies and maladjustments. In this case, unlike in more classical types of head hunting, the hunted are in line for many feasts of medical knowledge—let us hope the feasting will go on through your life and that after you get your Doctor of Medicine degree in 1957, you will continue all your professional life as a scholar—the real meaning of the word Doctor.

Admissions Policy

A statement by E. McG. Hedgpeth, M.D., Chairman, Committee on Admissions

Students are admitted to the School of Medicine of the University of North Carolina through the Admissions Committee. A student wishing to apply for admission writes to the Dean's Office and requests an application blank and a catalog. This is usually done during the fall of the year prior to the time the student expects to enter the School of Medicine. Each application is studied carefully by the Admissions Committee and each applicant is interviewed personally by the members of the Admissions Committee.

Whereas academic performance in undergraduate school is certainly important for entrance to the School of Medicine, it is by no means all-important. Personal integrity, character, motivation, sincerity of purpose, personality, and other personal qualifications weigh heavily in the selection of our students. Definite preference is given to North Carolina students and the Admissions Committee tries diligently to select students they feel will make good physicians in North Carolina.

Many more students apply than we are able to accommodate. Though the selection is highly competitive, great care is given to the over-all evaluation of the individual as a potential doctor.

A New And Yet An Old School

By W. Reece Berryhill, M.D.

Never since medical instruction began at the University of North Carolina in 1879 has so much of fundamental importance taken place in any twelve-month period as during the past year. Understandably there were problems and difficulties incident to the opening of the hospital, the organization of the clinical services, and the intern and resident programs—but on the whole the year was an exciting and genuinely satisfying one.

I would like to pay tribute to the patience, the loyalty, and the understanding of the medical faculty, the intern and resident group, and the student body, all of whom carried on their work in a superb fashion throughout the year.

As the 71st session of the School of Medicine begins, a brief progress report to the alumni and other friends seems in order. In September, 1952, the hospital opened for patients with 78 beds activated. In October, 1953 (13 months later) 210 beds are available for patients and the current schedule of activation calls for 300 beds to be opened by January 1, 1954.

During the first twelve months of operation 3,687 bed patients were admitted from 90-odd counties of the state, and there were approximately 30,000 visits to the outpatient department.

The Building Program begun in 1949 is nearing completion. The south wing of the Medical Science Building is almost ready for occupancy. This will provide enlarged teaching and research laboratory facilities and staff offices for the departments of Bacteriology, Physiology, Biological Chemistry, and enlarged animal quarters.

Funds in the amount of \$150,000 were provided by the 1953 General Assembly for the necessary equipment for this area.

The Psychiatric Wing of the Memorial Hospital is scheduled to be opened in the summer of 1954. In the meanwhile one of the general medical wards in the hospital has been converted into a

temporary psychiatric facility. The North Carolina Hospitals Board of Control provided in excess of \$1,000,000 for this 75-bed unit with facilities for alcoholic patients as well as psychiatric. It will provide space for an ambulatory psychiatric clinic, offices for the Department of Psychiatry, research laboratories and facilities for service and private patients.

The 100-bed Gravelly Sanatorium for Tuberculosis has been completed, was dedicated on October 7, and will open for patients on November 1. This building is adjacent to the Memorial Hospital and is connected to it by a tunnel.

The 1953 General Assembly appropriated \$40,000 to complete the necessary basic equipment for the Cancer Research Laboratories. The funds (\$200,000) for the construction of this space were provided three years ago by a grant from the United States Public Health Service, which incidentally are the only Federal funds invested in the construction of the University Medical Center.

In addition, \$25,000 was made available by the 1953 General Assembly to remodel a portion of the Medical Science Building to provide an additional large lecture room and research laboratories. This will greatly relieve the pressure for lecture room space for both medical and dental students.

For the first time in 43 years the University School of Medicine has four classes of students, but this is the first time in history that the junior and senior classes have been taught in Chapel Hill. In 1902-10 the clinical years of the School were given in Raleigh. The total enrollment of medical students is 226—distributed by classes as follows: Seniors, 48; Juniors, 59; Sophomores, 59; Freshmen, 60. All but four of these are from North Carolina.

With the enlargement of the basic science laboratories and the full activation of the hospital scheduled for 1954 it will now be possible to admit larger classes in the future. The special faculty Committee on Admissions, of which Dr. E. M. Hedgpeth is Chairman, is already at work interviewing applicants for the 1954 freshman class. In 1953 there were 261 completed applications—largely from residents of North Carolina—from which number only 60 could be selected because of space limitations in the basic science laboratories.

For some years there has been a great need for a better organized counseling and guidance program for medical students and for premedical students in the University. It is a source of great

satisfaction to all of us that this year at last we have been able to initiate such a program under the general direction of Dr. F. Douglas Lawrason, who joined the staff this summer as Assistant Dean and Assistant Professor of Medicine. Dr. Lawrason is a graduate of the University of Minnesota, was formerly a member of the Department of Medicine at Yale, and for the past two years has been with the Division of Medical Science of the National Research Council. In addition to these duties, Dr. Lawrason will succeed Dr. W. L. Fleming as Chairman of the Faculty Committee on Medical Education.

The research efforts of our entire staff are expanding rapidly. In the past year there were 112 reports of research projects prepared by members of the faculty and 104 papers presented by the staff at various medical meetings. This is only a pointer as to what we may expect in the next few years.

The Continuation Education program, under the general direction of Dr. W. P. Richardson, Assistant Dean in charge of this very important phase of the School's activity, is expanding rapidly into new fields of educational service for the profession of the state.

During the week of October 5 representatives of the Council on Medical Education and Hospitals of the American Medical Association and of the Association of American Medical Colleges visited the School of Medicine for the purpose of making a final inspection looking toward approval as a four-year School of Medicine. Their comments on the high quality of the educational program and the excellence of the faculty and of the medical library and the plant were most complimentary and gratifying. Final approval will become official at the next meeting of each organization. In the meanwhile the Council on Medical Education and Hospitals has already announced that the 1954 graduates of the University of North Carolina School of Medicine should be considered on the same basis as graduates of all other approved schools of medicine in regard to appointments for hospital internships.

Looking ahead there are many unfilled needs for the School of Medicine. Some of these are physical, such as more office and laboratory space for the clinical departments, and for Pathology. Some relief in this area could come through the much needed building for the School of Public Health that would greatly enhance that school's work and at the same time lessen the congestion in the present Medical Building.

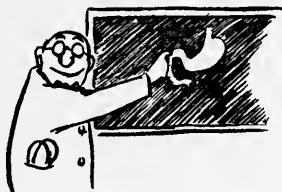
Further, there is a critical need for a building to house ambulatory and convalescent patients. Such a facility conveniently located at the hospital should be a sound investment for private capital. A very pressing need for the state is the establishment of a real rehabilitation center in Medicine, Surgery, Orthopaedics, Neurosurgery, Otolaryngology, Ophthalmology and Psychiatry. There are very able staff especially interested in the rehabilitation of the handicapped person. We have an excellent Physiotherapy Department headed by the exceptionally able Miss Margaret Moore, but we need additional physical facilities. In the past few months gifts from Miss Grizzelle Norfleet of Winston-Salem, the Kiwanis Club of Chapel Hill and a few Chapel Hill friends, totalling \$6,000 will make possible the development of an outdoor gymnasium or recreational area for better training of the physically handicapped. Along with facilities for and support of a rehabilitation program, there is a need for industrial medicine.

The need for housing for medical students is acute. Whitehead Dormitory, originally built for and promised to the School of Medicine, for its students, is now used by students of Medicine, Dentistry, and Public Health. Many medical students are housed wherever they can find a haven. This is not good for morale. Whitehead Dormitory should be returned to the use of the medical students, or the name of the building changed; unless a new dormitory for medical students can be erected. The latter would take time even if funds were available.

The Alumni Association, under the able leadership of Dr. M. D. Bonner, class of 1928, continues to provide further inspiration and support for the school. To all the alumni the School and the University owe genuine gratitude.

Finally, we're on our way. These bimonthly reports from the School through the *Bulletin* should keep us all better informed and more aware of our progress, our aims and our problems. Our potentials are great. To achieve these will require patience, understanding and hard work on the part of all.

The year 1954 will mark the 75th anniversary of the beginning of medical instruction at the University. Plans are underway for a fitting celebration of this event. We hope all of our alumni and friends will visit the Medical School during this year.



WITH THE FACULTY

New Faculty Members

Since the close of the last academic year the following new fulltime faculty members have arrived in Chapel Hill, Dean W. Reece Berryhill has announced:

Dr. Kerr L. White, Assistant Professor of Medicine; graduate of McGill University School of Medicine; comes to us from McGill University.

Dr. James W. Woods, Assistant Professor of Medicine; a graduate of Vanderbilt University School of Medicine, Dr. Woods has been in the private practice of internal medicine in Durham since 1948.

Dr. Harry R. Brashear, Jr., Instructor in Orthopaedic Surgery, comes to the University from the University of Pennsylvania School of Medicine; he received his A.B. and M.D. degrees from the University of California.

Dr. Frank C. Winter, Assistant Professor of Surgery and Head of the Division of Ophthalmology; a graduate of Stanford University School of Medicine, Dr. Winter comes to the University from the Wilmer Institute at Johns Hopkins University School of Medicine.

Dr. Ira Fowler, Instructor in Anatomy. Dr. Fowler comes from Northwestern University where he received his Ph.D. degree.

Dr. Robert Gordon Murray, Instructor in Surgery (Ophthalmology); a graduate of the University of Toronto School of Medicine, Dr. Murray

formerly held a position on the teaching staff of the University of Saskatchewan.

Dr. F. Douglas Lawrason as Assistant Dean and Assistant Professor of Medicine. A graduate of the University of Minnesota and of the Yale University School of Medicine, Dr. Lawrason has held teaching appointments at both of these institutions; more recently he has been associated with the National Research Council in Washington.

Dr. William E. Loring, Assistant Professor of Pathology. Dr. Loring received his M.D. degree at the College of Physicians and Surgeons of Columbia University in 1946; his most recent teaching appointment was in the Department of Pathology at the Yale University School of Medicine.

Dr. David W. Abse, Associate Professor of Psychiatry. Dr. Abse received his Doctorate in Medicine at the University of Wales. He was formerly clinical director of the State Hospital in Raleigh.

Dr. John H. Schwab, Instructor in Bacteriology. Dr. Schwab comes to the University from the University of Minnesota, where he recently received his Ph.D. degree.

Dr. David P. Jones, Instructor in Medicine. Dr. Jones is a graduate of Liverpool University Medical School. He comes here from the Institute of Neurology in London.

At Work in the Field

Dr. C. H. Burnett, head of the Department of Medicine, has recently been appointed to the Advisory Committee of the Division of Biology and Medicine of the Atomic Energy Commission, reappointed to the Sub-Committee on Shock of the National Research Council, and to the Scientific Advisory Committee of the Armed Forces Institute of Pathology.

Dr. James C. Andrews, Professor of Biochemistry and Nutrition and head of that department, is conducting a program of research on the mechanism of the formation of renal calculi, financed by a five-year grant from the U. S. Public Health Service.

Dr. T. C. Butler, head of the Department of Pharmacology, attended the fall meeting of the American Society for Pharmacology and Experimental Therapeutics in New Haven, Connecticut, Sept. 7-9. At this meeting Dr. Butler presented a paper entitled "Some Generalizations Concerning the Effects of N-Methylation in Derivatives of Barbituric Acid, Hydantoin, and Oxazolinedione."

Dr. Edward C. Curnen, head of the Department of Pediatrics, has recently been appointed to the committee on Immunization and Therapeutic Procedures for Acute Infectious Diseases of the American Academy of Pediatrics.

Dr. James A. Green of the Department of Anatomy spent the past summer at the Oak Ridge National Laboratories doing research on the effects of radiation upon the ovaries and on the production of ovarian tumors in mice.

Dr. R. A. Ross read a paper entitled "A Review of 1,000 Maternal Deaths in a Rural State" at the American Gynecological Society at Lake Placid, New York, in June. He participated in the Post Graduate Obstetrical Seminar at Saluda, North Carolina in August, 1953. In September, 1953, he was on the program of the American Association of Obstetricians and Gynecologists at Hot Springs, Virginia. He is scheduled to attend the American College of Surgeons meeting in Chicago in October, where he will be moderator of a panel on "Toxemias of Pregnancy" and read a paper on "What Constitutes Conservative Pelvic Surgery for Pelvic Inflammatory Disease?" He was visiting lecturer at James Walker Memorial Hospital in Wilmington, North Carolina, October 14 through October 16, 1953. At the Southern Medical Association in Atlanta in October he will be moderator of a panel on "Pelvic Malignancy."

Doctors John H. Ferguson, Jessica H. Lewis and A. T. Miller, Jr., of the Physiology Department attended the XIXth International Physiological Congress in Montreal August 31-Sept. 4. Dr. Ferguson was Chairman of a Section on Blood Coagulation and gave a paper entitled "The two-stage 'prothrombin' assay in study of bleeding and clotting disorders." Dr. Lewis also gave a paper in this Section entitled "Prothrombin, proaccelerin and proconvertin in blood coagulation."

Dr. Ernest H. Wood, professor of radiology, attended the recent meeting of the Neurosurgical Society of America at Colorado Springs, where he was a participant in the program of scientific presentation. Dr. Charles A. Bream, associate professor, addressed the Cumberland County Medical Society in Fayetteville in September.



STUDENT ACTIVITIES

Partrick at SAMA Meet Name Student Officers

The 1953 convention of the Student American Medical Association met June 15-17 at the Edgewater Beach Hotel in Chicago. This was the first convention at which UNC has been represented. Neal Partrick attended.

The SAMA was founded in Chicago in 1950 to meet the need of united opinion of medical students in the United States. At present, 62 medical schools are members of the organization, Partrick reported.

"SAMA is a young, growing, organization and has made some mistakes. But I am convinced that we will reap dividends by participating actively. The organization is based on sound principles and is designed to fill a definite need. The officers elected this year are conscientious, outstanding boys that will do a good job."

Cox on Year's Leave

George Elton Cox, 22-year-old son of Mr. and Mrs. George D. Cox of Winterville, a graduate of the first two years of medicine at the Medical School of the University of North Carolina, and a recipient of a Life Insurance Research Fellowship for the year 1953-54, is taking a year's leave from his regular medical studies to do advanced study in pathology and to assist Dr. C. B. Taylor in research on diet and arteriosclerosis.

Officers have been elected for the Whitehead Society and the three indicated medical classes. These officers will serve during the school year, 1953-1954:

Whitehead Society: President: William Davis Huffines; Vice President: Charles Leonidas Herring; Secretary: Thomas Phillip Moore; Treasurer: John Thaddeus Monroe, Jr.

Senior Class: President: Hugh Carroll Hemmings; Vice President: Allen Spencer; Secretary: Sara Ann Lip-pard; Treasurer: Malcolm Fleishman; Whitehead Society Representative: Steve Wilson.

Junior Class: President: Harvey Adams; Vice President: Presley Zachery Dunn, Jr.; Secretary: Palmer Friend Shelburne; Treasurer: Robert Griffin Brame; Whitehead Society Representative: Rodney Leonard McKnight.

Sophomore Class: President: Adam Tredwell Thorp, Jr.; Vice President: Malcolm McLean; Secretary: Robert Louis Murray; Treasurer: Joseph Iver-son Riddle; Whitehead Society Representative: Laurence Elliott Earley.

Honor Council: George Elton Cox, Chairman; Ely Jackson Perry, Jr.; David Maurice Anderson; Samuel Bal-four Joyner; Francis Asbury Stewart; William Robert Purcell; Robert Peel Holmes.

Officers of the Freshman Class will be named later and announced in this space then.

Gets Fox Scholarship

Dean W. Reece Berryhill, of the School of Medicine, has announced that the Dr. Dennis Luther Fox Memorial Scholarship has been awarded to Hugh C. Hemmings, Mt. Airy for the year 1953-54.

Mr. Hemmings is a Senior and has been prominent in all phases of student life. Dean Berryhill in making the award stated, "We are all proud that Mr. Hemmings is to be the first recipient of this memorial scholarship made available through the Medical Foundation."

The scholarship, with a cash value of \$200, to be awarded annually, was established this year by Dr. Dennis Bryan Fox, Albemarle, an alumnus of the School of Medicine, in honor of his late uncle, Dr. Dennis Luther Fox.

In a brief statement, Dr. Fox asked only that it be given to "a resident of North Carolina, of good moral character, and with manifest scholastic ability." It is open to a student in the School of Medicine in any of the four classes.

Student Government

In the spring of 1952, when the four-year medical school was fast becoming a reality, it was felt that the previous student organization would not be adequate for the needs of the student body and that a new government, able to represent the students and to handle the problems unique to them should be established.

The Whitehead Society, whose charter required every student enrolled to be a member, logically provided the basic material and was transformed into the Medical School Association. Its offices, previously honorary positions, were made into elective positions and the organization supplied

Revised Autopsy Data..

The work that Ted Chandler, a Junior, did this summer will be much appreciated by future student prosecutors. He has been revising the present methods of autopsy case reporting in order to decrease the time required for the prosecutor to report cases and to decrease the amount of stenographic work.

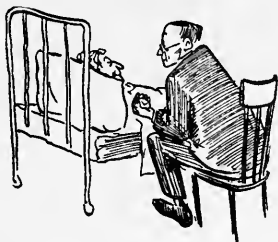
There was evolved a front sheet for statistical data, i.e. age, sex, etc., a check sheet with name and weight blanks of all tissues and organs and a key which would indicate if the organ was examined, was normal, was abnormal either grossly or microscopically, was absent, etc. and another sheet of summarized data of anatomical findings, chemical or bacteriological data.

The Senior Medical Class seems well pleased with the "farming out" several of the services have instituted this year.

Those hospitals participating in the program are Watts Hospital for Ob-Gyn, Butner and State Hospital in Raleigh for Surgery, Goldsboro, Kinston, Morganton and Butner for Psychiatry.

with a semi-legislative, semi-executive group, also elective.

This latter group is the Whitehead Council, composed of the Whitehead officers, the president of each class, and a special representative from each class, a total of 12 persons. The Council's responsibilities include the appropriation of funds collected as part of the student fees of each medical student, the arrangement of all functions sponsored by or in the name of the students, and other necessary duties.



ALUMNI NOTES

Alumni Officers

The Medical Alumni Association continues to be an increasing factor in the total medical advances at Chapel Hill.

At the annual meeting last April, the following officers were elected:

President, M. D. Bonner, Jamestown; Vice President, Verne H. Blackwelder, Lenoir; Secretary, W. Howard Wilson, Raleigh.

Counsellors were named, with term expiring the year indicated: 1954, Fred C. Hubbard, N. Wilkesboro, and R. Henry Temple, Kinston; 1955, J. B. Caldwell, Gastonia, and Russell O. Lyday, Greensboro; 1956, C. C. Henderson, Mt. Olive, and Robert P. Noble, Raleigh.

The Alumni Association has as its major project the enlistment of all alumni in the program of Medical Foundation, with the stated objective of "Every Alumnus contributing every year to the Medical Alumni Fund of the Medical Foundation."

This Medical Alumni Fund is administered by a special committee appointed by the president of the Alumni Association. Known as the Projects and Grants Committee, the following serve as members: Shahane R. Taylor, Greensboro; W. M. Coppridge, Durham; Roy B. McKnight, Charlotte; M. D. Bonner, Jamestown; and Verne H. Blackwelder, Lenoir; with Dean W. Reece Berryhill, Chapel Hill, as consultant.

District Alumni Set-Up

For promotion of the interests of the Alumni Association, the State of North Carolina has been divided into twenty districts.

In each district an alumnus has been asked to serve as a special representative for the Medical Foundation, to the end that all of the alumni may be encouraged to participate in this program.

Those district chairmen named by President Bonner, are as follows:

One—T. P. Brinn, Hertford; Two—J. Gaddy Matheson, Ahoskie; Three—J. L. Winstead, Greenville; Four—Adam Thorp, Rocky Mount; Five—Ben F. Royal, Morehead City; Six—Charles P. Graham, Wilmington; Seven—T. J. Taylor, Roanoke Rapids; Eight—Chauncey Royster, Raleigh; Nine—Hugh A. McAllister, Lumberton; Ten—A. H. London, Jr., Durham; Eleven—Ralph S. Garrison, Hamlet; Twelve—Kenneth B. Geddie, High Point; Thirteen—W. T. Raby, Charlotte; Fourteen—Harry L. Johnson, Elkin; Fifteen—David L. Pressly, Statesville; Sixteen—George Rowe, Marion; Seventeen—F. C. Hubbard, N. Wilkesboro; Eighteen—Heyward C. Thompson, Shelby; Nineteen—John Barber, Asheville; Twenty—Ralph S. Morgan, Sylva.

"A GREAT university has a dual function, to teach and to think."

Osler

Visiting Committee

A valuable committee of Alumni in its service to the School of Medicine, is the Visiting Committee, appointed by the President of the Alumni Association, and the Dean of the School of Medicine jointly.

The committee for 1953-54 is composed of the following prominent physicians of the State:

Zach D. Owens, Elizabeth City; Frank Wood, Edenton; Sellars M. Crisp, Greenville; Corbett Howard, Goldsboro; Ben F. Royal, Morehead City; Donald B. Koonce, Wilmington; T. J. Holt, Warrenton; Oscar S. Goodwin, Apex; Glen E. Best, Clinton; S. M. Carrington, Oxford; Mary Margaret McLeod, Sanford; Shahane R. Taylor, Greensboro; Roy B. McKnight, Charlotte; F. A. Blount, Winston-Salem; B. Whitehead McKenzie, Salisbury; W. H. Kibler, Morganton; F. C. Hubbard, N. Wilkesboro; B. H. Kendall, Shelby; Joseph R. Westmoreland, Canton; and Ralph Morgan, Sylva.

Fellows in Surgery

There were five graduates of the School of Medicine of the University of North Carolina, in the list of 30 North Carolina physicians and surgeons, recently earning fellowships in the American College of Surgeons.

The list announced following the recent meeting in Chicago, included: James D. Piver, M.D., Durham; Dorothy N. Glenn, M.D., Gastonia; Kenneth L. Cloninger, M.D., Newton; Ira W. Rose, M.D., Rocky Mount; Phil L. Barringer, M.D., Windsor.

October 17 was the date of the annual meeting of the Medical Foundation. The BULLETIN will carry detailed reports on that meeting in the December issue.

Heads Foundation

Since its organization in May, 1949, the Medical Foundation has been extremely fortunate in its leadership. Major L. P. McLendon, Greensboro, honored alumnus of the University, has been its president.

Major McLendon is a member of the University's Board of Trustees, and chairman of that Board's special committee on Medical Affairs. He has sparked the plans and developments of the Foundation from the very beginning.

Other officers serving with him, have shown comparable devotion. Those now serving as officers, and as members of the Executive Committee, are as follows:

Vice Presidents: James H. Clark, Elizabethtown; Dr. Clarence Poe, Raleigh; D. Hiden Ramsey, Asheville; Paul F. Whitaker, M. D., Kinston. Secretary: Shahane R. Taylor, M.D., Greensboro; Treasurer: William M. Coppridge, M.D., Durham; Assistant Treasurer, Claude E. Teague, Chapel Hill.

Executive Committee: Paul B. Bissette, Sr., Wilson; Harry L. Brockmann, M.D., High Point; Geo. L. Carrington, M.D., Burlington; Collier Cobb, Jr., Chapel Hill; Marshall Y. Cooper, Henderson; William M. Coppridge, M.D., Durham; J. C. Cowan, Jr., Greensboro; Claude F. Gaddy, Raleigh; George Watts Hill, Durham; C. Knox Massey, Durham; L. P. McLendon, Greensboro; Roy B. McKnight, M.D., Charlotte; William H. Ruffin, Durham; Shahane R. Taylor, M.D., Greensboro; W. Frank Taylor, Goldsboro. The late Britt M. Armfield, Greensboro, served on this committee prior to his death last month. C. Sylvester Green, Chapel Hill, is Executive Vice President.

The principal office is at 101 Medical Building, Chapel Hill.

Editorials

To Serve the People

The School of Medicine of the University of North Carolina has been the recipient of an abundant consideration by the General Assembly of North Carolina. Through the past eight years several millions of dollars have been made available to create at Chapel Hill a medical center, excellent, modern, and consecrated to serving and improving the health of the people of North Carolina.

There is a spirit at Chapel Hill that must emanate for good to the entire State. It is a spirit of sincere, intelligent, untiring desire to place the facilities of medical education, medical research, and medical services within reach of all people of the State. That spirit inspires the administration, the faculty, the staff, and the students. It will be obvious to all who come to Chapel Hill.

The State has given the University's medical center its mandate. That mandate is proudly accepted. Through the years its contributions must, and they will, register a singleness of purpose: to serve the people of North Carolina.

Designed to Inform and Inspire

The BULLETIN makes its first appearance. It is designed as a medium of cordial communication among the faculty, the staff, and the students of the School of Medicine of the University of North Carolina.

It is designed to convey to the alumni of the School of Medicine interesting data about the program of medical activities at Chapel Hill, and to help these alumni keep in touch with each other in their mutual concern for progress at Chapel Hill.

It is designed to tell laymen everywhere what is available at Chapel Hill and what is needed in the field of medicine and health.

It is designed to serve the Medical Foundation as a medium through which opportunities of service may be presented to the end that the total health of all North Carolina may be enhanced.

With that sort of pattern, the BULLETIN is not a scientific magazine *per se*, nor a news journal only. It is hoped to combine these features in a thoroughly readable little magazine that will be read regularly and eagerly by our friends everywhere.

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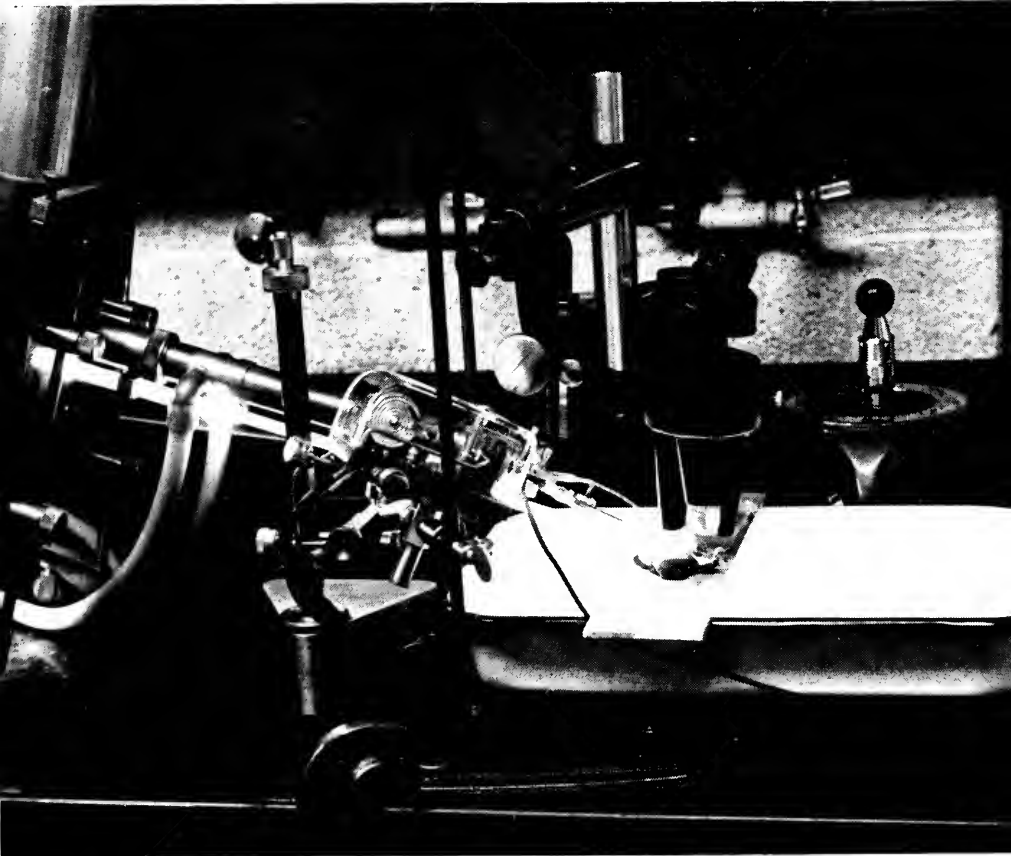
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Permit No. 24

The **BULLETIN**

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December, 1953

No. 2



RESEARCH IN PROGRESS: studying the living kidney by means of a Knisley-type quartz rod illuminator. The experiment is being conducted by Dr. C. W. Gottschalk of the Department of Medicine.

THE SCHOOL OF MEDICINE - THE MEDICAL FOUNDATION
IN COOPERATION WITH THE WHITEHEAD SOCIETY
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL

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THE BULLETIN

of the School of Medicine
in cooperation with the Whitehead Society
and the Medical Foundation
of the University of North Carolina

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That By Which The School Grows Great

By C. H. Burnett, M.D.

Medical education is expensive. The budget of a good school of medicine appears at first glance to be astronomical, and out of proportion to that of other graduate schools.

There are many reasons for this high cost of medical education, but one of the chief of these can be traced to the fact that in any medical school of recognized excellence a majority of the members of the faculty are spending a significant proportion of time in research. In view of the mounting costs of training a physician, one might ask whether medical faculties should not be assembled whose sole responsibilities would be teaching, and in the clinical years the care of patients as a part of this teaching assignment. By so doing smaller faculties would be possible, and great sums of money saved not only by virtue of the smaller number of personnel required, but because expensive equipment and ancillary personnel would not be necessary. This argument might be extended by pointing out that there is already more medical research being carried out than ever before in the large established schools of medicine, in many institutions supported by the Federal Government, and in pharmaceutical industrial laboratories. Why not simply keep abreast of this great surge of investigation and pass it on to the student second-hand?

Any thoughtful individual recognizes at once the danger of this point of view. It was primarily because such a philosophy had previously been adopted that Abraham Flexner, reporting on the status of medical education in 1910, recommended the closing of many medical schools. These schools were discontinued largely because the members of the faculties were engaged primarily in teaching and the practice of medicine; in most no research at all was being carried out. Modern medical education may be said to have begun at this time, with the realization that physicians cannot be properly trained without an alert, inquisitive faculty engaged in research. The development of such faculties in medical

schools, almost all of them in close proximity with their parent universities, has resulted in a series of advances in medicine never before paralleled in history. The benefits to mankind from this progress are incalculable. The development of antibiotics, the growth of modern surgery, and the development of the x-ray as a diagnostic and therapeutic tool serve as examples; the list could cover the entire space devoted to this report.

The aim of the expanded School of Medicine of the University of North Carolina was stated in the mandate given it by the people of the State: to work towards improvement of health of all of the citizens of the state. There are compelling reasons why research, a great deal of it and in many areas, must continuously be done if this mandate is to be carried out. One of the first steps in its accomplishment must be the training of doctors, not only more doctors but better doctors. There is also the responsibility of providing opportunities for doctors already in practice to acquaint themselves periodically with recent medical advances. Experience has repeatedly demonstrated that the provision of a faculty competent to provide such services should be composed of individuals who are themselves acquiring new facts, new ideas, new techniques, and applying them to the practice of medicine. In the highly competitive market of academic medicine today it is impossible to obtain or hold competent teachers unless they can pursue research problems in their fields of interest.

An additional and parallel responsibility the medical center at Chapel Hill has is that of providing medical services which are not available to a patient in his local community. The ability to furnish these services depends largely on the qualifications of the physicians in the medical center. The child with congenital heart disease referred to Chapel Hill will receive the best possible care only if there are men on the staff actively engaged in the development of the best diagnostic techniques and methods of correcting surgically these defects.

Research should require no justification. The integral and inseparable part it plays in the development and continued growth of any great medical school needs only frequent reaffirmation, especially to those not intimately acquainted with its import.

The real problem in the medical school today is how to get research done. The man bent upon an investigative career has two enemies constantly to fight—money and time. Money for research is either not included or is grossly inadequate in the budget of most medical schools; this is true of the School of Medicine of the

University of North Carolina. Such a man, therefore, must seek support, with what aid the Department Head and Dean can furnish, from outside agencies. The sources of this support currently in effect at the School of Medicine are compared with the total appropriation from the Legislature for this fiscal year in the table below.* These figures demonstrate that the appropriated budget is augmented by 31 per cent to pay for practically all research in progress.

Obtaining a grant requires a detailed statement by the prospective investigator of the plan of research, an estimate of the funds required, and of the manner in which they will be used. A certain proportion are of the contract type; here the investigator agrees to carry out a specific project. Eighty-two per cent of the research grants originate from Federal funds. Practically all are awarded on the annual basis, although in many provision is made for renewal if funds are appropriated by Congress.

In addition to the constant uncertainty over funds the investigator must continually fight for time to carry out research. His teaching schedules are heavy; if he is on the clinical staff, patient care is added. The large medical school of today is so complex and interrelated that administrative duties are required of practically all the faculty. Administering the research grant itself may be very time-consuming because in some frequent and

*SOURCES OF FUNDS FOR SCHOOL OF MEDICINE, UNC

1953-54 BUDGET (Appropriated by Legislature)	RESEARCH GRANTS Nov. 1, 1953 (Majority are for one year only)
Personnel	
\$ 799,231	Atomic Energy Commission
Non-Personnel	\$ 10,835
106,900	Office of Naval Research
\$ 906,131	15,659
	Department of the Army
	44,214
	Department of Defense
	23,335
	U. S. Air Force
	135,623
	National Institutes of Health-Public Health Service
	51,506
	\$ 281,172
<hr/> <p>Other grants include Jane Coffin Childs, Fund, American Cancer Society, The Research Corporation, The Dental Foundation of N. C., The Carnegie Foundation, National Foundation for Infantile Paralysis, American Heart Association, N. C. Heart Association, Geigy Company, Inc., Burroughs Wellcome Company.</p>	

lengthy progress reports are required. The individual who is fundamentally determined to do research, however, overcomes the time obstacle; lights in the laboratory at midnight attest to this.

Many thoughtful individuals are concerned about the future of the medical investigator. There is always the possibility that the group of men deciding whether his proposal should be renewed will be guided by considerations other than its excellence. Since the great majority of such funds come from the Federal Government, many are concerned that all research could be controlled by a small group with political power. It should be added that this latter danger has not so far materialized. Most Federal grants are passed on by scrupulously objective and scientifically competent civilian boards. Many such grants are of the project type in that the investigator agrees to follow a set pattern to answer a specific question. Such a commitment tends to prevent following the unexpected and exciting lead, the one that may lead far from the original stated purpose. Yet it has been the chance finding presented to an alert and observant investigator that has resulted in some of the greatest scientific discoveries.

There are no good answers to these problems. Research will continue to be a necessary part of the program at the School of Medicine of the University of North Carolina. There is every reason to believe it will become increasingly expensive. Modern medical research requires expensive and elaborate instruments. Most problems are so complex that several men with specialized knowledge are required for their solution. It seems likely that Federal support will continue to furnish the main source of funds for research. However, it is to be hoped that it will not be necessary to depend entirely on the Federal Government and various national foundations. There are many problems peculiar to the State of North Carolina which must be solved by research if we are to carry out our mandate from the people of the State. Sources within the state must be continually sought for. Alumni of the institution can be invaluable in assisting us in obtaining these funds.

The program at the Division of Health Affairs at the University of North Carolina involves education, service to the people, and research. In the press of supplying the first two the last must not be ignored, for without research we can neither properly train doctors nor adequately care for patients referred to us.

The Other Half of the Job

By W. P. Richardson, M.D.

The provision of postgraduate programs and consultation services to the physicians of the state was one of the primary responsibilities laid upon the University of North Carolina's School of Medicine in the report of the National Committee for Medical School Survey. It was that survey which set forth the blueprint on which the expansion program in the Division of Health Affairs is based.

The School of Medicine takes this charge very seriously, and is giving top priority to the development of a continuation education program which, in conjunction with other programs available in the state, will really meet the educational needs of North Carolina physicians.

The University's medical continuation education program was first inaugurated in 1916 at the request of the North Carolina Medical Society. It was one of the first such programs in the country, and has been widely acclaimed and copied as a pattern for reaching physicians in rural sections. The plan has gone through considerable evolution with the years, but the basic principles have remained the same. The programs at the present time are sponsored cooperatively by the School of Medicine and the various county medical societies.

Coincident with the expansion of the School of Medicine to four years and the development of a large clinical faculty numerous developments are being planned. The six-week programs in various communities of the state will be continued in cooperation with those medical groups which request them, but beginning with the current year half of the speakers will come from the school's own faculty.

It is also planned to develop a series of courses to be given at Chapel Hill. The first of these, an institute on Diagnostic and Therapeutic Measures Applicable to Office Practice, was held last

April with a registration of 55 physicians. This program was enthusiastically received, and a similar one is being planned for next April.

Consideration is being given to the need for brief intensive courses on specialized topics, both for general practitioners and for specialists. Such courses will not be expected to attract the numbers who come to the more general programs, but for the smaller numbers who need them they will represent a real opportunity.

Since no plans for continuation education will succeed except as they coincide with the recognized needs and desires of those they are designed to reach, studies are now in progress to determine the kinds of programs needed and desired by analysis of records of past courses and by securing expressions from the physicians of the state by means of questionnaires. On the basis of these studies, combined with information acquired through personal contacts in conjunction with present programs, future planning will be developed to meet the needs not now being met through other channels.

Continuation education for physicians is only one segment of the problem pointed up by the National Committee. Those professional groups which participate in medical care need similar educational assistance, and since their services to the patient are closely integrated with those of the physician it is fitting that there be some integration in meeting their educational needs.

The School of Medicine's program of continuation education is in a period of development and transition, due to the expansion of the undergraduate program and clinical faculty, and efforts are being directed at finding new and more effective ways of meeting the continuing educational needs of the practicing physicians of the state. Medical knowledge is advancing at a phenomenal rate, and the physician who graduates today grounded in the most up-to-date medical knowledge and concepts will be hopelessly behind tomorrow unless he has systematic opportunity to keep abreast of new developments.

The job of the School of Medicine is, therefore, only half done when it confers its M.D. degrees. It is to the other half of the job, the provision of a continuing program of refresher courses and postgraduate instruction for physicians in practice, that the continuation education program is dedicated.

Providing The 'Over-And-Above'

By C. Sylvester Green

"Dedicated to the health of all North Carolina" is the meaningful slogan of the Medical Foundation of North Carolina, Incorporated.

Since its organization in mid-1949, and its beginning of operations in January, 1950, the Medical Foundation has made its appeal to hundreds of donors who have seen in it, and with it the opportunity to make a personal and lasting contribution to the progress of medical education, medical research and medical services.

The one agency through which the Foundation primarily works is the great medical center at the University of North Carolina, and to a large degree through the School of Medicine in that six-facet center.

The Medical Foundation was a product of the lay and professional interest generated in behalf of good health during the early 1940's. That interest corralled the people of North Carolina in a vast and impressive movement that provided a beginning remedy for the woeful deficiencies in health in the Tarheel State.

Successive General Assemblies from 1945 have voted large sums of money for the advance of health in the State. Through its own, tax-supported agency the State gives encouragement and assistance to communities wanting to expand or inaugurate medical facilities: hospitals, clinics, health centers; and in many other ways serves the people of the State.

The Medical Foundation is a privately-supported, philanthropic agency, incorporated, and operating under its own elected Board of Directors. Its charter gives it extensive rights in all fields of health, but by inference and statement indicates its major objective to use the vast and new facilities of the University of North Carolina as media for serving the health of the people of the State.

Within the structure of the Medical Foundation there are

several branches of emphasis and interest. Major among these is the Medical Alumni Fund, supported by the former students of the School of Medicine. This group has been especially active, and of approximately 1,500 living former students, more than one-third now participate in the giving program to the Fund.

The second branch is a comparable School of Nursing Fund, established in 1953, designed to provide scholarships for students in the School of Nursing, and ultimately to provide working funds for special projects in that School.

In addition, the accumulating endowment of the Medical Foundation comes primarily from memorial gifts. Although some of its income is designated much of it is made available for general uses at the direction of the Foundation's Board of Directors.

During its four years of operation, the Medical Foundation has received gifts in cash and in kind approximating \$200,000. Further, it has received indicated intentions of contributions to its funds, over a period of ten years, totalling in excess of \$400,000.

The Medical Foundation is, then, a private receptacle for special gifts, whereby donors may control their interests, and provide with their funds monies for special projects that would not and could not be financed with tax appropriations or other normal sources of income. The Medical Foundation seeks to provide the "over-and-above" that will make the facilities at Chapel Hill better than average, and through these facilities find ways to serve the total health of the people of North Carolina.

Its program is specific, but it is elastic. Anything that will encourage medical education comes within its scope. There is a need for scholarships, teaching fellowships, special professorships, library expansion, teaching materials. There is a dire need for funds for research, since all monies so used must come from extraneous sources. Through research the educational efforts grow. Through research the third facet of the medical program—namely, medical services—is given impetus.

These three—medical education, medical research, medical services—provide the avenues of operation for the Medical Foundation, the avenues for the special gifts of those alike concerned with increasing health for all of the people of the State. Where will one find any greater challenge to generosity, with such certain dividends?

Variations On A Theme

By Myrl Ebert

Medical literature continues to pour from the presses with a disconcerting speed and volume—a veritable diarrhea of print—to the consternation of the harassed physician, who scarcely has time to peruse his personal journal subscriptions.

Herein lies the value of the book review, the digest and abstract periodical, and other such abbreviated aids.

Of special interest to the surgeon are two recent monographs so well presented, illustrated, and organized as to warrant more than passing consideration. Smith's *Surgery of pancreatic neoplasms* covers its subject with facility and thoroughness. Introduced by a history of pancreatic surgery and a classification of pancreatic tumors, the text evaluates with great care problems of diagnosis and surgical treatment. It is documented by thirty-nine personally attended cases which appear in detail as an appendix.

Iason's *Gastric cancer* summarizes the accumulated literature about a more widely discussed, though equally enigmatic, problem. Despite prudent selectivity, the lengthy bibliography testifies to the wide-spread interest in this subject. These titles can be recommended for student and physician, as well as for surgeon.

Fundamentals of clinical orthopedics, by Peter Casagrande, and Gould's *Pathology of the heart* differ from the aforementioned titles in more than subject matter. The extensive and specific treatment of their respective subjects tends toward reference usage, or service to the specialist.

Walter Grey, of "mechanical turtle" fame, has just published a fascinating popularization of the study of electroencephalography, wherein he gives an accurate account of the history, difficulties, and methods of electrical measurement of brain waves—and with real literary merit. In his *Living brain*, Grey demonstrates what new tools for biological research can achieve in exploration of the mind, and inquires into similarities of the brain and machine.

As for the lighter vein (there is fun in reading), let the physi-

cian look into Ostlere's *Doctor in the house*, a light, joyous account of the English medical student's labor and play in attaining the British equivalent of an M.D. It will, no doubt, remind the readers of his own early struggles, confusions, the pride of his first stethoscope and ward patient, the first baby delivered (without benefit of policeman or cabbie), plus some amorous meanderings.

Then, getting closer to home, let the same medico skim Dr. Mary Sloop's delightful, warmhearted tale of pioneering in medicine and public health in the mountains of North Carolina. The Doctors Sloop, husband and wife, have spent forty years with the descendants of early settlers in western North Carolina, working under primitive conditions, eventually bringing health, education, roads, and progress to the mountain folk of Crossnore, North Carolina. Their story and the story of "their" people has all the humor and pathos of fiction.

Dr. Thad P. Sears has issued a readable, instructive epistle for the layman and physician as an introduction to the Atomic Age. Deeply concerned for the education and preparation of the man in the street, Dr. Sears has set forth in brief, the pertinent essentials of atomic physics, the significance of radioactivity, the use of isotopes, the atomic bomb, and organization and methods of civil defense. With its extensive documentation, this book is sure to profit all who read it.

Books mentioned:

- Smith, Rodney. *The survey of pancreatic neoplasms*. Baltimore, Williams & Wilkins, 1953.
- Iason, Alfred Herbert. *Gastric cancer*. New York, Grune & Stratton, 1953.
- Casagrande, Peter A. *Fundamentals of clinical orthopedics*. New York, Grune & Stratton, 1953.
- Gould, Sylvester Emmanuel, editor. *Pathology of the heart*. Springfield, Ill., C. C. Thomas, 1953.
- Grey, Walter. *Living brain*. New York, Norton, 1953
- Ostlere, Gordon (Richard Gordon, pseud.). *Doctor in the house*. London, M. Joseph, 1952.
- Sloop, Mary T., and LeGette Blythe. *Miracle in the hills*. New York, McGraw-Hill, 1953. (Mayflower Cup Winner. 1953)
- Sears, Thad P. *The physician in atomic defense*. Chicago, Yearbook, 1953.



WITH THE FACULTY

FACULTY PROMOTIONS

Faculty promotions announced recently include: Dr. James A. Green to Assistant Professor of Anatomy; Dr. Harold F. Parks to Assistant Professor of Anatomy; Dr. Carl Gottschalk to Instructor in Medicine; Dr. John B. Graham, '40, to Associate Professor of Pathology; Dr. George D. Penick, '44, to Assistant Professor of Pathology; Dr. Margaret C. Swanton, '44, to Assistant Professor of Pathology; Dr. David R. Hawkins to Assistant Professor of Psychiatry; Dr. Warner L. Wells to Assistant Professor of Surgery; Dr. Charles Bream to Associate Professor of Radiology; Dr. Charles E. Flowers, Jr., '43, to Associate Professor of Obstetrics and Gynecology.

Dr. K. M. Brinkhous, Professor of Pathology, spoke to the New York Academy of Medicine on "Hemophilia" on October 23.

A news note in the *Chapel Hill Weekly* recently reported the death of Mrs. Richard Henry Whitehead in Charlottesville, on September 24.

Mrs. Whitehead was the widow of the late distinguished Dr. R. H. Whitehead, first dean of the School of Medicine at Chapel Hill. Dr. Whitehead went to the deanship of the University of Virginia's School of Medicine in 1905. He died in 1916.

"The people of Chapel Hill who were here in the 1890's and the early 1900's remember Mrs. Whitehead as a gentle, lovely woman."

BERRYHILL RECOGNIZED

Dean W. Reece Berryhill, '25, was elected to membership on the Executive Council of the Association of American Medical Colleges at the Association's annual meeting in Atlantic City in October. Others attending from Chapel Hill were Drs. Douglas Lawrason, Henry T. Clark, and Osler Peterson.

Dean Berryhill gave a talk at the 50th Anniversary of the Mecklenburg County Medical Society—November 2. He also spoke before the Burke County Medical Society in Morganton, November 30.

Dr. Ernest Craige, of the Department of Medicine, was a guest speaker at the annual meeting of the Pee Dee Medical Association in Florence, S. C., in October; his topic was "Management of Rheumatic Fever and Rheumatic Heart Disease".

Dr. Charles H. Burnett, Chairman of the Department of Medicine, lectured on "The Treatment of Renal Insufficiency" at the University of Virginia School of Medicine recently. Dr. Louis G. Welt, also of the Department of Medicine, gave a lecture on "The Renal Regulation of Electrolytes and pH" on this same series there on October 5.

Dr. George C. Ham, Professor of Psychiatry, was the guest speaker at the Fourth District Medical Society meeting in Goldsboro, November 11.

STUDYING SULFUR

Dr. J. C. Andrews is interested in certain phases of the biochemistry and metabolism of sulfur compounds. He published in the June number of the *Journal of the Elisha Mitchell Society* a paper on the Decarboxylation of Cysteic Acid. He also has in press a paper in Spanish in the *Annals of the Academy of Science of Guatemala* on an analytical method for the estimation of taurine. Dr. Andrews was sent in both 1944 and 1948 by the State Department as Exchange Professor in the University of San Carlos of Guatemala and still maintains close relations with the scientific and medical personnel of that country.

Dr. C. E. Flowers, Jr gave a paper at the Southern Medical Association in Atlanta, Georgia, on October 28, 1953, on "Diabetes Mellitus and Pregnancy."

Dr. Kerr L. White discussed the "Diagnosis of Cardiac Pain" at the fall meeting of the Second District Medical Society.

Dr. Ira Fowler has recently come from Northwestern University to join the staff as Instructor in Anatomy.

Dr. Leonard Palumbo presented a paper at the Southern Medical Association in Atlanta, Georgia, on October 27, 1953, on "Squamous Celled Carcinoma of the Vagina."

A new arrangement for the teaching of Histology has been put into operation this year. The class is divided into three groups of twenty students. Each group occupies a small laboratory in the newly enlarged north wing of the building, and each group will have its own teacher.

PHARMACOLOGY

Drs. I. M. Taylor and T. H. Butler participated in a postgraduate course in medicine, sponsored by the School of Medicine and the Extension Division of the University of North Carolina, October 7, 1953, Morganton, N. C. The topic of discussion was "Special Uses and Problems of Some Newer Drugs."

Dr. T. Z. Csaky, Assistant Professor of Pharmacology, attended the 19th International Physiological Congress in Montreal, August 31. At this meeting Dr. Csaky presented a paper entitled "The Use of Glucose-monomethyl Ethers in the Study of Carbohydrate Metabolism."

CARDIAC TRAINING

The U. S. Public Health Service has recently renewed and increased its financial support of a cardiac training program under the supervision of Dr. Ernest Craige. Dr. Carl Gottschalk was a trainee in this program last year, and Dr. Mitchell Sorrow, Chief Resident in Medicine, North Carolina Memorial Hospital, 1952-53, is currently working with Dr. Craige in this program.

Dr. Paul F. Whitaker, of Kinston, spent two weeks during October in the School of Medicine as Visiting Professor of Medicine.

CANCER RESEARCH

Approval by the Atomic Energy Commission for the clinical use of various radioisotopes has been obtained, with Dr. William H. Sprunt, assistant professor, designated by the Commission as "official user" for the Hospital. An active program for cancer research and therapy has been initiated in the Hospital and the Medical School, particularly with Gold¹⁹⁸ and Phosphorus³².



STUDENT ACTIVITIES

OBSTETRICAL TRAINING

Fourth year students have been sent to Robeson County Hospital in Lumberton for a period of two weeks where they had obstetrical training under Dr. Hugh McAllister and his staff, and to Watts Hospital in Durham for a period of two weeks where they had similar training under Dr. Eleanor Easley, chief of the service, and her staff. Both Dr. McAllister and Dr. Easley have been appointed to the faculty with the rank of Clinical Instructor.

Senior Class members have been busy preparing and submitting internship applications in order to meet the Matching Plan deadline of December 16. Personal interviews have been granted by Dean Berryhill and Assistant Dean Lawrason, and the students have expressed gratitude for the fine assistance given them.

The 12-month training program for X-ray technicians began on April 1, 1953, with the appointment of two students. Two additional candidates have been selected for the class beginning October 1, 1953. These appointments will be made every six months. The training received will qualify students upon completion of the course for registry by the American Society of X-ray Technicians.

The Senior medical students will have individual pictures in "The Yackety Yack." This makes June, and an M.D. seem much nearer.

SUMMER WORK

During the summer, many Carolina students were active in some of the research projects in progress here. *Hugh Hemmings*, from Mount Airy, held a Polio Foundation Fellowship and worked with Dr. E. C. Curnen in an epidemiological family study of Coxsackie virus infections.

Harold Roberts, a junior from Sanford, worked with Dr. George Penick in several projects including cold injuries in normal and hemophilic dogs and subjects, and formulating special stains for fibrin. Results were published in the Air Force Project Report.

Frank Morrison, Jr., a Hazelwood Junior, was a research assistant for Dr. K. M. Brinkhous in a joint research project with the University of Missouri, concerning comparative studies of canine, human and swine hemophilia.

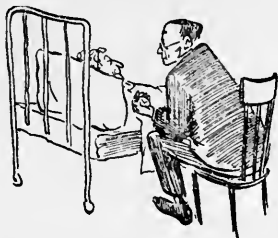
Representatives of Memorial Hospital, Greenville, S. C., were on campus late in November, and entertained the Seniors from both Carolina and Duke at a private party at the Carolina Inn.

"TO STUDY the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

Osler

"IT IS astonishing with how little reading a doctor can practice medicine, but it is not astonishing how badly he may do it."

Osler



ALUMNI NOTES

McNAIRY FUND

Dr. Verne Blackwelder, '27, has established the McNairy Student Aid Fund in honor of his aunt, Dr. Carolyn McNairy, of Lenoir. This is an annual award of \$500 to be given as a scholarship or loan to one or more needy medical students. It is the wish of Dr. Blackwelder that this fund be kept flexible and be awarded by the dean of the Medical School as a scholarship or loan at the discretion of the dean.

Two members of the junior class have been awarded McNairy scholarships from this fund for this academic year. They are Alexander G. Webb, Jr., Rocky Mount, and James W. Hayes, III, Wilson.

This past Summer a new wing at the Western Sanitorium, Black Mountain, was dedicated with appropriate ceremonies and named the Julian A. Moore Wing, honoring Dr. Julian A. Moore, '16, Asheville.

Dr. Lowell Brittain, '50, has recently gone into general practice in Huntersville, N. C.

Dr. Charles E. Flowers, Sr., '11, has become medical director of the State prisons system, effective November 1. For 34 years Dr. Flowers did general practice in Zebulon.

Dr. Edward C. Sutton, '49, has entered general practice in Rockingham, N. C.

KISTLER PORTRAIT

The library of the Division of Health Affairs has been the recipient of many considerations by the family of the late Charles Edmund Kistler, prominent alumnus of Morganton. They have continued generousities begun by Mr. Kistler himself. A portrait of the late Mr. Kistler was presented to the library on October 31, and is hanging in the library that now bears his name.

Dr. Kenneth W. Wilkins, '43, has opened his office for the practice of Obstetrics and Gynecology in Goldsboro, N. C.

Dr. Roger A. Smith, '45, has joined Dr. M. N. Estridge in the practice of Neurological Surgery in San Bernardino, California.

Dr. Richard H. Phillips, '43, is now Assistant Professor of Psychiatry at the State University of New York College of Medicine in Syracuse.

ALUMNI LISTS

Through 1951, 68 classes have been registered in the School of Medicine, with a total of 2094 students.

There are today 1468 living alumni in 60 of these classes.

It is planned to publish the class rolls in subsequent issues of the BULLETIN, for general information, and in order to enlist corrections where these are needed. Watch for the first lists next issue.

Editorials

Through the Doctors to the People

Inherent in the administration of the School of Medicine of the University of North Carolina is the sense of obligation it owes to the people of the State of North Carolina. This obligation would be met with any and all kinds of service it is possible to render.

The School of Medicine is already serving the doctors of the State: through its program of continuation education, its research, and its services. Numerous State and national medical meetings are being held at Chapel Hill. Doctors are invited and always welcome at numerous clinical conferences and lectures.

From these contacts the School of Medicine seeks to extend through the doctors its services to the people of the State. Its laboratories, its library, its classrooms, its clinics, its multiple hospital services: all of these are dedicated to the single end of serving the people of North Carolina.

Specifics Only You Can Provide

There is no lack of things alumni and other friends may do for the School of Medicine. It is the privilege of the Medical Foundation to make these "specifics" known.

Recently the administration and officials of the Medical Foundation worked out a sheet of fifteen such "specifics" that cost all the way from \$50 to \$100,000: from microfilm equipment for the library to supervoltage Roentgen therapy apparatus for the greater control and treatment of cancer.

Not a single one of these specifics can be provided with tax appropriations. They must all come from the friends of the School. Every cent contributed by the alumni to the Medical Alumni Fund, and all monies given by others is being dedicated to making this School of Medicine the growing and serviceable institution it is intended to be. Money is well invested when invested in the School of Medicine at Chapel Hill.

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Your encouragement and friendly cooperation during our first 20 years have been important factors in the success of our service. We shall strive to merit your continued confidence.

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The **BULLETIN**

1

February, 1954

No. 3



AL EDUCATION: Dr. John B. Graham, Associate Professor of Pathology, and Markle Scholar, with dental and medical students in the new Pathology Laboratory of the U. N. C. School of Medicine.

THE SCHOOL OF MEDICINE - THE MEDICAL FOUNDATION
COOPERATION WITH THE WHITEHEAD SOCIETY
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL

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THE BULLETIN

of the School of Medicine
in cooperation with the Whitehead Society
and the Medical Foundation
of the University of North Carolina

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Medical Education Is A Continuum

By *Nathan A. Womack, M.D.*

Medical education, once of interest only to the physician and the would-be physician is now of great public concern. For medical education is intimately related to the health problems of our country. They are its reason for being, and while the number of physicians and their distribution are of great interest to the medical educator, he would also add to this the excellence and the effectiveness of the medical care rendered by the physician. He is not only bothered about the availability of medical care but he is also deeply concerned with its quality. At times medical schools have been accused of conspiring to prevent the graduation of more students. Actually, they have increased their enrolment from 21,379 in 1940-41, to 27,076 in 1951-52.

To the teacher of medicine the education of a physician may be divided roughly into four phases: (a) that preceding entrance into medical school, (b) the medical education leading to the acquisition of a doctorate degree, (c) graduate education such as is spent as an intern or resident, and finally (d) the postgraduate education which is a continuation of study under guidance while engaged in a busy practice. Medical education is therefore a continuum. As long as scientific medicine advances, the education of a physician cannot become static.

This discussion will relate primarily to the second phase, namely, the undergraduate education in the medical school. This does not discount, however, the importance of the other three. As a matter of fact, perhaps the most important is probably the first, for this has to do with the moral and intellectual background upon which a medical education is superimposed.

It is not within the realm of everyone who would wish to do so to become a physician. Medicine is an exacting profession. It requires much of a student. That physician who fails to measure up to its high standards must sooner or later feel the condemna-

tion of his colleagues and of society, if such standards are to survive. Historically, this has been true, for these standards have survived. Historically, also, care has always been used in the choice of students of medicine.

It is easily apparent that the selection of a student for medicine is a complex problem. There is no single standard by which any safe prognostication is possible. In spite of the criticism given the high consideration of grades, it is the experience that performance in college does give some clue to basic preparation, intelligence and industry. A personal interview, particularly with several different individuals, will usually reveal fairly well the motivations of the student; and the reason the student wishes to become a physician will often determine the type of physician he would become. Psychologic tests of aptitude, while at first crude and only of vague help with a particular student, are now growing in accuracy and give great promise of the future. The character and integrity of the student must be of the highest order. There is no place for the dishonorable, for the mercenary in medicine. It is still the profession for the idealist. This information about a candidate becomes possible from a background knowledge of a student and his family.

When a student possesses all these qualities, his selection is easy. Unfortunately, too often only to a certain extent does a student possess all of these qualities, and it is here that an admissions committee assumes its importance; for a single individual to select an entire class is too great a job and responsibility and he is not nearly as effective in the discrimination necessary as is a group of individuals with different interests and different personalities. It is a great financial loss both to the student and to the school for there ever to be a failure in the course of medical education. Furthermore, the tragic psychic effect on the student who fails is often of long duration. No longer can a school demonstrate its high standards by pointing to the number of students it fails, for a school must always be responsible for any student allowed to enter medical school who fails to measure up to required performance.

By and large the faculty of a medical school determines its educational policy and the quality of the teaching. The faculty is responsible for the research, and together with the graduates, determines the reputation of the school. Faculty appointment in a medical school carries with it the classification of rank similar to other schools in the university. One exception is the term

"clinical" which often precedes the title, such as "Clinical Professor." This denotes part-time service frequently invaluable to the school but all too often on a voluntary or part-pay basis. The true full-time teacher of medicine has his entire earned income derived from the medical school. The income from practice reverts to the medical school after certain expenses and salary commutations are made. This is the arrangement at the University of North Carolina.

Full-time faculties who can devote all of their energy and thought to teaching have demonstrated their worthwhileness to such an extent that during the past ten years their number has increased over 50 per cent. In spite of this their number is inadequate in most schools. This is due primarily to the relative inadequacy of salaries when compared to that earned in private practice or in pharmaceutical or industrial research. It must be assumed that the teacher of a clinical subject must himself be a clinician beyond the ordinary. On the other hand an extraordinary clinician may not necessarily be a good teacher. It is the ability to kindle enthusiasm in the student that is most important. This obviously requires an abundance of enthusiasm for teaching on the part of the instructor. It also requires curiosity. Since the curious mind is rarely satisfied with the status quo, a good teaching mind is generally productive, either in the laboratory or on the wards.

If a good student is placed in intimate contact with a good teacher frequently during the day, the curriculum loses much of its importance. It is the log on which Mark Hopkins and the student sat. If that log is either too large or too small, it is uncomfortable. During the first two years the curriculum is so arranged that the normal and abnormal morphology and function of the human body is studied. During the last two years this information is applied to the sick individual. One of the problems that confronts us in this type of teaching is that it is primarily analytical. We study the component parts and their functions in order to understand the whole. It becomes obvious that integration should be a fundamental requirement in medical curriculum. This is by no means easily obtained, and at the present time there are many medical schools trying different pedagogic technics in order to bring this type of integration about. It is quite easy to provide the undergraduate with a fairly detailed background of human morphology and function. Furthermore, the more common alterations of these phenomena that constitute the diseased

state can be easily demonstrated in particular patients as they present themselves. Nevertheless, it will be impossible for the undergraduate to encounter patients demonstrating all of the vagaries of illness in his four years of school, and it will be necessary therefore for him to have available reference to previous experience of others and a knowledge of when and how to use this reference. To present much of such clinical experience as a series of insequential lectures not related to a particular patient is often ineffective. It is far better for the student to learn to inform himself under guidance for he must eventually be his own teacher. In the beginning this will require considerable time, persuasion and patience on the part of the teacher. The effort is well justified.

If then it is to be our goal to graduate students with sound basic background capable of self instruction, it is important that they develop early an attitude of psychic discomfort when confronted with phenomena that to them are inadequately explained. Such an attitude, if properly nourished, cannot but lead to the development of a mature mind, one capable of knowing, one capable of doubting. The growth and development of these two qualities in one interested in medicine and one who has had a broad general experience in basic education will result in a graduate who will be able to synthesize and coordinate his experience.

It can easily be seen that there is but little place for the lecture room and the formal discourse in medical education; especially is this true in the clinical years. In this way it differs from practically every other educational discipline. One cannot increase the number of students in a class simply by adding chairs. It is also obvious that as the size of the class increases, the effectiveness of teaching decreases. It is far more effective education to have many medical schools with fairly small classes than a few huge medical centers each with large classes.

Finally, in the teaching of a medical student must come the knowledge of the impact of disease on society. The illness of a single person is never limited to that individual. It affects his immediate family and often his entire community. The medical student must come to know the effects of bad economy on health. Poverty, bad housing and poor nutrition are intimately concerned with the frequency of disease, and the problem of therapy. The physician of today can no longer exclude himself from deep concern over the welfare of society.

Differential Diagnosis In Hemorrhagic Disease

By *Jessica H. Lewis, M.D., and John H. Ferguson, M.D.*

Hemorrhagic diseases may be classified into three main groups: Vascular Purpura, Platelet Purpura and Plasma Purpura.

Vascular purpura results from an abnormal blood vessel wall. Thus, this category includes Hereditary Hemorrhagic Telangiectasia, Scurvy, Shonlein-Henoch purpura, bleeding associated with aneurysms, arteriosclerosis, syphilis, etc., and probably the non-thrombocytopenic purpuras associated with infections, toxins and allergies. As the etiological factors vary so greatly, no laboratory test is specific and the diagnosis is usually established by identification of the primary disease and exclusion of other possible causes of bleeding.

Platelet Purpura may be of two general types: thrombocytopenic or thrombocytopathic. Thrombocytopenic purpura is characterized by a low platelet count, poor clot retraction, prolonged bleeding time and a high serum prothrombin content (indicating poor utilization of prothrombin during clotting). Determination of the etiology of thrombocytopenia, whether idiopathic or secondary to bone marrow disease, splenic disease or peripheral thrombosis, is important in predicting the prognosis and choosing the treatment. Thrombocytopathic purpuras are usually congenital, often familial, diseases in which the number of platelets is normal but one or more of the platelet factors is decreased. Platelets are known to contain *vasoconstrictor*, *clot retraction*, *thromboplastic*, *accelerator*, and *aggultination* factors. Thus, a patient may show one or more of the following: prolonged bleeding time, deficient clot retraction, increased serum prothrombin due specifically to platelet rather than plasma factor deficiency, decreased platelet accelerator or a positive tourniquet test. It should be noted that a positive tourniquet test may also result from defective capillaries (e.g. Scurvy, etc.).

The many recent investigations concerning plasma factors

have allowed us to identify seven specific hemorrhagic diseases due to deficiencies of these plasma factors. *Afibrinogenemia* is a rare disease, usually congenital, which may be readily identified by complete absence of clot formation, even on addition of potent thrombin. Two newly recognized diseases, *PTC* (Plasma Thromboplastin Component) *deficiency* and *PTA* (Plasma Thromboplastin Antecedent) *deficiency* are similar in many respects to AHG deficiency (Hemophilia). These three, which we have called the *plasma thromboplastin deficiency group*, are usually characterized by prolonged clotting time, high residual serum prothrombin content and normal Quick test, i.e. normal clotting in the presence of tissue thromboplastin. Differentiation among the three is accomplished by two techniques: 1) assessment of the effects of adding plasma fractions, known to contain one of the factors, on the patient's clotting mechanism and 2) titration of the PTC, and AHG contents of the patient's plasma. For the latter tests, we have developed relatively simple methods for assay of AHG and PTC, which involve addition of patient's plasma to samples of frozen plasma from known cases of Hemophilia or PTC deficiency and determination of the recalcification time and residual serum prothrombin content. Unfortunately, we have not had an opportunity to study a patient with PTA deficiency.

Prolongation of the usual prothrombin time (Quick test) may be due to either *Hypoprothrombinemia*, *Hypoproconvertinemia*, or *Hypoproaccelerinemia*. These three deficiencies may be either congenital or acquired and are usually characterized by prolonged clotting time, prolonged Quick test and increased serum prothrombin (in the last two). Differentiation between the three may be readily determined by simple assays of the patient's plasma content of prothrombin, proconvertin and proaccelerin. These assays require various substrates, each deficient in the factor to be tested but high in the other two factors and fibrinogen.

In addition to a plasma factor deficiency, plasma purpura may be caused by an excess concentration of a coagulation inhibitor. The presence of such an inhibitor may be determined rather simply but identification of its properties and site of action are often extremely difficult.

Our plans for the future include continuation of research concerning the basic mechanisms involved in normal blood coagulation, as well as study of all available patients suffering from bleeding or thrombotic tendencies.

Medical Progress At Chapel Hill

By *W. Reece Berryhill, M.D.*

While there will undoubtedly be many problems ahead in 1954, the year began in a big way with the encouraging news of the gifts of Mrs. Lee B. Jenkins of Kinston, in the amount of \$5,000 through the Medical Foundation to establish the Lee B. Jenkins Lectureship in the School of Medicine, and a grant from the National Cancer Institute of the National Institutes of Health in the amount of \$21,208 for additional equipment for the Cancer Research Laboratories.

Confirmation has now been received from the Council on Medical Education and Hospitals of the American Medical Association that at its last meeting the Council voted "that your institution be given full approval as a four-year school of medicine. This action was taken on the basis of the survey that was recently completed. . . wish to congratulate you on behalf of the Council on Medical Education and Hospitals for the very fine and stimulating development that is taking place in your institution and to wish for you and your colleagues continued success in your efforts to furnish the best possible opportunities for the basic study of medicine."

In addition, the Secretary of the Association of American Medical Colleges has officially reported, "Our Executive Council at its last meeting, unanimously voted the school into full membership in the Association as a four-year school of medicine. May I take this opportunity to congratulate the University and the Medical School on the splendid accomplishments of the last three years."

This official approval of the complete teaching program and facilities of the school—faculty, laboratories, library and clinical—by the two responsible accrediting agencies in Medical Education in the U.S. gives an authoritative answer to the queries that have been raised as to the adequacy of the clinical material avail-

able, the variety of disease states admitted to the hospital, the number of acute surgical and medical conditions, and the accident service.

In this connection it may be of interest to report that the obstetrical service—the last to be activated—in the first 12 months of operation had an average of more than one delivery daily. Students and house staff have additional training and experience in obstetrics through an affiliation between the School of Medicine and the obstetrical departments at the Watts Hospital in Durham and the Robeson County Memorial Hospital at Lumberton.

As a part of the general experience in hospitals, at least through central North Carolina, in recent months the census at the Memorial Hospital declined somewhat in late November and December. This gave us some unfavorable and, in some instances, critical publicity for the University. The situation gradually improved in January and as this is written the hospital census is 204.

It usually takes some time for new doctors to build up practices in their communities. New hospitals and new medical institutions are in a similar situation. This is particularly true of the 1950's in contrast to the 1930's, because of the large increase in hospital beds and improved medical facilities—not only in the Piedmont area of the State, as some of the recent newspaper articles have stressed—but throughout North Carolina: the ultimate objective of the Good Health Program. As we look back on the accomplishments of 17 months of operation, we're doing very satisfactorily. With the very competent staff in all fields of medicine now gathered here, we face the future with confidence.

On January 28, all of the officers and counsellors and a large number of the Visiting Committee of the Medical Alumni Association came to Chapel Hill for their quarterly meeting. The attendance, spirit and enthusiasm of the alumni was most gratifying. Reports on recent developments in and progress of the Medical School and Hospital were presented. Plans for the annual Alumni Day tentatively set for April 15, were discussed. Dr. M. D. Bonner, the President of the Association, was authorized to appoint a committee to make plans for a special celebration of the 75th anniversary of the beginning of the School of Medicine in 1879, for the fall of 1954.



WITH THE FACULTY

FACULTY APPOINTMENTS

Dean W. Reece Berryhill has announced the following additions to the faculty.

Gordon Shelton Dugger, Instructor in Surgery (Neurosurgery); A.B., '41, University of North Carolina; UNC Medical School, 1942-43; M.D., June 1945, Johns Hopkins; Interned at N. C. Baptist Hospital in Winston-Salem; two years in U.S. Army. Came to UNC from Montreal Neurological Institute.

Christopher T. Bever, Associate Professor of Psychiatry; A.B., Harvard '40; M.D., Harvard '43; Attended Washington School of Psychiatry; Diplomate of the American Board of Psychiatry and certified by the Washington Psychoanalytic Institute; during past few years he has been actively engaged in clinical work in St. Elizabeth's Hospital (Washington) and the Montgomery County Mental Hygiene Clinic in Rockville, Maryland, as director. Dr. Bever will be the director of the Psychiatric Out-Patient Research Training and Treatment Center here.

Recent appointments to the part-time staff include: Dr. Matthew H. Grimmitt, Concord, Clinical Instructor in Pediatrics; Dr. Roy Allen Hare, Durham, Clinical Instructor in Medicine; Dr. Jean C. McAlister ('31), Greensboro, Clinical Instructor in Pediatrics; Dr. Mary Margaret McLeod ('32), Sanford, Clinical Instructor in Pediatrics; Dr. Carl N. Patterson, Durham, Clinical Consultant in Divi-

JENKINS LECTURESHIP

Dean W. Reece Berryhill of the School of Medicine of the University of North Carolina has announced the establishment of the Lee B. Jenkins Lectureship in Medicine.

Mr. and Mrs. Lee B. Jenkins, Kinston, have advised the local School of Medicine official that they have deposited with the Medical Foundation a principal sum of \$5,000 for this purpose.

Income from this special endowment will be used to bring to Chapel Hill each year an eminent scholar, teacher or research scientist for one or more lectures.

DEANS ON TRIP

Dean Berryhill was in Chicago, Feb. 5-6, attending the meeting of the Executive Council of the Association of American Medical Colleges. He was named to that Council last October.

Dr. Douglas Lawrason and Dr. W. P. Richardson, assistant deans of the School of Medicine, joined Dean Berryhill in Chicago, for the meeting of the Council on Medical Education and Hospitals of the American Medical Association, Feb. 8-10.

sion of Otolaryngology, Department of Surgery; Dr. Edwin A. Rasberry, Jr. ('39), Wilson, Clinical Instructor in Medicine; Dr. Thomas S. Royster, Jr., Henderson, Clinical Instructor in Surgery; Dr. Samuel F. Ravenel, Greensboro, Clinical Professor of Pediatrics.

AT CHAPEL HILL

A conference on Industrial Health will be held at N. C. Memorial Hospital, Chapel Hill, N. C. on March 12, 1954. The conference is designed primarily for physicians who are providing part-time health and medical services to industrial establishments.

The conference will be sponsored by the School of Medicine of the University of North Carolina in cooperation with the Committee on Industrial Health of the North Carolina Medical Society.

The School of Medicine of the University of North Carolina announces a three-day intensive postgraduate medical course designed primarily for general practitioners to be held at Chapel Hill April 13, 14, 15.

The course is similar to the one held last year and is entitled "Implications of Newer Diagnostic and Therapeutic Techniques."

Further information on each of these conferences may be had by writing Dr. W. P. Richardson, School of Medicine, Chapel Hill, N. C.

PSYCHIATRY

Dr. George C. Ham was elected to membership in the American Psychoanalytic Association, and attended the Mid-winter meetings in New York.

At the request of Governor William B. Umstead, Dr. Ham also attended the meeting of the State representatives of the Regional Project on Mental Health Training and Research in Nashville, Tennessee on February 1-2, to help plan the implementation of the mental health resolution of the Southern Governors' Conference.

Dr. D. Wilfred Abse, associate professor of Psychiatry, lectured on January 12, at Duke University at the Seminar of Psychotherapy on the subject of "Psychological Implications of Shock Therapy."

SURGERY

Dr. Warfield M. Firor, Johns Hopkins School of Medicine, lectured on "Cancer Cell Development," January 18, and conducted surgical rounds for the students.

Dr. Evarts A. Graham, first Visiting Professor of Surgery here, himself a distinguished professor of Surgery, Washington University, lectured on "Cancer of the Lung", Feb. 2, conducted surgical rounds with staff and students, and led combined staff conference on Feb. 3 on Bronchiectasis.

Dr. Colin G. Thomas attend a meeting of the Society of University Surgeons, Rochester, New York, Feb. 10-13.

Dr. R. Beverly Raney, attended a meeting of American Academy of Orthopedic Surgeons, Chicago, January 22-29. Dr. Raney was Chairman of the Instructional Courses Committee.

Dr. H. Robert Brashear attended a meeting of the American Academy of Orthopedic Surgeons and a meeting of Hand Society, Chicago, January 21-27.

Dr. A. Price Heusner attended a meeting of Southern Neurosurgery Society, Baltimore, January 28-29.

Claude L. Yarbrow, instructor, and Dr. Carl E. Anderson, associate professor of Biological Chemistry and Nutrition, attended the meetings of the Southeastern Section of the Society for Experimental Biology and Medicine in Charleston, S. C., Friday, January 22. They presented a paper jointly on "Metabolism of Acetal Phosphatides."

Dr. James W. Woods of Chapel Hill, Assistant Professor of Medicine, was elected president of the Durham-Orange County Heart Association at its recent annual business meeting.

BULLITT HONORED

January 18, 1954 was the Eightieth Birthday of the modest and beloved Dr. James Bell Bullitt, emeritus Professor of Pathology. That afternoon a group of the young ladies who work in the various offices of the School of Medicine Building gave a surprise party in Dr. Bullitt's honor. Everybody around the building dropped in to extend congratulations to Dr. Bullitt and share in the accolades bestowed upon him. He was presented with a beautiful smoking jacket as a gift. The party was attended also by Mrs. Bullitt and their son, James B. Bullitt, Jr. and his wife. It was a worthy gesture of appreciation to a man who since 1913 has been a vital part of the program of medical education at Chapel Hill.

When the University of North Carolina Chapter of Phi Beta Kappa held its winter initiation a few weeks ago, they invited Dr. Bullitt to make the address. In his own personal and intimate style, Dr. Bullitt advised the new crop of PBK's that neither money nor fame, nor power alone can bring success. Each has its value but success comes only from a balanced blend of many powers involved in "work and play and love and worship." Intelligence and industry must be added to generous, kind, and cheerful sociability "if you would be leaders among men."

M.F. AIDS BASICS

A special research aid fund for the basic sciences in the School of Medicine has been made available through the Medical Foundation.

The amount provided, \$1200., will be used for the production of special publications, the purchase of apparatus for research, and to make available money for a number of small projects in the basic sciences for which there are no other sources of revenue.

MEDICINE

Dr. J. M. Sorrow, (Fellow) has received a grant for \$300 from the North Carolina Heart Association for "Quinidine Study Fund."

Dr. C. C. Fordham, Jr. (second year assistant resident) has been approved for a traineeship by the National Institute of Arthritis and Metabolic Diseases of the National Institute of Health for the period July 1, 1954 to June 30, 1955.

Dr. L. G. Welt attended meetings of the American Federation for Clinical Research and Southern Society for Clinical Research in New Orleans, Jan. 29-30. There he presented a paper entitled, "A Study of Renal Tubular Phenomena Under the Influence of Carbonic Anhydrase Inhibitor." Dr. D. T. Young (chief medical resident) attended the same meetings.

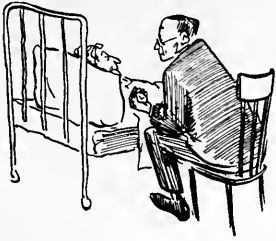
Dr. Ernest Craig presented a paper, "Rheumatic Fever" before the monthly meeting of the staff of Pittman Hospital, Fayetteville, Jan. 26.

Dr. Thomas W. Farmer spoke on "Neurologic Problems in General Practice" at the Robeson County Memorial Hospital, Lumberton, January 4.

Dr. David P. Jones was the principal speaker at the Edgecombe Medical Society, Rocky Mount, Jan. 13. His topic was "Principles of Neurological Examination."

Dr. Isaac M. Taylor spoke on "Management of Patients with Rheumatoid Arthritis," at the Greenville (S.C.) County Medical Society on Jan. 5.

Several representatives from the School of Medicine attended the Public Relations Conference sponsored by the Medical Society of North Carolina and held in Raleigh on February 12. Doctor Donald B. Koonce (A.B., '25) Wilmington, is chairman of the Sponsoring Committee.



ALUMNI NOTES

ALUMNI DECEASED

Dr. George H. Sumner, '21, of Asheboro, North Carolina, Randolph County Health Officer died December 13. After leaving the University of North Carolina he completed his medical education at Tulane and Harvard. In 1928 he established the Randolph County Health Department and had been its chief officer since that time.

Dr. W. R. McCain, '95, long a prominent figure in the medical profession in North Carolina, died in High Point, January 10. After leaving the University of North Carolina he completed his medical studies at Maryland and Harvard, practiced in Waxhaw from 1897 to 1922, then went to High Point, retiring from practice there in 1949.

AT SURGEONS MEETING

A number of alumni and staff members participated in the sectional meeting of the American College of Surgeons held in Charlotte, February 1-3. Among these were Dr. Nathan A. Womack ('22), Professor of Surgery; Dr. Raymond M. Wheeler ('41), of Charlotte; Dr. S. A. Wilkins, Jr. ('36), of Emory University; Dr. Robert A. Ross ('20), Professor of Obstetrics and Gynecology.

Serving on the local committee on arrangements were Dr. C. Lowry Pressly ('41), Dr. Claude B. Squires ('17), and Dr. McChord Williams ('35).

ACTIVE IN A.G.P.

Among officers for the current year in the North Carolina Academy of General Practice several alumni are included. Dr. Milton Clark ('35), Goldsboro is President-elect. Dr. William E. Selby ('32), Charlotte is Vice President and Dr. Glen E. Best ('35); Clinton, Dr. William C. Hunter ('26), Wilson, and Dr. Fred G. Patterson ('35), Chapel Hill are District Representatives on the Board of Directors.

Dr. Leonard Fields ('27) Chapel Hill, has been elected Vice President of the Durham-Orange County Medical Society. Drs. R. B. Lindsey ('38) and W. G. Morgan ('29) of Memorial Hospital are designated as alternate delegates to the State Medical Society. Other staff members included on this list are Dr. K. M. Brinkhous, Dr. Roy A. Hare, Dr. Louis G. Welt and Dr. Paul Bunce.

Dr. Max M. Norvich, '39, is practicing orthopedic surgery in Newark, N. J. He recently published an article on athletic injuries in high school and prep school athletics in the New Jersey Medical Journal. He is medical advisor on athletic injuries for the public school system in Newark.

Dr. Dean F. Winn, '45, is a Captain in the Army Medical Corps. His address is 25th Station Hospital, APO 234, c/o Postmaster, San Francisco, California.

MORE ALUMNI NOTES

Dr. Clayton Brantley (B.S. - '37) has recently located in Durham and is associated with Dr. W. Raney Stanford ('17) in the practice of internal medicine. Dr. Brantley and his family moved from Texarkana, Texas. They were the subject of an interesting feature article in a recent issue of *The Durham Sun*.

Dr. George F. Tucker, '49, is located in the practice of general medicine in Zebulon. He has taken over the office of another alumnus, Dr. Charles E. Flowers, Sr., class of 1911, who has recently become the Medical Director of the State Prison.

Dr. Isaac V. Manly, '44, until recently on the resident staff of the North Carolina Memorial Hospital, has opened his office for the practice of surgery in Raleigh; he is located at 2021 Clark Avenue.

Dr. Thomas E. Whitaker, '46, is practicing medicine in Greenville, South Carolina.

Dr. Jerry Allen, '42, has completed his surgical training and is in practice in Springfield, Missouri.

Dr. E. G. Goodman, '38, is in the Navy Medical Corps, stationed at the Naval Hospital, Bethesda, Maryland.

Dr. Lewis E. Jones, '45, is a Major in the Medical Corps of the U. S. Air Force. He is in the Research Office of the Surgeon General of the Air Force.

Dr. James B. Greenwood, '43, will complete his tour of duty with the Army Medical Corps this year and hopes to return to renew his practice in Charlotte this summer. He and his family are now at Guam.

Dr. G. Walker Blair, '45, is practicing internal medicine in Burlington, N. C. He has an appointment as clinical instructor in medicine at the School of Medicine at Chapel Hill.

Dr. Ernest Ribet, '45, is on the staff of the McGuire V. A. Hospital in Richmond.

Dr. Carroll H. Lippard, '44, is practicing Obstetrics and Gynecology in Lynchburg, Virginia. He is married and has three children.

1st. Lt. H. T. Broadstreet, '48, is in the Army Medical Corps, stationed at Camp Gordon, Georgia.

Dr. Walter C. Hilderman, '40, is practicing general surgery in Charlotte. His address is 134 Middleton Drive.

Dr. John W. Sawyer, '50, is an assistant resident in medicine at the Medical College of Virginia Hospital in Richmond.

Dr. Weldon H. Jordon, '45, completes his training in internal medicine in the Medical College of Virginia Hospital, Richmond, in June; he is planning to open an office in Fayetteville.

Dr. J. Vincent Arey, '44, is in the Army Medical Corps, stationed at Mineral Wells, Texas.

Dr. Margaret Swanton, '44, Assistant Professor of Pathology, is featured in an illustrated article entitled "Behind-the-Scenes, M.D." in the current issue of *Community Health*. Anyone desiring a copy may write the Hospital Saving Association, Chapel Hill.

Here's a quote from the article: "The hospital pathologist is a practicing doctor whom the patient never sees, but upon his diagnosis of the case depends the course of treatment."

The Hospital Care Association with headquarters in Durham has recently celebrated its Twentieth Anniversary with some splendid public relations meetings and publications all of which promise increasing service in the years ahead. Mr. George Watts Hill alumnus of UNC and long-time friend of medical education at Chapel Hill is a director of this group.



STUDENT ACTIVITIES

SENIOR CLASS

Many seniors have recently visited widely scattered hospitals for interviews concerning internships.

Neal Partrick, a Senior, recently attended a meeting of SAMA committee on post graduate training at Chicago, Illinois.

Seniors are involved in selecting a standard ring and key for the Medical School.

FRESHMAN-SOPHOMORE

Both medical fraternities Alpha Kappa Kappa and Phi Chi finally got around to having rush functions after a delay of over a month.

Freshmen officers elected before the Christmas holidays include Julius Green of Thomasville, President; Ben Wilcox of Charlotte, Vice President; Jim Thorp of Rocky Mount, Secretary; Bill Littlejohn of Morganton, Treasurer; and Jerry McMahan of Asheville, Whitehead Society Representative.

Many of the sophomores are now attempting to find work in hospitals and other appropriate places for the months of July and August. State Boards in June will prevent employment during most of that month. Any alumni connected with hospitals throughout the state where help is needed or desired in the emergency room, OPD, etc., will help greatly by passing this word back to the students. Contacts may be made through Dean Berryhill's office.

JUNIOR CLASS

Here are some interesting statistics on the Medical Students. Going by classes the average age is 22 for the Freshmen, 23 for the Sophomore, 24 for the Junior, and 26.5 for the Senior.

Other Statistics:

Year	Married	Veteran
1st	7 %	7 %
2nd	37.5 %	12 %
3rd	49 %	18.6 %
4th	56 %	58 %

The figures indicate a trend apparent in other Medical School—more settled students and earlier marriages. This is perhaps the student's answer to one of the more troublesome problems of medical education—the long period of training.

Incidentally, 22% of the Junior Class are left handed.

Herman Lineberger and Dot Jones, and George W. Brown and Eunice Fischer are the newest editions to the married roster. Congratulations.

Next in order are engagements—Leland Averitt and Betty Dalehite. Several others are to be announced shortly. After this summer there will be fewer bachelors at UNC.

Mr. and Mrs. Rodney McKnight announce the arrival of Rodney, Jr., and the Joe Riddles', Don Pressley's, and the Alan Cronland's also have new additions.

Many sophomores and juniors plan summer work in various hospitals throughout the state as externs.

M.F. SCHOLARSHIPS

Four new scholarships for students in the School of Medicine here have been made available through the Medical Foundation.

At a meeting of the Projects and Grants Committee of the Foundation last week, officers of the Foundation were instructed to make available four annual scholarships, with a cash value of \$250 each, from funds of the Medical Alumni Fund of the Foundation. The Fund is accumulated with gifts made by the medical alumni of the local institution.

Jurisdiction as to the awarding of the scholarships will be left with Dean W. Reece Berryhill who had told the group that there is an increasing need for such scholarship aid to medical students.

STUDENTS

Members of the Whitehead Society of the University of North Carolina Medical School were guests of the Morehead Planetarium management Saturday night, Jan. 16, at 8:30 o'clock, for the new show, "The Heavens Tonight."

The Whitehead Society is composed of all students in the University Medical School. Bill Huffines, Greensboro, is president.

The Old Well in front of South on the main campus at the University is getting a face lifting. This traditional symbol continues to serve its design, expressed by President Alderman in 1897. He called it, "a little temple, designed to add a little beauty to the old campus."

Editorial

Adding a Word on Admissions

This is the time for admissions. Schools of medicine throughout the country are now closing their class of 1958 for admission next Fall. It may be that too few colleagues and entirely too few laymen are adequately appreciative of the job an admissions committee must do. Too often serving on the committee like virtue is its own reward.

An admissions committee must be composed of men of unusually good judgment, and men who are willing to spend five to ten hours a week for several months during the school year in studying the problems of selection.

This committee's action must not be hampered by too many restrictions relating to place of birth, residence, religion, sex and the like. Where such restrictions are enforced rigidly the quality of student selection must necessarily fall. Above all, no admissions committee should have its action hampered by pressure groups, close friends or mutual acquaintances of the candidate.

A wise admission brings its vindication and its compensation as the student finds his place in the work of the school and measures up adequately to the highest expectations there, and later in the practice of his profession.

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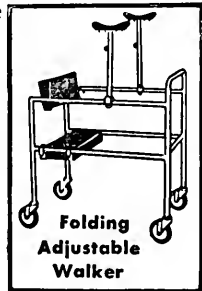
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"MORE HOSPITALS . . . MORE DOCTORS . . . MORE INSURANCE"

These were the three main objectives when North Carolina launched its Good Health program in 1946. The original state health commission called them "the mutually indispensable legs" of the long-range health improvement plan. "We cannot have enough doctors without more hospitals," said the commission, "nor enough hospitals without greater popular ability to pay for hospital service . . . and such ability to pay on the part of the poorer half of our population is impossible without insurance."

What Has Been Accomplished

MORE HOSPITALS

Expansion of the University medical school at Chapel Hill to a full four-year program was the state's answer to the doctor shortage. Of the 166 students now enrolled all but four are from North Carolina. The first class of these home-grown and home-trained doctors will be graduated in June.

MORE DOCTORS

More than 150 local hospital projects—new hospitals, additions to old hospitals, nursing quarters, health centers, and other health facilities—have been built in all sections of the state. The number of counties without any hospital beds has been reduced from 33 to 17. By 1956 approximately 7200 new hospital beds will have been opened in the Tar Heel State.

AND MORE BLUE CROSS!

Through an accelerated enrollment program in both the urban and rural areas of the state, *Hospital Care Association of Durham* has been meeting this third great need of the Good Health Plan. Since the program was launched membership in Durham Blue Cross has **MORE THAN DOUBLED!** Over a Quarter - Million people are now covered, and payments to hospitals and doctors exceed \$3½ million a year.



As the Hospital Care Association begins its 21st year of service, we renew our determination to provide the best possible protection at the lowest practicable cost. To this end we request the continuing cooperation of the State's medical profession.

the Blue Cross plan
The HOSPITAL CARE ASSOCIATION Inc.
DURHAM, NORTH CAROLINA

"First and Finest in Tar Heel Health Service"

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CHAPEL HILL, N. C.
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The **BULLETIN**

1

April, 1954

No. 4



THE BLOOD BANK of the North Carolina Memorial Hospital. Miss Grace Peele, senior technician, is typing and cross matching blood. This is one of the many medical services available at Chapel Hill.

THE SCHOOL OF MEDICINE - THE MEDICAL FOUNDATION
IN COOPERATION WITH THE WHITEHEAD SOCIETY
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL

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Below is the accident and health plan established by the state society for its members in 1940.

PLANS AVAILABLE



Accidental Death	Dismemberment Benefits, Up to	Accident and Sickness Benefits	Annual Premium	Semi-Annual Premium
\$5,000.00	\$10,000.00	\$ 50.00 weekly	\$ 90.00	\$45.50
5,000.00	15,000.00	75.00 weekly	131.00	66.00
5,000.00	20,000.00	100.00 weekly (\$433.00 per month)	172.00	86.50

Members under age 60 may apply for \$10.00 per day extra for hospitalization at premium of only \$20.00 annually, or \$10.00 semi-annually.

For Application or Further Information Write or Call

J. L. Crumpton, State Mgr.

Professional Group Disability Division

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Patient Care in Medical Education

By John T. Sessions, Jr., M.D.

The average medical student, who has as his final goal the care of patients, has failed at times to associate his studies with the problems of sick people, and has therefore temporarily lost some of his motivation. Other students have taken the first steps towards thinking of people as structures and processes. Disease has become a series of still photographs rather than kaleidoscopic views of a man interacting with disease processes in the context of his socio-economic position, memories and ambitions. Without the problems of patient care to serve as a testing ground for continually assessing the importance of various doctrines, the medical curriculum may become rigid or incredibly distorted by the influence and ability of faculty members.

These reasons, among others, account for the present trend to inject the patient and problems connected with his care early in the medical educational process. People are brought into classrooms and laboratories to illustrate both normal and diseased structures and functions. First year students are taught the techniques of obtaining and evaluating patients' symptoms. Lectures, conferences or demonstrations illustrating the correlation of basic sciences and clinical medicine are offered in the overwhelming majority of medical schools.

Teaching during the last two years of medical school is conducted almost entirely against a background of problems in patient care. This has remained the case despite rapid advances in medical knowledge that might have shifted training from the bedside and operating room to the lecture hall and laboratory. In fact, realizing the impossibility of transmitting medical knowledge *in toto* to the student, and appreciating the rapid changes that occur in medical belief, many educators have placed greater emphasis on student participation in patient care. Under careful supervision, junior and senior medical students are given a degree of responsibility for the care of patients. Rather frequently the incentive and direction afforded by this responsibility convert a

desultory student into an assiduous one. Using the problems introduced by the medical student's patient, an instructor can most effectively imbue the curiosity, enthusiasm and techniques of study that may encourage the student to continue learning from his patients long after his graduation.

During the nineteenth and early twentieth centuries, patient care insofar as medical schools were concerned was an educational process in which the faculty supervised the hospital care of a limited number of indigent patients by medical students, interns and residents. Two factors have altered this situation. As the advantages of medical care in a university medical center have become apparent, a rapidly increasing demand for such services has developed. In addition to an increasing problem of care for the medically indigent, medical school faculties have undertaken the care of progressively larger numbers of private patients. The incorporation of private patient care into the medical education program has been beneficial. Remuneration from these patients has enabled medical schools to increase the number of full-time faculty members. These patients also offer unique opportunities for training students in that they demonstrate more frequently than indigent patients the incidence and nature of emotional problems in medical practice, and the subtle changes of early organic disease in observant, articulate people. The student who first encountered such patients on entering practice might well feel ill-at-ease, resentful, and long to return to hospital wards where rare and perplexing diseases prevailed. Private patients may therefore make a valuable contribution to the preparation of students for a life of continuing education in the everyday practice of medicine.

Patient care does, and should, play a role of prime importance in medical education. Patient care is the eventual goal of the medical student, an essential tool of the medical educator, and in a small way contributes to the financing of medical education. While realizing the role of patient care in medical education and responsibilities of medical schools in medical service to its surrounding area, the schools must be vigilant. They must avoid becoming more deeply involved in medical service than requirements of an educational program would indicate. Patient care is not synonymous with medical education; excessive participation by medical schools in medical service can quickly dissipate the energies of their staff, and therefore endanger the training of medical students.

Preparing the Way For Faculty Counseling

Is a Student Advisory Program Needed?

By F. Douglas Lawrason, M.D.

Student advisory systems, as established in the undergraduate college of many universities, have proved to be of value in the orientation and guidance of students in meeting their educational responsibilities. The first obligation an advisor has to the student is to aid in the selection of courses which, when assimilated, result in a broad education for the student. The advisor also acts as a counselor in problems both academic and personal. The advisor guides, encourages and attempts to stimulate the student and considers with him the future in the light of the student's interests and capabilities. In those instances where an advisory relationship worthy of the name exists between the student and faculty, the student has greatly benefited.

The need for a student advisory program in the School of Medicine is not as self-evident as in the instance of the undergraduate college. Assuming the medical student to be a graduate student, he should be considered a mature individual who is properly motivated and has a clear insight in the goal toward which he is working. He has made his choice of a profession. He is faced for the most part with a curriculum sharply defined and with little prospect of deviating from it. Thus, in this sense the need for an advisory program does not carry the same essentiality as in the undergraduate college.

However, the School of Medicine and its curriculum should not be inflexible and rigid in their demands on the individual but should be so designed as to present a maximum of opportunity to each student. The student should be permitted to focus his efforts and a reasonable amount of time in the exploration of a scientific area of particular interest to him. The opportunity afforded the student for experimentation during the period of four years of medical school is of critical importance to the scientific development of that individual. Without this opportunity the student loses his identity and assumes the monotone of the unstimulated

Dr. Lawrason is Assistant Professor of Medicine, and Assistant Dean, of the School of Medicine of the University of North Carolina at Chapel Hill. As Assistant Dean he is especially concerned with counselling with students.

and scientifically indifferent medical graduate. Thus, under the circumstances of a flexible curriculum, the faculty plays an important role in the careful guidance and counseling of the student as he is exposed to the multivariied interests of the medical sciences. Every spark of scientific interest must be fanned by an alert faculty and the student should be urged to explore beyond the curriculum.

In this sense, the entire faculty actively participates in the advisory system. Oftentimes, however, the student is troubled by the work load of an over-crowded curriculum as well as financial and personal problems, and, thus, is not a ready substrate for scientific projection beyond the immediate demands of the curriculum. In general, when in need of help, the student seeks the guidance of an individual in whom he has gained confidence but often hesitates to bother a member of the faculty with his personal hardships and the trivialities of existence and survival while attending medical school. Particularly during the first and second years, the student whose performance is relatively poor frequently pauses before approaching his instructors with the implication that it is because of such financial or other troubles that he is doing poorly. In such cases, a positive advisory program specifically designed to aid the student in any problem has the advantage of being available and known to the student as he enters medical school. It is possible that under these circumstances there will be less hesitation on the part of the student to seek advice; and, as a consequence, early minor problems may have less chance of developing into issues of major proportions.

A positive advisory program, especially for the first two years of medical school, may have its value in preparing the way for the more important scientific advisory activities in which the entire faculty participates spontaneously. Accordingly, in the Fall of 1953 an advisory program was established for the freshman and sophomore classes. It is too early to evaluate the merits of success of this program but much is being learned regarding its limitations during this first year of its existence.

SATISFACTORY progress continues on the construction of the psychiatric and alcoholic rehabilitation wing of the hospital. The present schedule calls for the opening of at least a part of this wing in July or August, 1954. This will complete the present authorized construction projects in the Medical Center. Meanwhile, the psychiatric service has a very active out-patient clinic and a 22-bed ward in the main hospital.

Apercu — For Collateral Reading

By Myrl Ebert

The excellent groundwork of present-day knowledge and research laid down by our pioneers in medicine is so easily forgotten that a couple of recently received titles are highly recommended as "refreshers." Keith's *Menders of the maimed* offers an examination and a "re-statement of the principles which underlie the art of orthopedic surgery" through a presentation of first advancements in the treatment of injuries to bone, muscle, tendon and nerve from the 17th to the 20th centuries. Shelley and Crissey do a similar service in collecting pioneer works on skin diseases in their *Classics in dermatology*. Both volumes contain biographical sketches of the founding fathers of their respective fields.

Pursuing the historical vein: Dr. Obendorf gives an eyewitness account of the growth of psychoanalysis in the United States during the past forty years, with a critical exploration of differences in development here and abroad.

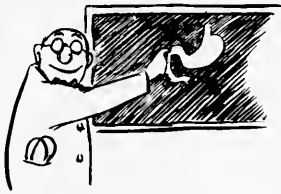
To lighten the reading matter, try Bingham, Redlich and Levine's unique delineation of present-day psychiatry to the layman, combining text with the most hilarious cartoons by Peter Arno, Partch, Cobean, Steig, etc. The experienced psychiatrist will enjoy this whether he reads the text or not—which is elementary, as suits the authors' purpose—but sound. However, if pictures bore him and he must have words for relaxation, might we suggest *The world's best doctor stories*? This is a collection of twenty-four short tales of physicians in literature from the pens of such eminent authors as Hemingway, Dorothy Parker, Poe, and Balzac.

There are doctors who read and doctors who write. The following few guides and references are for the latter: Graves' *The reader over your shoulder* surveys English prose, from Alfred's translation of Boethius to Gertrude Stein, with an enumeration of forty-one principles of good writing. It is pleasurable and profitable reading, but in no wise a "handbook" despite its subtitle. For such aids, it would be better to use Fishbein's *Medical Writing* or Jordan's *R_x for medical writing*, both concise compendiums on

preparation of the scientific paper. Another excellent and even shorter guide to scientific writing is Crowe's article in the *Jefferson-Hillman hospital bulletin*. Staniland, Massopust, and McComb individually introduce the embryonic author to line and photographic illustration for publication, while Mainland and Croxton assist with statistical presentation.

Books Mentioned

1. Bingham, June. *The inside story; psychiatry and everyday life*. New York, Knopf, 1953.
2. Crowe, Mildred. "An introduction to the preparation and writing of articles for medical journals." *Jefferson-Hillman hospital bulletin*, 4:60-98, April, 1950.
3. Croxton, Frederick Emory. *Elementary statistics with applications in medicine*. New York, Prentice-Hall, 1953.
4. Fabricant, Noah Daniel and Heinz Werner, eds. *The world's best doctor stories*. Garden City, N. Y., Garden City Books, 1951.
5. Fishbein, Morris. *Medical writing, the technic and the art*. 2d ed. Philadelphia, Blakiston co., 1948.
6. Graves, Robert and Alan Hodge. *The reader over your shoulder*. New York, Macmillan co., 1944.
7. Jordan, Edwin Pratt. *R_x for medical writing . . .* Philadelphia, Saunders, 1952.
8. Keith, Arthur. *Menders of the maimed*. Philadelphia, Lippincott, 1951. (Facsimile of original London ed. 1919—Limited ed. no. 425)
8. McComb, Stanley J. *The preparation of photographic prints for medical publication*. Springfield, Ill., Thomas, 1950.
10. Mainland, Donald. *Elementary medical statistics; the principles of quantitative medicine*. Philadelphia, Saunders, 1952.
11. Massopust, Leo Carl. *Infrared photography in medicine*. Springfield, Thomas, 1952.
12. Obendorf, Clarence Paul. *A history of psychoanalysis in America*. New York, Grune & Stratton, 1953.
13. Shelley, Walter B. and John T. Crissey, eds. *Classics in clinical dermatology*. Springfield, Ill., Thomas 1953.
14. Staniland, Lancelot Norman. *The principles of line illustration*. Cambridge, Harvard University Press, 1953.



WITH THE FACULTY

PEDIATRICS

Dr. Edward C. Curnen will go to Atlantic City for the meeting there on May 2-3, of the American Society for Clinical Investigation. He will go on to Buck Hill Falls, Pa., for the American Pediatric Society and will be joined there by Dr. Harrie H. Chamberlin.

Dr. Curnen has two publications now in press: "Coxsackie Virus Infections," Mitchell-Nelson Textbook of Pediatrics, W. B. Saunders Co., Philadelphia; and "Premiers Isolements de Virus Coxsackie Chez Deux Enfants Pendant L'Epidemic de 'Myalgie Epidemique' A Bruxelles en 1951." (with Mary O. Godenne). Acta Paediatrica Belgica.

Dr. John P. Peters, professor of Medicine at Yale, was in Chapel Hill the last week in March as Visiting Professor of the Departments of Medicine and Surgery. He spoke at an evening lecture on "The Conditioned Nature of Edema and Diuresis." At the regular Wednesday afternoon combined staff conference he discussed, "Medical Education's Dilemma."

MEDICINE

Dr. Ernest Craigie will attend the Conference of Under-Graduate Cardiovascular Program Directors (UHI) in Ithaca, New York, on June 1-3.

Dr. Craigie was a member of the area committee for the selection of Rhodes Scholars this year.

SURGERY

Dr. Nathan A. Womack, professor of Surgery, was at Yale as Visiting Professor of Surgery, April 11-17.

Dr. Paul L. Bunce, assistant professor of surgery, was made a member of the American Urologic Association at its Southeastern Section meeting in Palm Beach recently.

PSYCHIATRY

Dr. G. C. Ham presented a paper on "Newer Physical Therapies in Psychiatric Treatment: Electro-convulsive Therapy, Insulin Shock and Lobotomy" before the Postgraduate Course in Medicine held in Chapel Hill, April 14.

Dr. Ham attended a conference sponsored by the Josiah Macy, Jr. Foundation on "Medical and Psychological Team Work in Treatment of the Chronically Ill," held at the University of Texas Medical Branch in Galveston, March 28-31.

Dr. Harley C. Shands will present a paper on "Recovery in the Ego Following Severe Trauma" before a meeting of the American Psychiatric Association on May 3-7, 1954; and he will present a paper on "Talking to Patients" before the General Session of the Annual Meeting of the Medical Society of North Carolina, on May 4.

Dr. Christopher T. Bever presented a paper on "Psychiatry in East Germany" before the meeting of the St. Elizabeth's Hospital Medical Society in Washington, D. C. on April 23, 1954.

PENDERGRASS HERE

Dr. Eugene P. Pendergrass, '22, professor of Radiology at the University of Pennsylvania, was guest Phi Chi lecturer, March 31. His topic was "The Roentgen Diagnosis of Meningiomas." He participated in a panel discussion the next day on the topic, "Management of Patients With Advanced Malignancy."

Dr. Pendergrass is president this year of the Radiological Society of America, and Dr. J. Rush Shull, '08, Charlotte, is vice president of the same group.

TAYLOR MARKLE SCHOLAR

Dr. Isaac M. Taylor, assistant professor of medicine at Chapel Hill, has been awarded a \$30,000 grant from the John and Mary R. Markle Foundation of New York. Dr. Taylor is engaged in teaching and in research in body metabolism. Drs. John B. Graham and George D. Penick have previously received similar awards as Markle Scholars.

Dr. Zack D. Owens, '28, Elizabeth City will be elevated to the presidency of the State Medical Society at its annual meeting at Pinehurst next month.

Dr. A. C. Dick, '29, Chestertown, Md., visited the campus and School of Medicine recently.

PLAN ANNIVERSARY

Medical education was begun in Chapel Hill in the Fall of 1879. In recognition of this seventy-fifth anniversary, plans are to hold a special celebration in the Fall of 1954. The exact details have not been completed, but a special committee is working with Dean Berryhill and announcement will be made as soon as program and procedure have been completed.

RADIOLOGY

Dr. Ernest Wood read a paper on the topic "Myelography," before the Philadelphia Roentgen Ray Society in Philadelphia, February 4.

Both Dr. Wood and Dr. Charles A. Bream attended the meeting of the American Radium Society at Hot Springs, Virginia, March 14-16.

Dr. William H. Sprunt was in Washington, D. C., March 11-14 for the Eastern Conference of Radiologists.

Two students who began training on April 1, 1953, as student x-ray technicians received certification upon satisfactory completion of the 12-month program on March 31, 1954. Miss Amy Haley and Miss Beverly Witherington were the first students to be accepted for this course, which was initiated last spring, and which qualifies them for registry by the American Society of X-ray Technicians. Two students are appointed each six months to receive this training. Inquiries and applications are becoming increasingly numerous.

Members of the attending staff will again this summer participate in the teaching of 3rd and 4th year medical students who of their own volition elect to spend some time, between completion of summer session and beginning of the fall term, in this department. Students will have an opportunity to assist with radiographic examinations and be present when films are interpreted by staff radiologists.

BACK TO G.P.

Dr. M. I. Fleming, '02, after a number of years as radiologist at Park View in Rocky Mount, has moved his office to Battleboro where he is doing general practice, and "having the time of his life," he reports. He still lives in Rocky Mount.

POSTGRADUATE COURSES

The Continuation Education Program of the School of Medicine had a very successful session. More than 350 physicians of the State were enrolled.

Postgraduate courses were offered at Morganton, Wilson, Ahsokie-Edenton-Elizabeth City, New Bern, Salisbury, Lumberton, and Chapel Hill, the courses ranging from four to seven weeks.

In addition to eighteen members of the faculty of the School of Medicine and staff of the Memorial Hospital, others participating were:

Dr. Brian B. Blades, Professor of Surgery, George Washington University School of Medicine

Dr. O. S. English, Professor of Psychiatry, Temple University School of Medicine

Dr. E. A. Schumann, sometime Professor of Obstetrics, University of Pennsylvania School of Medicine

Dr. John Parks, Professor of Obstetrics and Gynecology, George Washington University School of Medicine

Dr. John H. Gibbon, Jr., Professor of Surgery and Director of Surgical Research, The Jefferson Medical College of Philadelphia

Dr. S. F. Ravenel, former Dean of Southern Pediatric Seminar, Practicing Pediatrician, Greensboro, N. C.

Dr. Louis Krause, Associate Professor of Medicine, University of Maryland School of Medicine

Dr. Bruce Logue, Associate Professor of Medicine, Emory University Medical School and Consulting Cardiologist, Grady Memorial and Veterans Hospital, and Cardiologist, Emory University Hospital

Dr. Louis M. Hellman, Professor and Chairman of the Department of Obstetrics and Gynecology, State University of New York, New York City

Dr. H. Page Mauck, Professor of Orthopedic Surgery, Medical College

HANDICAPPED CHILDREN

Plans for a statewide conference on handicapped children, to be held at North Carolina Memorial Hospital in Chapel Hill May 27-28, were announced recently by Dr. J. W. R. Norton, State Health Officer, and Dr. Charles F. Carroll, State Superintendent of Public Instruction.

The conference is to be devoted to a consideration of needs, resources and plans, both medical and educational, for North Carolina children with various types of handicaps.

A NEW LOOK

Landscaping of the area in the front of the School of Medicine has been completed. Soon it will be a place of beauty. The elevation between the building and the street has been lowered, all of the old trees have been removed, brick walks have been laid in a square-U pattern.

Oaks, dogwood, and crab apple trees have been placed in the center of the "U". Gordonias, hollies and other flowering shrubs have been planted, and the entire area grassed. Light standards have been placed along the walks.

of Virginia, and Attending Orthopedic Surgeon, Crippled Children's Hospital and Johnston-Willis Hospital, Richmond, Virginia

Dr. Kenneth Podger, Attending Obstetrician, Watts and Duke Hospitals

Dr. Waldo E. Nelson, Professor and Head, Department of Pediatrics, Temple University School of Medicine and Medical Director, St. Christopher's Hospital for Children, Philadelphia, Pa.

Dr. W. P. Richardson, and his associate, Emory Hunt, report a most successful year in this work, and already plans are being completed for a number of such courses in 1954-55.



ALUMNI NOTES

ALUMNI DAY

Thursday, April 1 was observed as Annual Alumni Day at the School of Medicine. It was adjudged a most successful event. There were 177 at the dinner that evening.

The program opened with a scientific session at 2:30 o'clock in the afternoon. A symposium on "The management of patients with advanced malignancy," heard the following speakers:

Drs. Colin G. Thomas, Leonard Palumbo, Harley Shands, and C. H. Burnett of the local faculty, and Dr. Eugene P. Pendergrass, professor of radiology at Pennsylvania.

Visitors attended the combined clinical conference at 4:15 p.m. where the topic was "The management of obesity."

After a social hour at the Chapel Hill Country Club, the annual dinner was held in Lenoir Hall with President M. D. (Rabbit) Bonner, as toastmaster.

Speakers in the evening were Dean W. Reece Berryhill, Assistant Dean F. Douglas Lawrason, and Dr. Nathan A. Womack, professor of surgery.

WANT A CERTIFICATE?

Would you like to have a Certificate in Medicine from the School of Medicine? That question is addressed to alumni who had two years of medicine at Chapel Hill prior to 1941.

In that year, at the instance of Dean Berryhill, certificates were

NEW ALUMNI OFFICERS

Fred C. Hubbard, M. D., '16, North Wilkesboro, was named on April 1, to succeed M. D. Bonner, M. D., '28, as president of the Medical Alumni Association.

Others named to serve with him are: president-elect, Verne H. Blackwelder, M.D., '27, Lenoir; vice-president, W. Raney Stanford, M.D., '17, Durham; secretary, W. Howard Wilson, M.D., '35, Raleigh; executive secretary, C. Sylvester Green, Chapel Hill.

Counsellors, terms expiring in 1957, were named: Charles P. Graham, M.D., '30, Wilmington, and George C. Rowe, M. D., '37, Marion. Other counsellors whose terms expire in 1955, are J. B. Caldwell, M.D., '39, Gastonia; Russell O. Lyday, M. D., '18, Greensboro; and in 1956: C. C. Henderson, M. D., '12, Mount Olive; Robert P. Noble, M.D., '05, Raleigh.

awarded at commencement to those completing the two years. This practice prevailed through 1951 when the last two-year class left Chapel Hill.

Many alumni who had their work prior to 1941 have expressed a desire for a similar certificate. The School of Medicine wants to provide such certificates for all wishing them. The Records Office is working out the details of the copy, and the alumnus would be asked to pay only the actual cost of the certificate. Drop a card to Dean Berryhill if you are interested.

"RALEIGH" ALUMNI

The Annual Alumni Day, April 1, was made unusually pleasant by the presence at Chapel Hill of representatives of the "Raleigh School of Medicine."

This needs to be further identified by its official title "The University of North Carolina's Department of Medicine in Raleigh" which was operated from the Fall of 1902 to June, 1910. There those who had completed two years of basic medicine could get the two years of clinical work. Degrees were conferred in the name of the University.

There were 79 graduates of that institution which had as its moving spirit the distinguished Dr. Hubert A. Royster, still a dynamic force in North Carolina Medicine. No group exhibits any finer loyalty to things that go on at Chapel Hill in this advanced day than do these men who had their training more than forty years ago.

Dr. Robert P. Noble '07, is president of the alumni group which has an annual meeting on February 22. There are 25 living alumni, according to our records in Chapel Hill. Their names and addresses are quoted below and if there are any omissions or errors are noted, drop a card to Box 31, Chapel Hill.

- 1903: Z. M. Caviness, Raleigh;
 1904: M. C. Guthrie, Chevy Chase, Md.; J. H. Stanley, Four Oaks;
 1905: Q. H. Cook, Rich Square; John B. Cranmer, Wilmington; L. B. Newell, Charlotte;
 1906: A. B. English, Bristol, Tenn.; G. A. McLemore, Smithfield; J. W. Willcox, Carthage;
 1907: J. A. Ferrell, Raleigh; R. P. Noble, Raleigh; I. A. Ward, Hertford; A. G. Woodard, Goldsboro; W. T. Woodward, Erwin, Tenn.;
 1908: W. W. Green, Jr., Tarboro;

CLASS OF '29 REUNION

This Commencement is reunion time—the 25th, that is—for the Class of '29. Dr. Reid Russell Heffner, New Rochelle, N. Y., is president of the group. Drs. E. McG. Hedgpeth and W. G. Morgan, of the UNC Infirmary staff are members of that class.

Dr. Hedgpeth has been "sounding out" the members by correspondence on plans for some kind of a get-together here in June. There are 32 members of the class, and many of them expected back for the reunion party.

MEDICAL ALUMNI FUND

Retiring President M. D. Bonner, M. D., of the Medical Alumni Association reported on Annual Alumni Day that during 1953, 309 medical alumni contributed a total of \$14,063.50 to the Medical Alumni Fund of the Medical Foundation.

Prior to 1953, 489 alumni had contributed \$46,450.62. That makes a total of \$60,513.12 to January 1 of this year.

These monies have been spent exclusively for the benefit of the School of Medicine for supplements to salaries, scholarships, and student aid grants, purchase of special equipment, lectureships, publication of THE BULLETIN, promotion of alumni interests and activities, and general service to the School of Medicine in the field of public relations.

- D. W. Harris, Belle Glade, Fla.; A. F. Nichols, Roxboro;
 1909: W. H. Braddy, Burlington; L. V. Dunlap, Albemarle; C. S. Eagles, Saratoga; F. B. Spencer, Salisbury; W. A. Strowd, Durham;
 1910: G. W. Gentry, Roxboro; J. R. Hester, Wendell; A. B. Rodriguez, Mariel, P. R., Cuba.



STUDENT ACTIVITIES

ANNOUNCE INTERNSHIPS

Internships for members of the Class of 1954 of the School of Medicine at Chapel Hill have been announced by the Office of the Dean, as follows:

Anderson, D. M. St. Louis City, St. Louis, Missouri.

Averett, L. S., Allentown, Allentown, Pa.

Brigman, P. H., Allentown, Allentown, Pa.

Brown, G. W., The City, Akron, Ohio.

Conkwright, D. D., Navy Hospitals.

Cowan, L. K., Navy Hospitals.

DeWalt, J. L. North Carolina Memorial Hospital, Chapel Hill.

Diab, A. J. University Hospitals, Cleveland.

Fleishman, M., North Carolina Memorial Hospital, Chapel Hill.

Fulghum, C. B., Temple University, Philadelphia.

Grant, W. J., North Carolina Memorial Hospital, Chapel Hill.

Graves, J. F., St. Lukes, New York City.

Guy, C. L., George Washington University, Washington.

Hemmings, H. C., North Carolina Memorial Hospital, Chapel Hill.

Hines, H. B., The City, Akron, Ohio.

Jones, R. S., Greenville General, Greenville, S. C.

Lineberger, H. P., Hartford, Hartford, Conn.

Lippard, S. A., Duke, Durham, N. C.

Mahaffee, W. C., Medical College of Virginia, Richmond.

Moore, B. M., The Queens, Honolulu.

Owens, C. H., North Carolina Memorial Hospital, Chapel Hill.

Parke, J. C., Navy Hospitals.

Patrick, C. T., Boston City (II and IV Med.), Boston.

Patterson, T. H., Vancouver General, Vancouver, B. C., Canada.

Perry, E. J., Pennsylvania, Philadelphia.

Presley, G. D., North Carolina Memorial Hospital, Chapel Hill.

Quinn, C. L., Greenville General, Greenville, S. C.

Rickenbacker, J. H., City Memorial, Winston-Salem, N. C.

Robertson, C. G., Geisinger Memorial, Danville, Pa.

Robinson, J., North Carolina Memorial Hospital, Chapel Hill.

Saunders, J. F. S., Medical College of Virginia, Richmond.

Sherrill, H. B., Medical College of Virginia, Richmond.

Spencer, A., Medical College of Virginia, Richmond.

Spillman, L. C., The City, Akron, Ohio.

Swann, N. H., Medical College of Virginia, Richmond.

Thomas, R. P., Roper, Charleston, S. C.

Tomlinson, R. L., Medical College of Virginia, Richmond.

Tyndall, H. D., Allentown, Allentown, Pa.

Vinson, R. H., State University of Iowa, Iowa City.

Vinson, W. M., Peoples, Akron, Ohio.

Walker, A. D., Peoples, Akron, Ohio.

Ward, J. C., Greenville General, Greenville, S. C.

Weinel, W. H., North Carolina Memorial Hospital, Chapel Hill.

Williams, E. S., Cincinnati General, Cincinnati.

Williamson, H. G., George Washington University, Washington.

Wilson, S. G., North Carolina Memorial Hospital, Chapel Hill.

Wilson, V. A., City Memorial, Winston-Salem, N. C.

Wolff, A. D., City Memorial, Winston-Salem, N. C.

The AKK annual picnic was held at Brannon's Lake on April 10.

The Medical Wives held a party at the Chapel Hill Country Club on April 3.

Officers of the Senior Class have also agreed upon a class ring which will be uniform with the University ring except that on the sides will be placed the degree letters "M.D." and the year "'54".

A senior class key has been designed and is available to all members of the graduating group. This key resembles the usual scholastic fraternity key and has at the top of the larger square the initials U.N.C. and at the bottom School of Medicine. On the center square will be the seal of the University in the upper left hand corner, the year "'54" in the lower right hand corner, and the familiar caduceus spread across the center. It will be a most attractive ornament.

RIGGINS SCHOLARSHIP

Dr. H. McLeod Riggins, '22, New York, has established in the School of Medicine the John C. and H. McLeod Riggins Scholarship. The first award is to be made in the Fall of 1954, and the annual value will be \$200.

Both Dr. Riggins and his brother are alumni of the University. Dr. Riggins has had a distinguished career in medicine since finishing his two years here. He was a visitor on Annual Alumni Day and at that time advised Dean Berryhill that he intended to establish this scholarship through the Medical Foundation.

The selection of the recipient will be made through the Dean's office.

Hugh Hemmings will be in Chicago May 1-4 attending the SAMA as an official delegate from the School of Medicine at Chapel Hill.

Student Faculty Day will be held this year on Saturday, May 15. There will be a program on the campus in the morning at which time the several classes will present their traditional skits and that will be followed by a picnic that afternoon at Hogan's Lake. This is one of the big events of the year and the students and faculty look forward to it with unusual pleasure.

Anticipating the participation of students of the School of Medicine in the University Commencement this year for the first time since 1910 as full fledged graduates. Senior Medical Students have bought invitations in which will be included a special card detailing items of the commencement program of special interest to them.

The Douglas Conkwrights announce the arrival of a son; and the Robert Thomas' have welcomed a young daughter to their home.

WARREN TO SPEAK

The 1954 Commencement of the University of North Carolina—June 5-7—will be marked by the awarding for the first time since 1910 of the degree of Doctor of Medicine.

This comes seventy-five years after medical instruction was begun here in 1879.

In recognition of this significant advance, Chancellor Robert B. House has invited to do the commencement address Dr. Andrew Jackson Warren, head of the Rockefeller Foundation's Division of Medicine and Public Health. The address will be a part of the graduating exercises in Kenan Stadium on the evening of June 7.

Dr. Warren is a native of Person County, and completed two years of medicine here in 1912. He finished medicine at Tulane in 1914 and since then has been increasingly successful in his profession. He has been with the Rockefeller Foundation since 1921.

MAD STONE GIVEN

The thoughtful generosity of Dr. G. W. Gentry, '10, Roxboro, has resulted in a most unusual gift for the museum of the School of Medicine.

The famous India Mad Stone, long owned by the Pointer family in Person County, was recently presented to the School by Miss Kate Pointer, the only surviving member of the immediate family.

A most interesting article in The State magazine a few weeks ago regaled the virtues of the mad stone, and many incidents of its use and value back across more than one hundred years.

In her gift "Miss Kate" honored both Dr. Gentry and her family. It will be exhibited permanently in the museum cases in the office of the Dean of the School of Medicine at Chapel Hill.

FOR THE SENIORS

The members of the Class of 1954 of the School of Medicine will be honored in a special afternoon program on Commencement Day—June 7.

Dean Berryhill has announced that a program is planned for the Seniors, their families, friends, and alumni at 4 o'clock in the Hospital Auditorium, and that a social hour with refreshments will follow.

GETS HEART GRANT

Dr. Edwin P. Hiatt has received a grant in aid from the American Heart Association for the period from July 1, 1954-June 30, 1957, to investigate "The effect of partial substitution of the nitrate ion for the chloride ion on circulation and electrolyte balance with special reference to hypertension and edema".

ENDORSES ALUMNI FUND

Dr. Fred C. Hubbard, new president of the Medical Alumni Association has put his hearty endorsement on the plan and work of the Medical Alumni Fund of the Medical Foundation.

He stated that immediate needs are for more scholarships, assistance to the basic sciences, special library equipment, more salary supplements, expanded public relations activities, and uncounted miscellaneous provision for items for which there is no other income source.

"Every dollar given by the medical alumni goes into our own Medical Alumni Fund," Dr. Hubbard stated. "Our continuing objective is 'Every Alumnus giving every year to the Medical Alumni Fund,' and thereby aiding in the continuing expansion of the School of Medicine of the University of North Carolina at Chapel Hill."

Editorial

Proper and Abundant Fruits

“Whoever is to acquire a competent knowledge of medicine ought to be possessed of the following advantages: a natural disposition; instruction; a favorable position for the study; early tuition; love of labor; leisure. First of all a natural talent is required, for when nature is opposed, everything else is in vain, but when nature leads the way to what is most excellent, instruction in the art takes place which the student must try to appropriate to himself by reflexion, becoming an early student in a place well adapted for instruction. He must also bring to the task a love of labor and perseverance, so that the instruction taking root may bring forth proper and abundant fruits * * * Those things which are sacred are to be imparted only to sacred persons.”

This statement was made some 400 years before Christ was born. Here is implicit what today we call the humanities and here is also the feeling for the suffering of ill people. In our present society perhaps we can only add the results of a more complex way of living. We now know that sickness involves others than the person who is sick. Disease is social in scope as we see it today. The medical student must be conscious of the social nature of medicine and not be nervous about it because semantically the term resembles socialized medicine.

First Volume Completed

THE BULLETIN closes its first volume with this issue. The four issues have been distributed to all alumni, donors to the Medical Foundation, local university faculty, and many others.

Designed as a means of conveying information about the activities of the School of Medicine at Chapel Hill: its faculty, its students, its alumni, its services, the editorial staff hope the little magazine has proved effective to that end.

Although it was not started as an experiment, nevertheless there would be no wisdom in continuing it unless it is certain that it meets a real need, and renders a real service. Our readers are the best judges of that. Their expressions and suggestions would be most helpful in planning for the next volume of THE BULLETIN. Drop a note to the Editor, Box 31, Chapel Hill. And come to Chapel Hill to see what is going on here. You will be proud!

CLEARLY the best!

Haemo-Sol's sparkling clarity means minimum rinsing for "C.P." surfaces. Delicate tests call for the chemically pure glassware assured by Haemo-Sol's ready solubility and complete rinsability.

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"MORE HOSPITALS . . . MORE DOCTORS . . . MORE INSURANCE"

These were the three main objectives when North Carolina launched its Good Health program in 1946. The original state health commission called them "the mutually indispensable legs" of the long-range health improvement plan. "We cannot have enough doctors without more hospitals," said the commission, "nor enough hospitals without greater popular ability to pay for hospital service . . . and such ability to pay on the part of the poorer half of our population is impossible without insurance."

What Has Been Accomplished

MORE HOSPITALS

Expansion of the University medical school at Chapel Hill to a full four-year program was the state's answer to the doctor shortage. Of the 166 students now enrolled all but four are from North Carolina. The first class of these home-grown and home-trained doctors will be graduated in June.

MORE DOCTORS

More than 150 local hospital projects—new hospitals, additions to old hospitals, nursing quarters, health centers, and other health facilities—have been built in all sections of the state. The number of counties without any hospital beds has been reduced from 33 to 17. By 1956 approximately 7200 new hospital beds will have been opened in the Tar Heel State.

AND MORE BLUE CROSS!

Through an accelerated enrollment program in both the urban and rural areas of the state, *Hospital Care Association of Durham* has been meeting this third great need of the Good Health Plan. Since the program was launched membership in Durham Blue Cross has **MORE THAN DOUBLED!** Over a Quarter - Million people are now covered, and payments to hospitals and doctors exceed \$3½ million a year.



As the Hospital Care Association begins its 21st year of service, we renew our determination to provide the best possible protection at the lowest practicable cost. To this end we request the continuing cooperation of the State's medical profession.

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