

# American Medical Association

535 NORTH DEARBORN STREET • CHICAGO 10, ILLINOIS

WHITEHALL 4-1500

November 13, 1954

COPY

*Dr. Wells*  
*Ringling*

*4682*

*Sarasota*  
*Fla.*

President Herman B. Wells  
Indiana University  
Bloomington, Indiana

Dear President Wells:

I am pleased to forward you a copy of the report which has been prepared on the Indiana University School of Medicine following a recent visit made by representatives of the Council on Medical Education and Hospitals of the A.M.A. and the Executive Council of the Association of American Medical Colleges.

We have endeavored to make our report as brief and as factual as possible with the hope that our observations and comments may be of some assistance to Dean John D. Van Nuys and to you in the further pursuit of your desired objectives.

I assure you it will be a pleasure to submit our observations to the Council on Medical Education and Hospitals of the American Medical Association and to the Executive Council of the Association of American Medical Colleges and to clearly portray the tremendous advances that have been made in the School of Medicine since it was last officially visited. With the impending consolidation of the School on the Indianapolis campus and the other developments that are already under way or soon to be initiated, the potentialities of the future for the Indiana University School of Medicine certainly appear to be excellent.

We feel that the Indiana University is indeed fortunate to have the kind of leadership which you and Dean Van Nuys are giving to it.

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Pres. Herman B. Wells

November 18, 1954  
Page two

With appreciation for the many courtesies extended to us during our visit, and with the best of good wishes.

Very sincerely yours,

Edward L. Turner, M.D.

ELT:er

cc: Dr. Dean F. Smiley  
Dean John D. Van Nuys



# American Medical Association

535 NORTH DEARBORN STREET • CHICAGO 10, ILLINOIS

WHITEHALL 4-1500

November 18, 1954

Dr. John D. Van Nuys, Dean  
Indiana University School of Medicine  
1040-1232 West Michigan Street  
Indianapolis, Indiana

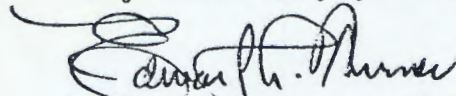
Dear Dr. Van Nuys:

I am pleased to forward you a copy of the report which has been written following our recent visit to the Indiana University School of Medicine. In this report we have endeavored to present our observations and conclusions with the hope that they may be of some service to you in the further pursuit of the very fine objectives you are endeavoring to achieve.

I assure you it will be a pleasure to submit our report to the Council on Medical Education and Hospitals and to the Executive Council of the Association of American Medical Colleges and to inform them of the excellent progress that has been made during recent years under your administrative leadership. You are to be congratulated on the sound planning, vision and foresight that has been used in the development of the overall program. With the impending move of the first year to the Indianapolis campus and other developments that lie immediately ahead your potentialities appear to be outstandingly excellent.

I would like to express again sincere appreciation for the aid and courtesies extended to Dr. Hubbard and me during our visit. Best regards and good wishes.

Very sincerely yours,

  
Edward L. Turner, M.D.

ELT:er

P.S. A copy of the report is being sent to Pres. Herman Wells.

cc: Pres. Herman B. Wells  
Dr. Dean F. Smiley

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REPORT OF SURVEY

INDIANA UNIVERSITY SCHOOL OF MEDICINE  
(Bloomington - Indianapolis)

October 21-23, 1954

Edward L. Turner, M.D., Secretary  
Council on Medical Education and Hospitals  
American Medical Association

William N. Hubbard, M.D., Associate Secretary  
Association of American Medical Colleges and  
Associate Dean, New York University School of Medicine

## INTRODUCTION

The liaison survey team representing the Council on Medical Education and Hospitals of the American Medical Association and the Executive Council of the Association of American Medical Colleges herewith submits the report prepared evaluating observations of the Indiana University School of Medicine during the study conducted October 21-23, 1954.

Appreciation is expressed to Dean John D. Van Nuys, his administrative associates and departmental heads for the excellent presentation of basic information prepared prior to the visit. The survey team also wishes to acknowledge to the dean, his administrative associates, to President H. B. Wells, other administrative officials of the University, to the faculty and students, appreciation for the many courtesies and great assistance tendered during the study of the current program developments and future plans of the Indiana University School of Medicine.



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RESUME OF SURVEY OF  
INDIANA UNIVERSITY SCHOOL OF MEDICINE

October 21-23, 1954

Since the last official survey of the Indiana University School of Medicine during November 8-10, 1934 many advancements and readjustments have been made in finances, facilities, personnel, and curriculum. The current medical school and university administrative officials are fully aware of still existing needs and problems but steady progress has been made toward their solution during recent years. The period immediately ahead will see the construction of new basic medical science and additional University hospital facilities which will make it possible to move the first year teaching from the Bloomington campus and consolidate all four undergraduate years of medical education on the Indianapolis campus.

The authors of this report gained the impression that the present developmental trends in this institution began approximately nine years ago and that they coincide with the appointment of and sound leadership, wisdom and foresight of the incumbent dean and his excellent liaison with, and cooperation from, the University administration, the medical faculty, the medical profession of the state, the state legislature and other state officials. Progress has been steady and sound and potentialities of continuing progress are excellent.

The basic budget, which was considerably less than a half million dollars twenty years ago, is now \$1,468,747.00. Little financial support was available for research at the time of the last survey while the current support for research from outside agencies totals \$686,431.40. The total income for the current year available for operation of the University hospital and dispensary facilities is \$3,757,580.00.

Since the previous survey a medical school building housing anatomy and physiology was completed on the Bloomington campus in 1937 and adequately houses these departments until they are moved to the Indianapolis campus when the new Medical Science Building is completed. The State Legislature has already appropriated \$4,475,000 toward this \$7,200,000 project and it is anticipated construction will be initiated early in 1955.

In 1938 a South Wing was added to the School of Medicine Building on the Indianapolis campus to house the Library, Microbiology, Biochemistry and Pharmacology, Surgical Research Laboratories, animal quarters and other facilities.



The Clinical Building originally constructed in 1936 was markedly enlarged by a Radiology addition in 1949 and a sixth floor was added to the Long Hospital in the same year. Currently the Long Hospital and Clinical Building house operating room facilities, out-patient clinic, teaching auditorium, Medical Records, Physical and Occupational Therapy and other functional units. A very fine pediatric research wing was added to the James Whitcomb Riley Hospital in 1950 and a new cancer research wing has been added during the past year. These latter two facilities represent excellent modern research and teaching laboratories. The cancer research wing was just being equipped at the time of this visit. An additional wing was added to the Nurses Residence in 1942. In 1950 the Laboratory Science Building which was constructed for the Indiana State Board of Health in 1939, and which it outgrew, was turned over to the Medical School. This fine laboratory building is located directly behind the Coleman Hospital, close to the Long Hospital and houses the Central Clinical Laboratories for the Medical Center as well as the offices, laboratories, teaching and research areas for pathology and the offices of the dean of the Medical School. The new Student Union and Food Service Building was completed in 1952 and represents an unusual and outstanding multiple service facility. A Stores and Service Building was completed in 1953, a war surplus building to house public health was obtained in 1947 and recent costly additions have been made to the power plant.

The Indianapolis Veterans Administration Hospital of just under 500 beds has been located near the Medical School campus and it as well as the Carter Hospital are serviced by the Medical School power plant. Thus, the University of Indiana Medical Center includes the Medical School buildings, the Long, Coleman and James Whitcomb Riley Hospitals with the New Pediatrics and Cancer Research Wings, with the adjacent La Rue Carter State Mental Hospital, the Veterans Administration Hospital and the Indianapolis General Hospital.

The faculty of the Indiana University School of Medicine in the clinical areas has in the past been predominantly comprised of practicing physicians who have taught on a part-time or voluntary basis. In keeping with the current increased responsibilities of teaching, research, curriculum planning, interdepartmental correlation and administration, most of the clinical departments now have a skeletal full-time nucleus in the university Medical Center and affiliated teaching hospitals. The value of further augmentation of such full-time personnel, particularly in clinical departments now in or soon to be in transition (medicine, psychiatry, etc.) should be carefully evaluated.



It is important that as these developments take place full recognition be given to the continued need for the services of the part-time faculty and that the fine current relationship and excellent liaison between the school, the local and state profession be cherished and maintained.

In view of the large undergraduate medical student load and the obligations for teaching to students in other areas of university discipline there is need for faculty augmentation in all basic medical science departments. This is particularly true in biochemistry, pharmacology, pathology and physiology but other basic science departments also have an unduly high ratio of students to faculty personnel.

The current enrollment in the Indiana University School of Medicine would appear to be the maximum consistent with present and planned facility expansion, particularly in view of the responsibilities of the basic medical science departments and certain clinical departments in the instruction of students in university disciplines other than medicine. The current ratio of applicants to admissions and the general evidence of quality and preparation of applicants appears to further the impression that the present student body has attained almost maximum size. In addition, the teaching responsibilities other than medical, indicated previously, deserve full recognition from university and state officials. Sound educational opportunities, carefully planned in line with the needs of any and all students regardless of their area of study (medicine, dentistry, nursing, optometry, technology, graduate school, etc.) are essential and become an obligation wherever undertaken. Unfortunately, these many overall responsibilities, in addition to medical education, are sometimes overlooked or lost sight of in the pressures and arguments underlying augmentation of the size of medical school classes. In a university setting such as exists at the University of Indiana, overall responsibilities of certain departments in the School of Medicine, although fully recognized by the institution, require interpretation to others not aware of their full implications.

The interest in constant curriculum study and revision which is under way in the School of Medicine is to be commended. Efforts at reduction of didactic time with increasing attention to conference, small group and active student participation appear to be generally under way. It is obvious that many important readjustments and better correlation with some areas of integration can be accomplished in the 1st and 2nd years when the first year is moved to the Indianapolis campus. The current divided campus necessitates an unduly heavy second year curriculum schedule for the medical student. It is recognized that the dean and faculty



are endeavoring to present the best possible program that circumstances will permit in the first two years in the period intervening prior to consolidation of the four-year program.

The construction and equipment of the new medical science building on the Indianapolis campus will play a very important role in meeting some of the current needs for teaching and research in the basic medical sciences. It will facilitate the long delayed and long needed consolidation of the undergraduate medical school and should mutually be of great advantage to the departments of anatomy and physiology as well as to all of the other basic medical sciences and the clinical departments in the institution. The development of this facility should also enhance the recruitment of needed additional faculty in basic medical sciences, as well as offer greater inducement and opportunity for graduate training to those students of medicine who become interested in pursuing these special fields of interest. It is to be hoped that adequate total appropriation will be made by the state to complete this project at the earliest possible moment and not result in only its partial realization through the inadequate total funds appropriated to date.

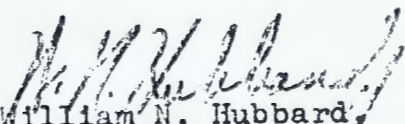
The additional hospital facilities for adults together with the various alterations and modernization of portions of the existing hospital plant also promise to enhance teaching, research and service facilities and their early completion is highly desirable.

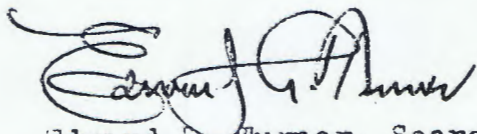
At the present time there are a number of departments in the School of Medicine either on the verge of, or in the process of, transition or reorganization. This is due to two factors, one being the impending move of anatomy and physiology to the Indianapolis campus and the other being the approaching change of several department heads who are nearing mandatory retirement age. Due to the fact that anatomy and physiology will still be needed on the Bloomington campus as well as on the Indianapolis campus the move may imply the challenge of developing two almost completely new departments. (The impending retirement of Dr. Harger will undoubtedly necessitate a thorough study as to the future development of both biochemistry and pharmacology which have been jointly administered for so long. This particular situation offers an opportunity for careful appraisal as to the most desirable way in which to develop the pharmacological teaching and research of the future as an independent department, or as a discipline integrated with a number of other disciplines.) The current status of the Department of Psychiatry offers the opportunity for a completely fresh approach to this area of teaching in this school.



Thus, in addition to the many sound developments which have taken place and those currently under way, the Administration of the Indiana University School of Medicine has a unique challenge and opportunity immediately ahead. The future contributions and significance of these departments, and others in transition, will depend largely upon the leadership which is obtained for them. The rapid accumulation of knowledge today and the need for its critical and effective incorporation in basic teaching and research demand the leadership of highly trained, well oriented personnel possessing, in addition, the breadth of perspective essential to placing their respective fields of endeavor in their proper relation and emphasis with the overall aims and objectives of the school. There are intriguing potentialities in this institution for capable leadership in these impending departmental opportunities and it is to be hoped that they will be undertaken by individuals who wear their learning with imagination so as to offer maximum development of the potentialities of the school in the years ahead.

members of the  
The/survey team wish to express their appreciation for the opportunity of having been privileged to study the Indiana University School of Medicine at this stage of its development. The recognition of significant advances since the last official visit to the school will be transmitted to the Council on Medical Education and Hospitals of the American Medical Association and to the Executive Council of the Association of American Medical Colleges. In spite of the numerous difficult developments and problems still existent it is apparent that under the sound judgement and wisdom of the current administration and with the support of the University, the profession and the state, continued steady progress towards an outstanding undergraduate, graduate and postgraduate medical center is to be anticipated.

  
William N. Hubbard,  
Associate Secretary,  
Association of American  
Medical Colleges

  
Edward L. Turner, Secretary  
Council on Medical Education  
and Hospitals, A.M.A.

Date of Survey:  
October 21-23, 1954



ADMINISTRATION AND  
DEPARTMENTAL ANALYSIS

Administration and Faculty Organization

The School of Medicine is an integral unit of the University of Indiana with its first year of instruction currently located on the main university campus at Bloomington and the upper three years located on the Medical Center Campus in Indianapolis. The Board of Trustees of the University is also the board for the Medical School. In general, the relationship appears to be similar to those in the usual state university medical school pattern. There is excellent administrative liaison between the dean of the school of medicine, the president and other administrative officials of the university.

The general objectives of the School of Medicine are to offer broad opportunities in medical education at all levels to well qualified applicants residing in Indiana, to offer a well balanced experience to undergraduate students allowing them sufficient time to develop specific interests during this period without slanting the curriculum toward either general practice or the specialties.

Faculty organization is by departments with the chairmen of departments serving as members of the Medical Advisory Council. The Medical Advisory Council currently has thirty-one members and is heavily weighted clinically with only seven of its members representing basic medical sciences. This is the top faculty organization. It apparently does not hold regularly scheduled meetings but meetings are called by the dean as needed to discuss matters of policy. At the present time the committees listed by the dean include: student affairs committee, education committee, dean's committee for the V.A. Hospital, admission's committee, library committee, postgraduate course committee, editorial board of the quarterly bulletin, and the medical advisory council.

The dean has the assistance of one assistant dean who is also associate professor of experimental medicine. The dean's overall responsibilities are exceedingly demanding as he has the general responsibility of coordinating the Medical Center activities which include nursing and the inter-relationship between the numerous university, city, state and federal hospital units as well as liaison with the School of Dentistry. The relationship of the dean with his faculty seems to be excellent.



### Comments

1) It was apparent that much progress has been under way at the University of Indiana School of Medicine and that the initiation of these activities date back approximately nine years since the appointment of the current dean.

2) It is the impression of the authors that the dean is carrying an unduly heavy burden and that he should have more direct assistance in his office through one or more additional assistant deans, as well as aid from his department heads in sharing overall administrative responsibility through the medium of an executive committee. Such a committee could meet at regular intervals and might include the heads of the basic medical science departments (anatomy, physiology, biochemistry and pharmacology, microbiology and pathology) and the heads of the major clinical departments (surgery, medicine, pediatrics, obstetrics and gynecology and psychiatry) with the dean as chairman and the assistant dean as secretary. Such a committee would give reasonable balance between basic medical science and clinical fields on matters pertaining to educational policies.

3) Any committees dealing primarily with academic matters may be subcommittees of the executive committee.

4) For coordination of hospital and service problems it is suggested that consideration be given to the possibility of developing a Medical Center Board with the dean, (or assistant dean) and representatives from medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, radiology, pathology and the hospital administration. The chairman of this group could be selected annually and the hospital superintendent would be the logical secretary.

5) The value of the large Medical Advisory Council is recognized and it is believed this council should be retained, particularly for purposes of liaison with the local and state professional groups. However, it would seem evident that such a body cannot undertake the frequent and detailed consideration of matters in process of development as well as could a smaller executive group.

It is recognized that if certain of these suggestions appear worthy of implementation the wisdom and judgement of the dean, in light of the local situation, must largely determine the rate at which administrative rearrangements can be undertaken. We believe, however, that additional administrative aid for the dean is highly desirable and that finances should be budgetted to make such additional personnel possible.

6) Current plans for further construction and development of the physical facilities promise to augment potentialities for teaching and research in many areas of the institution's activities. The gradual acquisition of former slum area property adjacent to the Indianapolis Medical Center is not only markedly improving the site itself but is also clearing the way for future facility expansion.



### Budget and Finances

- a) Income -
- |   |                |
|---|----------------|
| 1) From general university funds (Legislative)..... | \$1,237,827.00 |
| 2) From tuition.....                                | 185,920.00     |
| 3) Indiana Medical Foundation                       | 45,000.00      |
| Total   | \$1,468,747.00 |
| 4) From outside agencies for research, etc.....     | 686,431.40     |
- b) Anticipated income for operation of hospital and dispensaries..... 3,757,580.00
- c) Salary scale -

Currently professional salaries in the basic medical sciences average \$9,345.83 and in the clinical departments \$13,750.00. Associate professors in the basic medical sciences average \$6,805.55 and in the clinical departments \$12,375.00. Assistant professors average \$6,606.00 in the basic medical sciences and \$9,431.25 in the clinical departments. Averages for instructors in these two categories vary from \$5,140.00 to \$7,065.00.

The dean indicates that in general the basic medical science salaries follow the University scale. Competitive factors have necessitated that salaries in certain areas be adjusted without regard to this scale in order to obtain essential personnel in the competitive fields. However, efforts are made to adhere to a basic pattern and avoid individual bargaining.

d) Analysis of the budget indicates that, as in many other institutions, service factors for other than medical student teaching and basic medical research are incorporated in the overall budget. It is, therefore, difficult to clearly define the cost of medical education and to separate it from service factors.

### Comment

The current basic budget will undoubtedly need augmentation as some of the projected programs are developed. Additional full time personnel in some of the clinical departments, eventual clarification of the biochemistry-pharmacology department and other needs will augment required basic totals. Since heavy service loads are carried for Dentistry, Nursing, other areas of the University and hospital it would seem advisable to analyze the budget with the idea of differentiating the basic cost of medical

( education from these other services. The need for information so as to protect the basic medical teaching budget might assume major importance in case of any reduction in total budget through legislative action at some future date.



## Students

Admissions are limited to 156 students in the first year. The present first year class numbers 153 students of whom all but five are residents of Indiana. Members of this class received their premedical education in 36 different institutions. All of them had three or more years of pre-medical education with 67 having bachelor's degrees on admission. Admissions are made through the medium of applications, health status, recommendations, transcript evaluation, M.C.A.T. records and interview ratings. Efforts are made to determine whether candidates have the desirable attributes of character, motivation and sincerity, in so far as this is possible.

Grading of students in the first year is on the alphabetical system as generally used on the Bloomington campus, and on the percentage system during the last three years.

Scholarship and loan funds are available and are used at the discretion of the dean and his faculty advisers.

Student equipment and facilities, in general, are satisfactory and the Student Union facilities are outstanding, far surpassing those existing in the majority of our medical schools.

In the Senior year students are assigned to faculty advisers who have access to their records and who assist them in advice regarding internship applications.

A conference with a representative group of students from the three upper classes indicated an excellent student morale.

## Comment

The survey team believe that student enrollment is maximum in view of existing and contemplated facilities. The ratio of applicant to positions available appears to be at the minimum.

It is suggested that final departmental reports to the dean's office include faculty personal evaluations of the students as well as grades.

It is also suggested that consideration be given to the overall M.C.A.T. or to the verbal and science factors in the M.C.A.T. rather than continuing the use of science and general factors.

The percentage evaluation of medical students would appear less desirable than the alphabet or group system of recording. It would seem most desirable, however, to utilize a single system throughout all four years whichever method of recording is utilized.



### The Plant and Facilities

The first year is conducted in the Medical Laboratory Building on the Bloomington campus. This building appears to be quite adequate for the teaching and research activities currently conducted by the Departments of Anatomy and Physiology.

The Indianapolis campus is known as the Medical Center Campus and it is fully deserving of the name. The School of Medicine with the Long, James Whitcomb Riley and Coleman Hospitals, Pediatric Research and Cancer Research Buildings, the Laboratory Science Building, Ball Residence for Nurses, Stores and Service Building, Administration Building, Power Plant and the Student Union and Food Service Building are all located on the Medical Center Campus. The La Rue Carter State Mental Hospital, the new Veterans Administration Hospital and the Indianapolis General Hospital are adjacent and constitute part of the Medical Center.

Ample ground is available and plans completed for the new medical science laboratories, new University hospital and numerous alterations and modernization of some of the existing structures. The state legislature has already appropriated funds making it possible to initiate construction of the new medical science laboratories in the near future. On completion of this laboratory the first year of medicine will be moved from the Bloomington to the Indianapolis Campus and the four year undergraduate program consolidated.

### Comment

Excellent progress has been made in developing the Medical Center Campus during recent years. The wisdom and foresight which resulted in placing university, state, county and federal institutions in this area have resulted in the gradual development of a center that has outstanding teaching and research potentials in the years ahead.

### Library

The library appears to be a sound, well administered working library. Plans include library facilities in the new medical science building. At the present time (1953-54) the library contains 44,360 bound volumes. 983 periodicals are regularly received of which 560 are regularly bound. The library is kept open for students and faculty seven days during the week. The librarian conducts orientation conferences with the students. Efforts are also made to cooperate with the state medical profession in the utilization of the library.



Clinical Facilities

a) Indiana University Medical Center

- 1) Robert W. Long Hospital
- 2) James Whitcomb Riley Hospital for Children
- 3) William H. Coleman Hospital for Women

Overall bed capacity 496 with average daily census in 1953-54 of 403 /

Auditorium, classrooms, conference, and laboratory facilities adequate

b) Indianapolis General Hospital (County)

Total beds and bassinets 741 with average census in 1953-54 of 550

Auditorium, conference rooms, outpatient facilities, laboratories-library available for teaching

c) La Rue D. Carter Memorial Hospital (State Division of Mental Health)

Total beds 222 with average census (1953-54) 140

Conference rooms, library

d) Veterans Administration Hospital (Federal)

Total beds of 486 with average census of 393 /

Conference rooms, auditorium, library, student laboratories

Comment

Clinical facilities offer a wide spectrum for clinical teaching and research. Proposed changes will enhance outpatient facilities and improve teaching opportunities in connection with ambulatory care of patients.

### Anatomy

The Department of Anatomy is headed by Dr. Richard L. Webb who has been with the University for the past 8 years. He is assisted by 3 associate professors, 3 assistant professors and one instructor, all of whom are on a full-time basis. Part-time departmental staff includes 3 instructors, 2 teaching associates and 1 instructor. In addition there are 4 technical, clerical and unclassified staff members.

Physical facilities and equipment in the department are good and apparently adequate for the current student load. The University furnishes microscopes for student work in histology.

The budget includes:

a) For salaries and honoraria	\$75,434.00
b) For supplies and equipment	8,716.00
c) Gifts and grants from outside agencies	6,350.00

Student Load - Besides medical students the department teaches anatomy to nursing, dental, optometry, technical and biology students. During the first semester of the current year 313 such students are instructed in addition to 153 medical students. There are 5 graduate students working toward Ph.D. degrees and 2 M.S. candidates in the department.

The departmental objectives for students in medicine are to present a plan of the body to which students may relate the details of structure and function acquired during their medical education. Efforts are made to stress important points. Radiology is utilized in the basic teaching. Student evaluation is accomplished through the medium of quizzes and examinations.

### Comment

In view of its heavy overall teaching responsibilities the Department of Anatomy appears to be offering a sound basic course for medical students. The program, in general, follows a fairly typical traditional pattern with no experimental methods or techniques being apparent. Undoubtedly this department will benefit greatly from the projected move to the Indianapolis campus where coordination with other premedical departments and with clinical departments will greatly enhance its teaching and research potentialities.



## Physiology

The staff is headed by Dr. Paul M. Harmon who has been a member of the faculty for 35 years. His full-time faculty include 2 full professors, 3 associate professors, 1 assistant professor and 1 instructor. One part-time instructor and 6 student assistants complete the teaching personnel. There are 3 technicians and 1 clerical worker in the department and additional personnel as required who are engaged on an hourly basis to assist in animal care and research projects, as well as research associates and assistants financed from research grants from outside agencies. More assistance on the teaching staff, particularly in laboratory supervision, is desired.

Physical facilities and equipment are good. The department shares the building with anatomy and certain areas such as lecture rooms, library and animal quarters are utilized by both departments. The two general physiology laboratories each have a capacity of 32 students and the mammalian laboratory accommodates a like number.

### The Budget includes:

a) Salaries and honoraria	\$85,644.00
b) Supplies	6,400.00
c) Equipment	3,000.00
d) Gifts and grants from outside agencies	38,370.00

Student Load - As in anatomy the department carries a heavy teaching service load to students in areas other than medicine. During the first semester 58 are enrolled in General Physiology, 12 in the Physiology of Exercise, 8 in Principles of Animal Physiology and 58 in General and Individual Hygiene in addition to 153 medical students with a similar load in additional courses during the second semester.

Departmental Objectives are described as being based on a philosophy of education, rather than training. The staff desire their students to gain a "feel" for physiology and to teach fundamentals from which students can go on in their further development. If such further development is effective there must be effective cooperation and "follow through" on the part of clinical teachers. Dr. Harmon stated that to be ultimately effective physiology must be taught all the way through medicine along with clinical teaching. In the Department of Physiology lectures are utilized to simplify and clarify the text, the text being used as a reference to add to the lectures.

In teaching the medical students the quiz is utilized as a conference with the class divided so that one instructor meets 30-32 students. It is conducted as an opportunity for students and their instructor to study physiology together. The laboratory is correlated with lectures in so far as possible but also includes some "free wheeling".

Dr. Harmon expresses concern over the lack of free time for students and indicates that medical schools tend to become more and more trade schools giving "lip service" to education. Currently there is too little time for opportunities for the superior student to do something on his own in physiology although this does become possible for those individuals who become student assistants in the department.

#### Comment

The Department of Physiology enjoys stimulating and thoughtful leadership. The basic philosophy of education and the approach in physiological teaching appears to be excellent. There is a genuine need for augmented staff personnel as the ratio of one staff member (instructor as above) per 30-32 students in laboratory sessions and in conferences does not allow for their maximum value as teaching experiences. With due regard to concern over the transference of this department to the Indianapolis campus on the part of some - unquestionably the move will be of mutual advantage to the department itself and to all other departments in the medical school. In that new setting the potentialities of correlation, now subject to some question by the department head, should become meaningful and decidedly increase the department's significance in teaching and research throughout the entire school.



### Biochemistry and Pharmacology

This combined departmental staff is headed by Dr. Rolla W. Harger who has been with the School of Medicine for 32 years. His full-time professorial staff includes Dr. Donald E. Bowman in the area of biochemistry and Dr. Harold R. Hulpieu in pharmacology. There is one full-time associate professor, two assistant professors, two instructors and three full-time assistants in the combined department. In addition, there are a number of associates and one professor who contribute from two to three lectures each to the department during the year. Four technical, one clerical and two unskilled personnel complete the staff roster.

Professor Harger will retire as head of the combined department at the end of the current year as he will have reached the mandatory retirement age for department heads. The future status of the two areas of interest will be clarified in the intervening period and it is indicated that the establishment of a separate department of biochemistry will occur after July 1, 1955.

Physical facilities and equipment. The department occupies the entire third floor of the medical school building with a working space of approximately 6,500 square feet. The student laboratory is used on alternate semesters for biochemistry and pharmacology. In the process of changing from biochemistry to pharmacology it is necessary to remove 12 chemical benches and replace them with animal operating equipment. For over 30 years this laboratory alteration has been conducted twice yearly to prepare the student laboratory space. Additional space for pharmacology research and an overflow student laboratory is located on the fourth floor. The department has a laboratory for clinical chemistry in the Laboratory Science Building. Departmental laboratories and offices are in general cluttered and unattractive and are not areas conducive to the development of enthusiasm and morale in either students or faculty. Equipment for basic student teaching appears to be adequate. Research equipment and facilities are limited.

#### The Budget includes:

a) For salaries and honoraria	\$67,980.00
b) For supplies	8,500.00
c) Gifts and grants from outside agencies	2,300.00

Student Load in biochemistry and pharmacology is limited to medical students.



### Departmental Objectives and activities

a) In biochemistry efforts are made to aid students to gain fundamental facts about body materials and to train them in the various chemical methods applicable to medicine. Lectures are designed to give background and act as a guide. The department chairman expressed the desire that biochemistry be a practical course. More teaching staff is needed but the current budget is inadequate for such addition. There have been no graduate students in biochemistry in the past 6-8 years. Dr. Bowman who has conducted a great deal of investigative work in the field of trypsin inhibitors in past years has been giving most of his spare time to the committee formulating plans for the new medical building during the current year. The department has need for considerable research equipment and currently has no electrophoresis equipment at all.

b) In pharmacology efforts are made to study the fundamental principles of actions and classes of drugs, the action of drugs on systems and to keep abreast on developments in relation to new drugs, their action, chemical nature, etc. Dr. Hulpieu indicates the need for a clinical pharmacologist as liaison with the Departments of Medicine, Anesthesiology and other clinical areas. Materia Medica is conducted in the form of 11 lectures early in the course. During the third year the department gives one lecture per month for 12 months in toxicology. The department conducts service responsibilities in toxicological analysis in clinical chemical diagnosis.

### Comment

The combined Department of Biochemistry and Pharmacology as currently conducted is unimpressive, and disappointing. The survey team gained the impression of it being a department almost in hibernation as far as progressive development is concerned. For the combined activities of biochemistry and pharmacology it is inadequately financed, understaffed, underequipped and poorly housed. Pharmacology seems to be dominated and apparently less well handled than biochemistry. There is a critical need for vigorous leadership in both areas of departmental activity.

Materia Medica and toxicology seem to be overemphasized in relation to other facets of pharmacological teaching. It would appear that the entire area of pharmacological teaching should be carefully scrutinized for it does not seem well related to physiology on the one hand or to clinical medicine on the other. Genuine or effective interdepartmental



correlations appear to be lacking. Service functions such as Dr. Forney is conducting in toxicological analysis seem to be a luxury for a department as inadequately financed and staffed as is this one.

The administration of the medical school is presented with an interesting challenge in the impending readjustments in these two important areas. It appears to the survey group that these two areas in this institution are on the verge of "coming into their own" after 30 years of combined joint living. Most serious thought should be given to the future position of biochemistry because of its ever increasing importance to medicine. Consideration should be given to the ways and means whereby each of these areas can play the most effective role to the community effort of the school in medical education. This situation also affords an opportunity to give consideration to the possibility of establishing a separate department of pharmacology or to approaching the teaching of pharmacology as a correlated area of subject matter through physiology, biochemistry, microbiology and clinical fields. It is recognized that the developments in both of these areas will depend to a large extent upon the departmental leadership obtained for them.

## Microbiology

The staff of microbiology is headed by Dr. E. W. Shrigley who has been a member of the staff since 1949. He holds both Ph.D. and M.D. degrees. Other full-time staff include 1 professor, 1 associate professor, 3 assistant professors, 1 instructor and 3 assistants. The staff also includes 2 part-time associates and 2 part-time assistants, 1 clerical worker and 6 unskilled employees. The survey team was genuinely impressed by the leadership which Dr. Shrigley has given to this department as well as by his great interest and concern in the overall welfare and progress of the School of Medicine as a whole.

Physical facilities are located on the ground floor of the medical building but will be moved to the new Medical Science Building on its completion. Office laboratories are available for staff members on this floor except for the research laboratories of the departmental chairman which are located on the fourth floor in what seemed to be one of the most uniquely and effectively utilized area that would usually be considered unutilizable which we have observed to date. Student laboratory facilities and equipment as well as service areas, although crowded, are effective and well utilized.

### Budget for the department includes:

a) For Salaries and Honoraria	\$61,840.00
b) For Supplies and Equipment	8,300.00
c) Gifts or grants from outside sources	15,800.00

Student Load and Service Load - In addition to second year medical students and participation in third year instruction in medicine the department also teaches microbiology to 60 dental students, 90 nursing students, 20 dental hygienists, 16 medical technologists and 6 students in public health sanitation. Three graduate students are registered in the department.

The department also prepares bacteriological media for the entire Medical Center and the parasitology work of the center is conducted and supervised by its staff.

Departmental Objectives and Philosophy are directed toward converting a heterogeneous group of students to be interested in microbiology as part of their background for the practice of medicine. Diseases are used as a center of discussion as it is felt that a clinical approach arouses interest in knowing more in regard to basic causes. The staff believe nothing replaces good lectures when they are designed to stimulate students and to make them think and



work. The department endeavors to teach a point of view, to create enthusiasm in students in regard to microbiology, to encourage a sense of humbleness in students and to endeavor to help develop attitudes.

Dr. Shrigley believes that a basic science department cannot do the best undergraduate teaching without the stimulus of graduate students.

There is excellent departmental liaison with the graduate groups on the Bloomington campus and with other departments on the Medical Center campus.

The departmental staff reviews its courses yearly, tries different approaches and various educational experiments. Currently this is exemplified by the teaching in parasitology in which the course is started with helminths as the more easily studied and then going back to the more difficult forms and from then on into microbiology.

The size of classes make individualized teaching difficult but in conferences one-half of the class (approximately 75 students) is divided into five groups each with its instructor. Such student staff conferences are held weekly with instructors rotated.

#### Comment

The University of Indiana School of Medicine is to be congratulated on the leadership, organization and activities of this department. The survey committee recognize the wisdom and vision of the staff as to the values of well rounded staff personnel and as to the importance of graduate training as well as undergraduate teaching as part of a live, dynamic and progressive department. It is felt that Dr. Shrigley's concept of the value of inclusion of certain aspects of diagnostic bacteriology in a vigorous and adequately staffed department is commendable and worthy of activation, if satisfactory insurance can be offered so that such service activities do not interfere with basic teaching and research. It is believed that this department can be one of the most effective foci of interdepartmental correlation and cooperation in the further progress of the medical school.



## General Pathology and Clinical Pathology

General Pathology and Clinical Pathology have for some time been essentially separate departments with Dr. Frank Forry formerly heading General Pathology and Dr. C. G. Culbertson heading Clinical Pathology. It is our understanding that with the recent appointment of Dr. E. B. Smith as chairman of General Pathology that closer integration of the two divisions will exist as Dr. Smith will be responsible for appointments from now on in the overall pathology program.

The staff in General Pathology is headed by Dr. Edward B. Smith who was appointed 3 years ago. Dr. Frank Forry, former department head and Dr. Parker R. Beamer complete the roster of full-time professors. One full-time assistant professor and two full-time instructors are also in the department. There are numerous technical, clerical and unskilled personnel. Two part-time assistant professors, 4 part-time instructors, 8 resident-instructors and 3 student assistants are also listed as staff members.

In Clinical Pathology there are two professors, one of whom is full-time (Dr. J. L. Arbogast) and one part-time. Other full-time staff include two assistant professors, two instructors and a large group of technical, clerical and unskilled employees because of the service functions of this department to the overall university hospital. There are also two part-time instructors on the staff roster.

Physical facilities and Equipment - Both General Pathology and Clinical Pathology are housed in the Laboratory Science Building. General Pathology occupies mainly the north and west wings on the first floor. Student and staff laboratory, administrative, office, museum, conference rooms, autopsy room and preparation rooms are well equipped. The building is in excellent condition. Clinical Pathology occupies the entire fourth floor of the Laboratory Science Building with a large basement storage area in addition. It also maintains ancillary laboratories in other buildings (Hospitals) in the university hospital group in which student clerks conduct some of their laboratory work. The large student laboratory accommodating one-half of the class is jointly used by General and Clinical Pathology. The fourth floor laboratories and offices are utilized chiefly in connection with the hospital service functions of clinical pathology.

### Budget includes:

- 1) General Pathology
  - a) For Salaries and honoraria \$99,630.00
  - b) For Supplies and Equipment 4,500.00
  - c) Gifts & grants from outside sources 26,600.00



2) Clinical Pathology

a) For salaries and honoraria	\$39,880.00
b) For supplies and equipment	1,000.00
c) Gifts & grants from outside sources	16,220.00

Student Load - In addition to medical students general pathology teaches 75 dental, 70 nurses, 10 residents in anesthesiology, and has 8 resident-instructors in training at all times. Clinical pathology instructs medical students, 12-18 medical technology students and courses for students in the school of nursing. Interns to meet state licensure requirements are given individualized rotation and the department has a well-defined program in collaboration with general pathology for resident training. The department also provides a wealth of training experience for residents on the various hospital services and with general pathology participates in the numerous interdepartmental conferences.

Departmental Objectives and Activities - General Pathology feels that teaching is the primary excuse for the existence of the school and that maximum effort should be made to give students an adequate basic knowledge and experience in pathology. Research, being an essential ingredient of a good teaching staff makes it desirable that all staff personnel should have an interest in this field. Along with these activities service is an inevitable ingredient and an obligation to the hospitals in which teaching is conducted. In the undergraduate course the department has been experimenting with conference teaching. One-half of the class (approximately 75 students) is supervised in the laboratory by at least four instructors and usually five are present. During the past year half of the class attended only 12 introductory lectures and then completed this phase of the work in conference groups of 15 per instructor while the other half of the class attended a full course of 78 lectures without the conferences. This "controlled" experiment is not old enough to be critically analyzed and will be continued. In connection with teaching activities the department conducts about 350 autopsies annually. The laboratories are open to students from 8:00 a.m. to 9:00 p.m. An active research program is conducted by all staff members. Second year conference teaching is correlated with Microbiology, Biochemistry and Pharmacology.

In Clinical Pathology Dr. Arbogast indicates that the course has evolved through many stages. It is now given in the second year with 13 lecture and 39 laboratory hours. Continued study indicates it desirable to modify the program into two sections, one being a survey of clinical laboratory diagnostic tests and the second dealing primarily with hematology. The department tends to minimize microbiological technique and instead emphasizes the need for



and interpretation of tests. Efforts are made to teach the concept of intelligent and critical utilization of laboratory techniques.

Comment

Both General Pathology and Clinical Pathology are well organized and are conducting sound educational programs. It is recognized that General Pathology is still in a state of transition from a classical pathological anatomy pattern to a dynamic, biologically oriented basic science. General Pathology is to be complimented on its experiments in small group teaching. It was noted that the autopsy work of students includes no histological follow through or preparation of a microscopic protocol. The advantages or disadvantages of this deserve some consideration. General Pathology has a challenge and obligation today to provide an environment which will aid in developing closer relationship of basic medical science departments to clinical services and this department is in a position to play this type of correlating function. Probably two additional staff members at assistant professor level are indicated to accomplish the department's objectives.

Clinical Pathology's objectives are sound and the basic courses offered appear satisfactory. Some consideration as to the desirability of continued separation of General Pathology from Surgical Pathology is indicated. This involves consideration as to whether or not the Surgical Pathology service function can logically be isolated from the General Pathology teaching activities. It is recognized that there are probably legitimate arguments on both sides.



## Public Health

Public Health is headed by Dr. S. H. Hopper, Ph.D., who has been on the faculty for nine years and gives full-time to the school. Full-time staff includes, in addition, one assistant professor and one instructor. Two part-time assistant professors, one instructor and seven lecturers complete the teaching personnel roster. There is one full-time and one part-time clerical worker, two part-time technicians and one part-time unskilled worker in the department.

The department is housed in four offices, one student laboratory and one research laboratory with ancillary storage space in the temporary Administration Building.

### Budget includes:

a) For salaries and honoraria	\$37,500.00
b) For supplies and equipment	6,150.00
c) Gifts & grants from outside agencies	3,925.95

Departmental Objectives and Activities. Courses for medical students include an Introduction of Medical Biometrics of 15 hours in the 1st year, Preventive Medicine and Public Health (22 hours) in the 2nd year and Industrial Medicine (13 hours) in the 3rd year. The second year course includes environmental sanitation and communicable disease control. In 1951 the Council on Industrial Medicine of the A.M.A. indicated that Indiana was one of 16 schools worthy of an "A" rating at that time in the undergraduate teaching of occupational medicine.

The department conducts, in addition, a course in Public Health and Personal Hygiene for dental hygienists (20), statistics for medical librarians (12) and a degree program for postgraduate students majoring in Public Health at the School of Dentistry (10-12).

There is apparently little correlation between the Department of Public Health and the Departments of Psychiatry, Pediatrics or other clinical areas. There are plans under way for the possible development of new facilities in which maternal and infant welfare and other programs pertinent to public health may be conducted. There are no integrated family study programs being conducted by the department alone or in conjunction with other departments.

### Comment

The survey team feel that the department chairman is an enthusiastic individual and has good background training.

There is an isolation in this department, however, that is not consistent with the dynamic integrating and correlating functions which so many of our departments of public health and preventive medicine are now playing in undergraduate medical education in cooperation with various clinical departments. This department needs sympathetic support, guidance and greater perspective of medicine and medical problems as they fit into current life situations. Given guidance, understanding and cooperation from other clinical areas this department has enormous untapped potentialities for much more significant contributions in undergraduate medical education - not primarily through additional time for courses specifically labelled for it, but through correlated effort and integrated teaching with other departments.



Clinical Departments (General Comments)

Time and personnel did not make it possible to evaluate all of the many clinical departments through individual contacts of the survey team with each departmental staff. Careful analysis of all of the material submitted by various subspecialty and minor specialty areas was made and interviews held with the following departments:

- a) Department of Medicine
- b) Department of Surgery
- c) Department of Obstetrics and Gynecology
- d) Department of Pediatrics
- e) Department of Psychiatry
- f) Department of Radiology

Detailed data is on file in the offices of the Council on Medical Education and Hospitals and the Association of American Medical Colleges in regard to each of these departments and the additional departments of Neurology, Dermatology and Syphilology, Genito-Urinary Surgery, Orthopedic Surgery, Anesthesiology, Otolaryngology and Ophthalmology. Each of the departments in this latter group has well qualified leadership and staff personnel and all have active teaching and research programs with good coverage of their respective roles in the undergraduate and graduate educational programs. For purposes of this record the following budgets are available for the departments other than the six major areas given in more detail in this report.

<u>Department</u>	<u>Salaries &amp; Honoraria</u>	<u>Supplies &amp; Equipment</u>	<u>Outside Grants &amp; Gifts</u>
Neurology	\$48,040.00	\$ 2,000.00	\$22,000.00
Dermatology & Syphilology	1,000.00		2,950.00
Genito-Urinary Surgery	13,720.00	400.00	3,500.00
Orthopedic Surgery	21,100.00	500.00	16,834.49
Anesthesiology	13,120.00	900.00	6,500.00
Otolaryngology	14,860.00	1,500.00	45,682.50
Ophthalmology	30,140.00	1,000.00	10,763.96



## Medicine

The Department of Medicine with its subdepartment or division of cardiology is headed by Dr. James O. Ritchey who has been with the department for 35 years and who for many years has given outstanding leadership in the school of medicine. He and Professor Kohlstaedt give approximately 50% of their time to departmental teaching and administration. Full-time personnel in medicine include one associate professor, two assistant professors, five instructors and two associates. The remainder of the staff serve on a part-time basis.

Facilities - Clinical facilities have been indicated in another section of the survey report. Medicine is fortunate in having an adequate number and variety of patients through the close affiliations with the Indianapolis General Hospital, Tenth Street Veterans Administration Hospital, Cold Springs V.A. Hospital and the Indiana University Medical Center.

### Budget

a) For Salaries & Honoraria	\$73,180.00
b) For Supplies & Equipment	3,500.00
c) Gifts & grants from outside agencies	58,950.00

Objectives and Nature of Instruction. The department endeavors to develop a solid functional foundation in diagnosis and medical care. The department utilizes services of other departments in the preclinical and clinical areas in correlated teaching. The first contact with students is in the freshman year in an Introduction to Clinical Medicine, a 10 hour course conducted by the departmental staff and given on the Bloomington campus. In the second year 46 hours of clinic and 14 hours of work is given in physical diagnosis. In the clinic phase of this work 6-7 students are assigned to a staff member with the instruction conducted in the various affiliated hospitals. During the second year there are 17 hours of demonstration clinics covering certain outstanding medical problems and another 17 hours of medical recitation work with 12-15 students assigned to one instructor.

In the third year the Junior Clerkship totals 280 hours with 77 hours devoted to lectures and the remainder utilized in a 30 day in-patient assignment at Indianapolis General Hospital. 64 additional hours of lecture and panel discussions on subjects not covered in lectures, 32 hours on lectures, panel discussions, quizzes and demonstrations in cardiac diseases and 48 hours of clinical pathology assignment complete the third year medical department program.



The fourth year undergraduate experience in this department includes 500 hours of in-patient and out-patient Senior Clerkship, 48 hours of senior clinic work in which students present the cases, 40 hours of therapeutic conferences, 48 hours of C-P-C and weekly x-ray conferences.

Both third and fourth year students have a free quarter in which they may take a clerkship position, work in a research laboratory, take a preceptorship or engage in organized research. The majority of the students apparently choose a clerkship during this period.

The department actively participates with Surgery in the conduct of Tumor conferences, teaches a general course in medicine for nurses and gives a short series of lectures to students in the School of Social Work. Active graduate training is constantly conducted for the intern and resident staff and postgraduate teaching in certain fields is offered annually.

Experimental teaching approaches are being utilized by the department so as to free maximum student time for ward work and clinical work.

Clinical clerkships are well supervised. On the clerkship services the histories and physicals written by the clerks are incorporated in the permanent record on both in-patient and out-patient services. On the O.P.D. services one instructor is assigned to two students on the medical service.

#### Comment

The Department of Medicine has been conducting a basically sound program of teaching with a faculty largely part-time or voluntary. The leadership in this department has been excellent and has played an important role in inter-departmental correlation. In the transition ahead with the impending mandatory retirement of Dr. Ritchey (he is now 63 years of age) it is hoped that some of the basic concepts of ethics and the philosophy of medicine which he has so ably represented will be carried on. Unquestionably Dr. Ritchey has for many years given far more time and effort to the University than has been represented by its compensation financially but he must have received great personal satisfaction from the contribution he has been making to the cause of medical education over the years.

It is understood that in the further development of the Department of Medicine the need for more full-time personnel in medicine who can devote their total effort to teaching,

research, curriculum planning and administration is fully appreciated and that plans are directed towards achieving this end.



## Surgery

The staff of the Department of Surgery is headed by Dr. Harris B. Shumacker, Jr. who has been in charge for the past six years. Dr. Shumacker was "off campus" at the time of the survey so that the survey team conferred with Dr. E. A. Lawrence, Dr. L. W. Freeman, Dr. Garceau, Dr. Garrett and other members of the staff of General Surgery and some of the surgical specialties. The Department of Surgery began to undergo marked transition from part-time to full-time supervision at the time of Dr. Shumacker's appointment. There are now three full-time professors in the department, one full-time associate professor, four full-time assistant professors and one instructor. A large group of part-time faculty serving from 50 to 1,000 hours during the year are also listed on the departmental roster. In addition, there are four full-time resident instructors, 12 full-time resident assistants and three surgical fellows. The department also has a large complement of technical and clerical personnel.

Facilities have been indicated in the data on hospital affiliation. Special attention, however, should be called to the excellent research and teaching facilities in the newly completed cancer research wing.

### Budget and Finances

a) For Salaries and Honoraria	\$87,260.00
b) For Supplies and Equipment	3,000.00
c) From Gifts and grants from outside agencies	260,300.00

Student Load. In addition to its responsibilities in all four years of undergraduate medical student teaching the department instructs Social Service majors (12 students), Nursing students (65-70) in the University group and the affiliating nurses (283 students - 1 two-hour session every 12 weeks). Intern and resident programs are active and well organized. Members of the Surgery Department participate in post-graduate courses and in the activities of their respective specialty organizations. The department staff is responsible for staffing and supervising the general surgical activities of the Indiana University Medical Center.

### Objectives and Techniques of Instruction.

Dr. Shumacker has outlined "A Surgeon's Reflections on Medical Education" in an address which appeared in the August 1952 issue of Surgery. The philosophy expressed in this address is being reflected in some of the developments under way in the department.



Surgery cooperates with the Department of Medicine and other clinical departments in the first year introductory course, in physical diagnosis in the second year, in the Noon-Hour Clinic in the third year and in the fourth year conferences on Therapeutics, Tuberculosis and Clinical Pathology.

Clinical clerkships are directed towards concentrating teaching efforts on problems arising in connection with patients under care rather than utilization of the lecture type of instruction. Principles and concepts are emphasized rather than the acquisition of single factual knowledge. A historical approach to surgical problems is emphasized and constant efforts directed toward stimulation of original thinking and reading of current and past literature and texts. The aim is the development of general principles, attitudes, and methods of acquiring information. Students' assignments are linked with those of the resident staff with the clerk forming an integral part of the intern-resident team, participating in the overall department activities. In general, surgical clerkships include experiences in general surgery, Children's and Plastic; Tumor; Thoracic and Female Adults; Cardiovascular, Male Adult, Private; Urology (or Neurosurgery or Orthopedics), Ophthalmology, Otorhinolaryngology and Anesthesiology in the Indiana University Medical Center. Although the experience of the clerks varies somewhat in the other affiliated hospitals the general philosophy and approach are essentially similar to this experience. Active research programs are being conducted by members of the departmental staff which has a very large budget of gifts and grants from outside agencies for such activities.

#### Comment

This department is conducting a sound under-graduate and graduate program in medical education based on well conceived aims and objectives. Certain phases of its activities are still in stage of transition but its overall potentialities are outstanding.



## Psychiatry

Currently Dr. Marilyn R. Caldwell is Acting Director, of the Department of Psychiatry. This department was formerly headed by Dr. Herbert Gaskill who, together with certain associates, withdrew some time ago. At the present time the dean is searching for the proper candidate for the post of departmental chairman with the hope that satisfactory leadership may be obtained as soon as possible.

In the meantime, it seemed to the Survey Team that Dr. Caldwell and her associates were doing a commendable task of conducting the teaching program. The program is geared to stimulating and aiding the student to become proficient in the recognition and treatment of emotionally disturbed individuals so that he may function effectively in his role as a physician. The initial didactic portion of the program is aimed at orientation to the content of psychiatry, the third year experience is directed at acquiring basic tools in the field and the fourth year clerkship is aimed at the integration and utilization of psychiatric knowledge in the general field of medical treatment. In the third year for four weeks the afternoon period is spent at the Carter Hospital.

The current efforts are directed towards helping the student to realize he is dealing with a person when he is working with a patient.

There is excellent relation between psychiatry and pediatrics.

## Comment

In view of recent events in the Department of Psychiatry in this institution there is need for leadership of the highest possible order. If psychiatry is to assume its logical position in the overall under-graduate and graduate program there must be full recognition of medicine as a whole and the proper interrelationship between psychiatry as a part of medicine and not as something separate from and isolated from it. There must be mutual respect between psychiatry and other areas of clinical medicine which can be brought about through sound leadership with sound perspective and willingness and wisdom to effectively interpret psychiatry to medicine.

There is a unique and challenging opportunity at the University of Indiana in endeavoring to effectively integrate psychiatry as a fully effective and respected discipline in the educational program. The personal qualification, diplomacy, tact and common sense needed by the head of this department will largely determine the rate of acceptance and effectiveness of the department's efforts in the future.

N.3. The Current Budget of Psychiatry includes:

a)	For Salaries and Honoraria	\$30,420.00
b)	For Supplies and Equipment	2,000.00



## Obstetrics and Gynecology

The Department of Obstetrics and Gynecology is under the direction of Dr. Carl P. Huber who is on a full-time appointment. There are two full-time instructors. The part-time faculty includes two professors, three associate professors, one associate and 16 assistants. Dr. Huber has given full-time to the department since 1938. He has served with the department though for 16 years and prior to assuming the departmental full-time post was working with the State Health Department, the Indiana State Medical Society and the School. Dr. Sprague Gardiner who is a certified neuro-psychiatrist as well as in obstetrics and gynecology is Dr. Huber's right hand man in the department, and with Dr. J. E. Wiechers, Ph.D. who is a clinical psychologist is conducting an interesting and valuable program.

Facilities are housed in the Coleman Hospital. Office and limited classroom space is in the building and current plans include increasing office and classroom areas. All patients in the hospital are utilized in the teaching program. Medical students also have obstetrical assignments at Indianapolis General Hospital.

### Budget and Finances include:

a) For salaries and honoraria	\$28,520.00
b) For supplies and equipment	625.00
c) Gifts and grants from outside agencies	7,415.81

Student Load. In addition to medical students the departmental staff gives instruction in obstetrics and gynecology for nurses, supervises the program in which each intern serves 8 weeks on the service, participates in the integrated resident training program with Indianapolis General Hospital, conducts yearly post-graduate courses. Clinical research programs are also conducted by staff members.

Objectives and Techniques. The survey team were impressed by the program of this department and its leadership. Dr. Huber and his colleagues desire the students to learn how to do a proper pelvic examination, how to recognize the abnormal and to gain a full realization of the extent to which gynecology is medical rather than surgical. From the obstetrical point of view training is directed as to how to investigate a patient, how to conduct a pregnancy, what constitutes ante partum care, how to conduct a satisfactory delivery, the use of prophylactic forceps and



the use of episiotomy and its proper repair. Efforts are also made so as to avoid the development of over confidence on the part of students.

Instruction begins in the third trimester of the second year with a series of 11 lectures. This is to be augmented to 17 one-hour periods this year in which the obstetrical and gynecological examination, physiology of reproduction, diagnosis and management of normal pregnancy, delivery and puerperium are presented. In the third year weekly lectures on obstetrical pathology and gynecology are given in addition to the clerkship. During the fourth year weekly discussions are centered around current patients illustrating obstetrical and gynecological problems. Several elective courses are offered by the department.

In the third year clerkship one-fourth of the class is divided between Coleman and Indianapolis General Hospitals during each 13 week quarter. One-third of this period is spent in each of the following:- out-patient service, in-patient gynecology and in-patient obstetrics. Careful supervision and follow through of cases assigned to clerks is conducted. Clerks deliver an average of 10 patients each while on the service. One-fourth of clerks are on call every fourth night and weekend.

The department is currently engaged in a variety of investigative studies endeavoring to correlate personality and emotional factors with physiologic data in various disturbances of pregnancy.

#### Comment

This is an exceptionally well conducted and excellently organized department offering maximum carefully planned and well supervised opportunities in under-graduate, graduate and post-graduate areas of medical education. The department is also engaged in investigative activity of considerable potential significance. The departmental program could be further enhanced by the addition of one more full-time instructor and a full-time assistant professor as finances and facilities can be augmented to make such additions possible.



## Pediatrics

The staff is headed by Dr. L. T. Meiks who gives full-time. Full-time personnel include, in addition, two associate professors, one assistant and 11 technical and clerical workers. The part-time and voluntary staff include two professors, one associate professor, three assistant professors, one instructor and 15 associates and assistants.

Facilities are located in the Riley Hospital and its research wing. Offices, laboratories, conference and class room facilities are available. The pediatrics service of the Indianapolis General Hospital as well as the extensive services available in the Riley Hospital are utilized in the pediatrics educational program.

### Budget and Finances include:

a) For salaries and honoraria	\$48,750.00
b) For supplies and equipment	700.00
c) Gifts and grants from outside agencies	50,525.00

Student Load: In addition to undergraduate medical students the department instructs 76 Indiana University Nursing Students and some 283 affiliating students in nursing. It also conducts active intern and resident graduate training programs and offers postgraduate work on request from the postgraduate committee.

Objectives and Methods. The departmental objectives basically are those of helping the students to know as much as possible about children. It is recognized that most of the students will not specialize in pediatrics but that all of them must know something about the field. In the course of the program it is hoped that some students will become interested in the field as a specialty. Emphasis is placed on clinical work such as history taking, physical examinations and personal relations.

The department has good interdepartmental relations with psychiatry and social work as well as with other clinical areas. There is no real liaison between pediatrics and the Department of Public Health, the latter being a teaching unit not concerned with patient care.

The third year clerkship involves clinics, discussions, conferences with out-patient clinical work in Indianapolis General Hospital. The fourth year clerkships are conducted in Riley Hospital and the Indianapolis General Hospital. The department is constantly experimenting in teaching methods. In the General Hospital the department utilizes

its part-time and voluntary staff who know the patients there and in Riley Hospital the full-time staff is primarily utilized. At General Hospital there is a great deal of work in the O.P.D. in the form of "Night Walk Ins" so that the students have an active experience in ambulatory patient contact while on this assignment. All of the students who do not get assignments to this latter clinic attend well baby clinics.

Currently there are no student-faculty studies involving extended developmental or family follow-through assignments.

#### Comment

This department is well directed and basic educational opportunities are excellent. There is a wealth of clinical material. The facilities are, in general, good but Riley Hospital needs better out-patient facilities in view of the increasing importance of this area of patient care. There are untapped potentialities in this department in liaison with public health, psychiatry, social service, nursing and community services in the field of developmental and family follow-through studies.



## Radiology

Radiology is directed by Dr. John A. Campbell, full-time associate professor. Full-time personnel include an assistant professor and two instructors. Part-time staff consist of two associate professors, two assistant professors, seven associates and three assistants. Nineteen full-time technical and clerical staff, three unskilled employees and two part-time clerical workers complete the departmental personnel roster. There is a vacancy for a full-time professionally qualified instructor.

Facilities are located in an area of approximately 7,600 square feet in the basement and first floor of the radiology addition to the clinic building and Long Hospital. Ancillary facilities are located at Riley Research Hospital and with the radiology departments of the Tenth Street V.A. Hospital, Cold Springs Road V.A. Hospital, Central State Hospital, Carter State Hospital and the Indianapolis General Hospital.

### Budget and Finances include:

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|--|-------------|
| a) For salaries and honoraria                        | \$58,970.00 |
| b) Equipment from general school and hospital budget |             |
| c) Gifts and grants from outside agencies            | 22,177.59   |

### Students,

Objectives and Methods: The department is responsible for radiologic anatomy conducted in conjunction with gross anatomy on the Bloomington campus in the first year. During the second year the department conducts roentgen demonstrations of pathology cases in cooperation with the Department of Pathology. There is direct participation in weekly conferences with the seniors in pediatrics, surgery, medicine, genito-urinary surgery, orthopedics, gynecology and the tumor clinic.

Dental students and Nursing students each receive two hours of radiological instruction from departmental staff annually. The department conducts courses for x-ray technicians, a complete three-year graduate training program, special courses for interns and residents and postgraduate courses for physicians. Its overall activities are broad, well organized and well integrated with teaching, research and with its heavy service responsibilities.

The medical students receive a sound basic indoctrination in orientation to radiology early in the third year. During the junior clerkship assignment each student is rotated through the various sections of the