PROPOSED COLLABORATIVE RESEARCH PROGRAM BETWEEN THE MEDICAL OUT-PATIENT DEPARTMENT OF THE JOHNS HOPKINS HOSPITAL, BALTIMORE, AND THE U. S. P. H. S. HOSPITAL, BALTIMORE

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INTRODUCTION

With the recent re-organization of the Out-Patient Clinics of the Johns Hopkins Hospital the Medicine I Clinic has been organized as the out-patient investigative facility of the Medical Out-Patient Department. Medicine I is comprised of a number of specialized sub-clinics with limited clientele for special therapy and long-term study. These subclinics include

1. Connective Tissue Clinic, under direction of Dr. Lawrence Shulman - studing patients with systemic lupus erythematosus.

2. Hypertension Clinic, under direction of Dr. David Grob - treating selected patients with hypertension.

3. Growth Clinic, under direction of Drs. Albert H. Owens and Louis Lasagna. Program for chemotherapy of neoplastic diseases.

4. Genetics Clinic, under direction of Dr. Victor McKusick. Studying a group of families investigated 30 years ago by Dr. Raymond Pearl; also other families referred to clinic.

5. Kidney Clinic, under the direction of Dr. W. Gordon Walker. Studying patients with chronic renal disease.

6. Venereology Clinic, under the direction of Dr. Richard Hahn. Studying late manifestations of syphilis and the identification of the biologically false positive reactor.

7. Rehabilitation Clinic, under the direction of Dr. Douglas G. Carroll. Studying rehabilitation of patients with chronic neurologic defects and arthritis.

The social service, public health nurse, indexing and follow-up techniques developed in this clinic by Dr. J. E. Moore are admirably suitable for clinical investigations in ambulatory patients. The program can, however, be strengthened greatly by availability of a certain number of research hospital beds for investigations which require in-patient observations.

The proposal:

1. That a limited number of "special study" patients be admitted to the U.S. P. H. S. Hospital for therapeutic and/or diagnostic procedures which are part of the total investigative program of the Medicine I Clinic.

2. That one officer of the Public Health Service who has had sound clinical training and who preferably is at least an assistant chief of the Medical Service of the U. S. P. H. S. Hospital be responsible for the in-patient investigation of the patients admitted to that hospital. It would be desirable for him to work in the Medicine I Clinic a minimum of ½ day a week to maintain familiarity with the research programs of the Clinic.

One can visualize the following advantages to the U. S. P. H. S. Hospital:

1. A diversified research program, usually found only to a much large university hospital.

2. Consultation-type teaching of resident staff by the directors of the several sub-clinics of Medicine I (listed above).

3. The opportunity to incorporate regular beneficiaries of the U. S. P. H. S. Hospital into one or another of the research programs when appropriate.

The following details come to mind as worthy of mention.

1. Although one might anticipate that the majority of the study patients would be admitted to the Medical Service and although it would be obligatory for the U. S. P. H. S. officer in charge of the research program to have primary responsibility for the care of all study patients, patients on other services than the Medical Service could be used in this program.

2. Admission of patients would be made through the mutual agreement of the Physician-in-charge of Medicine I and either the Chief of the Medical Service or the director of the research program in the U. S. P. H. S. Hospital.

3. When studies culminate in published reports, proper recognition of the participation of the U. S. P. H. S. staff will be made.

4. The program can be terminated at any time at the request of either party. It is entirely possible that the U. S. P. H. S. Hospital staff may, after a time, wish to concentrate on a single area of clinical research, in collaboration with one of the sub-clinics of Medicine I, or independently. Such a move would be encouraged.

5. It is likely that contingency funds for support of the research program at the U. S. P. H. S. Hospital would be necessary in addition to the funds concerned with the ordinary bed rate and the part-salary of the research director. How large the contingency funds should be would be dependent on the average census of special study and other research patients.

6. The number of "special study" patients would, of course, be the decision of the Medical Officer in Charge of the U. S. P. H. S. Hospital and his staff. As far as the Medicine I Clinic is concerned, it is believed that no number of "special study" beds offered would be so large as to exceed the capacity of the research program or no number too small as to fail to be worth while to the program.