

# Department of Surgery



## News Letter

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### ON BEING THE RIGHT SIZE

If the train has too many cars, progress is slow. The system is big but the quality of service poor. Conversely, a diesel enroute to the coast trailing a single flat car and a crummy is wasteful and, indeed, may interfere with the normal flow of traffic. At the best, it is an economic luxury. Adding extra engines to the long train is not the answer: Sidings are too short, curvatures too great, yard sorting too difficult. An efficient train is of a proper size.

On one subject the faculty of this medical school seems to be unanimous in its opinion. It wishes to build here a medical school of outstanding quality -- a university graduate school with such standards of achievement and performance as to command universal respect. It has no interest in becoming the largest.

There is a curse in bigness. In teaching for creativity, the reaction between student and instructor is a critical component of success. Mutual stimulation and inspiration is an essential catalyst. The big lecture hall and the over-crowded stereotyped laboratory are heirlooms of the past. The concept of teaching as a process where one individual transmits a carefully organized body of factual information to a large group of note scribblers may be a fair method to impart technical knowledge, but has limited value in graduate education. Judgment, critical evaluation, intellectual honesty, and creative thinking are self developed capabilities, and are products of the active aspect of the learning process. The good teacher probably seldom "teaches", but rather by precept, stimulation, inquisition, and participation encourages learning. As William Saltonstall stated, "In the last analysis, our job as teachers is to make ourselves dispensable. We cannot give the student an education, but we can help him find out how to get one --- assuming he wants it." And he might have added that perhaps we can help him a little to develop his urge to want one. But this can be achieved best in relatively small groups, not en masse.

In the hospital, the press of serving too large a patient load defeats the quality of unit care, and frustrates observation and deliberation. Conversely, a half empty ward is devoid of variety and challenge. The clinician

with too many patients, or the surgeon who operates eight hours every day soon ceases to think and learn, and thus fails to teach. To utilize a given volume of clinical material effectively as a learning medium requires a proper numerical relationship between the patients on the one hand and the students and instructors on the other; and thus the student-instructor ratio becomes a basic parameter in establishing university hospital size. The service should be diversified but no bigger than can be effectively utilized. It is possible to mass produce medical care; but it is difficult to mass produce good medical care and almost impossible to do so on a teaching service of any merit.

Modern research is complex and usually requires the organization of several disciplines to bear on a given problem. A large industrial concern can manage an extensive program with a professional full-time staff devoted solely to research; but the university laboratory is more than a scientific factory to grind out answers. It is here, par excellence, that the graduate student finds the stimulus for self-education. In our department, for example, this summer four medical students, three residents, three research fellows, and two foreign graduate fellows will be pursuing a wide variety of projects, whetting their curiosity and intellectual discipline to build a life-time interest in self-education and creativity. The organization of such a group endeavor requires fund-raising and administration, as well as intellectual stimulus and curiosity prodding. It must be big enough, but not too big to manage; not as a full-time effort, but as an essential teaching part of faculty activity. It must bear a proper relationship to the rest of the academic orbit.

Thus, in medical education as elsewhere, there is a relationship between size and quality. The diversified but highly integrated ingredients of research and service must be blended into a teaching environment which provides the opportunity to learn. Big enough to be effective; not too big to defeat its purpose. If in the future more medical students must be taught, the answer must be more medical schools, not bigger ones. And if you hear that this medical school is "empire" building, you may answer with an emphatic "yes". It is building a teaching "empire" of real university quality; and in so doing it is resisting with great vigor all efforts to make it grow too big.

Henry Swan, M.D.

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The Retirement of Dean Lewis

Few men have given more of themselves to Colorado's medical school than Dean Robert C. Lewis. As one of the original faculty when the new school opened at 4200 E. 9th Avenue, Dr. Lewis has contributed to its growth and development for 30 years, first as Professor of Biochemistry, later as Dean. Throughout his productive career, he has earned the respect and affection of his students and his colleagues, not only for his educational achievements, but for his friendly humanity and sense of fair play. We are sure Dr. Lewis can look back with a warm feeling of achievement here. We will miss him, and wish him the best of luck and success in his new venture in medical education in the Far East. ~~Ad~~ *ave* atque vale.

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Candidates for the Deanship

The following notice is brought to your attention. Since the appointment of a new Dean is one of the most important steps in the continued development of our school, your aid is solicited.

"The committee appointed to make recommendations for a Dean of the School of Medicine is most anxious to afford to all members of the faculty the opportunity of proposing candidates for the Deanship. You and other members of your department are, accordingly, urged to submit to the committee the names of individuals whom you regard as qualified for this position. It is not necessary at this time to send in detailed information in the form of a complete curriculum vitae, but it would be most helpful to the committee to have from the sponsor a general supporting statement indicating what particular attributes of the individual suggested make him a particularly desirable candidate.

Time is somewhat short since the committee is anxious to proceed as rapidly as possible before summer holidays interfere with activities, and it is hoped that suggestions can be sent in as soon as possible."

Gordon Meiklejohn, M.D., Chairman  
Mrs. Henrietta Loughran  
Dr. Cosmo Mackenzie  
Dean Dayton D. McKean  
Dr. Theodore Puck  
Dr. Arthur Robinson  
Dr. Henry Swan  
Dr. Norman Witt

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Appointment of Dr. Charles Harrison as Assistant Professor of Surgery

We welcome to the full-time staff in General Surgery Dr. Charles Harrison, who will fill the vacancy left by Dr. Charles Macgregor. Dr. Harrison was born in Nebraska, received his medical training at Northwestern University Medical School, and then finished the surgical residency program at New York Hospital. For the past two years, he has been active at the Surgical Research Unit, Brooke Army Medical Center at Fort Sam Houston, San Antonio, Texas. Dr. Harrison's interests in surgery are broad and we feel confident that he will be a valuable stimulus to our teaching program. He will office at Denver General Hospital.

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Faculty News

Dr. J. Cuthbert Owens presented a paper on the treatment of the post-phlebotic syndrome at the meeting of The Society for Vascular Surgery at Chicago on June 11.

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Dr. Ben Eiseman and Dr. John Gramlich attended the meeting of The Wyoming State Medical Society at Jackson Hole Lodge, June 28-30. Dr. Gramlich is in charge of the Surgical Anatomy course, and comes regularly each week from Cheyenne to attend clinic and rounds, and conduct his course. John certainly holds the prize for the volunteer faculty member who comes most faithfully from the longest distance.

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The Division of Otolaryngology presented a well attended postgraduate course for general physicians in April. Dr. Laff and the entire staff, together with Dr. Lederer of Illinois as visiting lecturer, deserve much credit for this first course to be given by the Division.

There will be a demand to repeat in the future. Dr. James Blair presented an exhibit on sialography last October to the American Academy of Ophthalmology and Otolaryngology in Chicago; and in November, Dr. Laff presented a paper at the National Jewish Hospital on bronchography in the tracheobronchitis in children during the symposium on tuberculosis in childhood.

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The Pacific Coast Oto-Ophthalmological Society meeting which was held in Phoenix, Arizona, in April, was attended by Drs. Sterling, Hausmann and Long.

Dr. Morris Kaplan has returned from Calcutta, India, where he attended a meeting of the Calcutta Eye Society.

Dr. John Long presented an exhibit before the Pan-American Ophthalmological Society at Santiago, Chile, this spring, entitled, "Exophthalmos".

Dr. Ralph Danielson was elected to membership in the American Ophthalmological Society at its recent meeting.

Dr. Harold Leight has completed his examinations and is now a diplomate of the American Board of Ophthalmology.

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