



# InterCom

VOL. 11, NO. 1

FEBRUARY, 1964

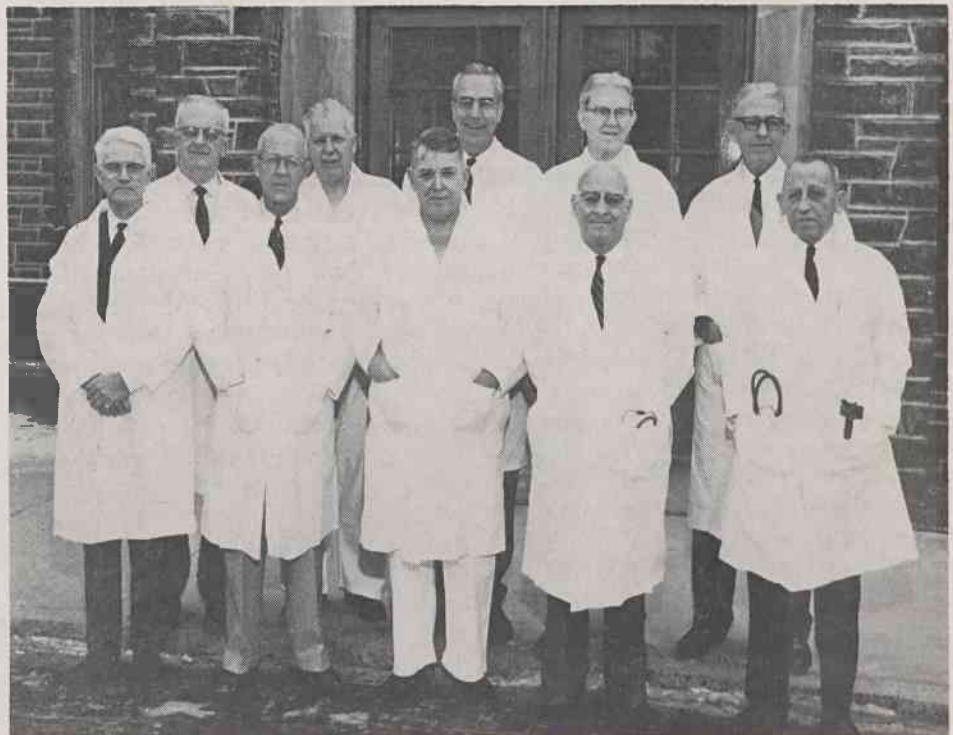
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## PDC—

### Happy Partnership in Medical Practice and Education

The ability to grow with imagination, with direction and purpose, and in response to the needs of the community and the University, has characterized the Private Diagnostic Clinic throughout its thirty odd years of existence. So closely interwoven is the growth of the PDC and Duke Medical Center that Dr. Deryl Hart has described the development of Duke Medical School as a "cooperative endeavor between the University and the private clinics." He observes that the clinics "which originated in the minds of the staff, were accepted with enthusiasm by the University."

The Private Diagnostic Clinic of 1964 lists specialties that run the alphabetical gamut from Allergy to Urology. It has a professional staff of 148. This staff can expect 85 to 90 thousand patient visits a year, and of these about 12,000 will be new patients. The Clinic is separated, for administrative purposes, into two divisions: Medical which includes the clinical departments of Medicine, Pediatrics, and Psychiatry; and Surgical including Surgery and its specialties, and Obstetrics and Gynecology. Each division is under the direction of a business manager who is responsible to the appropriate department chairmen. Since 1938 Mr. Clarence Cobb has served as business manager of the Medical Division. He succeeded Mr. William F. Franck, the original appointee. With the death in 1958 of Mr. Edward S. Raper, first manager of the Surgical Division, Mr. Roy Crenshaw succeeded to the



These senior staff members, pictured in front of the PDC door on January 15, 1964, were members of the original staff of the Private Diagnostic Clinic when it opened September 15, 1931. Front row, left to right: Dr. David T. Smith, Dr. Edwin P. Alyea, Dr. Watt W. Eagle, Dr. Julian M. Ruffin, Dr. Oscar Hansen-Prüss; second row: Dr. E. L. Persons, Dr. Bayard Carter, Dr. Clarence Gardner, Dr. Deryl Hart, Dr. Robert Reeves. This group represents an aggregate of more than 320 years' service to Duke Medical Center.  
Duke photo by Sparks

post. From the patient's point of view, there is no cleareut evidence of a division. A patient whose primary problem is of a medical nature starts out in the Medical Division and, while he may see members of the surgical staff as well, the business arrangements will be handled by the Medical Business Office, unless he is transferred to a member of the surgical staff of surgery.

A superior level of patient care is a prime objective of the Private Diagnostic Clinic. Equally significant is the desire to foster an adequate clinical staff in depth for the

purpose of teaching and clinical research and to provide for young clinicians an important segment of training for their future whether that be in academic medicine, clinical research or specialized private practice.

Duke Medical School and Hospital opened in 1930 during the depression. It soon became clear that with University income falling, substantial income from private practice would be essential if an adequate clinical staff was to be developed. The idea of forming a diagnostic clinic originated with Dr. Hart. It was strongly sup-

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