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A.A.M.C. Elects Tosteson

Dr. Daniel C. Tosteson, chairman of the Department of Physiology and Pharmacology, is the new chairman-elect of the Association of American Medical Colleges (AAMC).

The AAMC, the primary guiding body of medical education in this country, named Tosteson at its annual meeting in Miami Beach over the past weekend. He will become the organization's highest elected officer a year from now, succeeding Dr. Charles C. Sprague, dean of the University of Texas Southwestern Medical School in Dallas, who takes over the chairmanship at this meeting.

The outgoing chairman is Dr. Russell A. Nelson, president of Johns Hopkins Hospital.

Tosteson's selection will mark the second time in four years that the AAMC chairmanship has gone to Duke. Dr. William G. Anlyan, vice president for health affairs, was chairman in 1970-71.

The AAMC represents all 111 U.S. medical schools, more than 400 of the country's major teaching hospitals, 52 academic societies and representative organizations of the nation's medical students.

Tosteson, 47, is a native of Wauwatosa, Wis., and a 1949 graduate of the Harvard Medical School. Before coming to Duke in 1961 as department chairman, he was associate professor of physiology at the Washington University School of Medicine in St. Louis.

In 1971 Duke appointed him James B. Duke Professor of Physiology.

Tosteson also is president-elect of the American Physiological Society, a past president of the Society of General Physiologists and a past chairman of the AAMC's Council of Academic Societies. He is a member of Alpha Omega Alpha, medical honorary, and the Institute of Medicine of the National Academy of



DR. DANIEL C. TOSTESON

Sciences, and he has served numerous consultantships to federal agencies and private foundations.

His medical research on the mechanisms of movement of salt across the surface membranes of living cells, a process which is essential for the normal function of the heart, kidney, brain and other organs, is supported by grants from the National Heart and Lung Institute.

"It is clear," the new chairman-elect said, "that the medical and other health professions in the United States, and, indeed, throughout the world, face new challenges brought on by the increasing technical complexity of society at large and medicine itself, as well as rising demands for efficient service by the public. New challenges demand new solutions. Since the AAMC represents the institutions in which physicians and other health professionals are educated, it bears a special responsibility to work toward these solutions.

"The Association has clearly recognized and made moves to meet its

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Medi-Data Use Starts In Hospital

Medi-Data is moving ahead at Duke Hospital.

Robert G. Winfree, assistant director of the Hospital, announced earlier this week that the first use of the video display terminals and teletypes associated with the Burroughs Hospital Information System will go into effect today.

Phase 1 of Medi-Data will provide the Hospital Business Office and Clinics with the ability to process patient reservations, admissions, transfers and discharges on the computer system.

"We are starting at the logical point in making the network operational," Winfree said, "and that is where the patient comes to the hospital to be admitted. With streamlined reservation and pre-admission procedures, the time required to admit patients will be reduced."

"In the first Phase," he continued, "we are substituting a computer file for the paper files that are now in use. By eliminating much paper work, hand-carrying of records, and telephone calls, nursing station and administrative personnel will have more efficient access to patient information."

Phase 1 of Medi-Data will also provide a constant update of which beds are available, occupied, and scheduled to become available.

Phase 1-A of the computer system, which will give the nursing stations the capability to process patient transfers and discharges, will begin in December.

The average salary of employees of the nation's 5,800 community hospitals increased by more than 80 per cent between 1960 and 1970. One reason: it takes more highly skilled—and therefore more highly paid—people to bring advances in technical know-how to the patient's bedside.