

PERSONAL AND CONFIDENTIAL

Dr. John Spittell
Mayo Graduate School of Medicine
Mayo Clinic
Rochester, Minnesota

Dear John:

I chucked the application form for the Minnesota Society of Internal Medicine, because I never took the Boards, but thought I might start a little dialog with the organization. And it is based on my admittedly peculiar case.

I completed my internal medicine residency in the University of Minnesota program in 1956, finishing as chief resident at Ancker, where C. J. Watson offered me the University post there. I had just before decided to join the Laboratory of Physiological Hygiene which I regarded, prophetically, as an exciting challenge. I practiced internal medicine part time with Ben Sommers and Bob Lindell in St. Paul, took and passed my written boards in 1959.

Thereafter, I became responsible for the international studies of the lab and was in the field during each Spring and Fall for several years, during the time the oral boards were offered. Out of practice, and thus delayed, I decided to do nothing when warned of the five year limit. I had no intention of practicing again, and to take the boards at that stage would have been for no real purpose, I felt, and would be waving a false banner of certification.

So it is appropriate, in that sense, that I not wear this badge of a certified internist, though I could easily have done so. But I now wonder if it is appropriate that I cannot join my internist friends and colleagues in a professional fraternity, club or society in which, with many professional interests in common, there could be a mutual stimulation and social contact. Do you really exclude all practicing internists without boards? Do you really exclude all researchers in internal medicine who haven't their boards? Do you really have no other criteria for compatibility of interest, or for recognition of contribution to internal medicine as an alternative to that particular essential qualification?

One is entitled, in a private club, to choose one's associates. But I am a bit surprised that the criteria should be such certification rather than one of long demonstrated involvement, interest and contribution to the field of internal medicine.

I take over this month as head of this department on Ancel Key's retirement. We will assume some responsibility for teaching and active collaborative research with the Department of Medicine and others. As a part of getting preventive medicine concepts into Internal Medicine, as a part of offering research positions and possibilities to young internists, and as a part of keeping up my awareness of the needs and developments in internal medicine, I would welcome participation in the society of internists which might facilitate these matters.

pc H. Bunkell.
Howard, dir's always
regretted not completing
my boards, but at
my social contact
& my continuing
internist. Could
you justifiably
explore the
by-laws on
this? HB.

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I'll see you at the MHA meeting on Friday. Under no circumstances do I want to make waves about this. If there are no possible exceptions I understand, and this will in no way diminish my attempts to build bridges between preventive and internal medicine.

Cordially,

Henry Blackburn, M.D.

HB/rs