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*Bulletin* of the  
**University of Minnesota Hospitals**  
and  
**Minnesota Medical Foundation**



**The Children's In-Patient  
Psychiatric Service**

Volume XXV

Friday, April 23, 1954

Number 25

BULLETIN OF THE  
UNIVERSITY OF MINNESOTA HOSPITALS  
and  
MINNESOTA MEDICAL FOUNDATION

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Published weekly during the school year, October to June, inclusive.

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The Bulletin is sent to members of the Minnesota Medical Foundation.  
Annual membership fee - \$10.00.

Address communications to: Staff Bulletin, 3330 Powell Hall, University of Minnesota, Minneapolis 14, Minn.

The publication and distribution of the Bulletin are supported in part by a grant from Lancet Publications Incorporated, Minneapolis, which we gratefully acknowledge.

## I. THE CHILDREN'S IN-PATIENT PSYCHIATRIC SERVICE

Reynold A. Jensen, M.D.  
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The inclusion of a psychiatric service to children as an integral part of the medical school programs in our country is a development which began less than a quarter of a century ago. Since then, it has become an important part of the total program of most of our medical schools.

This rapid growth may be explained by the following:

- (1) Mental and emotional illness constitutes one of our major current health problems.
- (2) Many children - often from early years on, have difficulties with their life adjustment.
- (3) Difficulties in life adjustment for the child often manifest themselves in complaints suggestive of physical as well as emotional illness, or may become important components of illness.
- (4) Such problems (2 and 3) unrecognized and untreated do contribute to later and more difficult medical and psychiatric problems.
- (5) The physician, dealing with children, is in a strategic position to contribute significantly to the development of a program of preventive mental health services.

A full time psychiatric service to children has been included in our Medical School and University Hospitals tot-

al program of teaching, research and service since 1938. Begun originally on an out-patient basis, it was soon apparent that hospital study was desirable for many of the children referred to us with adjustment problems. Until 1952, a few children were admitted either on the pediatric or the adult in-patient psychiatry service for such study. In October 1952, an in-patient psychiatric service for children, made possible by legislative appropriation, began operation. At the present time it makes possible the admission of a small number of patients of pediatric age for psychiatric study. Upon the completion of the current building and remodeling program, a twenty-four bed service ultimately will be available.

Since we are the youngest in-patient service of the hospital, it is our purpose today to tell you briefly a bit about it. We hope you will find it of interest.

This service is located on the 6th floor of the west wing of the hospital, contiguous to the pediatric and psychiatric services. Since some children required twenty-four hour observation, it is a closed service. Station staff consists of nurses, occupational therapists, nurses aids, and orderlies, and in the future a school teacher will be added. Full time teaching staff consists of two psychiatrists, a psychologist, a psychiatric social worker, and a part time speech clinician. Graduate fellows in psychiatry and pediatrics are assigned or appointed to the service as well as other graduate students - psychologists, occupational therapists, nurses and others.

Patients up to age 16 are admitted in accordance with established hospital policies and remain with us approximately one month. During this time each patient is given complete study which includes detailed medical and psychiatric history, a thorough physical and neurological examination, and a battery of psychological tests. In addition the patient and parents are seen individually by members of the full time or graduate staff to define important factors in the patient's

problem in the hope of ameliorating them.

Of necessity the daily routine and general program is quite different from other childrens' medical services. The patients are up and about and dressed in their own clothes. An effort is made by all of us to develop and maintain an informal atmosphere which permits a patient to express himself when needed but which at the same time does establish limits. Due to crowded quarters, this is at times difficult.

Nurses, who are not in uniform, are of great help to us in the understanding of the patient and his problems as they reveal themselves. When the patients are not being seen by either their physician or psychologist, the nurses with the occupational therapists strive to keep them occupied. Arranging daily and evening activities and group discussions and giving individual attention to the child as needed keep the nurses' daily schedule full.

Weather permitting, patients go for a walk twice a day. Since the nurses are not in conventional dress, an occasional amusing event occurs. One nurse was walking with two lively young lads one Sunday morning. One went up to three college students passing by and asked them if they wouldn't please arrange a date with this poor nurse, since she hadn't had one for a long time and wanted one. The embarrassed nurse hurried the lads on as the college students looked on in amazement.

Through the medium of occupational therapy a variety of activities is provided to keep the patient occupied, to help him in self expression, and for therapeutic effect. Wood and metal work, clay modeling, painting, making of puppets and staging puppet shows provide for such creative expression. There are times when our station looks like an art gallery.

Through work in the shop atmosphere, it is possible to determine how the patient reacts to the group situation in which space, tools, and supplies must be

shared. Also is provided an opportunity to observe how well the patient uses his hands and head and whether he is able to remain with the task selected until it is completed.

The children also write and publish their own newspaper, "The 64 News." Contributions range from original essays to jokes and drawings. One 10 year old, a fearful, neglected boy for many years, recently contributed this bit after spending several weeks with us.

#### "WE LIKE IT HERE"

"The University Hospital's Children Center is a wonderful place. I know because I am in the Children's Center. The food in the Children's Center is good. There is nothing about the food that is bad tasting.

The nurses and the orderly are nice people. This all comes from the likeliness of the children by the people."

Life on Station #64 is seldom dull. Eternal vigilance is required of us all in anticipation of what might occur next. Some weeks ago, a particularly active group of teenagers were on the station. With the help of the nurses and others, this group arranged a full program of activity each evening - an Indian party one evening, a puppet show the next. They finally came up with a "magic act party." One of their acts called for a disappearing act - and that is just what they did - they disappeared. Being persuasive, they had induced one of the staff to open the door of the one room on the station not equipped with a dentention screen. They ran away - but returned the next day. It was later learned they had planned this episode for over a week.

One apprehensive lad who was under considerable duress, darted out of the entrance to the station as someone was leaving. Considerable excitement ensued when he perched himself on the outside ledge, threatening to jump if anyone came near. Fortunately he was persuaded

to return without mishap.

One might justifiably ask - what kind of patients are admitted to the service? In reply we should like to briefly review the range of problems currently under study.

- (1) One adolescent hasn't attended school for several years. All previous efforts to resolve the difficulty had failed. Something had to be done.
- (2) Another, in a moment of desperation, ingested excessive quantities of barbiturates to the point of lethal danger. Prompt medical attention saved a life. The referring physician felt psychiatric study was indicated.
- (3) A pre-adolescent viewing a movie developed an acute anxiety attack. One month in another hospital brought some relief. However, at the time of release from this hospital the acute anxiety returned. The patient was admitted to the University Hospital for detailed study.
- (4) A ten year old had been under psychiatric treatment for many months because of bizarre, unconventional behavior with only slight improvement. This slight gain was lost when the family moved to Minneapolis.
- (5) A seven year old has not developed normally. School admission was refused last fall due to inability to perform satisfactorily.
- (6) A teenager, previously an excellent student, began failing in school. Formerly described as an outgoing, friendly, almost ingenious youngster, a tendency to withdraw from group participation with attendant loss of friends occurred.
- (7) An adolescent came from a semi-rural setting to live with relatives in a large city, following the death of the parents. For the past three years, stealing, poor school performance, and difficulty with contemporaries have caused his relatives increasing concern.
- (8) A ten year old broke into the local school building and indulged in excessive vandalism. Previous history indicated a tendency to run away from the home.
- (9) A twelve year old began showing a change in attitude and behavior following an illness several years ago. A marked increase in weight accompanied the change in behavior. Recently, it was necessary to appeal to the authorities for help in the control of marked outbursts of temper which were virtually uncontrollable.

From October 6, 1952, through October 30, 1953 - a few weeks over a year, one hundred and fifty-four patients between the ages of four and sixteen years of age were admitted to the In-Patient Psychiatric Service for Children. Of this number fifty-three were girls, one hundred and one were boys.

Table 1

Age and Sex Data for Station 64 from Oct. 6, 1952 through Oct. 30, 1953.

AGE	GIRLS	BOYS	TOTAL
Under 4 yrs.	0	0	0
4-0 thru 4-11	1	8	9
5-0 thru 5-11	2	5	7
6-0 thru 6-11	2	4	6
7-0 thru 7-11	4	7	11
8-0 thru 8-11	1	7	8
9-0 thru 9-11	6	11	17
10-0 thru 10-11	4	12	16
11-0 thru 11-11	7	5	12
12-0 thru 12-11	4	6	10
13-0 thru 13-11	9	14	23
14-0 thru 14-11	9	10	19
15-0 thru 15-11	4	12	16

Table 1 indicates age and sex distribution. Approximately twice as many boys as girls were admitted. It will be noted that the number of patients over ten years of age were slightly in excess of those under ten. While it is

true the selection of patients may in part explain this lack of difference between the two age groups, it parallels the age range of children referred to the University Hospitals for psychiatric study.

Table 2

Presenting Complaints for Station 64 Patients from Oct. 6, 1952 thru Oct. 30, 1953.

COMPLAINT	GIRLS	BOYS	TOTAL	PER CENT
Neurotic behavior including school phobia (enuresis, tics, scratching, temper tantrums, nervous, etc.)	12	33	45	29
Neurotic behavior with retardation	5	3	8	5
Neurotic behavior with physical complaint	2	1	3	2
Neurotic behavior with learning problem	1	1	2	1
				(37)
Mental retardation	9	10	19	12
Doesn't talk	3	8	11	7
				(19)
C-N-S (seizures, severe headache, dizziness, vomiting, forgetful, etc.)	7	8	15	10
				(10)
Strange or bizarre behavior	3	7	10	7
Bizarre behavior with physical complaint	1	1	2	1
				(8)
Unmanageable at school	0	8	8	5
				(5)
Delinquent behavior	3	4	7	5
Court request evaluation of delinquent	0	3	3	2
				(7)
Physical complaint (paralysis, allergy, asthma, etc.)	3	3	6	4
				(4)
Poor progress in school	1	3	4	3
Suicide threat or attempt	1	2	3	2
Specific speech problem	0	3	3	2
Evaluation in light of specific handicap	2	0	2	1
Evaluation for adoption	0	2	2	1
Specific learning disability	0	1	1	1
				(10)
	53	101	154	100

Table 2 has been prepared to illustrate the variety of presenting complaints offered by parents, social agencies, schools and others requesting study of a child. It indicates the large range of symptoms which may indi-

cate a lack of satisfactory adjustment of children.

At the time of discharge from hospital a diagnosis is made in accordance with the revised standard nomenclature.

Table 3

Diagnostic Classification of Station 64 Patients from Oct. 6, 1952 thru Oct. 30, 1953.

DIAGNOSIS		GIRLS	BOYS	TOTAL	PER CENT
Mental deficiency	Severe	5	5	10	
	Moderate	6	2	8	
	Mild	0	3	3	13
Chronic brain syndrome with ment. deficiency	Severe	1	1	2	
	Moderate	3	1	4	
	Mild	1	1	2	
Chronic brain syndrome	Birth injury	1	1	2	
	Convulsive disorder	3	2	5	
	Intoxication	0	2	2	
	Intra cranial inf.	1	1	2	
	Systemic infection	1	0	1	
Acute brain syndrome with trauma	Unknown cause	1	6	7	21
Seizures		0	3	3	
Speech disturbance and aphasias		1	3	4	3
Adjustment reaction of childhood	Habit	0	2	2	
	Conduct	2	8	10	
	Neurotic traits	4	11	15	
	Adjustment reaction of adolescence	6	3	9	34
Psychoneurotic	Anxiety reaction	0	3	3	
	Phobic reaction	2	2	4	
	Obsessive-compulsive	0	4	4	
	Depressive reaction	1	1	2	
	Conversion reaction	1	0	1	
Sociopathic personality disturbance	Transient situational reaction	0	2	2	
	Dyssocial	0	3	3	
Personality pattern disturbance	Antisocial	2	2	4	4
	Schizoid	0	1	1	
	Inadequate	2	7	9	
	Passive-aggressive	0	1	1	
Psychophysiological	Emotionally unstable	2	4	6	11
	Nervous reaction	1	0	1	
	Respiratory reaction	1	1	2	
	Genitourinary reaction	0	1	1	
Schizophrenic reaction	Musculoskeletal reaction	0	1	1	3
Blindness and deafness		1	1	2	1
Observation only, no diagnosis, removed against advice		2	6	8	6
		53	101	154	100

Table 3 indicates the final diagnoses made on our patients during the first year of operation. It demonstrates the distribution of problems encountered and often offers clues not only to the source of the child's difficulty but also what is indicated for the future management of the child and his family.

The formulation of a psychiatric diagnosis in the case of a child is often difficult since so many factors enter into the problem. Every effort is made to explore and evaluate the relative importance of these factors which may interfere with the child's adjustment. This requires intensive and collaborative work on the part of the immediate staff as well as others including students.

On occasions we are required to make a serious diagnosis such as a "sociopathic personality disturbance" or a "schizophrenic reaction." Since a diagnosis becomes a part of the individual child's life henceforth, great care and caution is exercised before such a diagnosis is entered on his chart. In every case possible, the child is given the benefit of doubt. In such instances, a secondary diagnosis is made and entered on our chart for future use and reference. The reasons for this caution are obvious. Specific mention is made of this important point for a number of patients have been referred with a serious diagnosis only to be proven inaccurate.

Full study of each patient begins at the time of admission when a complete detailed medical and psychiatric history is obtained from the parents. We request that, whenever possible, both parents accompany the child to the hospital. Parents are assigned to the junior clerks who help us in obtaining this history. Members of the senior staff or residents likewise see the parents.

Physical and neurological examinations are done not only by the students but the residents as well. Basic studies

are done. Others are obtained when indicated. Most of our patients have an electroencephalogram.

Since many of our patients present difficult problems of differential diagnosis, a comprehensive battery of psychological tests is given to every patient regardless of age or presenting complaint. Included in this battery are:

- (1) Tests of general intelligence. We are not so much concerned with the child's intelligence quotient per se but with how he achieves.
- (2) Projective tests such as the Rorschach, Thematic Apperception Tests, and whenever possible, the M.M.P.I. which may help determine the patients basic personality structure and probable sources of conflict.
- (3) Tests which may be helpful to determine whether a basic central nervous system deficiency is a contributing factor to the child's difficulty.
- (4) Direct observation and interviews with the child.

Many of our patients are unable to maintain sustained effort but for short periods of time. For this reason, the completion of this phase of study is often time consuming. It is estimated that the average time spent per patient by the psychologist, exclusive of conferences with the patients physician and others, is eight hours.

Each patient is also seen individually by his physician to secure "the child's own story." Often this is the first time a child has had an opportunity to speak for himself. Because many have had previous trouble with adults, it is often difficult to establish an effective inter-personal relationship so necessary to cooperation. Inability to do so after a prolonged period of time with us is frequently helpful in determining future planning.

Wherever possible, we work with the parents of our patients. The fact that a good number reside in distant parts of the state complicates our efforts. This work is done either by the resident under direction or by the psychiatric social worker who carries an active case work treatment load as well. From October 1952, to October 1953, she was active with over one hundred families. Our social worker also works collaboratively on selected cases with the residents. They work with the patient while she sees the parents. This arrangement provides an excellent opportunity to teach the functions of a social worker as well as how she may be used appropriately in treatment.

Constant cooperation with the state and local agencies is also maintained by our psychiatric social worker. Working out details on referrals and obtaining supplementary social data is one of her important responsibilities.

A small but significant number of patients are referred to us with complaints of a speech disturbance or delay. The majority of patients referred for speech evaluation have been found to be mentally deficient. However, in others this is not the case. In these it has been possible to establish the basis of the speech problem and institute a constructive treatment plan. Here the speech clinician assumes an active role in cooperation with others, particularly the audiologist. With his help the presence of a significant hearing loss has been demonstrated as the primary factor in the patient's speech and lack of satisfactory everyday performance. In such instances the prescribing of a suitable hearing aid is the first step toward rehabilitation.

At the completion of our study on each child, an attempt is made to formulate the problem as well as plan a program for his future and the families. At the time of discharge from hospital as clear a presentation as possible of our findings and impressions is given the parents with view toward helping them and the child. Since many patients

come from considerable distances or require long time planning, it is frequently essential to formulate plans with other agency workers in the interest of the patient and the family. To expedite such planning, inter-agency conferences are arranged for primarily by our social worker. In the period from October '52 to October '53, 45 inter-agency conferences were held with from 2 to 15 agency representatives in attendance at each conference.

The addition of the children's in-patient psychiatric service has enhanced our teaching program on all levels of instruction. The medical student secures in addition to didactic and case presentations the opportunity to work first hand with patients and parents. Many continue their contacts with their assigned patients. Much informal teaching transpires everyday in the discussion and clarification of problems immediately at hand. The psychiatrist has an opportunity to discuss physical as well as mental mechanisms, the psychologist the meaning and value of psychological tests, their use and abuse. Opportunity is afforded the psychiatric social worker to enhance the student's knowledge of community resources, of social welfare laws, as well as family, social, economic, and other environmental factors important to the patient and his family. The medical students' keen interest and enthusiasm have been sources of gratification to us all.

Fellows in psychiatry and pediatrics have first hand experience in working with children presenting difficult problems of adjustment. Opportunities to deal with patients and their parents has made possible the development of diagnostic and therapeutic skills. Likewise, an opportunity has been provided to work collaboratively with others including cooperative work with other agencies such as the school, court, and social agencies.

In the fall of each year a ten week seminar is arranged for the nurses service in which each member of the staff participates.

The inter-agency conferences mentioned are regarded as an important part of our over-all teaching efforts as well as service functions.

We are not unmindful of the need to engage in investigative work and have begun several projects. Others are planned.

One project which we hope will eventually provide pertinent data for research purposes is the organization of our psychiatric charts which include the collection of historical, family, and medical and other significant data on each patient. Should a patient admitted to the children's service subsequently be admitted to the adult psychiatric service, the material obtained by us is added to the adult chart. Eventually data should be available for research purposes.

Each parent is required to take the Minnesota Multiphasic Personality Inventory. We have been gratified in their cooperation. The profile obtained is added to the patient's chart. Eventually we plan to determine whether any correlation exists between parental difficulties as revealed by this procedure and those presented by the child.

We have been interested in the collection and collation of psychological data which might be useful in the detection of nervous system deficiency or damage. An attempt is being made to determine what relationship, if any, might exist with the EEG finding. Our efforts to date have not been very encouraging in finding a meaningful relationship between the two.

An additional area of investigation

will be to determine the type of treatment plan best suited to children presenting various kinds of adjustment problems.

The detailed study of our patient should be useful in defining more critically the unmet needs of our children. These, we hope will prove helpful in planning for the future. Though the service has been in operation but a short time, several unmet needs are defining themselves. A considerable number of our patients should have a longer period of treatment than is now possible. A need for residential treatment centers for these children staffed by adequately trained personnel is becoming increasingly manifest.

We are likewise impressed by our lack of available resources and interest in rehabilitation of the child with superior capacities who, with help, gives promise of becoming a productive member of society. Others could be mentioned.

The organization and development of the in-patient service and establishing an integration with the other services of the hospital while carrying on our other responsibilities of teaching and out-patient work, has made the days full for each of us. Many problems have required detailed consideration. Some have been satisfactorily resolved; others remain. In retrospect, we believe it has been wise to begin operation with a small service. Because of the experience gained, expansion for the future should prove easier than it might otherwise have been.

Each one of us intimately associated with the service is in complete agreement we have learned much. Because of the lessons learned, we anticipate the future with greater confidence.

## II. MEDICAL SCHOOL NEWS

### Coming Events

April 26	Special Lecture; "The Paris Clinical School, 1800-1850;" Dr. Erwin H. Ackerknecht, Chairman, Department of Medical History, University of Wisconsin; Eustis Amphitheater; 4:00 p.m.
May 3 - 5	Continuation Course in Radiology for General Physicians
May 6	E. Starr Judd Lecture; "Surgical Aspects of Splenic Disease;" Dr. Warren H. Cole, University of Illinois; Owre Amphitheater; 8:00 p.m.
May 6 - 8	Continuation Course in Surgery for General Surgeons.
May 10 - 15	Continuation Course in Electrocardiography for General Physicians.
May 17 - 22	Continuation Course in Proctology for General Physicians.
May 20 -	Medical Six O'Clock Dinner, Main Ballroom, Coffman Memorial Union; 6:30 p.m.
June 3	Luncheon for Senior Medical Students sponsored by the Minnesota Medical Alumni Association; Junior Ballroom, Coffman Memorial Union; 12:30 p.m.

\* \* \*

### Dr. Diehl to Attend WHO Assembly

Dr. Diehl has been named as one of three U.S. delegates to the Assembly of the World Health Organization which will be held in Geneva, Switzerland, from May 4 to 22. He and Mrs. Diehl will leave by air from New York on May 2. The other two U.S. delegates are Doctors Leonard A. Scheele, Surgeon General of the U.S. Public Health Service, and Chester S. Keefer, Assistant Secretary for Health Affairs, Department of Health, Education, and Welfare. We are sure that Dr. Diehl will have a most interesting time, and we look forward to his report of the Assembly on his return.

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### Alumni News

The Minnesota Medical Alumni Association is planning a number of projects which will be of interest to all its members. For the past several months it has been gathering the necessary material for the new Directory of its members. This has proved to be a task of rather tremendous proportions, but the Association hopes for publication of the Directory in the early summer.

The Association will sponsor again this year a Luncheon for Senior Medical Students at which alumni will be hosts to the student group. This will be held on Thursday, June 3, at 12:30 p.m. in the Junior Ballroom of Coffman Memorial Union. Alumni will hear more about this project in the near future.

The Alumni Association is also making plans for its Homecoming celebration next fall. Homecoming for alumni of the Medical School will very appropriately be held at the time of the Dedication of the Mayo Memorial Building, October 21 and 22. The Association hopes that a large number of alumni will return to the campus at this time. Announcements will be sent to all alumni in the summer or early fall.

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(Continued on next page)

Continuation Course

The University of Minnesota will present a continuation course in Surgery for General Surgeons, May 6 to 8, 1954, at the Center for Continuation Study. Emphasis will be placed on recent advances in thoracic, cardiovascular, and abdominal surgery. Guest speaker will be Dr. Warren H. Cole, Professor and Head, Department of Surgery, University of Illinois College of Medicine, Chicago, who will also deliver the annual E. Starr Judd Lecture on the evening of May 6. The course will be presented under the direction of Dr. Owen H. Wangensteen, Professor and Chairman, Department of Surgery, and the remainder of the faculty will include members of the faculty of the University of Minnesota Medical School and the Mayo Foundation.

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Professors E. A. Boyden, L. J. Wells, and J. F. Hartmann, Mr. Richard G. Hibbs, and Miss Martha Pitel attended the meetings of the American Association of Anatomists in Galveston, Texas, April 7 to 9. Doctors Wells and Boyden presented their work on the development of the human broncho-vascular tree, and Mr. Hibbs his study of the "Development of Cardiac Myofibrils as Seen with the Electron Microscope." Dr. Hartmann, Dr. Williams, Mr. Carl Heggestad, and Dr. L. J. Wells submitted abstracts of papers to be read by title, dealing respectively with "Electron Microscopy of Changes in Nerve Cells Following Ingestion of Lead," "Effects of Cortisone on Hepatic Parenchyma, Myocardium, and Body Weight of Mice," and "Lack of Compensatory Changes in the Developing Thyroid in Fetal Rats From Hypophysectomized Mothers."

Dr. Leo G. Rigler, Professor and Head, Department of Radiology, delivered the initial Ross Golden Lecture in Radiology at the New York Academy of Medicine on Monday, April 19. He spoke on "Roentgen Observations on the Natural History of Carcinoma of the Lung."

Dr. Joseph J. Buckley, Clinical Instructor, Division of Anesthesiology, was the guest lecturer at the Pittsburgh Society of Anesthesiologists, Pittsburgh, Pennsylvania, on March 18. He presented a paper entitled "Cardiovascular Effects of Respiratory Acidosis."

The Department of Bacteriology and Immunology was host recently to two distinguished visitors: Dr. John Paul of Glasgow Medical School, Scotland, and Lt. Col. Trygve Berge, 406th Medical Laboratory, U.S. Army, Tokyo.

\* \* \*

Publications of the Medical School Faculty

Boyle, Rena: A Study of Programs of Professional Education for Teachers of Nursing in Nineteen Selected Universities. *Nursing Res.*, 2: 100, 1954.

Briggs, J. F.: Rupture of the Interventricular Septum Secondary to Myocardial Infarction. *Minn. Med.*, 36: 1149, 1953.

Briggs, J. F.: Tuberculosis in Minnesota. *Minn. Med.*, 36: 1166, 1953.

Carr, C. W.: Studies on the Binding of Small Ions in Protein Solutions with the Use of Membrane Electrodes. III. The Binding of Chloride Ions in Solutions of Various Proteins. *Arch. Biochem. and Biophys.*, 46: 417, 1953.

III.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

WEEKLY CALENDAR OF EVENTS

Physicians Welcome

April 26 - May 1, 1954

Monday, April 26

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Medicine Conference, L. G. Rigler, C. J. Watson and Staff; Todd Amphitheater, U. H.
- 9:00 - 10:50 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; W-612, U. H.
- 10:00 - 12:00 Neurology Rounds; A. B. Baker and Staff; Station 50, U. H.
- 11:30 - Tumor Conference; Doctors Hitchcock, Moore, and Stenstrom; Todd Amphitheater, U. H.
- 11:30 - 12:30 Physical Medicine Seminar; Emotional Adjustment to Disability; C. Knight Aldrich; Heart Hospital Auditorium.
- 12:15 - Obstetrics and Gynecology Journal Club; Staff Dining Room, U. H.
- 1:30 - 2:30 Pediatric-Neurological Rounds; R. Jensen, A. B. Baker and Staff; U. H.
- 1:30 - 3:30 Dermatology Hospital Rounds; H. E. Michelson and Staff; Dermatology Histopathology Room, M-434, U. H.
- \*4:00 - Special Lecture; "The Paris Clinical School, 1800-1850;" Dr. Erwin H. Ackerknecht, Chairman, Department of Medical History, University of Wisconsin; Eustis Amphitheater, U. H.
- 4:30 - Infectious Disease Rounds; Station 43, U. H.
- 4:30 - Public Health Seminar; Epidemiology; Stanhope Bayne-Jones; 15 Owre Hall.
- 5:00 - 6:00 Physiology-Surgery Conference; Todd Amphitheater, U. H.
- 5:00 - 6:00 Urology-Roentgenology Conference; C. D. Creevy, O. J. Baggensstoss, and Staff; Eustis Amphitheater.

Ancker Hospital

- 8:30 - 10:00 Tuberculosis and Chest Conference; Auditorium.
- 2:00 - 3:00 Surgery Journal Club; Classroom.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Richard Raile; Station K.
- 10:30 - 12:00 Medicine Rounds; Thomas Lowry; Station F.

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\* Indicates special meeting. All other meetings occur regularly each week at the same time on the same day. Meeting place may vary from week to week for some conferences.

Monday, April 26, (Cont.)

Minneapolis General Hospital (Cont.)

- 11:00 - Orthopedic and Fracture Rounds; Drs. John Moe and Arthur Zierold; Station A.
- 11:00 - Pediatric Seminar; Erling Platou; Classroom, Station M.
- 12:30 - Surgery Grand Rounds; Dr. Zierold; Station E.
- 1:30 - 2:30 Tuberculosis Conference; J. A. Myers; Station M.
- 2:00 - Pediatric Rounds; Stations I and J.

Veterans Administration Hospital

- 9:30 - Infectious Disease Rounds; Drs. Hall, Zinneman, Lubin and Sherman.
- 1:30 - Cardiac Conference; Drs. Berman, Smith, Hoseth, and Wexler; Conference Room, Bldg. I.; Rounds immediately following conference.

Tuesday, April 27

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Pediatric Conference; L. G. Rigler, Irvine McQuarrie and Staffs; Eustis Amphitheater, U. H.
- 12:30 - 1:20 Pathology Conference; Autopsies; J. R. Dawson and Staff; 102 Institute of Anatomy.
- 12:30 - 1:30 Bacteriology Seminar; Application of Manometric Technique for Evaluating the Usefulness of Chemicals for Viral Inhibition Studies in Tissue Culture - George E. Gifford; The Abundance of Heterotrophic in Nitrifiers in Soil - Ollie R. Eylar; A Selective Enhancement by Aureomycin of the Pathogenicity of Candida Albicans for Mice - F. J. Roth, Jr.; 214 Millard Hall.
- 3:30 - Pediatric Seminar; Subject to be announced; Eleanor Colle; Sixth Floor, U. H.
- 3:30 - Biophysics-General Physiology Seminar; 323 Zoology Building.
- 4:00 - 5:00 Pediatric Rounds on Wards; Irvine McQuarrie and Staff; U. H.
- 4:30 - 5:30 Clinical-Medical Pathological Conference; Todd Amphitheater, U. H.
- 5:00 - 6:00 X-ray Conference; Presentation of Cases from Ancker Hospital; Drs. Aurelius, Peterson, and Engels; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:00 - 9:00 Fracture Conference; Auditorium.
- 9:00 - 10:00 Medical X-ray Conference; Auditorium.

Minneapolis General Hospital

- 9:30 - 10:30 Obstetrics and Gynecology Staff Rounds; William P. Sadler and Staff; 301 Harrington Hall.
- 9:30 - Pediatric Rounds; Elizabeth Lowry; Station J.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson; Station H.
- 10:00 - Cardiac Rounds; Paul F. Dwan; Classroom, Station I.

Tuesday, April 27, (Cont.)

Minneapolis General Hospital (Cont.)

- 11:00 - 12:00 Medicine-Surgery Conference; Classroom, Station M.  
12:30 - 2:30 Dermatology Rounds on Clinic; Carl W. Laymon and Staff.  
12:30 - ECG Conference; Boyd Thomas and Staff; 302 Harrington Hall.  
1:00 - Tumor Clinic; Drs. Eder, Coe, and Lipschultz; Classroom.  
3:30 - Pediatric-Psychiatry Rounds; Jack Wallinga; Station I.

Veterans Administration Hospital

- 7:30 - Anesthesiology Conference; Conference Room, Bldg. I.  
8:30 - Surgery Staff Seminar; Medical Conference Room, Bldg. I.  
9:30 - Surgery-Pathology Conference; Conference Room, Bldg. I.  
10:30 - Surgery-Tumor Conference; L. J. Hay, J. Jorgens and Donn Mosser; Conference Room, Bldg. I.  
1:00 - Review of Pathology, Pulmonary Tuberculosis; Conference Room, Bldg. I.  
1:30 - Combined Medical-Surgical Chest Conference; Conference Room, Bldg. I.  
2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff; Bldg. III.  
4:00 - Thoracic Surgery Problems; Conference Room, Bldg. I.

Wednesday, April 28

Medical School and University Hospitals

- 8:00 - 9:00 Roentgenology-Surgical-Pathological Conference; Paul Lober and L. G. Rigler; Todd Amphitheater, U. H.  
11:00 - 12:00 Pathology-Medicine-Surgery-Pediatrics Conference; Todd Amphitheater, U. H.  
12:30 - 1:20 Radioisotope Seminar; Underground Cobalt Unit, U. H.  
12:30 - 1:30 Physiology  $^{114}\text{C}$ --Respiration; E. B. Brown; 214 Millard Hall.  
1:00 - 2:00 Dermatology Clinical Seminar; F. W. Lynch; 300 North Clinic.  
1:30 - 2:30 Physiology  $^{114}\text{B}$  -- Transport Seminar; Nathan Lifson and M. B. Visscher; 271 Lyon Laboratories.  
1:30 - 3:00 Pediatric Allergy Clinic; Albert V. Stoesser and Lloyd Nelson; W-211, U. H.  
3:30 - 4:30 Dermatology Pharmacology Seminar; J. D. Krafchuk; 3rd Floor Conference Room, Heart Hospital.  
4:30 - 5:50 Dermatology Infectious Disease Seminar; J. D. Krafchuk; 3rd Floor, Conference Room, Heart Hospital.  
5:00 - 5:50 Urology-Pathological Conference; C. D. Creely and Staff; Eustis Amphitheater, U. H.  
5:00 - 6:00 Residents' Lecture; Trouble Shooting, Etc.; John C. Watson; Todd Amphitheater, U. H.  
5:30 - 7:30 Dermatology Journal Club and Discussion Group; Hospital Dining Room.

Wednesday, April 28, (Cont.)

Medical School and University Hospitals (Cont.)

7:30 - 9:30 Dermatology Pathology Seminar; Review of Interesting Slides of the Week; Robert W. Goltz; Todd Amphitheater, U. H.

Ancker Hospital

8:30 - 9:30 Clinico-Pathological Conference; Auditorium.

12:30 - 1:30 Medical Journal Club; Library.

Minneapolis General Hospital

8:30 - 9:30 Obstetrical and Gynecological Grand Rounds; William P. Sadler and Staff; Station C.

9:30 - Pediatric Rounds; Henry Staub; Station I.

10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station D.

12:30 - Pediatric Staff Meeting; Classroom; Station I.

1:30 - Pediatric House Staff Seminar; Erling Platou; Station I.

1:30 - Pediatric Rounds; Erling Platou; Classroom, Station I.

2:00 - 5:00 Infectious Disease Rounds and Conference; Wesley W. Spink; Station 100.

Veterans Administration Hospital

8:30 - 10:00 Orthopedic X-ray Conference; E. T. Evans and Staff; Surgical Conference Room, Bldg. 43.

8:30 - 12:00 Neurology Rehabilitation and Case Conference; A. B. Baker.

9:00 - Gastro-Intestinal Rounds; Drs. Wilson, Zieve, Hay, Brakel, Nesbitt and O'Leary.

11:00 - Gastroenterology Conference; Conference Room, Bldg. I.

12:30 - Medical Journal Club; Doctors' Dining Room.

12:30 - X-ray Conference; J. Jorgens; Conference Room, Bldg. I.

1:30 - 3:00 Metabolic Disease Conference; Drs. Flink, Schultz and Brown.

3:30 - Urology Pathology Slide Conference; Dr. Gleason; Conference Room, Bldg. I.

7:00 - Lectures in Basic Science of Orthopedics, Conference Room, Bldg. I.

Thursday, April 29

Medical School and University Hospitals

9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U. H.

11:00 - 12:00 Cancer Clinic, K. Stenstrom, A. Kremen and B. Zimmermann; Todd Amphitheater, U. H.

12:00 - 1:00 Medical Journal Club; 116 Millard Hall.

12:30 - 1:30 Electrocardiography Conference; Ernst Simonson; Cardiac Clinic, Staff Room, Heart Hospital.

12:30 - Physiological Chemistry Seminar; Conditions Affecting Fluorescein Excretion by Mouse Liver; Joseph Eusterman; 214 Millard Hall.

Thursday, April 29, (Cont.)

Medical School and University Hospitals (Cont.)

- 1:30 - 4:00 Cardiology X-ray Conference, Heart Hospital Theatre.  
5:00 - 6:00 Radiology Seminar; Thoracic Surgery Conference; Joseph Garamella, et al; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:00 - 10:00 Medical Grand Rounds; Auditorium.

Minneapolis General Hospital

- 9:30 - Neurology Rounds; Heinz Bruhl; Station I.  
9:30 - Pediatric Contagion Rounds; R. B. Raile; Station K.  
10:00 - Psychiatry Grand Rounds; R. W. Anderson and Staff; Station H.  
11:30 - 12:30 Clinical Pathological Conference; John I. Coe; Classroom.  
12:30 - 2:30 Dermatology Rounds and Clinic; Carl W. Laymon and Staff.  
1:00 - Fracture - X-ray Conference; Drs. Zierold and Moe; Classroom.  
1:00 - House Staff Conference; Station I.

Veterans Administration Hospital

- 8:00 - Surgery Grand Rounds; Conference Room, Bldg. I.  
8:00 - Surgery Ward Rounds; Lyle Hay and Staff; Ward 11.  
8:30 - Hematology Rounds; Drs. Hagen and Fifer.  
11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.  
1:00 - 3:00 Parasitology Conference; Amebae; F. G. Wallace; Conference Rm. Bldg. I.  
4:00 - Medical-Surgical Conference; Conference Room, Bldg. I.

Friday, April 30

Medical School and University Hospitals

- 8:00 - 10:00 Neurology Grand Rounds; A. B. Baker and Staff; Station 50, U. H.  
9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U.H.  
10:30 - 11:50 Medicine Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.  
10:30 - 1:50 Otolaryngology Case Studies; L.R. Boies and Staff; Out-Patient Dept. U.H.  
11:00 - 12:00 Vascular Rounds; Davitt Felder and Staff Members from the Departments of Medicine, Surgery, Physical Medicine, and Dermatology; Eustis Amphitheater, U. H.  
11:45 - 12:50 University of Minnesota Hospitals Staff Meeting; Problems of a Maternal Mortality Study; John L. McKelvey; Powell Hall Amphitheater.  
1:00 - 2:50 Neurosurgery-Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U. H.  
1:30 - 2:30 Dermatology Grand Rounds; Presentation of Cases from Grouped Hospitals (University, Ancker, General and Veterans) and Private Offices; H. E. Michelson and Staff; Eustis Amphitheater, U. H.  
2:30 - 4:00 Dermatology Hospital Rounds; H. E. Michelson and Staff; Begin at Dermatology Histopathology Room, M-434, U. H.  
3:00 - 4:00 Neuropathological Conference; F. Tichy; Todd Amphitheater, U. H.  
3:30 - 4:30 Dermatology-Physiology Seminar; J. D. Krafchuk; 3rd Floor Conference Room, Heart Hospital.

Friday, April 30, (Cont.)

Medical School and University Hospitals (Cont.)

- 4:00 - 5:00 124 Advanced Neurophysiology Lecture; Werner Koella and Ernst Gellhorn; 111 Owre Hall.  
4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hanson and Staff; E-534, U. H.  
5:00 - Urology Seminar and X-ray Conference; Eustis Amphitheater, U. H.

Ancker Hospital

- 1:00 - 3:00 Pathology-Surgery Conference; Auditorium.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Elizabeth Lowry; Station J.  
10:30 - Pediatric Surgical Conference; Tague Chisholm, and B. Spencer; Classroom; Station I.  
12:00 - Surgery-Pathology Conference; Dr. Zierold, Dr. Coe; Classroom.  
1:00 - 3:00 Clinical-Medical Conference; Thomas Lowry; Classroom, Station M.  
1:30 - Pediatric Contageon Rounds; L. Wannamaker; Station K.

Veterans Administration Hospital

- 10:30 - 11:20 Medicine Grand Rounds; Conference Room, Bldg. I.  
1:00 - Chest Follow-Up Conference; E. T. Bell; Conference Room, Bldg. I.  
2:00 - Autopsy Conference; E. T. Bell; Conference Room, Bldg. I.

Saturday, May 1

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.  
9:00 - 10:30 Pediatric Grand Rounds; Eustis Amphitheater, U. H.  
9:00 - 11:50 Medicine Ward Rounds; C.J. Watson and Staff; Heart Hospital Amphitheater.  
9:15 - 10:00 Surgery-Roentgenology Conference; L. G. Rigler, J. Friedman, Owen H. Wangensteen and Staff; Todd Amphitheater, U. H.  
10:00 - 11:30 Surgery Conference; Todd Amphitheater, U. H.  
10:00 - 12:50 Obstetrics and Gynecology Grand Rounds; J. L. McKelvey and Staff, Station 44, U. H.  
11:30 - Anatomy Seminar; Stainable Iron in the Erythrocytes of Human Blood and Bone Marrow; Lorraine Gonyea; 226 Institute of Anatomy.

Ancker Hospital

- 8:30 - 9:30 Surgery Conference; Auditorium.

Minneapolis General Hospital

- 8:00 - Urology Staff Conference; T. H. Sweetser; Main Classroom.  
9:00 - Psychiatry Grand Rounds; R. W. Anderson; Station H.  
9:30 - Pediatric Rounds on all Stations; R. B. Raile.  
11:00 - 12:00 Medical - X-ray Conference; O. Lipschultz, Thomas Lowry and Staff; Main Classroom.

Veterans Administration Hospital

- 8:00 - Proctology Rounds; W. C. Bernstein and Staff; Bldg. III.  
8:30 - Medical X-ray Conference; Conference Room, Bldg. I.