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Bulletin of the
University of Minnesota Hospitals
and
Minnesota Medical Foundation



The Nursing Program

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UNIVERSITY OF MINNESOTA HOSPITALS
and
MINNESOTA MEDICAL FOUNDATION

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I. AN INTERPRETATION OF THE BASIC PROFESSIONAL NURSING PROGRAM

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INTRODUCTION

The School of Nursing in planning the educational program for its students relies greatly upon the assistance of the medical staff and the staffs of various departments of the hospital for assistance in its teaching program. Frequently in response to requests which we make for assistance we are questioned concerning the overall plan of the basic nursing student's program. We are also frequently asked to describe the extent of the student's progress through this program at the point at which the requested instruction is being incorporated. Because we feel that the brief interpretations which we make from time to time are inadequate to a very thorough understanding of the program, we have decided to devote the time allotted to us in today's staff meeting to such an interpretation.

We pondered for some time the most effective means of presentation and came to the conclusion that the best interpreters might be the students themselves and particularly students who at the present time are engaging in the learning experiences of the various segments of the program. The students upon being approached seemed to welcome the opportunity to participate in such an interpretation, feeling that it would contribute to a better understanding by allied professional groups of their educational needs. Since the students who have just completed the final segment of the program are in St. Paul today taking the examination to qualify for state registration, we have elicited the help of one of the recent graduates of the program.

Prior to the descriptive presentations by the students we feel it may be valuable to view the basic curriculum and its objectives as a whole. For this purpose we have prepared the accompanying diagram. Each of the blocks represents a segment of the total program which extends over sixteen quarters of college or university education leading to a bachelor of science degree in nursing.

In harmony with the current trend in educational programs for the professions, the basic nursing curriculum includes two distinct but closely interrelated kinds of preparation:

- (1) A broad base in general education that will foster a developmental process throughout the life of the graduate
- (2) The more specifically technical education for professional practice

The first six quarters of the program indicated by the first block on the diagram represent the general educational background which the student may acquire in the College of Science, Literature and Arts of the University of Minnesota or any other accredited college or university.

With an opportunity for at least one-third of the general educational background to be acquired in areas of the student's own choice this broad base referred to above may extend into most any field of learning. One-half to two-thirds of the general education is required in specific areas which seem most contributory to the desired developmental process. For instance, to permit continuing growth in the ability to use the spoken and written language effectively as a means of communication, preparation in English is required. To contribute to an understanding and conviction about the rights and responsibilities of intelligent citizenship, selections in the areas of history and political science are included. To foster insight into her own behavior,

UNIVERSITY OF MINNESOTA SCHOOL OF NURSING
BASIC NURSING PROGRAM

<p><u>General Education - 6 Quarters</u></p> <p>Required Courses</p> <p>English</p> <p>Inorganic Chemistry</p> <p>Zoology</p> <p>Sociology</p> <p>Psychology</p> <p>Political Science</p> <p>History</p> <p>Child Welfare</p> <p>Nutrition</p> <p>Personal Health</p> <p>Physical Education</p> <p>Electives</p>
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<u>Introductory Nursing - 2 Quarters</u>		<u>Medical-Surgical Nursing</u>	
		1 Quarter	1 Quarter
Anatomy	Bacteriology	Pharmacology	Pathology
Physiological Chemistry	Physiology	Sociology	Communicable Disease
Nursing	Pharmacology Nursing	Medical Nursing	Surgical Nursing

<u>Gynecologic, Orthopedic, Operating Room Nursing - 1 Quarter</u>	
6 Weeks	6 Weeks
Gynecologic Nursing	Operating Room Nursing
Orthopedic Nursing	
Elements of Preventive Medicine	

<u>Obstetrical Nursing</u> 1 Quarter	<u>Pediatric Nursing</u> 1 Quarter	<u>Neuro-Psychiatric Nursing</u> 1 Quarter
Maternal Nursing	Nursing of Children	Principles of Psychiatry and Neurology
Principles of Public Health	Principles of Public Health Nursing Profession	Nursing Care of Neuro-psychiatric Patients

<u>Public Health and Rural Nursing</u> 1 Quarter		<u>Private Patient,</u>	<u>Outpatient,</u>	<u>Tuberculosis Nursing</u>
8 Weeks	4 Weeks	6 Weeks	1 Quarter 4 Weeks	2 Weeks
Public Health Nursing	Rural Nursing	Medical-Surgical Nursing	Out-Patient Nursing	Tuberculosis Nursing

the behavior of others and the cultural patterns that condition human behavior, requirements in psychology, child development, and sociology are incorporated. To lay foundations for positive health, requirements in personal health and nutrition seem desirable. The requirements in the sciences of chemistry and zoology contribute not only to a broad base for continuing growth but also to the technical knowledge requisite to professional practice.

At the end of the two academic years of college preparation, the student makes application for admission to the School of Nursing and it is the program within the nursing school that the students are now prepared to interpret. This portion of the program extends through ten quarters taken consecutively over two and one-half calendar years.

The students felt it desirable that one point be clarified prior to their presentations. Though they will be describing the segments of the curriculum in the sequence indicated on the diagram this represents only one possible sequence. With approximately 200 students enrolled at any one time it is necessary to divide the students into small groups for assignment to experience in the various clinical areas. Hence, one student may have a given course and experience during the third quarter of her clinical assignment and another during her sixth. This is a source of confusion to members of the allied groups assisting with instruction and requires continuing interpretation by the students and instructors more familiar with the rotations.

MEDICAL AND SURGICAL NURSING

After two years in the College of Science, Literature and the Arts, we enter the School of Nursing for our first two quarters of the nursing program. These are often referred to as preclinical quarters and give opportunity for observations and experiences preparatory to the full clinical assignment of later quarters. During these two quarters we provide our own maintenance. Later when we begin our clinical study and experience

we stay at Powell Hall.

These two quarters are directed toward enabling us to develop knowledge, appreciation, attitudes, and skills in the nursing field. Included are the subjects of anatomy, physiology, physiological chemistry, bacteriology and pharmacology.

In our nursing classes we begin developing basic skills such as the giving of bed baths and backrubs, and developing a friendly and professional attitude toward our patients. This is done by students working in pairs with one acting as the nurse and the other as the patient. This nursing situation is kept patient centered and adjusted to that individual rather than the care made "routine." When our instructors feel our work is adequate we are given the chance to go onto the floors where we can apply learning to actual experience. At this time we are also developing the technique of giving hypodermic, intramuscular, and oral medications. At this same time we are learning in our pharmacology classes the uses and effects of the various drugs.

One might think we are so busy learning the proper way of doing things that we neglect thinking about the patients, but this is not so. The instructors realize that students are eager to learn about the patients and their reactions, so conduct classes on the psychological aspects of nursing. These are informal discussions pertaining to our feelings toward patients with respect to social background, nationality, various diseases, the idea of death, as well as their feelings and reactions to us.

Then comes the day when we put on our uniforms and start our first day of actual experience. It's a feeling a girl never forgets because now she is actually performing the role of a nurse. At first we are eager to do everything according to the way we have been taught but it is only a short while before we realize that each patient is different and we start modifying our care to meet the individual's needs.

The next six months are spent working

on the medical and surgical stations. We spend thirty hours per week working in the hospital, plus our class hours. Most of our classes at this time pertain strictly to medical and surgical nursing but also included is a course in sociology and further studies in pharmacology. In our nursing courses we cover the nursing care of the more common medical and surgical conditions with much emphasis on special methods and techniques such as tracheotomy care, catheterization of the patient, and the use of the Wangenstein and Carlson suction. On the stations we are experiencing working in the treatment room which consists of helping with obtaining blood specimens in the morning, setting up intravenous fluids and becoming acquainted with general care of the patients. During this time we are also being given lectures by doctors. We really look forward to these for it makes us feel a part of the medical team as well as gives us information on diseases and what the doctor feels is important in the nursing care of the patients.

During these six months we spend two weeks in the diet kitchen where we become acquainted with the numerous diets prepared for patients and assist with writing these diets. Two weeks are also spent in the Heart Hospital where we work only with cardiac patients. One day is spent in the recovery room where we observe the patients and carry out the duties of the recovery room nurse. One week is spent in Out-Patient Department where we are assigned to a patient and follow him through the various clinics. This helps us to understand how the Out-Patient Department functions as well as the patient's reaction toward it. Also at this time we are assigned to working evenings, which helps us to accept responsibility and to learn how a hospital unit functions.

During each of our many rotations we do a nursing care study. For this we select a patient and write a paper which includes nursing, medical and social data about this particular patient. These data are analyzed and arranged so that a clear picture of the total nursing situation is presented.

OPERATING ROOM, GYNECOLOGIC AND ORTHOPEDIC NURSING

When I first came to the operating room I was quite apprehensive. Here was a totally unfamiliar situation. I had never even seen an operation, and felt unsure of my ability to cope with it. There was a great deal to learn, but in learning, apprehension disappeared. In our classes I learned the basic techniques and skills and after experience using these in the operating room I began to develop a familiarity with the situation, and with it, self-confidence.

Although I was far from being a finished operating room nurse at the end of my experience, I had learned certain skills and techniques also useful in other nursing situations. The knowledge of asepsis and sterilization, used so continuously here, became more meaningful. I gained some manual dexterity and a knowledge of instruments that will be useful later.

But skills and techniques were only a small part of what I learned in the operating room. There certainly could be no better way to learn anatomy and physiology than to have the surgeon point out and explain the organs and processes of a living human being. Here was a practical application of what I had learned in bacteriology, and seeing anesthesia made pharmacology more meaningful. The concept of the medical team that I had heard so much about in earlier nursing courses was so obvious here.

The operating room also correlated with my previous experience on the stations. I was fortunate in having operating room immediately after surgical nursing, while I could still remember clearly the reactions of the surgical patients. My operating room experience helped me understand this patient better. Seeing the trauma and the procedures that were done I realized what was under the dressings and the reasons for the pre-operative and post-operative orders. I know after seeing my first

lung case I understood why it had been hard for one of those patients to turn, cough and breathe deeply and I'm sure that in the future I will be a more understanding nurse.

I feel that my operating room experience was a great deal more than learning basic skills, for it contributed a great deal to my total patient understanding.

I spent six weeks of the quarter in the operating room. The next six weeks were spent in orthopedics and gynecology. We had two weeks clinical experience in orthopedics and four in gynecology although we had classes in both subjects throughout the six week period.

Although I had experience with many other conditions on the service, gynecology provided one of my most extensive contacts with the cancer patient and through my classes and experience I learned a great deal about the diagnosis, treatment, nursing care, and problems of this type of patient.

But each patient is an individual, and I realized this as I watched the different responses of these women and their families to the diagnosis of cancer. I often had to fall back on my courses in interviewing techniques and psychology as I attempted to help them adjust to their illness.

Throughout this service I began to see the patient more as a person with a home and family and life outside the hospital. One reason for this perhaps is the emphasis placed on teaching the patient to continue the necessary treatments and care for herself after discharge.

This was also my first large scale contact with radiation as a treatment. We visited the radiology department and learned about the facilities and some of the results which could be hoped for by the treatments. I learned about precautions in handling radioactive material; how radiation therapy affects the actual bedside care of the patient; and why emphasis is placed on such things as skin

care, fluid intake and output and frequent checking of temperatures. Learning this helped me both in giving better nursing care and in interpreting the therapy to the patient.

While on this service I also learned specific gynecological techniques, such as assisting the doctor with a pelvic examination, biopsy, or radium insertion; and new nursing skills, such as vaginal and perineal irrigations.

In our classes and through field trips we learned about other gynecological problems such as planned parenthood and infertility and the facilities available for helping people with these problems.

In orthopedics too I learned to see the patient as a whole person, and I saw examples of the psychological and emotional problems and adjustments of a patient who must face life, at least for a time, with a physical handicap. I learned about the efforts that are being made to help these people return to normal, active, useful lives. We visited the hospital physical and occupational therapy departments and learned how the nurse can help in carrying out on the station the activities begun there. We also discussed the rehabilitation centers and community resources available for these patients. This knowledge helped in patient care in the hospital and it will be useful in public health.

In my classes and ward experience I learned specific orthopedic principles and saw how they are carried out in practice. The care of patients in traction and in casts was especially emphasized.

One of the most important learnings of orthopedics was the principles of good nursing care that I can carry over to all services. The problems of the many aged and incapacitated patients that I cared for really brought home forcibly the lessons I had learned earlier about good supportive nursing care and the necessity of the prevention

of decubiti, good body alignment, adequate fluid intake, adequate nutrition, and many other elements of good bedside nursing care.

During this quarter I also took a public health course, The Elements of Preventive Medicine. Here we studied about the public health problems involved in food, water and milk supplies and in waste disposal; about the occurrence and prevention of communicable, industrial, and degenerative diseases; and in general gained an understanding of community and public health problems. This information will be useful in public health field experience. It also helped me to better understand the problems of infection, accidents, and degenerative diseases that I was then meeting in the hospital. Like all the other courses and experience I had this quarter, it aided me in giving better nursing care to the patient as a whole person.

OBSTETRICAL NURSING AND THE NURSING OF CHILDREN

The various aspects of our obstetrical nursing offer us not only opportunities to learn the medical aspects of the care of the patient, but also give us experience in interpreting information to the patient and teaching her specific skills.

From my experience in the prenatal clinic I gained insight into the patient's reactions to her pregnancy and the effects of family and circumstances upon her attitudes and general well-being. We learned the important things to stress to patients in a good prenatal program and how best to fit this material to the needs of the individual patient. I was better able to do this with background courses in basic psychology, sociology, and social sciences which helped me to understand individual differences and realize that information must be given according to a person's mental capacities, emotional state, and desire for learning.

Besides learning new nursing skills

in the labor and delivery rooms, I had experience in giving the comfort and reassurance that a patient needs from the nurse. Since such patients are often frightened and want and need some explanation of what is happening to them, and what the doctors and nurses are going to do to them and why, it is important to be able to evaluate the patient and decide in what way you can make the experience less fearful for her. I found the course in interviewing techniques very helpful in determining each patient's level of understanding, emotional reactions and in deciding how much information she needs in a particular situation.

We learned in our obstetrical classes the techniques of the different phases of obstetrical nursing. Doctor's lectures and student panels helped give us a total picture of the obstetrical patient. In one of our public health courses we discussed ways of teaching infant and child care to mothers. We had some specific experiences in obstetrics that gave us experience in teaching. Some of these were the infant bath demonstration to mothers, showing the mothers how to breast and bottle feed, and post-partum visits with a public health nurse. I found that most of the mothers were eager for information, and this made teaching easier and more natural for me than in some fields of nursing. Patients frequently asked me questions, which I was not qualified to answer, and I needed an understanding of who could best help her and the resources available, in order to refer her to a doctor, social worker or some other resource person.

I was very fortunate to have my pediatric experience immediately following my obstetrical experience. In pediatrics we spend a lot of time studying normal growth and development which is our background for understanding the ill child. We would be unable to recognize deviations or understand their significance without an understanding of the normal well child. Experience in the hospital play room and observation in the nursery school helped me to understand some of the effects illness has upon a child.

A child welfare course, which I didn't have but which is now in the pre-nursing curriculum would have helped me in my understanding and made my adjustment to pediatrics easier. Again, college courses have helped me in understanding that a child's personality and behavior are a result of his heredity and environment and I am better able to accept him for what he is and not expect the values of his culture to conform with mine.

In our classes we discussed specific conditions, the etiology, signs and symptoms, treatment used, the action of drugs and their toxic effects, and nursing care given.

Acute powers of observation are especially important in pediatrics because of the child's inability to communicate or to interpret his symptoms and feelings. Although we learn what to look for, skill in observation comes with experience. Flexibility and patience are qualities that come with experience too, and grow out of a sincere liking for and interest in children.

Since the nurse is a parent substitute she must meet many more emotional needs than is usually necessary in the adult patient. This involves not only being a source of love and friendship, but also developing empathy with each child which will help us to evaluate him and treat him as an individual person. We had weekly ward classes which I found helpful because we discussed problems of dealing with individual patients. Providing emotional support was more difficult for me than giving physical care because I had had no previous experience with children. However, I was better able to do this after gaining a better understanding of why a child is like he is, and what it is he needs.

NEUROPSYCHIATRIC NURSING

In neuropsychiatric nursing, we spend eight weeks on two different psychiatric stations, and four weeks on the neurology station, making a total of twelve weeks of experience on these services.

In the two courses taken concurrently with the above clinical experiences, we learn the practical and technical aspects of the care given to the neuropsychiatric patient. This is achieved through lectures, clinics, demonstrations, field trips, conferences, and individual patient care studies. We thus attain a more thorough understanding of the "Hows and Whys" of patients, in other words, the dynamics of human behavior. In addition we are alerted to skills of observation, recording, and projecting ourselves toward the needs and progress of the patient.

On the psychiatric service we are confronted with many types of patients with many different mental illnesses. The first feeling I experienced was one of fear. How could I act and how could I help a specific patient in every possible way to become a socially better adjusted person? It was difficult at first for I was faced with the problem of subduing and avoiding my preconceived personal feelings about mental illness. This for me was a gradual process of being weaned, but was attained by learning and putting to use care which was appropriate to the patient's behavior. We observed and learned about the behavior of patients with anxiety problems, patients who were withdrawn, those with depression, mania and schizophrenia. We learned something of the application of attitude therapy according to the patient's illness and behavior, and tried to solve such problems as how to be matter of fact in our approach with one patient and actively friendly with another. The diversified experience I received while on psychiatry contributed to the solving of these problems.

I had a chance to observe and to participate in the administration of electro-shock therapy, to learn what to expect during the patient's post-shock state and to give care accordingly. Here nursing care was very important as we observed the patients afterwards, re-oriented them, and protected them through positioning and close observance for complications. Equally important

learnings were derived from our experience with sedative packs and insulin shock therapy. It was very helpful and satisfying to me to see the improvement patients made after such treatments.

Helping to plan for and attending group activities for psychiatric patients was another valuable experience for it enabled me to actually see the patient participation and socialization which such activities promoted. Observing and participating at staff and team meetings gave me a better understanding of the responsibilities of the various team members. While observing in the Occupational Therapy shop I became aware of the manner in which diversions enable the patient to face reality and to release his hostilities and energies.

My experience in neurological nursing was very closely related to my psychiatric experience in that the majority of patients had chronic, progressive diseases from which they might never fully recover. My recent experience on psychiatry made me more aware of the patient's personal feelings toward his disease and toward the degree of recovery he will be able to make.

Teaching opportunities are plentiful on this service. Many patients need support as they make plans for the future, and they also need help in developing new skills and perspectives so that they can function in spite of their handicaps. I found this especially true with patients with multiple sclerosis and other demyelinating diseases. Casual conversation with them about hobbies and future planning in their homes for their wheelchair activities gave them a chance to express their feelings and gain helpful hints. I especially remember the many conversations I had with a cerebrovascular accident patient. Even though I was only partially successful, I think I did get across to her how important it was to practice moving her flaccid limbs by feeding herself and performing other daily activities. Encouraging her to help herself while in the hospital should enable her to move about better when she goes home.

Since many of the patients on the neurology service are older people with chronic illnesses, good supportive care is practiced much of the time. We had a chance to again use what we had learned previously about turning patients, keeping good body alignment and giving passive exercises to the weak or paralyzed patient. It was satisfying to have this opportunity to improve these skills.

Other enriching experiences included the care of the patient in a respirator, observing special diagnostic tests and treatments such as lumbar punctures, spinograms, electroencephalograms and malarial therapy. By such observations I became more familiar with the needs of the patient following these treatments and the importance of watching for signs of complications.

The course in public health taken at this time is closely aligned with the understanding approach which our neuro-psychiatric service stimulates. This course emphasizes nurse-family relationships, and prepares us for the future contacts we will make in the public health nursing field experience. I feel sure the understandings I have acquired about the relatedness of mental, emotional, and physical factors in illness will help me apply myself well in sharing, listening to, and understanding other people's problems and in giving help accordingly.

PUBLIC HEALTH, RURAL, OUT-PATIENT, TUBERCULOSIS, AND PRIVATE PATIENT NURSING

It was during the last six months of our experience spent away from our own hospital that things seemed to fall into place. Perhaps we became more mature; perhaps it was the knowledge that we would soon be graduate nurses and would need to be more self reliant. The test came during our public health field experience when we were assigned to a rural community. There we actually put into practice much of the theory we had learned in our many classes.

For eight weeks we accompanied the

county nurse on her visits in homes and in schools following up the referrals from hospitals and local physicians. I shall never forget my first visit without the public health nurse's help. I was going to give a bath to an elderly woman who had had a cerebro-vascular accident. The water had to be pumped from a well behind the house and she had neither towels nor soap. I had brought these in my little black bag. As the county nurse left me alone in the room I kept reminding myself not to forget all the things I had been taught. There was, indeed, satisfaction in being able to bring the classroom into the home. We are inclined in our hospitals to see only one aspect of the patient. It helps to see him in his home where he may not have running water, electricity or a gas stove. In the hospital he does what we ask without much comment and sometimes we fail to see the impact of environmental needs on the total person.

Another time I went with the county nurse to do audiometer testing with some sixth grade children. One of the children recognized me. It was Bobby, a little boy whom I had cared for in the Variety Club Heart Hospital. I remembered him as a rheumatic fever patient with a high sedimentation rate and only bathroom privileges. I remembered the instructions he had been given when he went home. He had been told that he must rest, that he would need a great deal of sunshine, and that he must eat well to get his strength back. Now he had gained weight and was on the baseball team. He was still taking naps during the day but he looked so happy that it was gratifying to see him. The question that we so often have about our hospital patients seemed answered. I had seen Bobby as a very ill patient in the hospital and now I saw him making an excellent adjustment to the demands of daily living in his environment.

Our rural nursing experience was also in a small community in a hospital with probably sixty to seventy beds. We were there for a four-week period. There were four of us who went and we had an opportunity to see many community re-

sources. We attended Parent-Teacher Association meetings and began to realize how very health minded parents are. We held a Mantoux testing clinic where the doctors were very helpful. They gave much of their time and furnished needed equipment for Mantoux and Schick testing. We participated in community activities, attending 4-H Club meetings and learned of the functions of the public health engineer and the county agent. We also observed some of the health teaching done in the local high school.

Our out-patient experience at University Hospitals was invaluable. We met patients with disease entities that we had never seen before. The arthritic patient who came into the clinic twice a week and yet managed to take care of himself at home, was a completely new problem. We saw seizure patients who led very normal lives but who needed to have their medications checked periodically. The atmosphere of teaching that pervaded the out-patient department made an impression that I shall carry with me wherever I practice nursing.

One of the most meaningful experiences in the out-patient department was that of meeting a patient in our tumor clinic for whom I had cared during my public health field experience. I had given her hormone injections twice a week. She had advanced metastasis of breast cancer and had had hormone therapy for the past six months, coming to clinic about three times a year for re-examination. When I saw her my public health experience had much more meaning. I wished that I might have known all the patients in the out-patient department as well as I did Mrs. Smith. The very fact that I knew what her home was like, what the bus ride to Minneapolis had been like, gave me a three-dimensional view of the patient.

In the outpatient department I also learned of the excellent follow-up work of the social service department. I was impressed by the hospital and community resources made available to the patient and the assistance given to the

patient in helping him to solve his many and diverse problems.

We spent two weeks at Glen Lake Sanatorium and found it an excellent teaching-learning situation. We increased our knowledge and understanding of tuberculosis and the varied ways of treating this disease. The Sanatorium with its many facilities including physical therapy and occupational therapy impressed us a great deal. We became much more health conscious and began to realize more clearly the nurse's responsibility for health teaching.

Our six weeks experience at Miller Hospital gave us an opportunity to learn more about the nursing care of the private patient with particular emphasis on patients who had eye conditions. We increased our understanding of patient nurse relationships and this experience lent depth to our picture of total patient care. Another advantage of this experience was derived from seeing patients with less dramatic illnesses than those we had seen in a research hospital.

In summary, the last six months of our program demonstrated that there are many types of nursing, many ways of looking at things and many ways of doing things. Therein, our views were greatly broadened.

CONCLUSION:

As you have no doubt concluded the present objectives of the basic nursing education program emphasize and yet transcend the care of the hospitalized sick. They are based on the premise that every nurse who assumes the care of a patient has an obligation not only to care for the patient during his illness and help him get well, but to care for him in such a way that he will stay well. They presuppose that the nurse must be skilled in analyzing the health needs of individuals and families and in initiating action to meet these needs, and that she be prepared in the art of teaching health to persons whether sick or well and whether individually or in groups. Hence, the necessity for the expanded curriculum which has been described for you.

The students in their informal discussions often refer to the invaluable contributions you make to their learning both in informal contacts and in presentations to organized groups. We hope that this interpretation may have cleared up some of the queries you have had concerning their program. We also hope that the information may be of use to you when you are called upon to describe our University of Minnesota School of Nursing program to girls interested in nursing as a career.

II. MEDICAL SCHOOL NEWS

Coming Events

- March 31 - April 2 Continuation Course in Emergency Surgery for General Physicians
April 11 - 13 Continuation Course in Radiology for General Physicians
April 14 George E. Fahr Lectureship; "Surgical Management of Aortic Disease;" Dr. Michael E. DeBakey, Professor of Surgery, Baylor University, Houston, Texas; Mayo Memorial Auditorium; 8:15 p.m.
April 14 - 16 Continuation Course in Gynecology for General Physicians
April 18 - 20 Continuation Course in Allergy and Chest Diseases for General Physicians
April 19 Clarence M. Jackson Lectureship; "A History of the Treatment of Bronchial Asthma;" Dr. Leslie N. Gay, Associate Professor of Medicine, Johns Hopkins University, Baltimore, Maryland; Mayo Memorial Auditorium; 8:00 p.m.
April 20 Family Doctors' Day; Division of Neurosurgery; Hospital Dining Room, 12:15 p.m.

* * *

Continuation Course

The University of Minnesota will present a continuation course in Radiology for General Physicians next April 11 to 13, 1955, under the direction of Dr. Leo G. Rigler, Professor and Head, Department of Radiology. Registrants for the course will spend the major portion of their time reading films and carrying out procedures in association with members of the faculty. A minimum of didactic material will be presented. Because of the nature of this course, registration will be strictly limited. Early application is therefore suggested.

* * *

Dr. Watson to Visit Middle East

Dr. C. J. Watson, Professor and Head, Department of Medicine, will visit the Middle East during April to lecture and conduct conferences in medical schools in Beirut, Lebanon; Baghdad, Iraq; Damascus, Syria; Amman, Jordan; Cairo, Egypt; and Jerusalem. He will present three lectures on liver and blood diseases before the Middle East Medical Assembly to be held in Beirut April 22 to 24. Dr. Watson's visit to the Middle East is sponsored by the International Education Division of the United States Department of State. Leaving New York next Sunday (March 27), he will fly to Beirut via Paris, Rome, Athens, and Istanbul. On the return trip, he will visit Rome, Madrid, and the Azores arriving back in Minneapolis on May 3.

* * *

Student Coffee Hour

The Medical Student Coffee Hour to be held on Thursday, March 31, from 3:30 to 5:00 p.m. will be in honor of Dr. Howard L. Horns, who returns to his post as Assistant Dean and Associate Professor of Medicine after two years of military service. All Medical School faculty members and faculty wives are invited.

* * *

Faculty News

Dr. James S. McCartney, Professor, Department of Pathology, attended the Forensic Medicine Conference at the University of Kansas in Kansas City on March 7 and 8.

Dr. William C. Bernstein, Clinical Associate Professor, Department of Surgery, took part in the sessions of the Midwest Proctologic Society which were held in Denver from March 2 to 4. Dr. Bernstein discussed the use of Tubadil in Anorectal surgery.

Dr. Fletcher Miller, Research Fellow, Department of Surgery, has received a Research Scholarship from the American College of Surgeons according to notification from Dr. I. S. Ravdin, Chairman of the Board of Regents of the ACS. Dr. Miller's three-year scholarship will begin on July 1.

* * *

Publications of the Medical School Faculty

Campbell, Berry: Chromatolysis and the Model of the Neurone. J. Physiol., 124: 29, 1954.

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Campbell, Berry and Sutin, Jerome: Excitation and Firing States in Ammon's Pyramids Evoked by Stimulation of the Ascending Fornical Afferents. Am. J. Physiol., 179: 624, 1954.

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Park, W. E.: Industrial Medicine - Related Activities. Part I - Employee Retirement Program. Bull. Hennepin Co. Med. Soc., 25: No. 9, Sept., 1954.

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Scherer, W. F. and Hoogasian, A. C.: Preservation at Subzero Temperatures of Mouse Fibroblasts (Strain L) and Human Epithelial Cells (Strain HeLa). Proc. Soc. Exp. Biol. & Med., 87: 480, 1954.

Scherer, W. F. and Syverton, J. T.: The Viral Range In Vitro of a Malignant Human Epithelial Cell (Strain HeLa, Gey). III. Studies with Pseudolymphocytic Choriomeningitis Virus. Am. J. Pathol., 31: 31, 1955.

III.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
WEEKLY CALENDAR OF EVENTS

Physicians Welcome

March 28 - April 2, 1955

Monday, March 28

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, Zimmermann, and Stenstrom; Todd Amphitheater, U. H.
- 12:15 - Obstetrics and Gynecology Journal Club; Staff Dining Room, U. H.
- 12:30 - 1:30 Physiology Seminar; The Effect of Sedatives and Antihypertensive Drugs on Screening Tests for Pheochromocytoma; Grace Roth; 214 Millard Hall.
- 1:00 - 2:00 Roentgenology-Surgical-Pathological Conference; Paul Lober and L. G. Rigler; Todd Amphitheater, 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, C-394 Mayo Memorial.
- 4:00 - 6:00 Anesthesiology Conference; F. H. Van Bergen and Staff; Todd Amphitheater, U. H.
- 4:30 - Pediatric-Medicine Infectious Disease Rounds; Station 33, U. H.
- 5:00 - 6:00 Urology-Roentgenology Conference; C. D. Creevy, O. J. Baggenstoss, and Staff; Eustis Amphitheater.

Ancker Hospital

- 8:00 - 9:00 Pediatric Contagion Rounds; Richard Lein; Contagion 5.
- 8:30 - 10:30 Medical and Surgical Chest Conference; Dr. Gehlen and Staff; Auditorium.
- 9:30 - 12:00 Visiting Staff Rounds.
- 10:00 - 12:00 Surgery Grand Ward Rounds; Begin Floor E4.
- 11:00 - 12:00 Pediatric Rounds; Harry Orme; Contagion 1.
- 12:30 - 2:30 Surgery Out-Patient Clinic; Room 8.
- 2:00 - 3:00 Routine EKG Interpretation; Dr. Sommers and House Staff; Medical Record Library.
- 2:30 - 3:00 Discussion of Problem Case; Auditorium.
- 3:00 - 4:00 Surgery Journal Club; Classroom.

Monday, March 28 (Cont.)

Ancker Hospital (Cont.)

- 3:00 - 4:00 Lectures on Electrocardiography; Ben Sommers; Auditorium.
4:00 - 5:00 Medical Clerk Journal Club; Auditorium.

Minneapolis General Hospital

- 10:30 - 12:00 Medicine Rounds; Thomas Lowry; Station 31.
10:30 - Orthopedic and Fracture Rounds; Drs. John Moe and O. J. Campbell; Station 20.
11:00 - Pediatric Case Discussions; Erling Platou; Station 4.
12:30 - Surgery Grand Rounds; O. J. Campbell; Station 21.
1:30 - 2:30 Tuberculosis Conference; J. A. Myers; Station 8.
2:00 - Pediatrics Rounds; William Krivit; Stations 4, 5, & 6.

Veterans Administration Hospital

- 9:30 - Infectious Disease Rounds; Drs. Hall, Zinnemann, and J. Brown.
1:30 - Cardiac Conference; Drs. Smith, Berman, Hoseth, Simonson, Tamlyn and Farquhar; Conference Room, Bldg. I; Rounds immediately following conference.

Tuesday, March 29

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Pediatric Conference; Samuel Feinberg, John A. Anderson and Staffs; Eustis Amphitheater, U. H.
12:30 - 1:20 Pathology Conference; Autopsies; J. R. Dawson and Staff; 104 Jackson Hall.
3:30 - General Physiology Seminar; 323 Zoology Building.
3:30 - Pediatric Seminar; Post Pertussis Vaccination Convulsions; Dr. Char; 1450 Mayo Memorial.
4:00 - 5:00 Pediatric Rounds on Wards; John A. Anderson and Staff; U. H.
4:00 - 5:00 Physiology-Surgery Conference; Todd Amphitheater, 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 and Ledner; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:00 - 9:00 Pediatric Rounds; Dale Cumming; Contagion 1.
9:00 - 10:30 Visiting Staff Rounds.
9:00 - 12:00 Practical Diagnostic Clinic; Harry Orme; Out-Patient Department.
11:00 - 12:00 Medical X-ray Conference; J. R. Aurelius; Auditorium.
2:30 - 4:00 Routine EKG Interpretations; Resident Staff.
4:00 - 5:00 Medical-Pathological Conference; W. F. Mazzitello, Auditorium.

Tuesday, March 29 (Cont.)

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Elizabeth Lowry and A. Bridge; Station 5.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson, Station 3.
- 11:30 - 12:30 Neurology-Neurosurgery Conference; Classroom, Station 8.
- 12:30 - 2:30 Dermatology Rounds on Clinic; Carl W. Laymon and Staff.
- 12:30 - ECG Conference; Boyd Thomes and Staff; 302 Harrington Hall.
- 1:00 - Tumor Clinic; Drs. Eder, Coe, and Lipschultz; Classroom.
- 3:30 - Pediatric-Psychiatry Rounds; Station 4.

Veterans Administration Hospital

- 7:30 - Anesthesiology Conference; Surgical Conference Room, Bldg. 43.
- 8:30 - Hematology Rounds; Drs. Hagen and Wexler.
- 8:30 - Surgery Journal Club; Conference Room, Bldg. I.
- 9:30 - Surgery-Pathology Conference; Conference Room, Bldg. I.
- 10:30 - Surgery-Tumor Conference; D. Ferguson and J. Jorgens.
- 1:00 - Review of Non-TBC Chest Pathology Conference; E. T. Bell; Conference Room, Bldg. I.
- 2:00 - 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 Surgical Problems; Conference Room, Bldg. I.
- 5:00 - Fluid Balance Conference; Conference Room, Bldg. I.
- 5:30 - Physiology Seminar; Surgical Conference Room, Bldg. 43.

Wednesday, March 30

Medical School and University Hospitals

- 11:00 - 12:00 Pathology-Medicine-Surgery-Pediatrics Conference; Todd Amphitheater, U. H.
- 12:15 p.m. Family Doctors' Day; Division of Urology; Hospital Dining Room.
- 1:00 - 2:00 Dermatology Clinical Seminar; F. W. Lynch; 300 North Clinic.
- 1:30 - 3:00 Pediatrics Allergy Clinic; Albert V. Stoesser and Lloyd Nelson; W-211, U. H.
- 3:30 - 4:30 Dermatology-Pharmacology Seminar; 3rd Floor Conference Room, Heart Hospital.
- 4:30 - 5:50 Dermatology-Infectious Disease Seminar; 3rd Floor, Conference Room, Heart Hospital.
- 5:00 - 5:50 Urological-Pathological Conference; C. D. Creevy and Staff; A503, Mayo Memorial.
- 5:30 - 7:30 Dermatology Journal Club and Discussion Group; Hospital Dining Room.
- 7:30 - 9:30 Dermatology Seminar; Review of Interesting Slides of the Week; Robert W. Goltz; Todd Amphitheater, U. H.

Wednesday, March 30 (Cont.)

Ancker Hospital

- 8:30 - 9:30 Clinico-Pathological Conference; J. Noble; Auditorium.
11:00 - 12:00 Pediatric and Contagion Rounds; Harry Orme; Contagion 1.
11:00 - 12:00 Medicine Resident Rounds; W. F. Mazzitello.
3:30 - 4:30 Pediatric Surgery Conference; Harry Orme and I. D. Baronofsky; Auditorium.

Minneapolis General Hospital

- 10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station 11.
11:00 - Pediatric Rounds; Erling Platou and Richard Raile; Station 6.
12:30 - Pediatrics Staff Meeting; Classroom, Station 4.

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, Ferguson, Brakel, Swenson, Nesbitt and Sadoff.
10:30 - Psychosomatic Conference; C. K. Aldrich; 7th Floor, Bldg. 43.
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 and Williams.
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, March 31

Medical School and University Hospitals

- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; Room 3.148 Mayo Memorial.
11:00 - 12:00 Cancer Clinic; K. Stenstrom, B. Zimmermann; Todd Amphitheater, U. H.
12:30 - 1:55 Physiology Seminar 210; Transport; Selected Topics in Advanced Permeability; Nathan Lifson; 214 Millard Hall.
1:30 - 4:00 Cardiology X-ray Conference; Heart Hospital Theatre.
4:00 - 5:00 Anesthesiology Seminar; F. H. Van Bergen and Staff; Room 100, Mayo Memorial.
7:30 - 9:30 Physiology 211 Seminar; Selected Topics in Heart and Circulation: Hemodynamics; M. B. Visscher and Robert Evans; 271 Lyon Laboratories.
5:00 - 6:00 Radiology Seminar; Portal Venography; E. Robert Heitzman; Eustis Amphitheater, U. H.

Thursday, March 31 (Cont.)

Ancker Hospital

- 8:00 - 9:00 Pediatric Clinical Staff Conference; Contagion Classroom.
- 9:00 - 10:00 Pediatric Contagion Rounds; Alexander Stewart, Contagion 5.
- 9:30 - 10:30 Medical Grand Rounds; Auditorium; Visiting Staff Rounds immediately following Grand Rounds.
- 11:00 - 12:00 Pediatric X-ray Conference.
- 11:00 - 12:00 Medicine Resident Rounds; W. F. Mazzitello.
- 2:00 - 3:00 Routine ECG Interpretation; Ben Sommers; Medical Record Library.

Minneapolis General Hospital

- 9:30 - Neurology Rounds; Heinz Bruhl; Station 4.
- 9:30 - Pediatric Contagion Rounds; R. B. Raile; Station 4.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson and Staff; Station 3.
- 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. Campbell and Moe; Classroom.
- 1:00 - House Staff Conference; Station 4.

Veterans Administration Hospital

- 8:00 - Experimental Surgery Laboratory Meeting; Conference Room, Bldg. I.
- 8:30 - Hematology Rounds; Drs. Hagen and Doe.
- 9:00 - Surgery Grand Rounds; Conference Room, Bldg. I.
- 9:00 - Surgery Ward Rounds; D. Ferguson and Staff; Ward 11.
- 11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.
- 1:00 - Infectious Disease Conference; Conference Room, Bldg. I. (Rounds immediately following conference.)
- 4:00 - 5:00 Medical-Surgical Conference; Medical Conference Room, Bldg. I.

Friday, April 1

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.
- 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 Medical Staff Meeting; Hypertension and Unilateral Renal Disease; M. P. Reiser and C. D. Creevy; Powell Hall Amphitheater.

Friday, April 1 (Cont.)

Medical School and University Hospitals (Cont.)

- 1:00 - 2:50 Neurosurgery-Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U. H.
- 1:00 - 2:00 Physiology Seminar 212; Selected Topics in Respiration: Respiratory and Circulatory Effects of Hypothermia; E. B. Brown; 214 Millard Hall.
- 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 Dermatological Histopathology Room, C-394 Mayo Memorial.
- 3:00 - 4:00 Neuropathological Conference; F. Tichy; Todd Amphitheater, U. H.
- 3:30 - 4:30 Dermatology-Physiology Seminar; 3rd Floor Conference Room, Heart Hospital.
- 4:00 - 5:30 Chest X-ray Conference; Chest Staff and Charles Nice; Todd Amphitheater, U. H.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hanson and Staff; E-534, U. H.
- 5:00 - Urological Seminar and X-ray Conference; A503, Mayo Memorial.

Ancker Hospital

- 8:00 - 9:00 Pediatric Rounds; Charles Steinberg; Contagion 1.
- 10:30 - 11:30 Pediatric Contagion Rounds; Richard Smith; Contagion 1.
- 11:00 - 12:00 Contagion Rounds; Harry Orme; Contagion 5.
- 2:00 - 3:00 Routine EKG Interpretation; Resident Staff.
- 3:00 - 4:00 Medical-Surgical-Pathological Conference; Auditorium.
- 4:00 - 5:00 Medical Journal Club; Conference Room, E5.
- 4:00 - 5:00 X-ray Surgery Conference; Auditorium.

Minneapolis General Hospital

- 10:00 - Otolaryngology Conference; Robert A. Priest, Large Classroom.
- 10:30 - Pediatric Surgical Conference; Tague Chisholm and B. Spencer; Classroom, Station 4.
- 12:00 - Surgery-Pathology Conference; Drs. Campbell and Coe; Classroom.
- 1:00 - 3:00 Clinical-Medical Conference; Thomas Lowry; Classroom, Station 8.

Veterans Administration Hospital

- 10:30 - 11:20 Medicine Grand Rounds; Conference Room, Bldg. I.
- 11:00 - 12:30 Psychiatry Case Conference; Werner Simon; Psychiatry Department, VA Hospital Annex.
- 12:30 - Urology X-ray Conference; X-ray Department.
- 1:00 - CPC Conference; Conference Room, Bldg. I.
- 2:00 - Pathology Slide Conference; E. T. Bell; Conference Room, Bldg. I.

Saturday, April 2

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.
9:00 - 9:30 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; Alexander R. Margulis, 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 Rounds; J. L. McKelvey and Staff; Station 44, U. H.
10:00 - 12:00 Otolaryngology Seminar on Current Literature; L. R. Boies and Staff; Todd Memorial Room, A-675, Mayo Memorial.

Ancker Hospital

- 8:30 - 9:30 Surgery Conference; Auditorium.
9:30 - 11:00 Medicine Grand Ward Rounds; W. F. Mazzitello.
11:00 - 12:00 Medical Clerk Case Conference; W. F. Mazzitello.

Minneapolis General Hospital

- 8:00 - Urology Staff Conference; T. H. Sweetser; Main Classroom.
9:00 - Psychiatry Grand Rounds; R. W. Anderson; Station 3.
9:30 - Pediatrics 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.