

MEDICAL BULLETIN



IN THIS ISSUE

University Hospitals Biennial Report
The Medical Citizen
Medical School Faculty

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Medical Bulletin

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CONTENTS

STAFF MEETING REPORT

*Biennial Report; University of
Minnesota Hospitals, 1958-59, 1959-60*

RAY M. AMBERG, Ph.C. 2

SPECIAL ADDRESS

The Medical Citizen

LEO G. RIGLER, M.D. 36

MEDICAL FOUNDATION NEWS 46

MEDICAL SCHOOL FACULTY 60

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Staff Meeting Report

University of Minnesota Hospitals Biennial Report 1958-59, 1959-60*

Ray M. Amberg, Ph.C.†

The University of Minnesota Hospitals was established to furnish a means for the University of Minnesota to train students in the multiple fields of medical care. Training is given in the hospitals under the direct supervision and guidance of a competent staff made up of a full-time and part-time faculty. The staff is responsible to the State through the University for both the instruction of the students and the care of the patients. This arrangement has proved satisfactory not only in the training of students but also as an economical means for the State to care for many of its indigent sick.



RAY M. AMBERG

The University of Minnesota Hospitals provides many different medical services within its many units and makes available facilities and services which enable physicians to provide the best possible care consistent with the progress in medical science.

University of Minnesota Hospitals Admission Policy

In applying for admission to the Hospitals, the patient must be referred by his family physician or by a physician in his local community. This rule prevents the criticism that the Hospitals and its clinics are taking patients who should be seen by private practitioners. This policy applies to patients admitted to the Variety Club Heart Hospital or to any other unit of the Hospitals.

Patients are classified according to their ability to pay as *County, Per Diem, Teaching and Research, Sixty Fund, Eustis,*

*This report was given at the Staff Meeting of the University of Minnesota Hospitals on September 30, 1960.

†Director, University of Minnesota Hospitals

THE MEDICAL BULLETIN

Rehabilitation, Multiple Sclerosis, Private, or in the case of the Heart Hospital, the *Variety Club of the Northwest Fund*. There is no distinction made among the various classes in treatment or privileges.

COUNTY patients are those who are totally unable to pay. Their expenses are shared equally by their county and the state. When applying for either outpatient or hospital care, each County patient must present county papers filled in by both his physician and his county commissioner (or the commissioner's representative).

PER DIEM patients are those who cannot afford to pay for the services of both a private physician and a private hospital. When applying for either outpatient or hospital care, these patients must present a special form filled in by themselves and their family physicians. They are required to pay their clinic or hospital expenses only, no charge being made for the professional services of the staff. From the standpoint of money received by the Hospitals, there is no difference between a county patient and a per diem patient.

TEACHING AND RESEARCH patients are primarily destitute unmarried obstetrical patients who are unable to obtain county papers.

The SIXTY FUND is a special grant from the State Legislature which is used to hospitalize indigent psychiatric patients for treatment, teaching, and research purposes.

The EUSTIS FUND was set up by William Henry Eustis to care for indigent children under sixteen years of age.

The REHABILITATION FUND is provided by the legislature for the use of the Hospitals, through the Department of Rehabilitation and Physical Medicine, to aid in the physical rehabilitation of patients. Referral by a physician is required.

The MULTIPLE SCLEROSIS DIAGNOSTIC FUND was provided for each year of the past biennium to assist in financing the multiple sclerosis clinic. Referral by a physician is required.

PRIVATE patients, admitted only upon referral from a practicing physician, are utilized in conjunction with the teaching program just as other patients are. They are afforded treatment and privileges comparable to those afforded private patients in any private hospital.

The VARIETY CLUB OF THE NORTHWEST FUND is a special annual gift from the Variety Club to assist in the care of patients from communities in the Club area, which includes Minnesota, North Dakota, South Dakota, and parts of Wisconsin, or from any other area indicated by the Club. Patients may be admitted for care on this fund on the usual recommendation of a

THE MEDICAL BULLETIN

physician. The Variety Club itself may at times request service for certain patients in which it has a special interest; such care is paid for through this fund. No charge is made for the professional services of the staff—only for clinic or hospital expenses.

STUDENT HEALTH SERVICE patients are not considered Hospitals patients even though a Hospitals intern is assigned to that service. The Student Health Service has its hospital infirmary on the fourth floor in the north wing of the University Hospitals but is not a part of the University Hospitals. It is a service institution maintained by the University with a director, staff, and budget of its own. The Student Health Service, located on Church Street west of the Hospitals, provides outpatient care only.

Inpatient Department

The number of patients admitted during the year 1959-60 was 16,096, and in 1958-59 the number was 16,322. The total number of days of hospital treatment aggregated 214,320 for 1959-60 as against 204,941 in 1958-59, an increase of 9,379 patient days. The average length of stay in the Hospitals was 13.3 days in 1959-60 and 12.6 days in 1958-59. The daily average census was 585.6 in 1959-60 and 561.5 in 1958-59. The waiting list of the Hospitals was approximately 100 patients on July 1, 1960.

Surgical operations performed during the year 1959-60 numbered 10,550 as compared with 10,537 during 1958-59.

Deaths in the Hospitals for the year numbered 839. Of this number, 86 occurred within 48 hours after admission; 150 deaths occurred in the Heart Hospital and 162 in the Masonic Hospital. Autopsies for the year 1959-60 numbered 683, an over-all rate of 85.9 per cent; in 1958-59 the number of autopsies was 697, at an over-all rate of 86.1 per cent.

Psychopathic Hospital

The Psychopathic Department of the Hospitals admitted 710 adult patients during the year as compared with 906 in 1958-59. The total number of patient days of hospital care was 20,030 in 1959-60 as against 19,999 in 1958-59. The average length of stay was 28.2 days in 1959-60 and 22.1 days in 1958-59.

Child Psychiatry admitted 246 patients in 1959-60 as compared with 172 in 1958-59. The total number of patient days aggregated 5,447 in 1959-60 as against 4,938 in 1958-59.

Variety Club Heart Hospital

The Variety Club Heart Hospital admitted 1,844 patients

THE MEDICAL BULLETIN

in 1959-60 as compared with 1,636 in 1958-59. The total number of patient days of hospital care was 22,904 in 1959-60 and 23,148 in 1958-59. The average length of stay on both adult and pediatric stations was 12 days in 1959-60. In 1958-59 the average length of stay on pediatrics was 16 days, and in the adult section it was 13 days. The average daily census during 1959-60 was 63 (32 pediatrics, 31 adults), and in 1958-59 it was also 63 (30 pediatrics, 33 adults).

Masonic Memorial Hospital

The Masonic Memorial Hospital receives all of its patients by transfer from the general hospital. Patients treated in 1959-60 numbered 730 as against 381 in 1958-59. The total number of patient days of hospital care was 23,456 during 1959-60 as compared with 13,082 in 1958-59. The average length of stay in the Masonic Hospital was 32.1 days in 1959-60 and 34.3 days in 1958-59. The daily average census was 64.1 in 1959-60 and 35.8 in 1958-59.

Outpatient Department

The number of new patient visits in 1959-60 was 20,285, and in 1958-59 it was 21,740. Total patient visits made in 1959-60 were 119,602, and in 1958-59 the number was 131,293.

X-Ray Department

The X-Ray Department reported 66,851 procedures for the year 1959-60 as compared with 70,213 for the year 1958-59.

The Department of X-Ray Therapy gave 20,840 deep therapy treatments in 1959-60 as compared with 20,509 in 1958-59. There were 13,442 treatments given on the cobalt machines in 1959-60, and in 1958-59 the number was 13,189. Superficial therapy treatments in 1959-60 numbered 1,055 as compared with 606 in the year 1958-59.

Hospital Laboratories

The Hospital Laboratories made 769,502 determinations during 1959-60 as compared with 745,093 in 1958-59.

Pharmacy

The Pharmacy filled 251,206 prescriptions in 1959-60 as compared with 230,531 in 1958-59.

Rehabilitation Center

There were 55,642 patient visits to the Rehabilitation Center by 3,612 patients during the past year. In 1958-59 there were 49,718 patient visits by 3,220 patients.

Other Departments

The services of the Social Service, Medical Record, and Nutrition departments are all shown statistically on separate tables in this report.

The Nursing Service has prepared a complete report of its operations for the year, which will be presented to the staff at a Staff Meeting during the current year.

The reports of Powell Hall and Volunteer Service have been prepared and are on file in the Office of the Administrator.

Cost of Operation

The over-all cost of running the Hospitals was \$37.45 per patient day in 1959-60 and \$35.66 in 1958-59, an increase of \$1.79 per patient day. The cost per outpatient visit was \$8.07 in 1959-60, and in 1958-59 the cost was \$7.25, an increase of \$0.82 per patient visit.

The Outlook

The Hospitals anticipates a comparable level of operation in 1960-61. Operating costs will continue to rise, and the increase must be met by an appropriate increase in charges. No new construction is planned, but renovation of the existing facilities will continue. The new appointment system in the Outpatient Department should result in improved patient care. The Hospitals will continue to provide a high quality of patient service while participating in teaching and research programs.

The shortage of skilled hospital personnel continues, owing to increased demand for hospital services, widespread hospital construction, and the constant improvement of more demanding medical techniques. While every effort will be made to recruit additional skilled personnel, more emphasis must be placed on better utilization of our present staff.

ADDITIONAL SUPPORT

Hospital funds alone cannot provide for all the needs of an institution, satisfying the technical demands and the demands of day-to-day operation. Since hospitals vary in their requirements, and the public's desire to serve varies with individuals' abilities and interests, no pattern for requests can be set.

One paramount need of a hospital, however, is public understanding of its aims. To achieve this it needs the assistance of many people in addition to the paid staff—people who are willing to give their time or financial support. The continued interest of devoted friends contributes immeasurably to telling the hospital's story.

THE MEDICAL BULLETIN

The University of Minnesota Hospitals is fortunate in having individuals and groups of individuals who show this interest and devotion. Thus it is fitting that we thank the Masons of Minnesota and their affiliated organizations for their liberal donations which have made possible the Masonic Memorial Hospital; and we owe thanks to the Variety Club of the Northwest for the funds for the construction of the fifth floor of the Variety Club Heart Hospital, and for continued generosity in providing funds for patient care.

We also wish to thank the Variety Club Auxiliary for support to the Variety Club Heart Hospital; the University Hospitals Auxiliary—along with other sections of the Faculty Women's Club—for generous efforts on behalf of our patients; the directors and staffs and members of the County Welfare Departments; the Minnesota State Department of Welfare; the Minneapolis Department of Relief; Miss Rosa Stadem, Hennepin County Commissioners Office; the Minnesota Society for Crippled Children and Adults; Travelers Aid; the Greater Minneapolis Council of Churches; the Hennepin County Chapter of the American Red Cross; the State Division of Vocational Rehabilitation; the Lutheran Welfare Society; the Family and Children's Service of St. Paul and Minneapolis; the Combined Nursing Service of Minneapolis; the Family Nursing Service of St. Paul; the Hennepin and Ramsey County Nursing Services; the State Board of Health; the Community Information Service; the Minneapolis Society for the Blind; Booth Memorial Hospital; Phillips 66 Men's Club; the Alpha Lambda Air Line Hostesses; and the many other organizations and individuals who have contributed to our patients' welfare, including, of course, the chaplains who minister so devotedly to the spiritual needs of our patients.

We of the Hospitals wish to express our appreciation to our volunteer workers who have generously given their time in performing services for our patients and in assisting our staff. We also wish to thank the many people who have contributed to service and research funds during the year.

The Administration desires finally to express its gratitude to the members of the professional and service staffs for their loyalty, helpfulness, and considerate care of our patients.

THE MEDICAL BULLETIN

UNIVERSITY OF MINNESOTA HOSPITALS

Statement of Income & Expenditures

June 30, 1960

INCOME

County & State Reimbursement	\$ 3,164,534.30
Pay Bed	3,699,750.00
Minnesota Hospital & Home for Crippled Children	75,000.00
Psychopathic Hospital	602,344.00
Child Psychiatry	232,324.00
Rehabilitation	388,546.30
Out-Patient Department	261,488.64
Student Health Service	186,732.78
Variety Club Heart Hospital	50,000.00
University Funds	252,637.00
Other Funds	44,879.31
Multiple Sclerosis	32,640.00

Total \$ 8,991,076.33

EXPENDITURES

Salaries & Wages	\$ 5,792,396.74
Supplies & Expense	3,198,679.59

Total \$ 8,991,076.33

COST OF OPERATION

Year	Out-Patient Dept.	In-Patient Dept.	Out-Patient Visit	Hospital Day
1957-58	\$ 798,817.88	\$ 6,469,550.81	\$ 6.38	\$ 33.36
1958-59	951,347.46	7,307,189.69	7.25	35.66
1959-60	964,859.63	8,026,216.70	8.07	37.45

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

In-Patient Department

	1958-59	1959-60		1958-59	1959-60
Total Patients Admitted			Average Days per Patient		
County (A)	4,255	4,372	County (A)	15.2	15.3
Pay & Per Diem (B,D,C)	8,837	8,604	Pay & Per Diem (B,D,C)	10.6	12.0
Student Health Service	1,523	1,388	Student Health Service	3.8	3.9
Psychiatry	409	329	Psychiatry	22.1	29.0
Psychiatry (Pay, Per Diem)	497	381	Psychiatry (Pay, Per Diem)	21.2	30.9
Child Psychiatry	92	153	Child Psychiatry	31.8	22.2
Child Psychiatry			Child Psychiatry		
(Pay, Per Diem)	80	93	(Pay, Per Diem)	20.8	19.2
Free	273	272	Free	7.2	6.8
Eustis	158	163	Eustis	10.1	7.3
Variety Club Fund	19	5	Variety Club Fund	22.3	43.9
Masonic Hospital			Masonic Hospital		
County	77	156	County	43.2	38.2
Pay	94	179	Pay	26.8	22.1
Rehabilitation	8	1	Rehabilitation	11.3	8.0
Totals	16,322	16,096	Average Length of Stay per Patient	12.6	13.3
Total Patients Treated (Discharged)			Daily Average No. Patients		
County (A)	4,691	4,725	County (A)	194.9	198.2
Pay & Per Diem (B,D,C)	8,100	7,773	Pay & Per Diem (B,D,C)	234.9	229.9
Student Health Service	1,526	1,385	Student Health Service	15.7	15.0
Psychiatry	485	405	Psychiatry	29.3	32.3
Psychiatry (Pay, Per Diem)	438	328	Psychiatry (Pay, Per Diem)	25.5	22.4
Child Psychiatry	109	163	Child Psychiatry	9.5	10.4
Child Psychiatry			Child Psychiatry		
(Pay, Per Diem)	71	81	(Pay, Per Diem)	4.0	4.5
Free	273	285	Free	5.4	4.6
Eustis	174	177	Eustis	4.8	3.4
Variety Club Fund	28	13	Variety Club Fund	1.7	.8
Masonic Hospital			Masonic Hospital		
County	184	412	County	21.7	43.2
Pay	187	315	Pay	13.8	19.8
Rehabilitation	10	2	Rehabilitation	.3	.0
Free		1	Free		1.1
Totals	16,276	16,065	Daily Average Census for Hospital	561.5	585.6
Total Days Hospital Care			Total Days Hospital Care		
County (A)	71,148	72,529	Free	1,953	1,666
Pay & Per Diem (B,D,C)	85,721	84,146	Eustis	1,752	1,255
Student Health Service	5,724	5,484	Variety Club Fund	624	307
Psychiatry	10,711	11,836	Masonic Hospital		
Psychiatry (Pay, Per Diem)	9,288	8,194	County	7,940	15,801
Child Psychiatry	3,464	3,795	Pay	5,029	7,251
Child Psychiatry			Rehabilitation	113	8
(Pay, Per Diem)	1,474	1,652	Free		396
Totals	204,941	214,320	Totals	204,941	214,320

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

In-Patient Department

SERVICE	ADMISSIONS		PATIENT DAYS		AVG. LENGTH STAY	
	1958-59	1959-60	1958-59	1959-60	1958-59	1959-60
Surgery, General	2,175	2,082	30,791	33,653	14.2	16.2
Neurosurgery	535	570	8,381	8,085	15.7	14.2
Orthopedics	426	391	6,981	7,324	16.4	18.7
Urology	808	879	8,366	9,032	10.4	10.3
Totals	3,944	3,922	54,519	58,094		
Medicine	2,269	2,444	39,239	43,376	17.3	17.7
Dermatology	69	94	2,035	2,391	29.5	25.4
Totals	2,338	2,538	41,274	45,767		
Psychiatry	906	710	19,999	20,030	22.1	28.2
Neurology	609	591	8,532	8,415	14	14.2
Child Psychiatry	172	246	4,938	5,447	27.4	22.1
Totals	1,687	1,547	33,469	33,892		
Ophthalmology	203	214	2,267	2,638	11.2	12.3
Otolaryngology	570	484	2,490	2,889	4.4	6.0
Totals	773	698	4,757	5,527		
Gynecology	877	1,055	8,947	9,072	10.2	8.6
Obstetrics	1,158	1,091	6,449	6,366	5.6	5.8
Newborn (Peds)	1,027	927	6,561	5,802	6.4	6.3
Pediatrics (General)	2,633	2,608	36,549	38,089	13.9	14.6
Health Service	1,558	1,417	5,703	5,541	3.7	3.9
Rehabilitation	319	289	5,957	5,614	18.7	19.4
Anesthesia	8	4	756	556	94.5	139.0
TOTALS	16,322	16,096	204,941	214,320	12.6	13.3

COMPARISON OF LENGTH OF STAY

SERVICE	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58	1958-59	1959-60
General Surgery	14	13	14	14.5	15.3	14	12.6	11.8	14.2	16.2
Urology	12	11	10	9.7	10.3	10.4	9.8	10.4	10.4	10.3
Orthopedics	27	25	25	23.5	20.6	18.5	18.3	17.5	16.4	18.7
Neurosurgery	11	11	15	11.7	14.3	14.3	13.6	13.8	15.7	14.2
Anesthesia						1	50.3	159.1	94.5	139.0
Rehabilitation					33.3	16.8	19.2	21.6	18.7	19.4
Medicine	21	21	17	15.5	15.7	16.3	16.9	18	17.3	17.7
Neurology	17	16	16	15	13.6	15.3	16.2	17.6	14	14.2
Dermatology	22	20	22	19.3	19.9	17.9	13.7	14.9	29.5	25.4
Psychiatry	34	30	34	34.3	46.8	36.2	27.4	28.9	22.1	28.2
Child Psychiatry			19	22.3	21.1	22.3	23.3	26.2	27.4	22.1
Ophthalmology	15	14	19	13.5	15.4	12.6	16.3	13.6	11.2	12.3
Otolaryngology	9	8	7	6	6.4	6.6	5	4.3	4.4	6.0
Gynecology	8	8	9	14.3	14.3	16.6	9.8	9.3	10.2	8.6
Obstetrics	9	8	7	6.3	6.6	6.3	6	5.8	5.6	5.8
Newborn Pediatrics	9	8	8	6.6	6.3	5.9	6.8	6.2	6.4	6.3
Pediatrics	16	18	17	16.8	15.8	15.8	14.3	14.4	13.9	14.6
Health Service	4	4	3	3.4	3.2	3.3	3.3	3.5	3.7	3.9
TOTALS	13	14	13	13.2	13.8	13.4	12.4	12.3	12.6	13.3

THE MEDICAL BULLETIN

WAITING LIST

July 1, 1960

SERVICE	1955-56	1956-57	1957-58	1958-59	1959-60
Male Surgery	0	2	0	5	4
Female Surgery	5	9	3	6	4
Neurosurgery	0	3	0	0	0
Plastic Surgery	7	13	2	0	0
Urology	8	7	7	11	1
Orthopedics (Pediatrics)	4	5	4	2	2
Plastic Surgery (Pediatrics)	6	5	0	0	0
Surgery (Pediatrics)	0	0	0	1	0
Urology (Pediatrics)	2	1	1	2	0
Orthopedics	5	15	12	30	21
Medicine	0	0	1	0	0
Medicine (Pediatrics)	0	1	1	0	0
Neurology	41	46	56	14	18
Neurology (Pediatrics)	0	0	0	0	0
Psychiatry (Adult)	2	8	19	12	5
Psychiatry (Pediatrics)	5	13	20	23	5
Dermatology	0	0	0	0	0
Ophthalmology	0	0	0	0	0
Ophthalmology (Pediatrics)	0	0	0	0	0
Physical Medicine (Adult)	7	2	14	11	1
TOTALS	<u>92</u>	<u>130</u>	<u>140</u>	<u>117</u>	<u>61</u>

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Out-Patient Department

SERVICE	NEW PATIENTS		REVISITS		TOTALS	
	1958-59	1959-60	1958-59	1959-60	1958-59	1959-60
MEDICINE						
General	2,948	2,936	7,772	6,405	10,720	9,341
Allergy	55	58	1,692	1,432	1,747	1,490
Arthritis	108	105	1,294	1,053	1,402	1,158
Cardiac (Adult)	406	376	2,357	1,995	2,763	2,371
CMC (Combined Medical Clinic)	---	5	70	85	70	90
Chest	60	28	571	362	631	390
Diabetic	121	80	1,021	953	1,142	1,033
Gastro-intestinal	28	13	198	155	226	168
Hematology	44	23	949	810	993	833
Metabolism	23	23	684	493	907	516
DERMATOLOGY & SYPHILIGOLOGY						
	658	598	3,442	3,668	4,100	4,266
NEUROLOGY						
General	487	411	856	808	1,343	1,219
Convulsive Disorder	---	4	1,276	1,165	1,276	1,169
Headache	16	4	136	109	152	113
Multiple Sclerosis	7	7	367	539	374	546
Muscular Dystrophy	10	1	107	83	117	84
Parkinson	1	7	323	268	324	275
PSYCHIATRY						
	426	362	3,728	4,199	4,154	4,561
SURGERY						
General	605	483	4,206	3,254	4,811	3,737
Plastic	41	46	405	291	446	337
Proctology	337	287	872	788	1,209	1,075
Orthopedic	440	402	2,177	2,005	2,617	2,407
Urology-Female	147	101	333	455	480	556
Urology-Female Tumor	16	8	43	45	59	53
Urology-Male	270	183	963	1,038	1,233	1,221
Urology-Male Tumor	42	27	256	273	298	300
Neurosurgery	62	97	608	614	670	711
EYE						
General	872	718	4,712	5,838	5,584	6,556
Refraction	---	---	582	---	582	---
Squint	5	---	337	257	342	257
EAR, NOSE AND THROAT						
Audiology	622	621	3,305	3,449	3,927	4,070
	546	774	850	800	1,396	1,574
GYNECOLOGY						
General	470	381	1,316	991	1,786	1,372
Gynecology Tumor	73	77	1,590	1,631	1,663	1,708
Gynecology Proctology	1	4	160	170	161	174
OBSTETRICS						
Night Obstetrics	522	412	3,754	3,142	4,276	3,554
(cont'd)	---	---	62	---	62	---

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Out-Patient Department (cont'd)

SERVICE	NEW PATIENTS		REVISITS		TOTALS	
	1958-59	1959-60	1958-59	1959-60	1958-59	1959-60
PEDIATRICS						
General	1,176	1,039	5,129	4,439	6,305	5,478
Allergy	14	2	390	306	404	308
Cardiac	438	373	1,506	1,466	1,944	1,839
Convulsive Seizure	12	—	520	538	532	538
Endocrine	2	—	249	290	251	290
Peds Hematology	4	—	333	527	337	527
Child Psychiatry	740	549	1,279	2,137	2,019	2,686
Peds Neurology	35	1	306	485	341	486
Peds Renal	2	3	284	280	286	283
Child Development Study			342	1,097	342	1,097
Well Baby	14	7	311	65	325	72
TUMOR	181	155	2,183	1,919	2,364	2,074
EMERGENCY	3,378	3,692	19,279	14,247	22,657	17,939
NUTRITION	1,365	1,028	597	1,059	1,962	2,087
DENTAL	85	89	2,369	2,337	2,454	2,426
NORTH	3,269	3,229	19,295	17,371	22,564	20,600
PHYSICAL MEDICINE AND REHABILITATION	556	456	1,607	1,131	2,163	1,587
Totals	21,740	20,285	109,553	99,317	131,293	119,602

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Hospital Laboratories

LABORATORY	NUMBER OF DETERMINATIONS	
	1958-59	1959-60
Bacteriology	33,616	40,616
Blood Bank	320,208	335,767
Cancer Detection	26,617	28,590
Chemistry	79,771	85,904
Clerks	10,211	7,951
Dispensary	65,165	59,340
Electrocardiography & Basal Metabolism	10,355	9,203
Electroencephalography	1,949	2,023
Heart Catheterizations (Heart Catheterization Cases)	756 (378)	4,441* (388)
Heart Hospital	16,360	15,759
Hematology	102,029	101,222
Hematology, Special	1,592	1,599
North Clinic	8,097	6,402
Parasitology	839	688
Serology	11,244	10,961
Tissues		
Specimens		
(Autopsy)	(725)	(748)
(Surgical)	(4,927)	(4,851)
Blocks		
Autopsy	15,288	16,726
Surgical	14,272	14,391
Cytology	369	998
Special Stains, etc.	352	540
Extra Slides	1,177	1,509
Frozen Sections	---	649
Urinalysis	<u>24,826</u>	<u>24,223</u>
TOTALS	745,093	769,502

* The method of keeping the census was changed; each test done was counted rather than being included in one Heart Catheterization. The introduction of the oximeter made possible a 57% increase in work load.

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Operating Room

SERVICE	Major		Minor		Totals	
	1958-59	1959-60	1958-59	1959-60	1958-59	1959-60
DEPARTMENT OF SURGERY						
General Surgery	2,082	2,044	1,007	788	3,089	2,832
Neurosurgery	463	470	153	56)	616	602
X-Rays				76)		
Urological Surgery	185	248	60	55	245	303
Orthopedics	313	310	158	117)	471	801
Casts on Operatives			441	135)	441	
Casts on Non-Operatives				238)		
X-Rays				1)		
DEPARTMENT OF GYNECOLOGY						
X-Rays	227	222	253	281)	480	505
				2)		
DEPARTMENT OF EAR, NOSE & THROAT						
Otolaryngology	359	334	635	525	994	859
Dentistry	34	31	8	2	42	33
DEPARTMENT OF OPHTHALMOLOGY						
(Neurology)				5		5
(X-Ray)				41		41
(Physiology)				17		17
Totals	3,909	3,888	2,833	2,426	6,742	6,314
CYSTOSCOPY DEPARTMENT						
TURs & Operative Procedures	286	251	—	—	286	251
Cystoscopies			2,463	2,869	2,463	2,869
Minor Non-Cystoscopies			49	72	49	72
X-Rays			997	1,044	997	1,044
Totals	286	251	3,509	3,985	3,795	4,236
Combined Totals	4,195	4,139	6,342	6,411	10,537	10,550
SUMMARY						
	<u>1958-59</u>	<u>1959-60</u>				
Majors	4,195	4,139				
Minors	<u>6,342</u>	<u>6,411</u>				
Totals	10,537	10,550				

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Pharmacy

MONTH	OUT-PATIENT RX		HOSPITAL RX		TOTAL RX	
	1958-59	1959-60	1958-59	1959-60	1958-59	1959-60
July	4,789	4,593	11,529	15,145	16,318	19,738
August	4,496	4,687	12,599	14,777	17,095	19,464
September	4,464	4,750	11,115	16,055	15,579	20,805
October	5,179	4,750	13,652	16,151	18,831	20,901
November	4,366	4,355	14,357	16,289	18,723	20,644
December	4,983	4,709	14,413	17,076	19,396	21,785
January	4,994	4,545	15,201	14,787	20,195	19,332
February	4,566	4,513	14,743	16,331	19,309	20,844
March	5,264	5,087	16,143	17,877	21,407	22,964
April	5,482	4,853	15,617	16,444	21,099	21,297
May	5,133	4,956	16,769	16,605	21,902	21,561
June	<u>5,107</u>	<u>5,115</u>	<u>15,570</u>	<u>16,756</u>	<u>20,677</u>	<u>21,871</u>
TOTALS	58,823	56,913	171,708	194,293	230,531	251,206

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

X-Ray

PARTS EXAMINED	1958-59	1959-60
Abdomen	2,118	1,726
Ankle and Foot	968	952
Arm, Forearm, Elbow	582	596
Bronchogram	123	111
Bone Age	3	-
Bone Survey	14	22
Chest	27,076	25,035
Cholangiogram	243	153
Cine Examinations	45	21
Colon	2,673	2,564
Encephalogram	272	302
Retrograde Ventriculogram	33	231
Injection of Sims Tract	-	1
Facial Bones	267	261
Fetogram	60	56
Gall Bladder	855	791
Heart Catheterization	364	346
Heart	2,159	1,903
Hepatogram	-	1
Hip Nailing	41	38
Hysterosalpingogram	41	48
Knee, Leg, Thigh	1,289	1,469
Kymogram	48	10
Mustard Injections	-	25
Pallidotomy	23	11
Pelvis and Hip Joints	2,247	2,378
Pelvimetry	138	129
Pharynx, Larynx	14	14
Placentogram	15	12
Planigram	147	167
Pneumoperitoneal Air Study	4	3
Ribs and Sternum	196	172
Shoulder Girdle	455	448
Sialogram	1	6
Simuses, Paranasal and Mastoids	546	492
Skull, Orbits, Sella Turcica	2,537	2,565
Small Bowel	166	188
Thalamotomy	-	2
Spine (entire)	3,209	3,165
Myelogram	290	234
Discogram	-	1
Splenogram-Splenoportogram	8	3
Stomach, Duodenum, Esophagus	4,896	4,326
Tympanogram	-	1
Ventriculogram	82	80
Wrist and Hand	871	782
Miscellaneous	2	-

(cont'd)

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

X-Ray (cont'd)

PARTS EXAMINED	1958-59	1959-60
UROLOGICAL RADIOGRAPHY EXAMINATIONS		
Cystogram, Urethrogram	716	679
Intravenous Urogram	1,782	2,000
Kidney Cyst Puncture	-	1
Isolated Kidney	3	8
Urinary Tract (KUB)	890	711
Nephrogram	2	1
Urogram (Retrograde Pyelogram)	330	441
VASCULAR RADIOGRAPHY		
Angiogram	224	142
Aortogram	239	205
Arteriogram	91	77
Cerebral Angiogram	288	274
Phlebogram	17	14
Venacavagram	7	4
Venogram	28	21
TOTAL RADIOGRAPHIC EXAMINATIONS	59,738	56,419
PHOTOFLUOROGRAPHY		
Employees	1,271	1,329
Admission Cases	---	---
TOTAL	1,271	1,329
FLUOROSCOPY		
Diagnostic	9,204	9,103
TOTAL	9,204	9,103
TOTAL X-RAY PROCEDURES	70,213	66,851
RADIOGRAPHIC EXAMINATIONS DONE		
Heart Hospital	5,247	4,366
Urology Department	2,054	2,179
Main Operating Room	3,498	3,485
Main Hospital	48,939	46,389
TOTAL	59,738	56,419
(cont'd)		

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

X-Ray (cont'd)

	1958-59	1959-60
PATIENTS EXAMINED		
Cancer Detection Center	4,194	4,368
Hospital	17,882	16,211
Heart Hospital	4,797	3,689
Out-Patient Department	16,712	14,681
Urology X-Ray Department	1,642	1,681
Main Operating Room	3,298	3,159
Student Health Service	1,557*	1,480*
Private	12,439*	11,673*
Employees	1,119*	1,202*
* Included in "Total Patients"		
TOTAL	48,525	43,789

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

X-Ray Therapy Department

TYPE OF TREATMENT	1958-59	1959-60
Deep X-Ray Treatments		
New Patients	711	646
Patients Retreated	<u>189</u>	<u>200</u>
Total Number of Patients Treated	900	846
Hennepin County Patients	131	96
Ramsey County Patients	33	43
Patients from Other Counties	<u>199</u>	<u>81</u>
Total County Patients	363	220
Out-Patient Treatments	12,908	10,855
House-Patient Treatments	<u>7,601</u>	<u>9,985</u>
Total Number of Treatments	20,509	20,840
Average Number of Treatments per Patient	23+	24.6
No. Treatments on 250 KV Machine	4,260	4,193
No. Treatments on 400 KV Machine	3,060	3,205
No. Treatments on Canadian Cobalt Machine	7,037	6,968
No. Treatments on Picker Cobalt Machine	6,152	6,474
Superficial X-Ray Treatments		
Phillips Contact Treatments	14	18
120 KV	117	605
84 KV	606	---
Out-Patient Treatments	437	776
House-Patient Treatments	<u>169</u>	<u>279</u>
Total Number of Treatments	606	1,055
Radium		
Total Number of Treatments	193	196
New Patients Treated	171	176
Strontium (Beta Ray)		
Total Number of Treatments	42	26
New Patients Treated	8	5
(cont'd)		

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

X-Ray Therapy Department (cont'd)

TYPE OF TREATMENT	1958-59	1959-60
Radioisotope Laboratory		
Radiiodine		
Number of New Tracer Studies	444	482
Number of Repeat Tracer Studies	143	174
Number of New Patients Given Treatment	37	39
Number of Patients Retreated	7	13
Total Studies & Treatments	631	708
Total Number of Millicuries Used for Treatment	396.5	540
Phosphorus		
Total Number of Patients Treated	61	56
Number of New Patients Given Treatment	13	8
Number of Patients Retreated	58	48
Eye Tumor Diagnosis Studies	31	10
Total Number of Millicuries Used for Treatment	137.1	146.2
Total Number of Millicuries Used for Eye Studies	14.95	5
RHSA Blood Volume Studies		
Number of Studies	152	51
Radioactive Gold		
Number of Patients Treated	2	-
Total Number of Millicuries	155	-
Radioactive Chromium Red Cell & Survival Studies		
Blood Volume Studies	50	24
Survival Studies	40	29
Fe 59 Studies	0	0
Cobalt 60 - B 12 Studies		
Number of Co 60 - B 12 Studies	152	118
Number of Co 60 - B 12 Studies with Intrinsic Factor	11	14
Urinary Excretion Studies		
Number of Studies	-	26
Conversion Ratio Studies		
Number of Studies	450	490

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

North Clinic

CLINIC ATTENDANCE	NEW PATIENTS		REVISITS		TOTALS	
	1958-59	1959-60	1958-59	1959-60	1958-59	1959-60
Medicine	563	562	2,900	2,250	3,463	2,812
Neurology	191	254	1,056	1,140	1,247	1,394
Dermatology	53	22	218	92	271	114
Surgery	330	298	3,522	2,998	3,852	3,296
Urology	248	224	1,237	1,284	1,485	1,508
Neurosurgery	356	343	720	752	1,076	1,095
Deep X-Ray	185	160	49	15	234	175
Orthopedics	96	123	1,001	967	1,097	1,090
Physical Medicine	72	57	117	81	189	138
Dental	3	2	6	4	9	6
Eye	0	0	4	1	4	1
Ear, Nose and Throat	273	276	535	556	808	832
Obstetrics	415	343	3,801	3,587	4,216	3,930
Gynecology	244	250	2,208	1,912	2,452	2,162
Pediatrics	179	240	1,437	1,349	1,616	1,589
Psychiatry (Child)	32	41	45	74	77	115
Psychiatry (Adult)	30	21	439	292	469	313
TOTALS	3,270	3,216	19,295	17,354	22,565	20,570

THE MEDICAL BULLETIN

MEDICAL RECORD DEPARTMENT

1959-60

Chart Service

Approximately 205,591 records were handled by the Medical Record Department during the year 1959-60. This averages about 800 records withdrawn from and returned to file each day. This figure does not include records pulled for patients who failed their clinic appointments nor does it include the many records pulled each day for the purpose of placing lab reports, x-ray reports, correspondence, etc. on them. In addition, several thousand records have been changed over to new color control folders during the year. A breakdown of the uses made of the records and a comparison with the previous year follows:

	1958-59	1959-60
Insurance reports	7,084	7,217
Studies and follow-up	33,527	28,333
Clinic visits	131,293	119,602
Miscellaneous calls, file room		16,761
Hospital admissions	16,322	16,096
Information desk (phone calls)	15,004	15,112
Chart conferences		2,470
Total	203,230	205,591

Stenographic Department

Letters transcribed.....	29,788
Discharge.....	21,956
Medical Specialties.....	7,832
Operations transcribed.....	13,798
General Surgery.....	9,796
Cystoscopies.....	4,002
Pathological Tissues.....	16,348
Autopsies*	
Gross and Clinical.....	1,796
Copy Work.....	1,107

*Because the autopsies are typed twice, it is difficult to give a true picture of the autopsies done during the year.

Research Projects

Twenty-eight thousand, three hundred thirty-three records were pulled for studies and follow-up during the past year. Of this number 146 studies were completed, 8 are long-term, 20 were discontinued, and one was reactivated. Although the total number of records pulled for this purpose was less than during the previous year, the number of completed studies was 64 more than in 1958-59.

THE MEDICAL BULLETIN

NUTRITION DEPARTMENT

1959-60

<u>RAW FOOD COST</u>		<u>Monthly Average</u>	<u>Percentage</u>
Patients	\$ 233,834.23	\$ 19,486.19	72.5
Cafeteria	<u>88,617.15</u>	<u>7,384.76</u>	<u>27.5</u>
Total	\$ 322,451.38	\$ 26,870.95	100.00
<u>MEALS SERVED</u>			
Patients	701,695	58,475	73.5
Cafeteria	<u>253,483</u>	<u>21,123</u>	<u>26.5</u>
Total	955,178	79,598	100.0
<u>PER CAPITA COST</u>			
Patients (per day)	\$.999		
(per meal)	.333		
Cafeteria (per day)	\$ 1.047		
(per meal)	.349		
295,425 (42%) Special diet meals served			
15,202 Infant formulas			
19,754 Infant purees			
11,713 Supplementary feedings			
9,539 served at Staff luncheons			
<u>MASONIC MEMORIAL HOSPITAL (Raw Food Cost)</u>			
Total Cost of Raw Food Used		\$ 25,897.11	
Average Cost of Raw Food Used per Month			\$ 2,158.09
Total Meals Served		70,566	
Average Number of Meals Served per Month			5,880
Average Raw Food Cost per Meal per Day			.367
Average Number of Ambulatory Patients per Month		803	
Average number of Tray Patients per Month		1,145	

THE MEDICAL BULLETIN

DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION 1959-1960

In the past year the Rehabilitation Center has again shown increases in its service load for patient care in almost all services.

The statistical report summarized in Table 1 shows the steady increases in patients and services since the Rehabilitation Center was opened in 1954 by comparing the statistics for 1954-55, 1957-58 and 1959-60. In that period the patient load has increased 78 per cent. The number of treatments given has increased 106 per cent. Although the physical therapy staff has been increased by only two therapists, the patient load in physical therapy has increased 140 per cent. Rehabilitative occupational therapy has increased 67 per cent. The most striking increase of 1,040 per cent has been in the development of prevocational therapy which was a newly developed program instituted at the time the rehabilitation center opened. Speech therapy has increased by 377 per cent and vocational counseling by 88 per cent.

PHYSICAL MEDICINE & REHABILITATION

Table I

Summary of Services of Rehabilitation Center

	1954-55			1957-58			1959-60			Per cent Increase Over 1954-55
	Out-Pt.	In-Pt.	Total	Out-Pt.	In-Pt.	Total	Out-Pt.	In-Pt.	Total	
Patients	415	1,612	2,027	492	2,479	2,971	608	3,004	3,612	78
Patient Visits	6,822	33,018	39,840	6,996	44,506	51,202	7,527	48,085	55,642	40
Treatments or Conferences	14,045	49,620	63,665	24,628	97,001	121,629	26,248	105,040	131,290	106
Physical Therapy	11,516	19,685	31,201	17,236	55,445	72,681	16,223	58,443	74,666	140
Occupational Therapy	1,267	28,821	30,088	3,724	39,871	43,595	6,154	43,993	50,147	67
Rehabilitation	1,174	8,382	9,556	2,463	15,529	17,992	1,097	14,260	15,359	61
Prevocational	93	503	596	1,261	1,763	3,024	5,057	1,147	6,204	1,040
Special Services		19,936	19,936		22,579	22,579		28,586	28,586	43
Speech Therapy	723	339	1,062	2,755	1,094	3,849	2,406	1,591	3,997	377
Vocational Counseling	539	775	1,314	913	591	1,504	1,465	1,013	2,478	88
Social Service						203				

THE MEDICAL BULLETIN

THE MEDICAL BULLETIN

PHYSICAL MEDICINE & REHABILITATION (cont'd)

Table II

Occupational Status of Patients Discharged
from Rehabilitation Center

Occupational Status unchanged from that prior to admission to the Hospital:

1A Will resume occupation at previous place of employment	208
1B Will resume occupation at new place of employment	2
1C Will resume previous self employed occupation	8
1D Will resume previous homemaking activities	337
1E Will resume previous schooling	402
1F Will resume previous preschool activities	116
2. Unemployed (not used if referred for vocational services)	48
3. Retired (used primarily for patients over 65 years of age)	148

Occupational status changed from that prior to admission to the Hospital:

4A Will start on a new occupation at previous place of employment	2
4B Will start on a new occupation at a new place of employment	28
4C Will start or has started a school program	6
4D Will start homemaking	1
5A In college (business or academic)	9
5B In high school (regular or vocational)	1
5C Correspondence Course	1
6A Will start on-the-job training	1
6B Will start in a Sheltered or Rehabilitation Workshop	7
7. Unemployable	20
8. Ready for placement but not placed at time of discharge	14
9. Further investigation required	80
10. Deceased	54
11. Temporarily discharged from a Rehabilitation Center Program	254
12. Transferred to nursing home or another hospital	92
Total	1,839

THE MEDICAL BULLETIN

PHYSICAL MEDICINE & REHABILITATION (cont'd)

Table III

Categories of Diseases or Disabilities Treated

1. Infections and parasitic diseases	76
2. Neoplasms	363
3. Metabolism - allergies, endocrine, metabolic and nutritional diseases	152
4. Blood dyscrasias - diseases of the blood	95
5. Mental, psychoneurotic and personality disorders	696
6. Diseases of the nervous system and sense organs	516
7. Diseases of the circulatory system	170
8. Diseases of the respiratory system	27
9. Diseases of the digestive system	83
10. Diseases of the genito-urinary system	157
11. Diseases of the skin	56
12. Diseases of the bone and organs of movement	389
13. Congenital malformations	275
14. Symptomatic conditions - senility and ill-defined conditions	92
15. Accidents, poisoning, and traumatic injuries	365
Amputations 54 Lacerations 13	
Fractures 142 Burns 25	
Sprains, strains 93 PNI 38	
16. Speech disorders and involvements	<u>100</u>
Total	3,612

THE MEDICAL BULLETIN

PHYSICAL MEDICINE & REHABILITATION (cont'd)

Table IV				
CENSUS				
<u>Patients Treated</u>				
		<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Rehabilitation Center	Hold over	49	56	105
	New	559	1,314	1,873
Pediatrics O.T.	Hold over		36	36
	New		739	739
Pediatrics Psychiatric O.T.	Hold over		6	6
	New		111	111
Adult Psychiatric O.T.	Hold over		53	53
	New		400	400
Masonic O.T.	Hold over		21	21
	New		268	268
		608	3,004	3,612
<u>Patient Visits</u>				
		<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Rehabilitation Center		7,527	19,529	27,056
Pediatrics O.T.			4,694	4,694
Pediatrics Psychiatric O.T.			4,842	4,842
Adult Psychiatric O.T.			15,287	15,287
Masonic O.T.			3,763	3,763
		7,527	48,115	55,642
<u>Physical Medicine & Rehabilitation Service</u>				
		<u>NEW</u>	<u>REVISIT</u>	<u>Total</u>
Out-Patient Clinic		461	1,115	1,576
In-Patient Clinic		1,131	444	1,575
		1,592	1,559	3,151

THE MEDICAL BULLETIN

PHYSICAL MEDICINE & REHABILITATION (cont'd)

Table IV (cont'd)

<u>Physical Therapy Treatments</u>			
	<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Diathermy	1,114	545	1,659
Electrical Stimulation	366	380	746
Hot Packs	1,000	2,881	3,881
Hubbard Tank	130	823	953
Massage	2,538	2,638	5,176
Paraffin	568	1,032	1,600
Radiant Heat	448	775	1,223
Therapeutic Exercise	9,153	45,303	54,456
Ultraviolet	153	1,569	1,722
Whirlpool	603	1,584	2,187
ADL P.T.	28	795	823
Miscellaneous	122	118	240
	<u>16,223</u>	<u>58,443</u>	<u>74,666</u>
<u>Speech Therapy</u>			
	<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Evaluation	227	144	371
Training	2,179	1,447	3,626
	<u>2,406</u>	<u>1,591</u>	<u>3,997</u>
<u>Occupational Therapy</u>			
	<u>OPD</u>	<u>IPD</u>	<u>Total</u>
ADL Training	32	922	954
Supportive	37	6,530	6,567
Functional	1,028	6,810	7,838
Prevocational	5,057	1,147	6,204
	<u>6,154</u>	<u>15,409</u>	<u>21,563</u>
<u>Occupational Therapy Service Units</u>			
	<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Pediatrics		4,694	4,694
Child Psychiatry		4,842	4,842
Adult Psychiatry		15,287	15,287
Masonic		3,763	3,763
		<u>28,586</u>	<u>28,586</u>

THE MEDICAL BULLETIN

PHYSICAL MEDICINE & REHABILITATION (cont'd)

Table IV (cont'd)

Vocational Counseling

	<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Contacts and Interviews	1,385	1,013	2,398
Placements	80		80
	1,465	1,013	2,478
	<u>OPD</u>	<u>IPD</u>	<u>Total</u>
Total Treatment - Department of Physical Medicine and Rehabilitation	26,248	105,042	131,290

THE MEDICAL BULLETIN

SOCIAL SERVICE DEPARTMENT
 Statistical Report
 1959-60

1. Total number of cases under care during year		10,647
A. Number of patient cases carried over June 30, 1959		4,106
Medical Social Work	2,425	
Psychiatric Social Work	1,681	
B. Added to patient case load		3,340
Medical Social Work	2,712	
Psychiatric Social Work	628	
2. Number of cases closed		647
Medical Social Work	17	
Psychiatric Social Work	630	
3. Number of cases carried over to following year		4,032
Medical Social Work	2,438	
Psychiatric Social Work	1,594	
4. Miscellaneous cases		3,201
Medical Social Work	3,201	
Psychiatric Social Work	0	

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Variety Club Heart Hospital

DEPARTMENT	1958-59	1959-60
<u>OUT-PATIENT</u>		
Clinic Attendance		
Adult		
New	417	382
Old	<u>2,352</u> 2,769	<u>1,978</u> 2,360
Pediatrics		
New	450	426
Old	<u>1,492</u> 1,942	<u>1,421</u> 1,847
TOTAL	4,711	4,207
Registration Fee	\$ 2,477.00	\$ 2,247.50
Laboratory	14,993.07	12,778.80
Drugs	114.15	109.15
X-Ray	<u>2,318.50</u>	<u>1,852.25</u>
TOTAL	\$ 19,902.72	\$ 16,987.70
Heart Hospital X-Ray		
In-Patient	2,989	2,245
Out-Patient	<u>1,498</u> 4,487	<u>1,444</u> 3,689
No. Patients	4,487	3,689
No. X-Rays	7,762	5,649
Heart Catheterization Laboratory		
Heart Catheterizations	378	388
No. Procedures	783	4,441*
Average (Monthly)	65	370
Laboratory Procedures		
Yearly	15,939	15,757
Monthly	1,328	1,313
<u>IN-PATIENT</u>		
Admissions		
(201)	923	940
(301)	<u>713</u> 1,636	<u>904</u> 1,844
Transfers (In)		
(201)	125	127
(301)	<u>78</u> 203	<u>284</u> 411
Transfers (Out)		
(201)	127	203
(301)	<u>16</u> 143	<u>289</u> 492
* Method of counting changed.		
(cont'd)		

THE MEDICAL BULLETIN

COMPARATIVE TWELVE-MONTHS REPORT

Variety Club Heart Hospital
(cont'd)

DEPARTMENT	1958-59	1959-60
<u>IN-PATIENT</u> (cont'd)		
Discharges (201)	787	776
(301)	<u>668</u> 1,455	<u>847</u> 1,623
Deaths (201)	100	89
(301)	<u>57</u> 157	<u>66</u> 155
Patient Days (201)	11,935	11,269
(301)	<u>11,213</u> 23,148	<u>11,635</u> 22,904
Average Census (201)	33	31
(301)	30 63	32 63
Occupancy (Per cent) (201)	87%	81%
(301)	75%	79%
Total for Hospital	81%	80%
Average Length of Stay (Days) (201)	13	12
(301)	16	12
Total for Hospital	14	12

Special Address

The Medical Citizen*

Leo G. Rigler, M.D.†

The opportunity of joining with you on Recognition Day represents a happy coincidence for me. This is the occasion of the fortieth Reunion of my own Minnesota Medical School class. For me, today's return is an emotion-stirring, heartwarming homecoming. When there is added the honor just bestowed upon me‡—an honor which I shall cherish beyond any other—especially because it has come from the school where I spent almost all my formative years, I am overwhelmed with gratitude.

This is a frankly nostalgic occasion, one which prompts some reminiscences. Though I certainly did not foresee when I sat where you are sitting, that I would be addressing you today, still I had my own particular thoughts and aspirations on that graduation day in 1920. For my class, to become a full-time faculty member seemed one of the almost unattainable, yet most desirable, culminations of our educational experience. Although I could have wished for such a consummation, I could scarcely believe that within a few years I would be back—would, in fact, spend the next 30 years of my life in such a position. Then I was full of questions and doubts, plans and hopes. Now, as I face you, I wonder if you too are questioning and hoping as I once did. What are *your* purposes and aspirations? Will one of you address the Senior Class in the year 2000? Which one of you will it be?



LEO G. RIGLER

*This address was given at Recognition Day Exercises honoring the Senior Class in Medicine, University of Minnesota, June 10, 1960.

†Executive Director, Cedars of Lebanon Hospital, Los Angeles, California.

‡Outstanding Achievement Award of the Board of Regents, University of Minnesota.

What will medicine be like in that year? Or does 2000 A.D. seem too distant to envision? If so, consider that many of us here have vivid recollections of the year 1920, which is as far away looking backward as 2000 is looking forward. For you, the year 2000 should be a reality. Set your sights accordingly.

I do not wish to act the Polonius to your Laertes, but it is the privilege—perhaps even the duty—of your elders to give you counsel at this crucial commencement period of your lives. And because I suppose there is a little of Polonius in all of us, whether or not we admit it, we often feel compelled to impose our advice upon you. I wish, therefore, to direct your earnest thoughts to the influence that you as physicians may exert upon our country—indeed, upon the whole world.

I have tried to recollect the advice I was given as a student; perhaps I listened to some of it with only half an ear, as a few of you are probably listening to me now. But I do vividly recall an address I heard as a sophomore, given by the late Hugh Cabot, who was then on the staff of the Mayo Clinic. He was one of the Cabots of New England fame, well known both for his eminence as a urologic surgeon and for his unorthodox ideas about the organization of medical practice. He said to us, "I cannot predict exactly what economic form medical practice will take 20 years from now, but I can confidently predict that it will be vastly different from what it is today." Actually, the economic forms of medical practice have not changed as much as Cabot expected, even in the more than 40 years which have elapsed. But many other changes in medicine have occurred, changes which come inevitably with the passing years. The Preacher of Ecclesiastes said: "One generation passeth and another generation cometh, but the world abideth forever." While my generation is passing, your generation is arriving; the world does abide, but it is not quite the same world that Hugh Cabot saw in 1917 or that my class envisioned in 1920.

A striking change in the character of medicine has brought with it a marked change in the status and prestige of the physician, in his relationship to his patient, and particularly in his relationship to society. When medicine was essentially an art rather than a science, the physician had an enviable position in the social order. He played a scholarly, even a priestly, role. Often he did little more than the laying on of hands, but he was venerated and beloved as a healer.

St. Luke, unselfishly devoted to suffering humanity, is considered the epitome of this beloved physician. Is his the ideal toward which you, as physicians, should still strive, or has St. Luke's altruism become outmoded and unrealistic? It seems

to me that I, as a student, venerated the ancient laws of medicine. Perhaps we were naive idealists in our generation, perhaps we had not been disillusioned as you have been, but we really believed in the ethical precepts of Hippocrates, the complete devotion to service of a Lucanus, the wisdom of a Maimonides, the selfless search for knowledge of a Pasteur.

It is true that we live in a changing society, and medical practice must perforce change with it. But we seem to have altered our values and our ideals as well. These things, I believe, should remain constant. The result of their alteration has been a deterioration of the status and prestige of the physician. Medical practice appears to be slipping from its high ethical pedestal down to the grimy floor of the marketplace. Today, the physician who should be a learned man, a scholar-teacher, too often is a craftsman, a technician; he who should be the wise counselor, the humanitarian, too often is the impersonal scientist; he who should be the beloved physician, too often is the businessman, intent on stocks, taxes, organizations. You have the opportunity to correct this unfortunate image of the physician and to restore him to his high position of beloved healer.

Now what will be your contribution, the unique contribution of your generation of physicians? What part will you play in our social order?

The vast majority of you, I am sure, will become respected practitioners, physicians who mix art and science in such a manner as to give your patients the best there is in medicine while retaining your interest in them as human beings.

Some of you may become full-time teachers like your faculty who sit here with you today. Look how content, how self-satisfied they all are! But, seriously, they *are* richly rewarded, for you and your accomplishments are their rewards. Others of you may go into research, may spend your lives as medical detectives, attempting to solve the mysteries of disease. Lastly, a few of you, I sincerely hope, will give your services in the field of international health.

Whichever of these endeavors predominates in your life, each of you has one solemn over-riding obligation—the obligation to become a community leader, to become more specifically what I shall call a *medical citizen*. Because you are educated men and women (as college graduates, you are presumed to be educated!) you will be offered positions of civic leadership in your community. But beyond that, your special qualifications, your knowledge of medicine, confer upon you the additional obligation of being *medical citizens*. You will be called upon to exert your influence in support of efforts to adapt modern medi-

THE MEDICAL BULLETIN

cal knowledge to the needs of a modern society. You will be asked to stimulate attention, to solicit aid for those public health measures which have such a profound impact upon the welfare of mankind. I should like to devote the remainder of my time to considering your part as medical citizens in furthering three high purposes: medical research, medical education, and world health.

Personal experiences during the past year impel me to proselytize, to preach, to plead for help—help to increase our efforts, to increase the allocation of our energy toward these three activities within our society.

SUPPORTING MEDICAL RESEARCH AND EDUCATION

More than thirty years on this faculty should certainly have made me fully aware of the importance of medical education and research. Considering my personal involvement with this medical school, with the numerous, sometimes revolutionary, concepts and techniques which have evolved here, it is not surprising that I stress the significance of medical research. But my work with the National Institutes of Health in Washington, and more recently my nine-month service on the Committee of Consultants on Medical Research of the United States Senate, have brought home to me far more forcefully the disgraceful disproportion between the contributions of medical investigators and the support given them. For many months, our Committee has met to hear testimony, discuss data, and formulate recommendations to the Congress for appropriations needed to carry on an adequate national program of research in the health services. As I review what we have learned, now incorporated into a compact brochure printed by the Senate, I must confess that I am grieved by our neglect, by our casual treatment of a field which has limitless potential for bringing health and happiness to our people. Why, for all these years, have we failed to apply our full strength to fostering the most important factor in human happiness—health? What might have happened a generation ago if enough funds, enough energy, enough effort, had been available to pursue a vigorous course of medical research? Is there any doubt that many of the diseases which still beset us could have been controlled or eliminated long ago?

Consider, for example, the Salk polio vaccine. I recall that more than 25 years ago, my good friend and faculty colleague, J. Charnley McKinley, working in this medical school, was on the trail of such a vaccine. And I can remember his telling me despairingly how he had lost several of his monkeys from tuber-

culosis. The loss seemed to him almost tragic because he had so little research money that the replacement of even one monkey was a serious problem. He failed to isolate the vaccine. Is it possible that sufficient support might have permitted him to produce a successful polio vaccine many years ago?

Actual data on this subject show how small a portion of government funds is allocated to medical research. In 1940, the United States government spent roughly 150 million dollars on defense research, 10 million dollars on hog research, and 3 million dollars on medical research for human beings. Consider these ratios—92% on military weapons research, 6% on hog research, and 2% for human research. Need I say more?

Over the intervening 20 years, the situation has improved considerably. Today, the federal government spends 5.5 billion dollars—almost a forty-fold increase—on defense research and development. And how much federal money did we devote this past year to medical research, development and education? Some 400 million dollars, was appropriated—but only after a bitter battle between Congress and the Administration. A marked discrepancy still exists. Of the research funds appropriated by the federal government, 7 per cent is being spent for health; this is better than the 2 per cent spent in 1940, but it is still grossly inadequate.

Let's look at the economic cost of ill health in this context. In 1958, for example, the American people, publicly and privately, spent more than 22 billion dollars for all health services. Add to that sum the economic losses resulting from absenteeism, disability, and death, which limit production and cripple the economy, and the loss rises to well over 35 billion dollars. Even if one could momentarily disregard the pain and sorrow and tragedy occasioned by disease, its tremendous cost in dollars and cents should, in itself, require a strong, concerted attack. Considering the nature of the enemy, we seem at times to be shooting popguns at concrete fortifications.

The reluctance to devote sufficient resources to medical research is partly psychological, partly practical. It is easy to arouse fears, to stimulate defense against an external enemy, an individual or nation which threatens our material prosperity, our way of life. But it is far more difficult to awaken the need for an all-out attack on that internal enemy, disease, which restricts our prosperity and hampers our way of life.

A certain complacency colors our attitude toward health problems. Have we not in the last 60 years increased the average span of life from 49 to 70 years? Twenty-one years have been added, in truth a great accomplishment. Millions more of

our people are now attaining the age of 60. But what has happened to the remaining span of life of those who manage to survive until this age? How much longer, on the average, can a 60-year-old of today expect to live than did his grandfather in 1900? Sad to say, only a little over two years. Consider that figure, and you will realize how much more needs to be accomplished.

There is another factor inhibiting our medical research efforts. We are not completely convinced that more money, more energy applied to medical research will accomplish the results. There is a vague, almost mystical feeling that the conquest of disease will come as a consequence of supernatural events: the confluence of many ideas, as out of the heavens, suddenly taking form. I have heard this belief expressed before our committee even by certain medical authorities—perhaps it is more widely held by the general public. Cassius had the answer for this: "The fault is not in our stars, but in ourselves."

Finally, there is the genuine, possibly well-founded fear that we do not have the research potential to permit efficient expenditure of large sums. Are there enough competent researchers, research institutions, equipment, to absorb any larger sums efficiently? Actually, our committee found that not only 400 million dollars could be spent efficiently using our present personnel, but that 700 million dollars could be effectively used. One may well ask why efficiency is so absolutely necessary in medical research. For example, how much of the 5.5 billions per year appropriated for defense research is efficiently spent? All research is wasteful. It is like drilling for oil; if you get one moderately productive well in ten attempts and one real gusher in a hundred, you are highly successful. The same is true of research, except that one seldom gets a really dry well: Small trickles of new knowledge lead the way to larger flows.

As our Committee on Medical Research explored the future, we found that above all we need further expansion and improvement of medical education—more schools, more graduate institutions, more faculty, and, of course, more students. The greatest impediment to our search for new medical knowledge is the lack of trained men. The manpower pool is diminishing: Only about 6 per cent of all medical graduates are devoting full time to research and education. With the increase in population, with the increasing use of medical services, will there be enough physicians to administer adequate medical care to our people and also to engage in research and teaching? Today, we are managing; tomorrow, we may be faced with a crisis.

All of these needs may be translated into one shunned, often

reviled word—*money*. Obviously, we need more than anything else an atmosphere of imaginative creativity. We need ideas, which are the real basis for good research. But these ideas are not going to appear in full bloom miraculously, like the visions of St. Luke. They will grow wherever the ground has been cultivated—made fertile by education, by training, and by experimentation. And the tools for this cultivation are public funds.

You may well ask why I talk so insistently about the need for federal funds, rather than private and local resources. I am reminded of William Dock's formulation of Sutton's Law. One day, a reporter asked the notorious New York bank robber, Willie Sutton, "Willie, why do you always rob banks?" His answer was simple and direct, "Because that's where the money is." Like it or not, with our present tax system, our federal government is where the money is.

Why have I addressed you so emphatically on this subject of medical research and education? Because, as of now, the attitude of the medical profession toward such efforts has been at best neutral, at worst hostile. The average physician seems to be more concerned with his tax liability than with the benefits of research. Talk to many practicing physicians about medical research, as I have done these past years, and you will hear a great deal about duplication, boondoggling, waste, lack of organization. But you will seldom hear expressions of the gratitude due the devoted scientists who have given us antibiotics, specific drugs, chemotherapy, hormones, vitamins, improved surgery, and a host of other spectacular discoveries during these last decades—discoveries which have made your potential as healers so much greater than that of your predecessors. I can only hope that you, by contrast, will assume attitudes governed by the pledge you have just taken to consecrate your lives to the service of humanity.

WORKING FOR THE WORLD'S HEALTH

Finally, still another opportunity exists for you as medical citizens. You have the opportunity to answer not only in your own community, state or nation, but in the larger world, a human cry for service—a cry that compels attention to the international scene. In these days of rapid and frequent international exchange, of jet-propelled, globe-encircling communications, of the interdependence of nations, no country remains remote. Such formerly distant places as India, Indonesia, Israel, and Iran wait eagerly for medical volunteers to help them with their health problems.

Disease knows no political or geographical boundaries. An

epidemic of plague in North Africa, widespread malaria in Ceylon, or tuberculosis in Pakistan, all may have a profound effect upon us. And, on the other hand, we have also benefited greatly from the advances of medical science in other countries. Consider just a few of the discoveries which have come to us from abroad in this century alone: x-rays from Germany, radioactive substances from France, penicillin from England, specific drugs from India. And we in turn have contributed to the health of all other peoples.

Moreover, many indirect and possibly more important benefits may accrue from efforts to advance international medical research and world health. For even if all other political and military agreements fail, this is one enterprise in which the nations of the earth can unite. Perhaps I can illustrate with one of my own experiences while I was serving on a medical teaching mission in Jerusalem some years ago. At the time, the border between Israel and Arab Jordan was a fortified barbed-wire line, where armed soldiers bristled at each other from either side. I climbed up to one of the towers of the French Hospital to get a better look at the Old City of Jerusalem. As I stared across, I could see an Arab legionnaire guard, just yards away, marching up and down with his rifle at the ready. I raised my camera to get a good picture of this colorful figure, whereupon he raised his gun to take careful aim at *me*. As you can imagine, I precipitously abandoned both my photographic efforts and my perch. At that very moment, however, public health teams from both countries were meeting together cordially and peacefully at the border gatehouse to plan a joint war against a common enemy, the mosquito. That enemy recognized no boundaries, could not be stopped by border guards, and was quite impartial in his attacks on both Arabs and Israelis. Dr. Sheba, the Israeli Director of Health, telling me how amicable these discussions were, how cooperative both sides had been, said, perhaps naively, "If only the politicians would leave it to the physicians on both sides, we could settle all the conflicts in our countries in a short time."

It seems at least a possibility that major wars will never again be fought; surely, we may at least pray that they won't. Could we not then build another kind of army, could we not recruit physicians for an International Health Force, to give their services for a few years to help limit or stamp out disease throughout the world? Nothing, I am sure, would more certainly produce world amity and peace than a force dedicated solely to the service of suffering mankind. Many have already given such service: the Schweitzers, the Dooleys, medical missionaries, the

WHO medical teams. Having had the privilege of participating in a number of medical teaching missions—originally suggested by our own Dr. Maurice Visscher and sponsored by the Unitarian Service Committee and the World Health Organization—I am particularly aware of the international goodwill produced by such interchanges.

These periods of teaching in Japan, Israel, Iran, and India have been among the most rewarding of my life, nor was I alone in appreciating the gratitude displayed by the people of those countries. Sir Alexander Fleming, while on one of our joint projects, told me he considered his medical tour of India one of the most glorious adventures of his career. To those of us who observed it, the reception given Fleming demonstrated that a scientist, especially one who has contributed greatly to the health of the world, is regarded as a hero. In India, I also spent some time with Dr. Ida Scudder, a pioneer medical missionary in the Far East. Originally from the United States, Dr. Scudder established and maintained the Christian Medical College at Vellore. She lived a long and rich life, unhappily ended this year at the age of 90. She attributed her longevity and good health to her serene dedication to service on behalf of Indian medical education and public health. Today she is mourned by millions.

While the cold ideological war continues, a new world order is being established by brave and knowledgeable men of science, of agriculture, of medicine. These educators and scientists are the real ambassadors of goodwill and of peace. The University's own former President, Dr. James Lewis Morrill, recently wrote, "The defenses of peace are in the minds of men." And I would add, "in the services of men, and particularly in the medical services of men." For the healing process, the process of restoring man to his full productive capacity, has the most immediate and profound effect upon the friendship and upon the ideology of a people.

It is gratifying that Congress is considering a number of programs leading to the establishment of a special division of international health research, as well as other projects which should stimulate aid for the medical services of other countries. Some of you may have a chance to participate actively in such international health programs. Most of you, of course, will not contribute personally. But all of you, as citizens concerned with the foreign relations of our country, and as medical citizens, aware of the need for improving health in all countries—all of you can support the great crusade for the health and welfare of every living soul on this planet. In this jet and missile age, as

we blithely soar off into outer space, let us not forget the inhabitants of this earthly sphere, and their continuing need to overcome disease.

It has been said, "If every man would mend a man, the whole world would be mended." With such ideals, we could truly lift our sights to a not-too-distant medical millennium when you and your successors could regain the title of "beloved physician."

I can well imagine what you are thinking at this moment: "All this idealism is fine, but what about me? I am tired of starving and of sacrificing." And I sympathize with you. Just last week, I sat with some interns and residents discussing their ultimate aims. They felt that years of deprivation, of hard work, of striving to educate themselves while their friends fattened off the land, entitled them to special preferment from now on. They said, in effect, that it was now time to get their due in material comfort, in money.

I know that the tugs and temptations of our affluent society, the need for two (and now three) cars, for the functional home in the suburbs, for social status—all these drive the medical graduate headlong into the ranks of our financially successful parade. If I have merely stirred up in you some questions and doubts on this score, I will be satisfied. If I have prompted you to re-examine your goals and aspirations, I am content. Four years ago, when you entered this medical school, you made a hard choice, committed yourselves to lives of giving rather than receiving. During the ensuing years of pressure and work, you may, like my interns and residents, have lost sight of such things as choices and commitments. But today you took the Geneva Oath—the symbol, the culmination of that higher choice made years ago. In the days that follow this graduation, you may not recall much of what you have heard today, but try to remember the words of that Oath. Try to believe in them. If you do, you will be rewarded with greater inner satisfactions, greater nurture for your souls than can possibly be achieved by financial success.

To the parents, to the wives, to all of you who by your sacrifices and your work have made possible the high distinction now conferred upon this graduating class, and to you graduates yourselves, may I extend my sincere congratulations and my best wishes for the only true success, for the idealistic success in your coming great adventure.

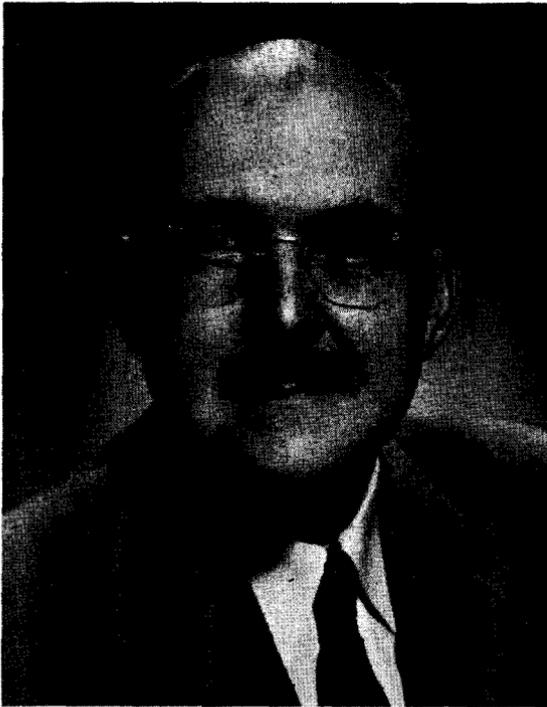
Medical Foundation News

DISTINGUISHED SERVICE AWARD WINNERS DRS. VISSCHER, WANGENSTEEN NAMED

Two of the University of Minnesota's foremost medical educators and scientists were recipients of the first Distinguished Service Awards of the Minnesota Medical Foundation given Sept. 26, 1960 in history making ceremonies at the Medical School.

Dr. Maurice B. Visscher and Dr. Owen H. Wangensteen were honored by surprise announcement with certificates and accompanying awards which will pay them each \$5,000 annually for the remainder of their faculty careers until retirement.

The awards were made possible by specific contributions to the Foundation by two other Minneapolis foundations. They



MAURICE B. VISSCHER

THE MEDICAL BULLETIN

were presented by Dr. Herman E. Drill, President of the Minnesota Medical Foundation, "for exemplary achievement in teaching and research as members of the faculty of the University of Minnesota Medical School, and for steadfast devotion to the Medical School, the University, and to medical education." The grants, and similar ones which the Foundation hopes to provide in the future, are the first specific Foundation effort to strengthen the medical faculty, and reward distinguished performance in medical teaching, Dr. Drill said.

Dr. Visscher is 59 years old, and has been Head of the Department of Physiology since 1936 when he was also appointed professor. His award was provided by a full contribution of the Modern Medicine Publications Foundation, charitable arm of Modern Medicine Publications. The firm publishes five medical journals from its Minneapolis headquarters and decentralized operations in Great Britain, Canada, and Australia,



OWEN H. WANGENSTEEN

and has made a number of previous grants to the Medical School.

Dr. Wangenstein's award was a contribution of the Phillips Foundation of Minneapolis, which has also made a number of previous gifts to the Medical School. He is 62 years old, has been Chairman of the Department of Surgery at Minnesota since 1930. Normal retirement age for faculty members is 68 years.

Dr. O. Meredith Wilson, President of the University, was principal speaker at the traditional Minnesota Medical Foundation Day ceremonies, and applauded the devotion of private contributors to the Medical School. He announced he would recommend the awards be designated Distinguished Service Professorships by the University's Board of Regents, thus heightening the honor by affording full academic recognition.

Dr. Visscher was graduated from the University of Minnesota Medical School in 1931, and served in academic posts at the Universities of Tennessee, Southern California, and Illinois in succeeding years. He is a native of Holland, Michigan, and is a graduate of Hope College in that city. He engaged in graduate study in London and at the University of Chicago, and was awarded a Ph.D. degree from the University of Minnesota.

He is a member of the National Academy of Sciences, and is acclaimed among the world's top physiologists.

Dr. Wangenstein earned his medical degree at Minnesota in 1922. He became a resident surgeon here in 1925, and was named Chairman of the Department of Surgery in 1930, becoming a full professor in 1931. Under his leadership, the Department of Surgery has won international recognition for pioneering work in surgical treatment for bowel obstruction, peptic ulcer, cancer, and various types of heart disease. The University's noted teams of heart surgeons are products of his Department. He has been President of the American College of Surgeons during 1960.

The Minnesota Medical Foundation also noted Foundation Day by awarding scholarships to 32 medical students. The awards, based on academic achievement and financial need, amounted to \$16,500. They brought the 12-year history of the scholarship program to a total of 215 awards given worth \$110,000.

As in previous years, the scholarships were made possible by direct contribution of various medical organizations, other foundations, physicians, business firms, and private citizens. All awards were \$500.00 except two, which were \$750.00.

THE MEDICAL BULLETIN

Students receiving the 1960-61 awards were:

Seniors: Calvin Bandt, Revelle, S.D., (Alpha Omega Alpha); Allan D. Belden, Jr., Red Wing, (Minneapolis Gas Co.); Paul E. Nordlie, New London, (Postgraduate Medicine magazine); Patrick J. Scanlan, St. Paul, (George A. Macpherson Trust); and Joseph J. Westermeyer, Melrose Park, Ill., (Minneapolis Guild of Catholic Physicians).

Juniors: Daniel R. Baker, Centuria, Wis.; Donald D. Dahlstrom, Balaton; William D. Erickson, Minneapolis, (Postgraduate Medicine magazine); Robert D. Flaig, Alexandria; Mary C. Howell, Edina; Paul E. Mertens, Robbinsdale, (Minnesota Academy of Medicine); Laurence S. Rivkin, Minneapolis, (Minneapolis Society of Internal Medicine); G. Nicholas Rogentine, Jackson, (Nu Sigma Nu-Erling S. Platou Memorial); Albert H. Roth, Lake Crystal, (Minneapolis Academy of General Practice); Lawrence J. Schut, Maple Lake; and F. Thomas Ellingson, Detroit Lakes, (Pfizer Laboratories).

Sophomores: Russell E. Beran, Wymore, Neb. (Mr. and Mrs. Harry Bloom); Terrence D. Capistrant, St. Paul (Minnesota Academy of Medicine); Dennis C. Frisbie, University Village; H. Thomas Hobday, LeCenter (Interstate Clinic of Red Wing, Minn., in memory of Dr. R. F. Hedin); Dale R. Kaye, Minneapolis, (Modern Medicine magazine); H. David Knudsen, Minneapolis, (Henry M. Baskerville, Sr.); John H. Sargent, Minneapolis; and David A. Swanson, Cambridge, (Minnesota Academy of General Practice).

Freshmen: Jackie M. Cooper, Detroit Lakes, (Rowell Laboratories); Jan P. Dawson, Buhl, (Mr. and Mrs. Harry Bloom); John R. Huberty, Sleepy Eye, (Minneapolis Foundation); Thomas P. Lake, Rochester, (Minneapolis Gas Co.); Dennis M. Leahy, Maple Lake; Lawrence McEvoy, St. Paul, (George A. Macpherson Trust); Wayne E. Tate, South St. Paul; and John V. Tyberg, Minneapolis.

Following the award ceremonies 114 persons attended the annual luncheon and meeting of the Minnesota Medical Foundation held in Coffman Union. Dr. Herman E. Drill, President, presided.

MEDICAL FOUNDATION'S 'YEAR OF PROGRESS' REVIEWED*

The Secretary-Treasurer is particularly delighted to present the annual progress report of the Minnesota Medical Foundation this year. There is evidence of a truly expanding and growing program fashioned by our organization.

On the basis of the accomplishments of this past year, continued growth of the Foundation is assured. The Minnesota Medical Foundation is fast becoming one of the most important sources of support for the University of Minnesota Medical School.

During this past year, clearly defined objectives were established and pursued. These objectives, both short and long term in nature, were designed to encourage growth in depth, as well as in breadth of the interests and the purposes of the Minnesota Medical Foundation. Committees on Finance, Fund Raising, Membership, Editorial, Liaison, and Scholarship Awards were activated and given specific objectives to pursue. These committees have been vigorous, continuously working committees and evidence of their success is highlighted as follows:

The Minnesota Medical Foundation made real progress in extending its breadth of interest in both medical and non-medical circles. The Committee on Membership has been particularly successful. Active membership now totals 1,213, as of June 30, 1960. This represents an increase of more than 150 active, dues-paying members exclusive of more than two hundred new student members. The interest of the medical student has been stimulated by the establishment of liaison between the Medical Student Council and The Medical Foundation.

The Committee on Fund Raising has extended the program of solicitation for funds to non-medical people, as well as to medical alumni.

The Liaison Committee has been working with the Medical Alumni Association and the Minnesota Medical Foundation concerning major objectives designed to provide support for The University of Minnesota Medical School.

The Committee on Finance established a trust account with the First National Bank of Minneapolis in order to invest and reinvest all available assets. This program now consists of an investment of \$70,000, eighty per cent of which is in

*Presented by Dr. John A. Anderson at the Annual Membership Meeting of the Minnesota Medical Foundation, Sept. 26, 1960.

THE MEDICAL BULLETIN

United States Government Bonds. The establishment of this stabilized investment program was carried out in the belief that the Minnesota Medical Foundation has now reached a mature economic status and in the anticipation that future economic growth of the Foundation is assured.

The Scholarship Committee made awards to thirty-two deserving students; a total of \$16,500. It should be emphasized that these scholarships were obtained from both non-medical sources, as well as from medical sources, and that no funds from membership dues were used to provide these scholarships.

Of great interest was the establishment of an Emergency Loan Fund for medical students, in cooperation with the Minnesota State Medical Association. The major purpose of this loan fund is to provide short term, no-interest loans, which will take the rough edges off of transitory, economic stress in which students may find themselves. *More than fifty loans* have been made from this fund with the Foundation as the administrator.

The Editorial Committee established several important modifications in The University of Minnesota MEDICAL BULLETIN. The BULLETIN now carries information of interest concerning the faculty activities of Medical School, The University Hospitals, The Minnesota Medical Foundation, The Minnesota Medical Alumni Association, as well as selected scientific contributions submitted by the faculty of the Medical School. Sixteen issues published during the year were made possible primarily by financial support from University Hospitals.

It is also a real pleasure to note that the first specific grant-in-aid for medical research for \$13,716 was made to Dr. Frederick Goetz, of the Department of Medicine, to develop new methods for the management of diabetes.

The Foundation is also particularly proud that it was able to establish two Distinguished Service Awards for professors in the Medical School, and is grateful to the donors of each award.

Finally, and of primary importance, was the establishment of the position of a full-time Executive Secretary of the Minnesota Medical Foundation. Funds were set up to establish this office and to identify the Medical Foundation as a department within the University Medical School structure. Much of what has been achieved during the past year is due to the establishment of this office, and particularly to the able, efficient and alert administration of Mr. Eivind Hoff, Executive Secretary of the Minnesota Medical Foundation.

THE MEDICAL BULLETIN

Our present total assets are approximately \$100,000, or about the same as a year ago. A complete audit will be available after our fiscal year closes Sept. 30.

Respectfully submitted,
JOHN A. ANDERSON
Secretary-Treasurer
Minnesota Medical Foundation

MEDICAL BULLETIN SHIFTS NEWS EMPHASIS; BECOMES MONTHLY JOURNAL

Readers of the University of Minnesota MEDICAL BULLETIN will find broader general news coverage of the Medical School, University Hospitals, and Minnesota Medical Foundation in coming issues of the journal.

Volume 32, which is launched with this issue, has been planned in accordance with findings of committees who analyzed the publication and its objectives during the past year. Their recommendation: Print more news which will be meaningful to doctors and layman alike.

This shift in emphasis should not alarm readers who enjoy our medical science offerings, however, since the best of the University Hospitals Staff Meeting reports will continue to appear here. The BULLETIN's Board of Editors will select the outstanding reports of broadest medical interest for publication. This issue, for instance, brings you a biennial report of the University of Minnesota Hospitals.

Of equal significance is the new monthly publishing schedule to be observed. Nine issues are planned, appearing on the 15th of each month from October through June. The journal formerly appeared bi-weekly.

Changes made this year represent the best judgment of the publishers, who hope that a better journal will emerge to serve the changing needs of the Medical School, the Hospitals, and the Medical Foundation. A theme is being developed which will, hopefully, attractively impart all of the important news generated daily by these institutions. Unfortunately, the readership opinion survey carried out last Spring on these pages was not of significant help in planning these changes. The number of responses was not sufficient to draw statistically valid conclusions as to reader interest.

With the publishing year now underway, we invite your comments and criticisms, pro or con, as we strive to fashion a publication truly representative of a great Medical School.

—The Editors

University Hospitals News

UNIVERSITY HOSPITALS OUTPATIENT CLINIC NOW UNDER APPOINTMENT SYSTEM

For many years, the University Hospitals Outpatient clinics have accepted new patients for examination any weekday without advance scheduling. This policy has been followed on the assumption that better service could be provided by leaving the clinic-doors "open," and being completely available and accessible at all time for referral.

Because of the increasing complexity of medical care, and with the change in the concept of medical education, an appointment system has now been adopted.

Therefore, in contrast to previous policy, we are sending patients specific advance appointments for examination. **This will not mean a wait or delay for appointments.** However, unless referring physicians indicate that it is desirable that the patient be seen immediately, he will be given a minimum of one week notice of his appointment to arrange for his clinic visit.

Patients who come without appointments will be seen, but obviously patients with advance appointments will be given preference. Of course, patients with urgent or emergent medical problems will be seen without delay whether or not they have advance appointments. Indication of this on the medical referral or a phone call to Mr. Glenn Mitchell, the Director of Admissions, will expedite the patient's care in such cases.

As before, **county patients** will be referred by their physician through their County Welfare Boards. As soon as the medical referral and County Papers for a new patient are received, the Director of Admissions will mail an appointment for a definite date and time to the patient. The referring physician and the County Welfare Department will both be notified of the patient's appointment date.

Part-pay, or per diem patients, who the physician refers here directly, should be scheduled for examination by writing or calling Mr. Mitchell, Director of Admissions. As soon as the medical referral is received, an appointment will be mailed directly to the patient with a copy going to the referring physician.

Policies concerning private patients, those who can pay full costs including physicians, fees, remain unchanged. Appoint-

THE MEDICAL BULLETIN

ments for such patients are by direct referral by the patient's private physician to the individual staff physician or department.

The University Hospitals clinic has always provided primarily a consultative kind of service for the patient and his physician (and at times the community). There will be no change in this function except that we expect to improve communications with referring doctors, especially by expediting patients' reports.

UNIVERSITY OF MINNESOTA MEDICAL CENTER

COLOR TV SET DONATED

Patients at the Variety Club Heart Hospital are viewing television programs on a brand new color television set donated to the hospital September 18, 1960.

Funds to provide the gift were pooled by members of the United Steelworkers of America and their University of Minnesota instructors during the 6th Annual Steelworkers' summer school at the University's Center for Continuation Study Aug. 21-26, 1960.

The set was presented to children at the hospital by William F. Richter and Chester S. Morris, representatives of the Steelworkers' union.



Medical School News

Forty seven members of the faculty of the College of Medical Sciences were among 230 staff members advanced in rank or administrative position by the University of Minnesota effective July 1, 1960.



LYLE A. FRENCH

Dr. Lyle A. French was named Director of the Division of Neurosurgery, Department of Surgery, succeeding Dr. William T. Peyton, who has retired. Dr. French is a 1939 graduate of the University of Minnesota Medical School, held intern and residency appointments at University Hospitals, and was appointed to the staff as an Instructor in 1947. He was advanced to full professor in 1957, and is Acting Chief of Neurosurgery at the Veterans Administration Hospital, Minneapolis.

Other promotions included:

Anatomy:

R. Dorothy Sundberg to professor
William J. L. Felts to associate professor

Bacteriology: Gerhard Brand to associate professor

Medicine:

Richard J. Frey to clinical associate professor
Frank M. MacDonald and Alvin L. Schultz to associate professor
Robert D. Blomberg, John G. Fee, Martin E. Janssen,
Charles E. Lindemann and Valentine O'Malley to
clinical assistant professor
David Gold to clinical instructor

Dermatology: John G. Rukavina to clinical associate professor

Obstetrics and Gynecology: Konald A. Prem to associate professor

John S. Gillam, Erick Y. Hakanson and George W. Janda
to clinical assistant professor

Otolaryngology: Kurt Pollak to clinical assistant professor

Pediatrics: Howard G. Worthen to assistant professor

SURGERY:

General:

Alan Thal to associate professor

THE MEDICAL BULLETIN

Victor A. Gilbertsen to assistant professor and Director
of the Cancer Detection Center

Stanley R. Maxeiner, Jr., Hans Schwyzer, Abbott Skinner,
and Bernhard J. Spencer to clinical assistant professor

Edward W. Humphrey to assistant professor

Neurosurgery:

Lyle A. French to Director of Division

Harold F. Buchstein to clinical associate professor

Paul S. Blake to clinical assistant professor

Proctology:

Charles A. Neumeister to clinical associate professor

William T. Smith to clinical assistant professor

Urology:

Baxter A. Smith to clinical associate professor

Physical Medicine and Rehabilitation:

Wilbur L. Moen, Marvin G. Lepley, and Bror S. Troeds-
son to assistant professor

Anesthesiology:

Earl A. Schultz to assistant professor

Ophthalmology:

Frank Adair and Frederic F. Wippermann to clinical
assistant professor

School of Nursing:

Elizabeth A. Whitney to assistant professor

LABORATORY MEDICINE:

Medical Technology:

Verna Rausch to training coordinator

Mary E. Delaney and Jean E. Jorgenson to instructor

RADIOLOGY:

Diagnostic Roentgenology:

Kurt Amplatz to assistant professor

Radiation Therapy:

Donn G. Mosser to professor

THE MEDICAL BULLETIN

PSYCHIATRY AND NEUROLOGY:

Clinical Psychology:

Gordon T. Heistad and David T. Lykken to associate professor
John P. Brantner to assistant professor

MAYO FOUNDATION OF GRADUATE SCHOOL, Rochester

Medicine:

Charles A. Owen, J., and Howard F. Polley to professor
Albert B. Hagedorn and William M. McConahey to associate professor
William T. Foulk, Jr., to assistant professor

Dermatology:

Harold O. Perry to assistant professor

Surgery:

John H. Grindlay, George A. Hallenback, Joseph M. Janes, and John W. Kirklin to professor
Franklin H. Ellis, Jr., John C. Ivins, and Stanley A. Lovestedt to associate professor
Karl A. Lofgren and Thomas T. Myers to assistant professor

Obstetrics and Gynecology:

Robert B. Wilson to associate professor
James S. Hunter, Jr., to assistant professor

Neurology:

Jack P. Whisnant to assistant professor

Physical Medicine and Rehabilitation:

George K. Stillwell to assistant professor

Anesthesiology:

Richard A. Theye to assistant professor

MEDICAL SCHOOL RESEARCH ATTRACTS BROAD SUPPORT

Two major grants headed a list of important medical research awards made to faculty members at the University of Minnesota Medical School over the summer months. The awards are indicative of the high calibre of research conducted here, which is recognized by national sources of support.

Dr. J. T. Syverton, Professor and Head of the Department of Bacteriology and Immunology, was awarded a March of Dimes grant of \$108,879 covering the second year of a long term studies of viruses and cells. In making the award, National Foundation officials said Dr. Syverton's research group made "important discoveries last year concerning the nature of virus-host cell relationship."



J. T. SYVERTON

The National Foundation also awarded a \$62,286 grant for arthritis research to be

directed by Dr. Robert A. Good, Professor of Pediatrics. With support for the project extended, Dr. Good and his associates will continue conducting a children's rheumatism clinic in which they have been studying juvenile rheumatoid arthritis and related diseases for several years.



ROBERT A. GOOD

U.S.P.H.S. clinical traineeships in cancer research worth \$29,209 were received by the University of Minnesota during August. The nationwide program is designed to encourage young clinical physicians to specialize in cancer diagnosis and treatment. More

than 200 young clinicians in 80 institutions under benefitting.

On September 9 the Minnesota Heart Association awarded \$153,174 to 46 staff members at the University of Minnesota Medical Center for support of cardiovascular research. The money was allocated from proceeds of the 1960 Heart Fund campaign.

Other research award winners were Dr. Francis W. Lynch and Dr. Quenton T. Smith, who received a \$12,984 grant from the U.S. Public Health Service to study age, sex, and hormone variation and dermal metabolism. Dr. Lynch is Professor of Medicine and Director of the Division of Dermatology. Dr. Smith is a Research Associate and Instructor in Physiological Chemistry.



FRANCIS W. LYNCH

The University of Minnesota was also awarded a five-year grant of \$33,917 from the National Institute of Arthritis and Meta-

bolic Diseases for continuation of long range research on porphyrins and biopigments and their relation to diseases of the blood and liver.



CECIL J. WATSON

The project is under the direction of Dr. Cecil J. Watson, Professor and Head of the Department of Medicine, who has been engaged in this field of research since 1931.

Heart researchers at the University received \$54,340 in 1960 grants from the Life Insurance Medical Research Fund during July. Recipients were Dr. Lerner B. Hinshaw (\$12,540), Department of Physiology; Dr. C. Walton Lillehei (\$33,000), Department of Surgery; and Dr. Richard W. Von Korff (\$8,000), Department of Pediatrics.

The Fund is supported by 140 life insurance companies for heart disease research purposes. It awarded 69 grants and fellowships worth \$1,084,910 during 1960.

MEDICAL SCHOOL DANCE

Medical School faculty, students, wives, and guests are invited to attend the annual Medical School Dance, November 12, 1960, sponsored by the Medical Interfraternity Council of the University.

The event will be held from 9 p.m. to 1 a.m. at the Normandy Hotel, Minneapolis. Tickets are \$2.50 per couple. The Rod Aaberg Orchestra will provide music.

Medical School Faculty

1960-61

ADMINISTRATION

COLLEGE OF

MEDICAL SCIENCES

Robert B. Howard,
Dean

H. S. Diehl,
Dean Emeritus

N. L. Gault, Jr.,
Assistant Dean
(on leave in Korea)

H. Mead Cavert,
Assistant Dean

William Fleeson,
Assistant Dean

Richard M. Magraw,
Assistant Dean and
Director, Compre-
hensive Clinic Program

UNIVERSITY HOSPITALS

Ray M. Amberg,
Director & Professor

Gertrude M. Gilman,
Associate Director &
Associate Professor

Cerard W. Frawley,
Assistant Director,
Service and Supply, &
Assistant Professor,
Manager of the Variety
Club Heart Hospital

Glenn R. Mitchell,
Assistant Director and
Assistant Professor, Manager,
Outpatient Department,
Fiscal Officer

John Westerman,
Administrative Assistant

Sang C. Kim,
Administrative Fellow

Helborg Gilbertson,
Administrative Secretary

Ethel Harrington,
Personnel Officer

Philip W. Hursh, M.D.,
Hospital Health Officer

Florence Julian,
Professor & Director of
Nursing Services

Betty M. Pederson,
Acting Director of Nursing
Services & Instructor

Mary Ann McIntyre,
Assistant Director of
Nursing Services &
Instructor

Annie Laurie Baker,
Director of Social Service

Esther Hayes,
Director, Powell Hall

Angeline Mannick,
Director of Hospital
Nutrition Service &
Professor

Audrey Coulter,
Administrative Dietitian &
Associate Professor

Charles Dopking,
Supervisor of X-Ray
Services

Grace Mary Ederer,
Senior Administrative
Laboratory Technologist

Irene Foster,
Volunteer Services
Coordinator

Leonard Leipus,
Hospital Central
Supply Supervisor

Merle McGrath,
Hospital Fiscal
Supervisor

Margaret McHugh,
Executive Housekeeper

Marie Perreault,
Chief Pharmacist

Bertha Pfenninger,
Medical Records
Supervisor

ANATOMY

Arnold Lazarow
Professor and Head

Professor Emeritus

E. A. Boyden

Hal Downey

Shirley P. Miller

Professor

J. Francis Hartmann

Charles F. Morgan

R. Dorothy Sundberg

Lemen J. Wells

Associate Professor

Anna-Mary Carpenter

William J. L. Felts

Assistant Professor

A. Douglas Hally

Carl B. Heggstad

Morris Smithberg

Instructor

Mary Jane Buckman

Lucille J. Hoilund

Research Fellow

Padmaker Dikshit

Irene Lowe

Edna Speidel

Biruta Treiberigs

Teaching Assistant

Chester A. Glomski

Charles H. Good

Carl R. Morgan

Leonard R. Murrell

Lois Neukrich

Frank Saccoman

Raymond Seale

Alvin Shemesh

ANESTHESIOLOGY

Frederick H. Van Bergen
Professor and Head

Professor Emeritus

Ralph T. Knight

Clinical Associate Professor

Ellis N. Cohn

Associate Professor

Joseph J. Buckley

Assistant Professor

James H. Matthews

Earl A. Schultz

Instructor

Charles F. Gallaway

John R. Gordon

Edward G. Hustad

Van S. Lawrence

Arthur J. Oswald

Clinical Instructor

Russell W. Bagley

J. Albert Jackson

Byron D. Petersen

Research

Svend T. Gaute

Medical Fellow

James O. Alyea

James J. Anderson

Roger Brassard

Raymond C. Budell

Benjamin K. Clarke

Theresita Vera Diaz

Plutarco T. Dizon

Charles R. Eckstein

Kermit J. Halverson

Edgar A. Hawk

Woo Wyang Hwang

Valeriano Jamora

James T. Klomparens

Philip A. L'Abbe

Hwa Young Lee

Charles R. Longstreth

Egon Marté

S. Ahmad Madani

Richard Maulding

Richard W. Nicholson

Glenn L. Petersen

Charles W. Quimby, Jr.

THE MEDICAL BULLETIN

H. Marilyn Raasch
John Rydberg
Paul B. Schwarz
Francis J. Seiler
J. Weston Smith
Murray Tanasichuk
Robert T. Vaaler
William B. Walters
Max Weber
Hugh D. Westgate

BACTERIOLOGY AND IMMUNOLOGY

Jerome T. Syvertson
Professor and Head

Professor

Herman C. Lichstein
William F. Scherer
Dennis W. Watson

Associate Professor

S. Gaylen Bradley
K. F. Gerhard Brand
Leroy C. McLaren
Edwin L. Schmidt

Assistant Professor

S. Joseph Deal
Sidney E. Grossberg

Wendell H. Hall

John C. Herweg

John D. Krafchuk

G. Albin Matson

John D. Ross

Robert C. Skarnes

John E. Verna

Instructor

Gordon T. M. Cummins

Ronald W. Hinz

James T. Prince

Richard E. Shope

Joseph W. St. Geme

Perry E. Treadwell

Research Associate

J. Johanna Clausen

Philippe Daniel

Henry V. Thorne

Teaching Assistant

Dorothy Anderson

Dwight Anderson

Rufus Bankole

Carl Baumgartner

George Becker

William Begue

Roswell Coles

Marion Cooney

Del Rose Dubbs

Margaret Farley

Roberta Flynn

William Foley

Martin Freundlich

Roberta Gardner

Andrew Granston

Edgar Hanna

James Hardy

Richard Hyde

Toshiaki Izumi
Terry Johnson
George Kenny
Yoon Berm Kim
Robert A. Kolstad
Nikolai Koropchak
Aya Leder
Marie Moss
Ronald Olson
Mary Pollock
Patricia Saito
Judith Tennant
James Waller
Georgiana Young

CONTINUATION MEDICAL EDUCATION

W. Albert Sullivan, Jr.,
Director, and Assistant
Professor of Surgery

LABORATORY MEDICINE

Gerald T. Evans,
Professor and Head

DIVISION OF CLINICAL
PATHOLOGY
(Dr. Evans, Director)

Instructor

Rex Conn

Douglas Nelson

Betty Ann Ruspino

Arthur I. Sanders

Medical Fellow Specialist

Paul Alexander

Mary Beth Dempsey

John Foft

Robert Kooiker

Yong Kun Park

Robert Rydell

Richard Steidl

Louis Tremblay

Medical Fellow

Jorge Yunis

Non-Service Fellow

Robert Dale

DIVISION OF CLINICAL

LABORATORIES

Ellis S. Benson,
Associate Professor and

Director

Newell Ziegler,
Associate Professor and

Director,

Special Immunology

Robert Bridges,
Assistant Professor,

Laboratory Medicine, and

Director, Clinical

Bacteriology and

Immunology

Paul Lober,
Associate Professor

of Pathology

R. Dorothy Sundberg,
Associate Professor of
Anatomy, and Hospital
Hematologist
Franklin Wallace,
Associate Professor and
Consultant in
Parasitology of Zoology
Edmond Yunis,
Assistant Director,
Blood Bank and
Instructor

DIVISION OF MEDICAL TECHNOLOGY

Ruth Hovde,

Associate Professor and
Director

Assistant Professor and

Training Coordinator

Verna Rausch

Assistant Professor and
Hospital Chemist

Esther Freier

Assistant Professor

Lorraine Gonyea

Elaine McMaster

Instructor

Mary Delaney

Patricia Hanauer

Ann Peterson

Betty Ruspino

Instructor and Student

Technologist Supervisor

Jean Jorgenson

Medical Fellow

John W. Foft

MEDICINE

Cecil J. Watson

Professor and Head

Professor Emeritus

Moses Barron

George E. Fahr

J. Arthur Myers

Henry L. Ulrich

S. Marx White

Clinical Professor Emeritus

Reuben A. Johnson

F. H. K. Schaaf

Professor

Ivan D. Frantz

Frederick W. Hoffbauer

Robert B. Howard

Wesley W. Spink

Clinical Professor

Thomas Lowry

Clinical Associate

Professor Emeritus

James B. Carey, Sr.

Carl B. Drake

Chauncey A. McKinlay

Thomas A. Peppard

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Associate Professor

N. L. Gault, Jr.
Paul S. Hagen
Wendell H. Hall
B. J. Kennedy
Frank M. MacDonald
Richard M. Magraw
Alvin L. Schultz
Samuel Schwartz
Louis Tobian, Jr.
Leslie Zieve
Horace H. Zinneman

Clinical Associate Professor

Donald S. Amatuzio
Karl W. Anderson
Reuben Berman
Paul J. Bilka
John J. Boehrer
Joseph F. Borg
John F. Briggs
E. P. Fenger
Richard J. Frey
Robert A. Green
Howard L. Horns
Wyman E. Jacobson
Arthur C. Kerkhof
John W. LaBree
Donald McCarthy
Harold E. Miller
O. L. Norman Nelson
Herbert F. R. Plass
L. Raymond Scherer
Horatio B. Sweetser, Jr.
A. Boyd Thomas
Macnider Wetherby
J. Allen Wilson
Ragnvald S. Ylvisaker

Assistant Professor

James B. Carey, Jr.
Stanley Crossbie
Edmund P. Eichhorn
Frederick C. Goetz
M. John Murray
Naip Tuna
C. Paul Winchell

Clinical Assistant Professor

Rolf Andreassen
Robert D. Blomberg
Donald G. Bohn
Sumner S. Cohen
David M. Craig
James C. Dahl
Robert E. Doan
Abraham Falk
John G. Fee
William R. Fifer
Benjamin F. Fuller, Jr.
Delmar R. Gillespie
Albert J. Greenberg
Mark C. L. Hanson
Douglas P. Head
Earl Hill
John E. Holt

Wayne L. Hoseth
Milton M. Hurwitz
Martin E. Janssen
Herbert W. Johnson
John W. Johnson
David G. Jones
Walter F. Larrabee, Jr.
George X. Levitt
Robert E. Lindell
Charles E. Lindemann
Russell C. Lindgren
Paul T. Lowry
James C. Mankey
Frank E. Martin
William F. Mazzitello
Charles N. McCloud, Jr.
Burtis J. Mears
J. C. Miller
Johannes K. Moen
James G. Myhre
Valentine O'Malley
William E. Petersen
Fred A. Rice
Dean K. Rizer
George C. Roth
Alan P. Rusterholz
Joseph M. Ryan
Andrew W. Shea
Ben Sommers
Philip H. Soucheray
Richard B. Tregilgas
Lowell W. Weber
Asher A. White
A. Cabot Wohlbrabe

Instructor

Arnold Adicoff
Carl S. Alexander
Graham Beaumont
James L. Brown
Thaddeus Chao
Richard B. Davis
Richard P. Doe
Alfred Doscherholmen
Alfred Eichenholz
Joyce L. Funke
A. Sigrid Gilbértsen
Harry Glenchur
Mary Goepfert
George B. Gordon
Frank Hieber
John W. Jenne
Henry A. Johnsen, Jr.
Dennis Kane
James P. Lillehei
Robert J. McCollister
H. Dawes Miller
Robert G. Rossing
Russell T. Schultz
Yang Wang

Clinical Instructor

Alfred F. Anderegg
Henry W. Blackburn, Jr.
Henry S. Bloch

Harry B. Blumberg
Rene Braun
Robert Breitenbucher
Ephraim B. Cohen
Henry W. Cohen
Donald E. Derauf
E. Frederick Englund
David L. Fingerman
David Gold
William L. Hedrick
Kjeld O. Huseby
Harold A. Kaplan
Markle Karlen
Charles P. Kolars
Donald W. Koza
Dwight L. Martin
Winston R. Miller
Jack T. Murphy
William F. Nuessle
William A. O'Brien
Earl T. Opstad
Milton Orkin
David A. Randall
William D. Remole
Raymond W. Scallen
William M. Schulze
Marguerite Schwyzer
Donald B. Swenson
Francis B. Tiffany
Frank A. Ubel, Jr.
J. A. Vennes

Clinical Assistant

Jeanette K. Lowry
Dale H. Correa

Medical Fellow

Arthur F. Amick
Richard A. Anderson
Mohammed A. Aziz
William P. Baldus
David A. Berman
William D. Blackwood
Ausma S. Blumentals
(to January 1961)
Malcolm N. Blumenthal
Ward E. Bullock
Stephen A. Bunch
John R. Burton
(to January 1961)
John B. Cardle
Paul C. Davidson
Richard N. Dexter
David K. Drill
Donald A. Duncan
David T. Ellis
Rodney W. England
Leonard W. Etchard
John N. Ferguson
Charles F. Fitch
William D. Flory
John F. Foley
William P. Ford
Ignacio E. Fortuny
Antonio Fragia-Mouret

THE MEDICAL BULLETIN

Muharrem Gokcen
 Gerald J. Goldenberg
 Leland J. Green
 Charles H. Gregory
 James W. Hall, III
 Robert T. Hilker
 Darwin E. Johnson
 John E. Jones
 John P. Jones, Jr.
 Harold B. Kaiser
 James N. Karnegis
 Arthur T. Lindeland
 Ambrosio M. Medina
 Hun Ki Min
 Manuel S. Mejia
 Richard B. Moore
 Franklin C. Norman
 Frank Q. Nuttall
 Orhan T. Oner
 George A. Pankey
 Richard A. Pfohl
 Frank S. Preston, Jr.
 (to January 1961)
 Paul D. Redleaf
 James A. Roman
 Leonard D. Schloff
 William F. Schoenwetter
 George J. Schroepfer, Jr.
 Paul O. Simenstad
 Darrell R. Slette
 Robert E. Stejskal
 Paul E. Strandjord
 Robert L. Strom
 William R. Swaim
 (to January 1961)
 John O. Swanson
 Richard W. Swenson, Jr.
 Luigi Taddeini
 Athanasios Theologides
 Richard L. Thienes
 Kenneth E. Thomas
 Richard C. Troyer
 Nejat Turkbas
 Mahmut Ugurlu
 Donald G. Vellek
 Paul D. Webster, III
 Melvin Weinhouse
 Frank D. Whiting
 Richard C. Woellner
 Sidney R. Wold
 Donald W. Woodley
 John W. Yarbro
 Soloman J. Zak

Research Associate

Howard L. Dinsmore
 Page R. Edmondson
 Walter J. Runge
 Quenton T. Smith
 Fouad G. Zaki

Research Assistant

Calvin Bandt
 Rafael Fernandez

DIVISION OF DERMATOLOGY

Francis W. Lynch
 Professor and Director
Professor Emeritus
 Henry E. Michelson
 S. E. Sweitzer
Clinical Professor
 Carl W. Laymon
Clinical Associate
Professor Emeritus
 Harry G. Irvine
Clinical Associate Professor
 Stephen Epstein
 Robert W. Goltz
 John G. Rukavina
Clinical Assistant Professor
 Frederic T. Becker
 I. Fisher
 Elmer M. Rusten
Instructor
 Ramon M. Fusaro
Clinical Instructor
 Charles J. Balogh
 Elmer T. Ceder
 Elmer M. Hill
 Irvine M. Karon
 Sheldon L. Mandel
 Orville E. Ockuly
 Harold G. Ravits
 Nadine G. Smith
 James L. Tuura
 C. Gordon Vaughn
Medical Fellow
 G. H. Binder
 R. Z. Blazejovsky
 Richard Wei Min Dang
 Hector Gallego-Correo
 Thomas Kalb
 John L. Kestel
 Gerald K. Kvistberg
 Joseph Martin
 Robert O. Mulhausen
 Ralph Reeds, Jr.
 Alvin X. Zelikson

MINNESOTA MEDICAL FOUNDATION

Eivind Hoff, Jr.,
 Executive Secretary and
 Associate Director, Greater
 University Fund

SCHOOL OF NURSING

Professor and Director
 Edna L. Fritz
Professor and Director
Emeritus
 Katharine D. Dreves
Professor and
Assistant Director
 Ruth Harrington

Assistant Professor

Myrtle H. Coe
 Frances E. Dunning
 Margaret F. Grainger
 Cecelia R. Lediger
 Ruth F. Pennebaker
 Eugenia R. Taylor
 Dorothy E. Titt
 Hannah K. Walseth
 Ruth D. Weise
 Elizabeth A. Whitney
Lecturer and Assistant
to the Director
 M. Isabel Harris
Instructor
 Mary Ann Baas
 Betty L. Brown
 Nancy L. Cook
 Jean F. Ellison
 Dorothy P. Geis
 Helen B. Hansen
 Kathryn L. Holm
 Frances D. Moncure
 Helen J. Peterson
 Valatrice E. Shrimpton
 Marian J. Town
Professor (part-time)
 Florence J. Julian
Instructor (part-time)
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Coming Events

University of Minnesota Medical School

TENTATIVE LIST OF CONTINUATION COURSES FOR PHYSICIANS 1960-1961

University of Minnesota Center for Continuation Study

- October 20-22 . . . Dermatology for General Physicians
Oct. 31 Nov. 4 . . . Radiation Therapy for Radiologists
November 7-9 . . . Physical Medicine for Specialists
November 16-18 . . . Ophthalmology for General Physicians
(Refraction)
December 1-3 . . . Orthopedic Surgery for Orthopedic
Surgeons and General Physicians
January 3-7 . . . Introduction to Electrocardiography for
General Physicians
January 26-28 . . . Otolaryngology for Specialists
February 6-8 . . . Anesthesiology for Specialists
February 9-11 . . . Surgery for Surgeons
February 13-18 . . . Neurology for General Physicians and
Internists
Feb. 27 March 1 . . . Pediatrics for General Physicians and
Specialists
March 13-15 . . . Allergy for General Physicians and
Specialists
March 17-18 . . . Trauma for General Physicians
March 27-29 . . . Urology for Specialists
April 17-19 . . . Internal Medicine for Internists
April 20-22 . . . Otolaryngology for General Physicians
May 1-3 . . . Ophthalmology for Specialists
May 8-10 . . . Gynecology for General Physicians
May 15-19 . . . Proctology for General Physicians
June 1-3 . . . Office Psychotherapy for General
Physicians
1960-61 all year . . . Cancer Detection for General Physicians

The University of Minnesota reserves the right to change this schedule without notification.

Courses are held at the Center for Continuation Study or the Mayo Memorial Auditorium on the campus of the University of Minnesota. Usual tuition fees are \$30 for a two-day course, \$50 for a three-day course, and \$75 for a one-week course. These are subject to change under certain circumstances.

Specific announcements are sent out for each course to all members of the Minnesota State Medical Association and to any physicians who request information for a specific course, about six weeks to two months before the date of the course. For further information write to:

DIRECTOR
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