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Staff Meeting Bulletin Hospitals of the » » » University of Minnesota

Hospitals Report 1945-46 - 1946-47

Minnesota University Hospitals.

STAFF MEETING BULLETIN
HOSPITALS OF THE . . .
UNIVERSITY OF MINNESOTA

Volume XIX

Friday, October 3, 1947

Number 1

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UNIVERSITY OF
MINNESOTA
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Published for the General Staff Meeting each week
during the school year, October to June, inclusive.

William A. O'Brien, M.D.

11/1/47
Greetings to the Staff:

Our meeting today marks the beginning of another academic year. The care of patients, medical teaching and research continue the year-round, but each fall we take somewhat of a new start, reappraise our accomplishments, replan our program and accelerate our activities and efforts for the year ahead.

On the medical campus some new "temporary" buildings have put in an appearance. These will not meet our needs for offices, laboratories, and conference rooms, but they will give a great deal of relief from the overcrowded conditions of recent years. We hope that they will make your work more pleasant and more effective until the construction of the Mayo Memorial is completed.

To the new members of the staff we extend a hearty welcome. Perhaps the most unique quality of our Medical School and University Hospital is the teamwork which prevails not only within departments but between departments. We accept those of you who are newcomers as members of this team and assure you that, if you play the game with us, you will enjoy your work here and will be gratified by your achievements and personal development.

Of the former members of the staff, a few have gone elsewhere: John Paine to be Head of the Department of Surgery at the University of Buffalo; Curtis Lund to be Head of the Department of Obstetrics and Gynecology at the Louisiana State University; and "Bud" Grulee and Theodore Panos to be respectively Assistant Professor and Instructor of Pediatrics at the University of Texas. We are sorry to have these fine members of our group leave but are glad of the opportunities which have been presented to them elsewhere.

As for the rest of the staff, we are glad that you are back with us. The Medical School and the University Hospital have been proud of your achievements in the past and look forward with anticipation to your accomplishments of the future.

Harold S. Diehl
Dean

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October 3, 1947

I.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

CALENDAR OF EVENTS

October 6 - October 11, 1947

No. 171

Monday, October 6

- 9:00 - 9:50 Roentgenology-Medicine Conference; L. G. Rigler, C. J. Watson and Staff; Todd Amphitheater, U.H.
- 9:00 - 10:50 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Interns' Quarters, U.H.
- 9:00 - 12:00 Physical Medicine Conference; Neurotripsy Demonstration; Harvey Billig; Eustis Amphitheater, U.H.
- 10:00 - 12:00 Neurology Ward Rounds; A. B. Baker and Staff; Station 50, U.H.
- 11:00 - 11:50 Roentgenology-Medicine Conference; Staff; Veterans' Hospital.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom and D. State; Eustis Amphitheater, U.H.
- 12:00 - 12:50 Physiology Seminar; Subject to be Announced; 214 M.H.
- 12:15 - 1:20 Pediatrics Seminar; Primary Pneumonitis in Infants and Children; John M. Adams; 6th Floor Seminar Room; U.H.
- 12:15 - 1:20 Obstetrics and Gynecology Journal Club; M-435, U.H.
- 12:30 - 1:20 Pathology Seminar; Simmond's Disease; Robert Lane; 104 I.A.
- 12:30 - 1:50 Surgery Grand Rounds; A. A. Zierold, Clarence Dennis and Staff; Minneapolis General Hospital.

Tuesday, October 7

- 9:00 - 9:50 Roentgenology-Pediatrics Conference; L. G. Rigler, I. McQuarrie and Staff; Eustis Amphitheater, U.H.
- 8:30 - 10:20 Surgery Reading Conference; Lyle Hay; Small Conference Room, Bldg. I, Veterans' Hospital.
- 10:30 - 11:50 Surgical Pathological Conference; Lyle Hay and Nathaniel Lufkin; Veterans' Hospital.
- 12:30 - 1:20 Pathology Conference; Autopsies; Pathology Staff; 102 I.A.
- 2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff; Bldg. III, Veterans' Hospital.
- 3:15 - 4:20 Gynecology Chart Conference; J. L. McKelvey and Staff; Station 54, U.H.
- 3:30 - 4:20 Clinical Pathological Conference; Staff; Veterans' Hospital.
- 5:00 - 5:50 Roentgenology Diagnosis Conference; Staff; General Hospital.

Wednesday, October 8

- 8:00 - 8:50 Surgery Journal Club; O. H. Wangensteen and Staff; M-515, U.H.
- 11:00 - 11:50 Pathology-Medicine-Surgery Conference; P.A. in Relapse; E. T. Bell, O. H. Wangensteen, C. J. Watson, and Staff; Todd Amphitheater.
- 4:00 - 5:00 Infectious Disease Routes, Todd Amphitheater, General Hospital, Veterans' Hospital.

Thursday, October 9

- 8:30 - 10:20 Surgery Grand Rounds; John R. Paine and Staff; Veterans' Hospital.
- 9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; Todd Amphitheater, U.H.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U.H.
- 10:30 - 11:50 Surgery-Radiology Conference; Daniel Fink and Lyle Hay; Veterans' Hospital.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom and D. State; Eustis Amphitheater, U.H.
- 12:00 - 12:50 Physiological Chemistry Seminar; Subject to the Announced; W. D. Armstrong; 214 M.H.
- 1:00 - 1:50 Fracture Conference; A. A. Zierold and Staff; Minneapolis General Hospital.
- 1:30 - 3:00 Pediatric Psychiatric Rounds; Reynold Jensen; 6th Floor West Wing, U.H.
- arr. Bacteriology Seminar; Investigation of the Iso Antagonism of Yeast; G. W. Lones; 214 M.H.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hansen and Staff; E-534, U.H.
- 5:00 - 5:50 Roentgenology Seminar; Report of the American Roentgen Ray Society; C. M. Borman and Oscar Lipschultz; M-515, U.H.

Friday, October 10

- 9:00 - 10:30 Pediatric Grand Rounds; I. McQuarrie and Staff; Eustis Amphitheater, U.H.
- 9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U.H.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U.H.
- 10:30 - 11:20 Medicine Grand Rounds; Staff; Veterans' Hospital.
- 10:30 - 11:50 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Department, U.H.

- 11:30 - 12:50 University of Minnesota Hospitals General Staff Meeting; Rehabilitation in Neurology; Joe R. Brown; New Powell Hall Amphitheater.
- 1:00 - 1:50 Dermatology and Syphilology; Presentation of Selected Cases of the Week; H. E. Michelson and Staff; W-312, U.H.
- 1:00 - 2:50 Neurosurgery Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U.H.
- 5:30 - 6:20 Surgery Literature Conference; Clarence Dennis and Staff; Minneapolis General Hospital.

Saturday, October 11

- 7:45 - 8:50 Orthopedics Conference; Wallace H. Cole and Staff; Station 21, U.H.
- 9:00 - 9:50 Neurology **Grand** Rounds; A. B. Baker and Staff; Station 50, U.H.
- 9:00 - 9:50 Surgery-Roentgenology Conference; O. H. Wangenstein, L. G. Rigler, and Staff; Todd Amphitheater, U.H.
- 9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; M-515, U.H.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; M-515, U.H.
- 10:00 - 12:50 Obstetrics and Gynecology **Grand** Rounds; J. L. McKelvey and Staff; Station 44, U.H.

*Note: Saturday, October 4

- 11:00 - 12:20 Anatomy Seminar; A Study of Closure of the Pleuropericardial Pleuro-peritoneal Canals; Lemen J. Wells; 226 I.A.

II. HOSPITALS REPORT -- 1946-47

UNIVERSITY OF MINNESOTA HOSPITALS

INTRODUCTION

The University of Minnesota Hospitals was established to furnish a means for the University of Minnesota to train medical students in clinical medicine. Training is given in both the Out-Patient Department and Hospitals under the direct supervision and guidance of a competent staff made up of full time and part time physicians. 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 medical students, but also as an economical means for the State to care for many of its indigent sick.

It is required that each patient be referred for admission to the Out-Patient Department or the Hospitals by his family physician or by a physician in his local community. This rule avoids the criticism that the Hospitals or its clinics are taking patients away from private practitioners.

Patients are classified according to their ability to pay as County, Per Diem, Teaching and Research, Sixty Fund, Eustis or Private. There is no distinction made between the various classes in the treatment or privileges afforded.

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 out-patient or hospital care, these patients must present county papers filled in by both their physician and their county commissioner (or his 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 out-patient 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; consequently, the services and privileges tendered both are identical.

Teaching and Research patients are primarily destitute unmarried obstetrical patients who are unable to avail themselves of 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 16 years of age.

Private patients, limited in number are admitted as a convenience to the senior staff. They are usually referred cases from other doctors in the state. They are afforded the same treatment and privileges as are private patients in any private hospital.

Student Health Service patients are not to be considered as being Hospitals' patients, even though a Hospitals' intern is assigned to that service. The Student Health Service has its quarters in the University Hospitals, but it is not a part of either the University Hospitals or the Medical School. It is a service institution maintained by the University with a director, staff and budget of its own.

IN-PATIENT DEPARTMENT

The number of patients admitted for the year 1945-46 was 9,220 and for the year 1946-47, 9,532--an increase of 312. The total number of days of hospital treatment aggregated 142,473 for 1945-46 and 144,877 for 1946-47. The average number of days per patient stay in the hospital was 15.4 in 1945-46 and in 1946-47, 15.2. Deaths for the past year numbered 417 as compared with 421 for the

year 1945-46. This is a mortality percentage of 4.3 for the year 1946-47 as against 4.5 for the year 1945-46 or a decrease of .2% in patient mortality. Post mortems for 1945-46 numbered 311, an average of 74% of deaths, and for 1946-47 the number was 325, an average of 82% of deaths. The daily average number of patients was 390 in 1945-46 and 397 in 1946-47. Surgical operations performed during the year 1945-46 aggregated 5,695 and during 1946-47, 6738--an increase of 1,043.

OUT-PATIENT DEPARTMENT

During the year the Out-Patient Department showed an increase in the number of services rendered. New Patient visits in 1945-46 were 19,572 and in 1946-47, 21,082. Total Patient visits for 1945-46 were 74,110 and for 1946-47, 80,611.

GENERAL REMARKS

The In-Patient service had the largest number of hospital days care in the Hospitals' history, and the Out-Patient Department had an increase of 6,500 visits over the previous year.

The Psychopathic Department of the Hospitals admitted 299 patients during the year 1946-47 as against 311 patients admitted the previous year. The patients in the Psychopathic Hospital used 10,375 days of care during the past year and 10,013 during the previous year.

The waiting list of the Hospitals shows 160 patients at this date.

In the Out-Patient Department the cost per patient visit was \$2.85 in 1945-46 and \$3.14 in 1946-47, an increase of 29¢ per patient visit. The cost of operating the In-Patient Department was \$9.49 in 1945-46 and \$12.02 in 1946-47 or an increase of \$2.53 per patient day. Adjustments in salaries and wages of all personnel and the increased cost of supplies and expense account for this great increase in the cost per hospital day.

The X-Ray Department shows an increase in the number of services. 30,166 services

are reported for the year 1946-47 as against 28,184 for the previous year.

The Deep X-Ray Therapy Department gave 8,432 treatments during 1946-47 as against 9,140 treatments during the previous year. There were 2,245 superficial x-ray therapy treatments given during 1946-47 and 2,201 treatments during 1945-46.

The Hospital Laboratory, including Hematology, Urinalysis, Chemistry, Clerks, Blood Bank, Bacteriology, Tissue, and Electrocardiograph and Metabolic laboratories, showed 272,674 procedures during 1946-47 as against 176,876 during 1945-46. The Dispensary Laboratory showed 56,504 procedures during 1946-47 as compared with 45,068 during the previous year. The Students Health Service Laboratory procedures showed 60,053 procedures during 1946-47 and 47,175 during 1945-46.

There was an increase in the number of prescriptions compounded and the amount of drugs used in the Hospitals. The pharmacy showed an over-all increase in hospital prescriptions from 79,556 in 1945-46 to 93,880 in 1946-47. There was a further significant continuation of the trend to make more use of the diagnostic and therapeutic facilities of the Hospitals. The increase in laboratory procedures and the continued emphasis on chemotherapy has necessitated an increased number of services in all the service departments involved.

The shortage of personnel continued to handicap the Hospitals, and it was not relieved much by the cessation of the war. All departments have had a severe struggle to keep the Hospitals operating at efficiency. At this date the chief lack of personnel is apparent in the nursing and housekeeping departments. Department heads have made every effort to keep their units operating at peak efficiency despite this lack of help and should be given the proper recognition for their services.

During the year the greatest poliomyelitis epidemic in the history of the

state of Minnesota caused the Hospitals to strain its resources to assist local communities in the care of their patients. There were 753 patients admitted from the time of the outbreak to January 1, 1947. After the acute care was completed 517 were transferred to other institutions---330 going to the facilities of Fort Snelling, 148 to Gillette Hospital, 31 to Ancker Hospital, 5 to Sheltering Arms. There were 158 sent home and 52 deaths.

In order to relieve the Hospitals of its load of residual cases, the Rosemount Hospital was opened at the Rosemount Research Center on January 2, 1947. On January 8, 72 patients were transferred to Rosemount Hospital. The highest census at Rosemount Hospital was 88, and the census on July 1, was 65. The Rosemount project was financed and has continued to be financed by the National Foundation for Infantile Paralysis. Also, the assistance in securing staff was done by this organization.

During the year the University received from the Variety Club a check for \$300,000 to start the construction of a Variety Club heart hospital. Plans are now nearly completed for this unit which will be constructed on the river bank adjacent to the park in the rear of the Hospital.

Plans for the Mayo Memorial are also shaping up and should be completed by the architect sometime early in the spring.

The administration of the Hospitals wishes to thank the National Foundation for their assistance in handling the problems in connection with poliomyelitis. Without their generous aid and assistance the task would have been almost impossible. The administration also wishes to thank the Citizens' Aid Society for their continued support to the x-ray therapy department; the University Faculty Women's Club who have continued their generous efforts in behalf of our patients; the Crippled Child Relief for their assistance; the Sunshine Club for their contributions; the Traffic Club who again repeated their performance of giving splendid Christmas entertainment, gifts and cheer to all of our patients; the many groups of school children throughout the state; the Camp Fire Girls; the Girl Scouts and many other organizations too numerous to mention. To all of these the Hospitals expresses its sincere gratitude for their interest in our patients. To all members of the professional and service staffs of the Hospitals the administration wishes to extend the appreciation of the Hospitals for their loyal devotion to duty and considerate care of the patients.

Respectfully submitted,

Ray Amberg
Director

COMPARATIVE TWLEVE-MONTHS REPORTIN-PATIENT DEPARTMENT

| <u>Total Patients Admitted</u> | <u>1945-46</u> | <u>1946-47</u> | <u>Average Days Per Patient</u> | <u>1945-46</u> | <u>1946-47</u> |
|---|----------------|----------------|---|----------------|----------------|
| Private | 1,934 | 2,023 | Private | 11.2 | 11.1 |
| Per Diem | 1,349 | 2,086 | Per Diem | 16.2 | 15.4 |
| Eustis) | 201 | 176 | Eustis) | 29.5 | 20.1 |
| Teaching &) | 218 | 108 | Teaching &) | 16.1 | 22.2 |
| Research) | | | Free | | |
| Charity) | 3 | 0 | Research) | 21.0 | 00.0 |
| Staff) | 357 | 216 | Charity) | 5.3 | 7.9 |
| County | 3,300 | 3,289 | Staff) | 21.1 | 19.9 |
| Health Service | 1,547 | 1,335 | County | 4.7 | 4.2 |
| Psychopathic | 176 | 157 | Health Service | 27.7 | 30.7 |
| Private | 66 | 70 | Psychopathic | 41.9 | 44.6 |
| Per Diem | 69 | 72 | Private | 34.6 | 34.9 |
| | <u>9,220</u> | <u>9,532</u> | Per Diem | | |
| <u>Total Patients Treated</u> (Discharged) | | | <u>Average Length of Stay Per Patient</u> | 15.4 | 15.2 |
| Private | 1,883 | 1,976 | | | |
| Per Diem | 1,283 | 2,031 | <u>Daily Average Number of Patients</u> | | |
| Eustis) | 220 | 216 | Private | 58.1 | 59.8 |
| Teaching &) | 227 | 112 | Per Diem | 56.9 | 86.2 |
| Research) | | | Free | Eustis) | 17.8 |
| Charity) | 3 | 0 | Teaching &) | 10.0 | 6.8 |
| Staff) | 357 | 218 | Research) | | |
| County | 3,390 | 3,347 | Charity) | .1 | 0.0 |
| Health Service | 1,536 | 1,337 | Staff) | 5.2 | 4.7 |
| Psychopathic | 218 | 181 | County | 196.6 | 183.4 |
| Private | 53 | 59 | Health Service | 17.8 | 15.7 |
| Per Diem | 50 | 62 | Psychopathic | 16.6 | 15.3 |
| | <u>9,225</u> | <u>9,539</u> | Private | 6.0 | 7.2 |
| <u>Total Days Hospital Care</u> | | | Per Diem | 4.7 | 5.9 |
| Private | 21,216 | 21,833 | <u>Daily Average Census for Hospital</u> | 390 | 397 |
| Per Diem | 20,782 | 31,454 | | | |
| Eustis) | 6,498 | 4,351 | | | |
| Teaching &) | 3,670 | 2,488 | | | |
| Research) | | | Free | | |
| Charity) | 64 | 0 | | | |
| Staff) | 1,924 | 1,727 | | | |
| County | 71,788 | 66,935 | | | |
| Health Service | 6,518 | 5,714 | | | |
| Psychopathic | 6,061 | 5,573 | | | |
| Private | 2,221 | 2,633 | | | |
| Per Diem | 1,731 | 2,169 | | | |
| | <u>142,473</u> | <u>144,877</u> | | | |

COMPARATIVE TWELVE-MONTHS REPORTIN-PATIENT DEPARTMENT

| Service | Admissions | | Patient Days | | Average Length of Stay | |
|--------------------------|------------|---------|--------------|---------|------------------------|---------|
| | 1945-46 | 1946-47 | 1945-46 | 1946-47 | 1945-46 | 1946-47 |
| General Surgery | 1,197 | 1,270 | 19,369 | 18,149 | 15 | 14 |
| Urology | 486 | 522 | 7,579 | 7,012 | 15 | 13 |
| Orthopedics | 217 | 162 | 6,456 | 6,282 | 31 | 39 |
| Neurosurgery | 214 | 219 | 4,262 | 3,498 | 15 | 16 |
| Tumor Surgery | 286 | 270 | 3,569 | 2,662 | 12 | 10 |
| Reconstruction Surgery | 77 | 75 | 2,328 | 3,090 | 29 | 41 |
| Total | 2,477 | 2,518 | 43,563 | 40,693 | | |
| Medicine | 1,116 | 892 | 18,536 | 18,522 | 19 | 21 |
| Neurology | 499 | 688 | 7,342 | 10,913 | 16 | 16 |
| Dermatology | 140 | 109 | 2,207 | 2,081 | 16 | 18 |
| Total | 1,755 | 1,689 | 28,085 | 31,516 | | |
| Psychiatry | 313 | 286 | 9,750 | 9,894 | 31 | 35 |
| Ophthalmology | 242 | 221 | 3,798 | 3,485 | 16 | 16 |
| Otolaryngology | 382 | 326 | 3,078 | 2,340 | 8 | 7 |
| Total | 624 | 547 | 6,876 | 5,825 | | |
| Gynecology | 484 | 388 | 5,991 | 4,075 | 14 | 11 |
| Tumor Gynecology | 87 | 78 | 4,366 | 4,442 | 37 | 57 |
| Total | 571 | 466 | 10,357 | 8,517 | | |
| Obstetrics | 344 | 396 | 5,345 | 5,660 | 15 | 14 |
| Newborn Pediatrics | 260 | 341 | 3,143 | 3,580 | 13 | 10 |
| Pediatrics & Specialties | 1,212 | 1,794 | 28,203 | 32,650 | 22 | 18 |
| Health Service | 1,664 | 1,495 | 7,051 | 6,542 | 4 | 4 |
| Totals | 9,220 | 9,532 | 142,373 | 144,877 | 16 | 15 |

COMPARATIVE TWELVE-MONTHS REPORT

OUT-PATIENT DEPARTMENT

| Clinic | New Patients | | Revisits | | Totals | |
|------------------------|--------------|---------|----------|---------|---------|---------|
| | 1945-46 | 1946-47 | 1945-46 | 1946-47 | 1945-46 | 1946-47 |
| Admissions | 3,530 | 3,407 | | | 3,530 | 3,407 |
| Medicine | | | | | | |
| General | | | 16,995 | 18,501 | 16,995 | 18,501 |
| Cardiac | 596 | 560 | 880 | 1,067 | 1,476 | 1,627 |
| Chest | 191 | 174 | 1,281 | 782 | 1,472 | 956 |
| Diabetic | 110 | 111 | 826 | 908 | 936 | 1,019 |
| Gastro-intestinal | 875 | 1,430 | 230 | 121 | 1,105 | 1,551 |
| Metabolism | 134 | 129 | 519 | 458 | 653 | 587 |
| Neurology | 947 | 1,020 | 1,901 | 2,907 | 2,848 | 3,927 |
| Polio Detection | | 901 | | 26 | | 927 |
| Skin | | | | | | |
| Allergy | 30 | --- | 29 | --- | 59 | --- |
| Syphilis | 68 | 44 | 1,781 | 1,069 | 1,849 | 1,113 |
| Dermatology | 1,131 | 837 | 2,964 | 2,823 | 4,095 | 3,660 |
| Surgery | | | | | | |
| General | 754 | 992 | 5,396 | 6,294 | 6,150 | 7,286 |
| Genito-Urinary | | | | | | |
| Female | 117 | 222 | 433 | 561 | 550 | 783 |
| Male | 377 | 396 | 969 | 773 | 1,346 | 1,169 |
| Neurosurgery | 107 | 98 | 446 | 423 | 553 | 521 |
| Reconstruction | 3 | --- | 19 | --- | 22 | --- |
| Polio | --- | 114 | --- | 1,214 | --- | 1,328 |
| Tumor | 363 | 347 | 2,602 | 3,337 | 2,965 | 3,684 |
| Orthopedic | 424 | 373 | 1,471 | 1,222 | 1,895 | 1,595 |
| Ear | 270 | 265 | 887 | 876 | 1,157 | 1,141 |
| Eye | | | | | | |
| General | 818 | 877 | 3,157 | 3,992 | 3,975 | 4,869 |
| Refraction | --- | --- | 697 | 899 | 697 | 899 |
| Nose & Throat | 442 | 547 | 1,234 | 1,329 | 1,676 | 1,876 |
| Obstetrics | 124 | 116 | 564 | 636 | 688 | 752 |
| Gynecology | 503 | 496 | 1,407 | 1,451 | 1,910 | 1,947 |
| Gynecology Tumor | 56 | 68 | 867 | 854 | 923 | 922 |
| Pediatrics | 719 | 869 | 2,533 | 2,719 | 3,252 | 3,588 |
| Children's Psychiatric | 11 | 32 | 220 | 250 | 231 | 282 |
| Speech | --- | 29 | 16 | 126 | 16 | 155 |
| Nutrition | 44 | 41 | 59 | 62 | 103 | 103 |
| Dental | 3 | --- | 13 | --- | 16 | --- |
| W-212 | 1,642 | 1,367 | 4,142 | 3,849 | 5,784 | 5,216 |
| Miscellaneous | 5,183 | 5,220 | --- | --- | 5,183 | 5,220 |
| Totals | 19,572 | 21,082 | 54,538 | 59,529 | 74,110 | 80,611 |

UNIVERSITY OF MINNESOTA HOSPITALS

Statement of Income and Expenditures

June 30, 1947

| | | | |
|--|------------------|-------------------|---------------------|
| <hr/> | | | |
| Cash Balance - July 1, 1946 | | | |
| 100 Fund | | \$ 18,553.65 | |
| 420 " | | 1,104.96 | |
| 433 " | | <u>63,101.35</u> | \$ 82,759.96 |
| Income | | | |
| County & State Reimbursement | | 715,783.38 | |
| Minnesota Hospital & Home for Crippled Children | | 50,109.43 | |
| Fay Bed Dept. | | | |
| Per Diem | \$ 639,044.85 | | |
| Out-Patient | <u>55,848.32</u> | 694,893.17 | |
| Health Service | | 77,542.66 | |
| Psychopathic Hospital | | 90,000.00 | |
| Allotment - General | | | |
| University Funds | | | |
| Other Depts. | | 55,062.92 | |
| Out-Patient | | 101,133.89 | |
| Other Income | | | |
| 433 Fund | 207,432.70 | | |
| 100 " | 76.48 | | |
| Cadet Nurse Reserve | <u>11,536.83</u> | <u>219,046.01</u> | 2,003,571.46 |
| Expenses | | | |
| Salaries | | 999,803.67 | |
| Supplies & Expense | | 928,066.23 | |
| Buildings & Improvements | | 1,113.05 | |
| Equipment | | <u>51,383.02</u> | <u>1,980,365.98</u> |
| Cash Balance - June 30, 1947 | | | 105,965.44 |
| Cadet Nurse Reserve - June 30, 1947 | | | |
| 433 Fund | | 23,318.61 | |
| 100 " | | <u>3,804.34</u> | <u>27,122.95</u> |
| | | | 133,088.39 |
| Obligations - June 30, 1947 | | | <u>140,223.22</u> |
| Free Balance - June 30, 1947 | | | — 7,134.83 |
| Cost of Operation | <u>1944-45</u> | <u>1945-46</u> | <u>1946-47</u> |
| Out-Patient Department | 191,056.10 | 211,172.21 | 263,389.11 |
| In-Patient Department | 1,080,371.75 | 1,350,929.21 | 1,740,182.00 |
| Cost per out-patient visit | 2.77 | 2.85 | 3.14 |
| Cost per hospital day | 7.90 | 9.49 | 12.02 |
| <hr/> | | | |

COMPARATIVE TWELVE-MONTHS REPORTLABORATORY REPORTDISPENSARY

FECES

| | |
|---------------|-------|
| Blood, occult | 1,112 |
| Fat | 38 |
| Microscopic | 56 |
| Urobilinogen | 2 |
| Urobilin | 2 |

GASTRITIS

| | |
|---------------|----|
| Routine | 51 |
| Blood, occult | 31 |

HEMATOLOGY

| | |
|----------------------|--------|
| Hemoglobin | 10,415 |
| Erythrocyte Count | 2,104 |
| Leukocyte Count | 6,996 |
| Differential | 4,930 |
| Bleeding Time | 161 |
| Clotting Time | 160 |
| Clot Retractility | 16 |
| Fragility | 9 |
| Hematocrit | 483 |
| M.C.C. | 87 |
| M.C.D. | 93 |
| M.C.H. | 89 |
| M.C.V. | 89 |
| Platelet | 164 |
| Reticulocyte Count | 229 |
| Sedimentation Rate | 3,090 |
| Venous Clotting Time | 7 |
| Acid fast | 158 |
| G.C. | 16 |
| Nasal (Eosinophiles) | 123 |
| Vincent's | 8 |
| Malaria | 1 |
| Miscellaneous | 13 |

URINES

| | |
|--------------------------|-------|
| Routine | 7,607 |
| Specific Gravity | 3 |
| pH | 413 |
| Sugar, | |
| qualitative | 2,010 |
| Acetone | 1,464 |
| Diacetic Acid | 1,460 |
| Sediment | 1,658 |
| Albumin | 552 |
| Bence-Jones protein | 5 |
| Bilirubin | 44 |
| Concentration & Dilution | 104 |
| Fermentation Test | 2 |
| Phenolsulfonphthalein | |
| Test | 125 |
| Sulfonamide Crystals | 6 |
| Urobilin | 2 |
| Urobilinogen, | |
| qualitative | 43 |
| Addis. Count | 3 |
| Sugar, | |
| quantitative | 14 |
| Sulkawitz | 9 |
| Melanin | 1 |

VENIPUNCTURES

| | |
|-------------------|--------|
| | 10,237 |
| Glucose tolerance | 8 |
| Heterophil | 1 |

TOTAL

| | |
|--|--------|
| | 56,504 |
|--|--------|

COMPARATIVE TWELVE-MONTHS REPORTHOSPITAL LABORATORY REPORTHEMATOLOGY LABORATORY

| | |
|----------------------|---------------|
| Ivy Bleeding Time | 8 |
| Hemoglobin | 13,531 |
| Erythrocyte Count | 1,664 |
| Leukocyte Count | 11,987 |
| Differential | 10,542 |
| Venous Clotting Time | 61 |
| Bleeding Time | 1,158 |
| Clotting Time | 2,023 |
| Clot Retractility | 17 |
| Fragility | 12 |
| Hematocrit | 265 |
| M.C.C. | 29 |
| M.C.D. | 30 |
| M.C.H. | 30 |
| M.C.V | 31 |
| Parasites | 17 |
| Platelet Count | 254 |
| Prothrombin Rate | 3,096 |
| Reticulocyte Count | 177 |
| Sedimentation Rate | 902 |
| Smear-Malaria | 4 |
| Normoblast Count | 13 |
| Blood Morphology | 203 |
| Bone Marrow | 109 |
| Sternal Biopsies | 58 |
| Splenic Aspiration | 2 |
| TOTALS | 46,223 |

URINALYSIS LABORATORY

| | |
|-------------------|-----|
| Body Cavity Fluid | |
| Routine | 157 |
| Bilirubin | 8 |
| Duodenal Drainage | |
| Routine | 9 |
| Bile | 2 |
| Bile Pigment | 3 |
| Feces | |
| Blood, occult | 543 |
| Fat | 70 |
| Ova-Parasites | 476 |
| Pus | 81 |
| Hemoglobin | 9 |
| Mucous | 83 |

URINALYSIS LABORATORY (cont'd.)

| | |
|-----------------------|---------------|
| Gastrics | |
| Routine | 453 |
| Blood, occult | 33 |
| Boas Test | 2 |
| Lactic Acid | 43 |
| Parasites | 43 |
| Urines | |
| Specific Gravity | 9,637 |
| pH | 9,785 |
| Sugar, | |
| Qualitative | 13,532 |
| Acetone | 1,332 |
| Diacetic Acid | 1,282 |
| Sediments | 10,224 |
| Albumin | 10,998 |
| Bence-Jones protein | 13 |
| Bilirubin | 90 |
| Concentration & | |
| Dilution | 35 |
| Phenolsulfonphthalein | |
| Test | 398 |
| Protein (Esbach) | 217 |
| Sugar, | |
| Quantitative | 1,671 |
| Sulfonamide Crystals | 357 |
| Urobilinogen, | |
| Qualitative | 98 |
| Urobilinogen, | |
| Quantitative | 207 |
| Chloride | 431 |
| Fermentation | 5 |
| Sperm Count | 35 |
| Addis Count | 8 |
| Miscellaneous | 67 |
| Nasal Smear for | |
| Eosinophils | 14 |
| Hemoglobin | 1 |
| Calcium | 4 |
| TOTALS | 62,456 |

COMPARATIVE TWELVE-MONTHS REPORT

HOSPITAL LABORATORY (cont'd)

CHEMISTRY LABORATORY

| | |
|--------------------------------|-------|
| Blood | |
| Bilirubin | 610 |
| Calcium | 624 |
| Carbon Dioxide Capacity | 2,455 |
| Chloride (as NaCl) | 3,181 |
| Cholesterol, Total | 758 |
| Creatinine | 371 |
| Glucose | 2,705 |
| Phosphorus | 470 |
| Protein, Total | 2,120 |
| Sulfonamides | 1,539 |
| Thiocyanate | 49 |
| Urea Nitrogen | 5,448 |
| Uric Acid | 351 |
| Van den Berg | 1 |
| Cerebrospinal Fluid | |
| Chlorides | 274 |
| Glucose | 1,115 |
| Protein, qualitative | 1,729 |
| Protein, quantitative | 1,517 |
| Routines | 1,722 |
| Erythrocyte Count | 446 |
| Blood (Special) | |
| Amino Acid Nitrogen | 3 |
| Amylase | 129 |
| Bilirubin Tolerance | 1 |
| Brcmsulfalein Tolerance | 3 |
| Fibrinogen | 10 |
| Galactose Tolerance | 9 |
| Congo Red | 10 |
| Bromide | 5 |
| Creatine | 2 |
| Cephalic Cholesterol | 5 |
| Glucose Tolerance | 166 |
| Glucose Tolerance (Exton Rose) | 2 |
| Glucose Tolerance (Micro) | 15 |
| Insulin Tolerance | 44 |
| Lipase | 17 |
| Phosphatase, acid | 376 |
| Phosphatase, alkaline | 486 |
| Potassium | 46 |
| Protein, ratio and total | 808 |
| Vitamin C | 63 |
| Glucose, (Micro) | 28 |

CHEMISTRY LABORATORY (cont'd)

| | |
|--------------------------|-----|
| Cerebrospinal Fluid | |
| Sulfonamides | 45 |
| Colloidal Gold | 680 |
| Feces | |
| Fat | 43 |
| Nitrogen | 25 |
| Urobilinogen | 2 |
| Dry Weight | 23 |
| Urine | |
| Calcium | 120 |
| Chloride | 301 |
| Creatine | 66 |
| Creatinine | 79 |
| Galactose Tolerance | 1 |
| Hemoglobin | 6 |
| Hippuric Acid | 16 |
| Non-Protein Nitrogen | 14 |
| Urea | 65 |
| Uric Acid | 29 |
| Phosphorus | 10 |
| Miscellaneous | |
| Calculi | 32 |
| Nitrogen | 4 |
| Urea Clearance | 40 |
| Water Test | 11 |
| Plasma Hemoglobin | 847 |
| Blood Volume | 69 |
| Thymol Turbidity | 1 |
| Fractional Urine Protein | 1 |
| 17 Keto-steriod | 15 |
| P.S.P. | 4 |
| Wilder Test | 1 |
| Carotene (serum) | 1 |
| Methemoglobin | 3 |
| Duodenal Amylase | 2 |
| Duodenal Trypsin | 2 |
| Duodenal Lipase | 1 |
| Trypsin | 10 |

TOTALS

32,282

COMPARATIVE TWELVE-MONTHS REPORTHOSPITAL LABORATORY (cont'd)CLERKS' LABORATORY

| | |
|----------------------------|--------|
| Feces | |
| Blood, occult | 788 |
| Fat | 27 |
| Ova-Parasites | 26 |
| Pus | 25 |
| Gastrics | |
| Routine | 1 |
| Urobilin | 33 |
| Urobilinogen | 93 |
| Hematology | |
| Hemoglobin | 4,730 |
| Erythrocyte Count | 1,768 |
| Leukocyte Count | 4,352 |
| Differential & Normoblast | 3,732 |
| Clotting Time (venous) | 77 |
| Bleeding Time | 324 |
| Clotting Time | 294 |
| Clot Retractility | 29 |
| Fragility | 19 |
| Hematocrit | 444 |
| M.C.C. | 221 |
| M.C.D | 170 |
| M.C.H. | 221 |
| M.C.V. | 202 |
| Parasites | 31 |
| Platelet Count | 320 |
| Prothrombin Rate | 38 |
| Reticulocyte Count | 683 |
| Sedimentation Rate | 1,295 |
| Urine Chlorides | 2,207 |
| Price-Jones curve | 1 |
| Capillary Resistance | 154 |
| Sputum Wet | 2 |
| Sulkowitch Test | 44 |
| Urines | |
| Routine | 290 |
| Specific Gravity | 3,605 |
| pH | 3,605 |
| Sugar, qualitative | 19,400 |
| Acetone | 5,966 |
| Diacetic Acid | 5,548 |
| Sediments | 3,605 |
| Albumin | 3,605 |
| Bence-Jones Protein | 41 |
| Bilirubin | 130 |
| Concentration and Dilution | 32 |

CLERKS' LABORATORY (cont'd)

| | |
|----------------------------|-------|
| Phenolsulfonphthalein Test | 123 |
| Protein (Esbach) | 201 |
| Sugar, quantitative | 115 |
| Sulfonamide Crystals | 441 |
| Urobilinogen, qualitative | 88 |
| Urobilinogen, quantitative | 1,215 |
| Emesis-Bilirubin Blood | 2 |
| Smear for Eosinophils | 7 |
| Gram Stain | 17 |
| Ziel Neelsen Stain | 15 |
| Melanin | 10 |

| | |
|--------|--------|
| TOTALS | 70,412 |
|--------|--------|

BLOOD BANK LABORATORY

| | |
|----------------------|--------|
| Blood Groupings | 11,727 |
| Cross Matchings | 13,989 |
| Klines | 8,237 |
| Heterophile Antibody | 311 |
| Rh | 1,625 |
| Miscellaneous | 59 |
| Cold Agglutins | 8 |
| R. H. Titre | 2 |
| Guinea Pig Abs. | 1 |

| | |
|--------|--------|
| TOTALS | 35,959 |
|--------|--------|

BACTERIOLOGY LABORATORY

| | |
|-----------------------|-------|
| Cultures | |
| Blood | 3,087 |
| Drug Room | 754 |
| G.C. | 766 |
| Nose and Throat | 922 |
| Stool | 356 |
| Urine | 4,125 |
| Miscellaneous | 1,845 |
| Smears | |
| Acid-fast | 648 |
| G.C. | 662 |
| Miscellaneous | 254 |
| Pneumo Typings | 104 |
| Cerebro-spinal Fluids | 508 |

| | |
|--------|--------|
| TOTALS | 14,031 |
|--------|--------|

COMPARATIVE TWELVE-MONTHS REPORT

HOSPITAL LABORATORY (cont'd)

| <u>ELECTROCARDIOGRAPH & METABOLIC LABORATORY</u> | | <u>TISSUE LABORATORY</u> | |
|--|------------|--------------------------|--------------|
| Basal Metabolic Rates | 1,558 | Autopsies | 331 |
| Portables | 255 | Frozens | 186 |
| Electrocardiographs | 4,260 | Surgicals | <u>3,851</u> |
| Portables | 748 | | |
| Vital Capacities | <u>122</u> | TOTAL | <u>4,368</u> |
| TOTALS | 6,943 | GRAND TOTAL | 272,674 |

STUDENT HEALTH SERVICE

| | | | |
|--------------------|--------|----------------------------|---------------|
| FECES | | SMEARS (cont'd) | |
| Blood, occult | 143 | Nasal (Eosinophiles) | 15 |
| Fat | 10 | Vincent's | 154 |
| Microscopic | 55 | Malaria | 75 |
| | | Miscellaneous | 157 |
| GASTRICS | | Sperm | 1 |
| Routine | 8 | URINES | |
| Blood, occult | 8 | Routine | 17,111 |
| | | Specific Gravity | 27 |
| HEMATOLOGY | | Glucose Tolerance | 18 |
| Hemoglobin | 16,655 | Sugar, qualitative | 158 |
| Erythrocyte Count | 601 | Acetone | 55 |
| Leukocyte Count | 3,637 | Diacetic Acid | 65 |
| Differential | 3,180 | Sediment | 2,830 |
| Bleeding Time | 59 | Albumin | 311 |
| Clotting Time | 62 | Bilirubin | 30 |
| Clot Retractility | 1 | Concentration & Dilution | 1 |
| Fragility | 4 | Phenolsulfonphthalein Test | 2 |
| Hematocrit | 20 | Quant. Sugar | 1 |
| M.C.C. | 5 | Sulfonamide Crystals | 7 |
| M.C.D. | 5 | Urobilin | 1 |
| M.C.H. | 5 | Urobilinogen, qualitative | 24 |
| M.C.V. | 5 | Chem. | 20 |
| Platelet | 15 | Urea Nitrogen | 2 |
| Reticulocyte Count | 17 | Glucose | 8 |
| Sedimentation Rate | 579 | Vitamin C | 2 |
| Rh Factor | 15 | Calcium | 1 |
| Sickling Tendency | 1 | Cholesterol | 2 |
| | | VENIPUNCTURES | 13,349 |
| SMEARS | | Heterophile Antibody | 52 |
| Acid fast | 27 | Uric Acid | 1 |
| G.C. | 448 | Bile | 1 |
| Monilia | 1 | A. G. Ratio | 1 |
| | | Phosphorus | 1 |
| | | Prothrombin | 4 |
| | | TOTAL | <u>60,053</u> |

COMPARATIVE TWELVE-MONTHS REPORT

PHARMACY

July 1, 1946-July 1, 1947

| Month | Dispensary & H.S. Rx | Hospital Rx | Total Rx | Out-Patient Net Sales | Hospital Net Sales | H.S. Net Sales | Allergens Rx | Allergens Cash |
|----------|-------------------------|----------------|------------------------------------|--------------------------|-----------------------|-------------------|-----------------|-------------------|
| July | 3,743 | 6,351 | 10,094 | \$ 1,722.30 | \$ 14,445.45 | \$ 834.40 | 335 | \$ 336.95 |
| August | 3,871 | 7,467 | 11,338 | 1,722.25 | 17,990.90 | 851.55 | 446 | 442.55 |
| Septmber | 2,369 | 6,623 | 8,992 | 1,458.00 | 18,626.43 | 144.80 | 225 | 226.60 |
| October | 5,056 | 7,051 | 12,107 | 1,774.15 | 22,659.45 | 1,292.75 | 117 | 106.30 |
| November | 4,280 | 7,601 | 11,881 | 2,127.50 | 20,927.10 | 1,054.40 | 130 | 156.20 |
| December | 3,591 | 7,741 | 11,332 | 1,847.45 | 21,196.75 | 820.25 | 114 | 135.75 |
| January | 4,900 | 7,539 | 12,439 | 2,366.85 | 18,597.45 | 1,214.15 | 242 | 273.45 |
| February | 4,073 | 7,625 | 11,698 | 2,091.50 | 17,333.80 | 1,057.30 | 200 | 219.35 |
| March | 4,373 | 8,637 | 13,010 | 2,431.65 | 20,987.20 | 947.35 | 316 | 302.65 |
| April | 4,442 | 8,909 | 13,351 | 2,546.60 | 24,679.65 | 1,084.10 | 336 | 396.75 |
| May | 4,368 | 10,108 | 14,476 | 2,341.75 | 25,831.40 | 1,221.10 | 393 | 464.75 |
| June | 3,845 | 8,228 | 12,073 | 2,328.50 | 21,907.35 | 924.30 | 247 | 270.50 |
| TOTALS | 48,911 | 93,880 | 143,045 3,101 <u>146,146</u> | \$24,758.50 | 245,182.93 | \$11,496.35 | 3,101 | \$ 3,331.80 |

COMPARATIVE TWELVE-MONTHS REPORT

PHYSICAL THERAPY DEPARTMENT

| Type of Treatment | Number of Out-Patient Treatments | | Number of Hospital Patient Treatments | | Total Number of Patient Treatments | |
|---------------------------|----------------------------------|---------|---------------------------------------|---------|------------------------------------|---------|
| | 1945-46 | 1946-47 | 1945-46 | 1946-47 | 1945-46 | 1946-47 |
| Diathermy (Short Wave) | 900 | 999 | 146 | 161 | 1,046 | 1,160 |
| Ultra Violet | 375 | 245 | 551 | 405 | 926 | 650 |
| Phototherapy - Infro Red | 864 | 688 | 840 | 789 | 1,704 | 1,477 |
| Massage - Muscle Training | 2,789 | 2,853 | 3,038 | 3,310 | 5,827 | 6,163 |
| Paraffin Bath | 7 | 8 | 1 | 16 | 8 | 24 |
| Pool | 5 | 39 | 85 | 22 | 90 | 61 |
| Pressure Cuff (I.V.O.) | 278 | 218 | 97 | 93 | 375 | 311 |
| Whirlpool | 1,614 | 935 | 653 | 324 | 2,267 | 1,259 |
| Galvanic - Faradic | 302 | 152 | 57 | 33 | 359 | 185 |
| Hot Packs | 286 | 370 | 410 | 465 | 696 | 835 |
| Elliot Treatment | | | | 9 | | 9 |
| Hypertherm | | 7 | | | | 7 |
| Suspension | | | 45 | | 45 | |
| TOTALS | 7,420 | 6,514 | 5,923 | 5,627 | 13,343 | 12,141 |
| New Patients | 364 | 326 | 217 | 197 | 581 | 563 |
| No. of Patients Treated | 4,491 | 3,859 | 3,773 | 3,818 | 8,264 | 7,677 |

COMPARATIVE TWELVE-MONTHS REPORTFEVER THERAPY

| Diagnosis | Number of Treatments | |
|----------------------|----------------------|----------------|
| | <u>1945-46</u> | <u>1946-47</u> |
| Arthritis | 0 | 4 |
| Arthritis (G.C.) | 8 | 10 |
| Syphilis | 15 | 3 |
| Syphilis (Secondary) | 2 | 0 |
| Neurosyphilis | 0 | 10 |
| Asthma | 0 | 3 |
| Reiters Syndrome | 0 | 5 |
| C.N.S. Lues | 0 | 5 |
| Still's Disease | 4 | 4 |
| Polio | 4 | 0 |
| | <hr/> | <hr/> |
| TOTALS | 33 | 44 |

COMPARATIVE TWELVE-MONTHS REPORTX-RAY REPORTJuly, 1946 - December 31, 1946

| | | | |
|-----------------------------|-------|------------------------|-------|
| Abdomen | 596 | Maxilla | 20 |
| Ankle | 131 | Miscellaneous | 99 |
| Bladder | 18 | Myelography | 26 |
| Bronchography | 31 | Neck & Thyroid | 4 |
| Cervical spine | 191 | Nose | 10 |
| Chest | 5,902 | Orbits | 34 |
| Cholangiography | 49 | Pelvis | 271 |
| Clavicle | 4 | Pregnancy | 3 |
| Coccyx | 6 | Radius & Ulna | 37 |
| Colon | 608 | Ribs | 99 |
| Cystogram | 24 | Sacroiliacs | 17 |
| Elbow | 39 | Sacrum | 10 |
| Encephalogram | 34 | Scapulae | 2 |
| Esophagus | 28 | Sella Turcica | 9 |
| Femur | 121 | Shoulder | 141 |
| Fluoroscopy | 1,078 | Sinuses (Paranasal) | 141 |
| Foot | 94 | Sinuses (Para.) | |
| Gall Bladder | 247 | Iodozed oil | 13 |
| Hand | 141 | Skull | 513 |
| Heart | 48 | Sterno-clavicular | |
| Hip | 213 | joints | 3 |
| Humerus | 59 | Sternum | 12 |
| Hystero-salpingography | 2 | Stomach & Duodenum | 1,222 |
| Injection of fistulae | 4 | Temporo-mandibular | |
| Knee | 170 | joints | 26 |
| Liver & Spleen (Thorotrast) | 1 | Thoracic spine | 170 |
| Lumbosacroiliacs | 442 | Tibia & fibula | 134 |
| Mandible | 64 | Urinary Tract | 230 |
| Mastoids | 41 | Urography, intravenous | 283 |
| | | Urography, retrograde | 82 |
| | | Ventriculography | 38 |
| | | Wrist | 126 |

TOTAL EXAMINATIONS

14,161

| | |
|----------------|-------|
| Hospital | 4,562 |
| Out-Patient | 4,708 |
| Students' H.S. | 2,280 |
| Private | 1,454 |
| Miscellaneous | 1,157 |

Total 14,161

COMPARATIVE TWELVE-MONTHS REPORTX-RAY REPORT (cont'd.)January, 1947 - June 30, 1947

| | | |
|---------------------------------|-------|--------|
| Abdomen | 806 | |
| Arm | 282 | |
| Bronchogram | 64 | |
| Chest | 4,613 | |
| Cholangiogram | 85 | |
| Colon | 741 | |
| Encephalogram | 82 | |
| Facial | 142 | |
| Fluoroscopy | 70 | |
| Gall Bladder | 380 | |
| Heart | 270 | |
| Hip, pelvis | 476 | |
| Sacroiliacs | 264 | |
| Legs, thigh, knee | 368 | |
| Ankle and foot | 289 | |
| Ribs | 120 | |
| Shoulder, scapulae | 171 | |
| Sinuses, mastoids | 215 | |
| Skull, orbits | 660 | |
| Small bowel | 45 | |
| Spine | 658 | |
| Stomach, esophagus | 1,681 | |
| Ventriculogram | 41 | |
| Miscellaneous | 72 | |
| Wrist and hand | 172 | |
| Urinary tract | 147 | |
| Urogram, excretory | 458 | |
| Urogram, retrograde | 76 | |
| | | |
| TOTAL EXAMINATIONS | | 13,448 |
| | | |
| Out-patient | 4,342 | |
| Hospital | 3,756 | |
| Students' Health Service | 1,302 | |
| Private | 1,538 | |
| Miscellaneous | 803 | |
| | | |
| TOTAL PATIENTS | | 11,741 |
| | | |
| Hospital | 2,402 | |
| W-212 | 627 | |
| Students' Health Service | 5,242 | |
| | | |
| TOTAL PHOTOFLUOROGRAMS | | 8,271 |
| | | |
| TOTAL - July, 1946 - June, 1947 | | 30,166 |

COMPARATIVE TWELVE-MONTHS REPORTX-RAY THERAPY DEPARTMENT

| <u>Deep X-Ray Treatments</u> | <u>1945-46</u> | <u>1946-47</u> | <u>Superficial X-Ray Treatments</u> | <u>1945-46</u> | <u>1946-47</u> |
|----------------------------------|----------------|----------------|-------------------------------------|----------------|----------------|
| New Patients Treated | 538 | 491 | | | |
| Patients Retreated | 253 | 203 | | | |
| TOTAL NUMBER OF PATIENTS TREATED | 791 | 694 | Out-Patient Treatments | 2,111 | 2,205 |
| Hennepin County Patients | 111 | 80 | House-Patient Treatments | 90 | 40 |
| Ramsey County Patients | 24 | 23 | TOTAL NUMBER OF OF TREATMENTS | 2,201 | 2,245 |
| TOTAL COUNTY PATIENTS | 222 | 206 | | | |
| Out-Patient Treatments | 5,763 | 5,216 | Philip's Contact Treatments | 343 | 212 |
| House-Patient Treatments | 3,377 | 3,216 | | | |
| TOTAL NUMBER OF TREATMENTS | 9,140 | 8,432 | | | |

COMPARATIVE TWELVE-MONTHS REPORTWAITING LIST

| <u>Service</u> | <u>1945-46</u> | <u>1946-47</u> | <u>1945-46</u> | <u>1946-47</u> |
|---------------------------|----------------|----------------|--------------------------|----------------|
| Male Surgery | 7 | 16 | Medicine | 3 |
| Female Surgery | 9 | 14 | Neurology & Psychiatry | 7 |
| Neurosurgery | 1 | 0 | Dermatology | 2 |
| White Surgery | 1 | 5 | Pediatrics | 3 |
| Plastic Surgery | 12 | 9 | Ophthalmology | 9 |
| Purple Surgery | 1 | 0 | Ophthalmology Pediatrics | 8 |
| Urology | 2 | 20 | Oto-Laryngology | 0 |
| Orthopedic Pediatrics | 1 | 4 | Tonsils and Adenoids | 4 |
| Reconstruction Pediatrics | 6 | 6 | TOTALS | 105 |
| Orthopedics | 29 | 21 | | 160 |

SOCIAL SERVICE DEPARTMENT
UNIVERSITY OF MINNESOTA HOSPITALS
ANNUAL REPORT 1946-47

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This report includes that of the Medical Social Workers as well as that of the Psychiatric Social Workers, the latter having been prepared by Miss Charlotte Henry, Chief of Psychiatric Social Work, who we regret resigned July 1, 1947, and whose assistance we shall greatly miss.

Before I comment upon the work done in the Medical Social Service Department during the last year, I want to say that we have passed through a very difficult one because of the extensive illness and untimely death on December 13, 1946, of our Director, Miss Frances Money. We greatly miss her leadership, but we have tried to carry on with the same high ideals of professional work which she always maintained.

Because of the exceedingly great shortage of medical social workers, it has not been possible to fill the vacancies which have arisen. Aside from the fact that Miss Money's position has not been filled, two Medical Service workers who had come to us on a provisional basis and who succeeded each other both left when their husbands returned from overseas. The same thing was true of the Pediatrics worker. The Obstetrical and Gynecological worker left in May to be married. Since then we have been able to fill these vacancies only by one full-time worker, a half-time worker to succeed me in Eye, Ear, Nose and Throat, Dental, Adult Orthopedic, and Yellow Surgery Services, while I replaced Miss Money temporarily. At present we have a temporary worker in Obstetrics and Gynecology who came for a six week period only. One worker also had to be out of work for six weeks because of major surgery. As you see, we have been laboring under extreme difficulties.

There has been considerable demand this year for extension of our services which greatly pleases us. However, until trained workers are more easily available, it

will be very difficult to meet these demands. When one considers that we have been operating since last fall with a shortage of one and one half workers, we feel we need not make apologies for the total volume of work done. If feel that the quality of work has been maintained in spite of the amount of work done.

Two new projects have definitely been initiated. The one is the additional referrals from Yellow Surgery Vascular Clinic to arrange for rental of Intra-venous Vascular Occlusion machines in order to be able to send patients home more promptly and to be able to give them more continuous treatment at considerably less cost. This project is developing slowly but steadily.

The other is the intensely interesting and stimulating project at Rosemount Hospital, that of working with the poliomyelitis patients in relation to their handicap. We are attempting to work through with the patient any of his problems and help in a realization of some of his plans on the basis of the existing handicap. There is much work to be done with both the adults and children. We have barely scratched the surface so far as case work services are concerned. We are extremely eager to get a full-time worker as was suggested, but a suitable person has as yet not been found. In the meantime, the School of Social Work approved the plan of permitting graduate students to do their field work there. With the supervision of Miss Charlotte Henry and myself, we have attempted to do as much case work as possible. The tables will show the numbers of cases we have carried actively since March 1, 1947.

The program as it is mapped out seems exceedingly sound. Cases under consideration are presented weekly at Staff Conference with contributions being made by all of those who work with the patient. This includes workers from other social agencies who may be interested in the case work plans as well as hospital personnel. It is a plan which considers the patient as a whole person and one which

recognizes all existing factors including the emotional and these are taken into account. It is the first opportunity of its sort that we have had to work so closely with the patient, physicians, nurses, etc., and we wish to strengthen this program as much as possible.

We have worked primarily with the adults, particularly as their problems relate themselves to retraining. The Division of Vocational Rehabilitation has sent a representative each week who sits in on the discussion and analyzes the educational and occupational needs. He then accepts or rejects the case for retraining as he sees fit. This means that often with help from this department new training projects can be financed for the patient. The medical social worker assists in this program of retraining at any point that a social worker's help is indicated. At present the chief point of contact has been to get social histories, determine the patients' interests, and use other social agencies as resources.

The medical social case work with children has not been much developed as yet, but an awareness of the need is definitely arising. We have been asked in a number of instances to learn about the home situation in order to make sound discharge plans for further care. We feel that we should actively become interested in this group of cases as well as maintain follow-up. We should work closely with the doctors, nurses, and other agencies interested in problems of the patient group. This is particularly true concerning the use of the Division of Social Welfare and local county welfare boards.

We feel that we have been of some help in understanding the patients' superficial emotional problems and have helped to work these through with him.

We have had an awareness during the past year that affiliated groups within the hospital all are more interested in the work of Social Service. We have been asked to speak to various nursing classes, hospital administration class, and dietetic intern classes. Various members of our staff have also participated in

these projects. We were invited, as you know, to participate at one Medical Staff Meeting. We are very grateful for these opportunities. One member was asked to participate in the In-Service Training Program for Hennepin County Welfare Board workers; another did the same thing for the counsellors in the State Program for the Blind held at the Continuation Center; and a third, to the volunteer groups who serve on the campus.

Several workers have been assigned to study communities in relation to community projects. Outstanding in this are the Minnesota Society for the Prevention of Blindness, the Minneapolis Council of Agencies for the Blind, and the Case Work and Relief Division of the Minneapolis Council of Social Agencies. The latter is studying community problems of various types particularly county resources, care, and facilities for the aged.

The Dietetic Department has shown considerable interest in Social Service activities and has expressed its willingness to be of service to our department whenever a dietetic need arises. The program is naturally one to be developed but warrants to become a broader base for the patient's care and preparedness to return to his own home and community.

Following is a numerical summary of the work done by the medical social workers:

| | | |
|---|-----|------------|
| Total number of intensive cases carried forward July 1, 1946..... | 235 | |
| Total number of intensive cases added during the year | | |
| New..... | 460 | |
| Old..... | 110 | |
| Reopened..... | 48 | |
| | | 618 |
| | | <u>853</u> |

As you know, this represents the group where existing problems are dealt with over a longer period of time, or with more intensity. Cases are sometimes active for a number of months.

The average case load of the workers was 39 per month. In addition to this, the major number of contacts were those where a slight service was rendered a patient. This is a very much needed

service for a specific reason; yet the situation may not seem to present problems which require continued service and is therefore classified as unrecorded:

Contacts With or For Patients Not Counted as Cases

| | <u>1946</u> | <u>1947</u> |
|---|--------------|---------------|
| Reports to other agencies..... | 1,577 | 1,513 |
| Steered to other agencies..... | 207 | 594 |
| Referred by University Hospital regarding fees..... | 82 | 26 |
| Advice or Interpretation to Patient or Family | | |
| By conference..... | 3,015 | 4,084 |
| By letter..... | 1,262 | 1,559 |
| Interpretation to M.D..... | 605 | 1,608 |
| Discharge arrangements..... | 1,890 | 2,070 |
| Board and Room..... | 308 | 394 |
| Nursing Home..... | 334 | 336 |
| Transportation..... | 74 | 90 |
| | <u>9,354</u> | <u>12,274</u> |

I am sure that everyone is aware that figures alone do not tell the story of work done, but it is in a measure a picture of the various contacts which have been made.

These figures require some interpretation to be of significance. In giving reports to another social agency (total 1,513) the worker must first contact the doctor for detailed information which will have meaning regarding the patient to a non medical agency. It very frequently means a written report because many of such reports go to state and county welfare workers.

Patients who need specialized services which we are not equipped to give, may need interpretation regarding this fact and need also to know where such services are available to him. This occurred in 594 instances.

Since one of the basic medical social case work principles is that of interpretation, this plays an important part. In order that the patient, the patient group, and the community understand about the needs, the worker has a body of knowledge which she can give for clearer understanding and with this hopes for an acceptance by the patient of the situation. Such interpreta-

tion is made by conference or letter and was necessary in 5,643 instances.

The medical social workers need to interpret influencing social factors to the physician is of great importance and was indicated in 1,608 instances.

In order that the patient may leave the hospital fully informed and accepting of plans and recommendations, he should know full well what these plans are and how he must enter into the successful completion of such plans. Discharge arrangements may be very simple but also may be extremely difficult and time consuming. The workers assisted in 2,070 such discharges.

The arrangements for authorization for board and room are necessary, because some communities do not accept this obligation automatically. The rest home placements are always arranged through Social Service, as the worker needs to keep in touch with the patient after his discharge to such a home to see that medical orders are carried out. 336 such placements were made during the past year.

Other items which occur less often are interpretation regarding hospital

fees and transportation arrangements but occurred in 26 and 90 instances respectively.

Education.- Our major educational program for the department is still the training of medical and psychiatric social work students by giving them field work experience in the department under workers qualified as student supervisors.

During the past fiscal year we had two students during the fall quarter. There were to have been five, but because there were not enough supervisors available, the program had to be curtailed. During the winter there were five students. Two completed their field work in the winter; then in the spring two new students were added, so there was a total of five during the spring. Consummately we had a total of twelve students of one quarter each or seven different students, each of whom had at least two quarters with us. These students were supervised by four field guides.

Our program during the past year for in-training service, although not definitely developed, made it possible for two of our workers who were to be student supervisors to participate in a weekly seminar group in the School of Social Work during the winter quarter.

We should like very much whenever possible to extend this program particularly to new workers.

Within the two divisions of the department; i.e., Psychiatric and Medical Social Workers, we have had joint monthly meetings in order to discuss problems of mutual interest and to develop closer working relationships, also to obtain a better knowledge of intramural problems and plans. Whenever feasible medical as well as psychiatric students were invited to be present at these joint meetings.

During the fiscal year the medical social workers have held weekly staff conferences. At these meetings we have discussed mutual problems, have presented cases for discussion, or have reported on interesting reading material.

We have planned on fuller use of magazines and books available in our department, and one of our staff members has been appointed librarian.

From that we have pointed out before, we have had a trying time during the past year, but the impetus which we have received from numerous sources both within and without the hospital has more than compensated for discouraging factors, the most serious of which is the shortage of trained workers.

I feel that Miss Money's recommendation that a case work supervisor is needed is a sound one. The educational program which should be extended cannot be satisfactorily done unless a larger staff is available. I should like to refer you to Miss Money's last report of 1946, for recommendations. I do not feel that I can add to her suggestions at this time.

I want to take this opportunity to express my sincere thanks to all who have so wonderfully supported me during this part year. I refer particularly to Mr. Amberg and Miss Gilman for the great help they have given me. The loyalty of the staff has been exceedingly gratifying. Only for the support such as this was I able to carry on. It will be exceedingly interesting and stimulating to look to the near future and face the challenges which await both the Psychiatric and Medical Social Workers in the areas of case work developments, teaching and research.

Lydia B. Christ, Acting Director

SOCIAL SERVICE

Statistical Report*

| | |
|--|------|
| Total carried over from previous month during the year | 2412 |
| Total number of cases transferred within the Department..... | 15 |
| Intake during the year | |
| New..... | 460 |
| Old..... | 110 |
| Recurrent..... | 48 |
| Total open during the year..... | 3045 |
| Closed during the year..... | 692 |
| Total carried forward during the year..... | 2353 |
| Contacts with for for patients not counted as cases | |
| Reports to other agencies..... | 1513 |
| Sterred to other agencies..... | 594 |
| Referred by University Hospital regarding fees..... | 26 |
| Advice or Interpretation to Patient of Family | |
| By conference..... | 4084 |
| By letter..... | 1559 |
| Interpretation to M.D..... | 1608 |
| Discharge arrangements..... | 2070 |
| Board and Room..... | 394 |
| Nursing Home..... | 336 |
| Transportation..... | 90 |

*Medical Social Work Only (Psychiatric Social Work Not Included)

PSYCHIATRIC SOCIAL WORK

For the first year since the establishment of the psychiatric social work unit, it appears that there has been some more tangible accomplishment than merely the knowledge that a psychiatric social work unit exists. If we come to the end of the year presenting only problems, it is at least the first step toward solution that we can identify and isolate those problems.

We have had our budgeted quota of staff with no changes so that continuity of service has been possible. Miss Kramer has carried a full load in Child Psychiatry varying from 79 cases in December to 51 in March with an average load of 65 and an average of 30 new cases per month. In addition, she had supervised the work of

two psychiatric social work students from the School of Social Work, has taught one class a week of student nurses, and has had an average of one lecture a month to either student or outside groups. She has helped with the orientation of each group of psychiatric fellows who have rotated through Child Psychiatry and assists Dr. Jensen in the total administration of the Child Psychiatry program.

Miss Smith has continued this year with her time divided equally between the Neurology service and In-patient Psychiatry. This is a most unsatisfactory division of labor, because the demands on her from each service exceed the amount of time at her disposal. Her case load has varied from 91 in October

to 47 in February with an average load of 66+ and an average of 33 new cases per month.

Mrs. Grathwol has worked full time in Psychiatry concentrating primarily in the Out-Patient clinic in connection with the expansion of clinic treatment facilities. Her case load has varied from 41 in October to 67 in March with an average load of 55+ and an average of 23+ new cases per month.

A qualitative analysis of psychiatric social services is well nigh impossible without a more adequate system of recording. While there are adequate records on some individual cases no consistent plan of record keeping has been worked out because of the difficulties of dictation. In the crowded social service office on Station 60, there is no spot where the workers can dictate without interruptions and competing activities which allow no opportunity for the concentration necessary to thoughtful recording. In Child Psychiatry notes of all contacts in the general Pediatric clinic are briefly recorded in the medical charts. A separate unit Child Psychiatry record, which includes brief notes of all clinic activities in behalf of the patient, is kept on every child who has appointments in the Child Psychiatry clinic. The recording is extremely brief but adequate from the standpoint of service. It is probably inadequate for research or good teaching. At present a more consistent effort is being made to use on the adult service the same standard of record keeping as that followed in Medical Social Service, so that records can be exchanged on patients who are known to both medical and psychiatric social workers. In Child Psychiatry, however, there is no separate social work record.

In general, the statistics for the past eight months indicate that referrals are made to psychiatric social workers on the adult service because of specific situational problems in connection with the patients' illness or convalescence. Contacts are usually short time and are concerned with such practical matters as financial arrangements for coming to clinic,

referral to community agencies, job finding, etc. Although the social workers are asked to interview relatives, to get supplementary social history or to interpret hospital or clinic procedures, occasionally, much of the direct work with relatives is apparently done by the residents.

The number of psychiatric social work contacts with relative is on the average about a third as large as the number of direct contacts with patients. This proportion would be even more unbalanced if Child Psychiatry figures were excluded, since Miss Kramer's contacts with relatives outnumber those with patients about ten to one. Further study seems to be indicated to determine the reasons why the number of social work contacts with relatives is so small. It would appear that social case work with relatives during the patient's illness and convalescence should be one of the most valuable functions of the psychiatric social worker.

The patient's family is the most natural and obvious source of support to any ill patient. With a mentally ill patient many of the factors which contribute to or prolong his illness may be focused in his family relationships. It would seem that the participation of relatives is not being used as effectively as it could be in the treatment of patients or that the resident staff is carrying that responsibility without as much help from the social work staff as the latter should be equipped to give and perhaps at the expense of the patient. One difficulty in any more intensive program of case work with relatives is the fact that patients come from all parts of the state. Visits of relatives from outside the urban area may be infrequent and at times when the staff is not on duty. However, it still seems likely that concentration on this area of work could bring better results.

The statistics this year indicate a much closer working relationship between the medical and social work staff. Qualitatively, however, there is much confusion in the minds of social workers

as to the amount of leadership or aggressiveness they can take in given cases where they are working cooperatively with comparatively inexperienced fellows. It seems important to clarify the relationship between staff social workers and the fellowship group, as to whether the social workers have any informal teaching function. If so, it would seem important to clarify this point with fellows and social workers and devise some plan by which the social workers might discuss their function with each new group of fellows assigned to the service. Such a plan is being followed with apparent success in Child Psychiatry.

This past year, we have had four students assigned for psychiatric social work field work at the hospital by the School of Social Work. Three have been here for three quarters and one for two quarters. They have rotated for one quarter each on each of the three services, Psychiatry, Neurology, and Child Psychiatry.

This past year, we have had four students assigned for psychiatric social work field work at the hospital by the School of Social Work. Three have been here for three quarters and one for two quarters. They have rotated for one quarter each on each of the three services, Psychiatry, Neurology, and Child Psychiatry, except for one student who has spent two quarters on Child Psychiatry. This has proved to be a poor plan because it has broken up too much the continuity of the field work experience. In the future, students most interested in Child Psychiatry will probably spend two quarters on that service and perhaps one quarter on the Adult Psychiatry service, while those interested in Adult

Psychiatry may reverse the process. Actual case work on the Neurology services may not be considered a necessary part of the psychiatric social work field work training, although students may be encouraged to attend Neurology rounds and other teaching exercises. Miss Kramer has supervised student training on Child Psychiatry. She has carried an enormous load in all respects and has made an unusual contribution both in terms of service and education.

The usual problems of space, too little staff, and inadequate clarification of function are still with us. The problems of the relationship of psychiatric social work staff, administratively, to the hospital social service department, to the Medical School and to the School of Social Work seem to be the ones pressing most for clarification and reorganization. It would appear that social work should be channeled through a social work department or the School of Social Work to Hospital administration rather than through the Medical School. It seems obvious that neither discipline can effectively evaluate the performance of the other. Emotionally tinged competition seems more likely to find a happy solution if each professional group has an adequate channel for official expression within its own profession. Dr. Jensen, Dr. Schiele, and Dr. Baker have all given magnificent support to the social work group and to the development of a better program of psychiatric social work. It is to be hoped that their efforts can be augmented by early administrative clarification.

Charlotte S. Henry
Chief of Psychiatric Social
Work

POWELL HALL
UNIVERSITY OF MINNESOTA HOSPITALS
ANNUAL REPORT 1946-47
- - -

Life in Powell Hall has gone on much as usual the past year. We had been looking forward to the close of the war when we could be able to resume our normal pattern of living. As the weeks and months went by, life in Powell Hall became more confusing and complicated.

1. The housing situation on the campus became critical. In place of taking out bunks as we had hoped, we were obliged to install more and open our doors to a larger number of regular University students. During one quarter, we registered eighty-three University students for housing in Powell Hall. Study and service do not mix and the situation brought many problems.

2. During the polio epidemic, sixty-three graduate nurses from different parts of the U. S. sent to Minneapolis through the Red Cross to assist in the University Hospital were housed in Powell Hall. In most cities where out of state graduate nurses were called in, hotels were taken over for living quarters. We housed during the epidemic an average of sixty graduate nurses.

3. The graduate staff moved back into Powell Hall as satisfactory housing was not available near the Hospital. The census increased from eleven graduate staff to one hundred and fifteen.

Counselors

Up until April 15, 1947, six counselors assisted not only as far as counseling students was concerned but have acted as hostesses certain evenings each week. Myrtle Gagnon appointed April 15, as head resident counselor, has made an excellent beginning in organizing the counseling program, and we look forward to the development of a strong organization under her guidance. She has assumed responsibility of student government, attending house and council meetings and supervising

all social activities. Following is her report:

"A counseling program has been carried out during the past year by five counselors. Since April, I have been here as head counselor. The progress of acceptance of counselors has, no doubt, been slow, but I have found the entire dormitory very receptive. This indicates the excellent type of work and support created during the past year.

Counseling is such indirect teaching that a period of time must elapse before you can attempt an evaluation. Counseling is a type of relationship that cannot be compelled but must be tactfully built. A counselor must be well informed and also know where to get information about almost anything. Thus in our guidance program, we try to help the students to gain self acceptance and confidence and independence in themselves.

The counselors assist in all social functions---Teas, mixers and formals, They have scheduled office hours once a week as well as many personal interviews. They try to contact at least once all the new students.

The students enjoy having a counselor in their corridor and ask her guidance in the many conflicting problems of their daily lives.

On the whole, I feel that it is a successful program filling the need for the guidance of students. Its value is proven by the increasing demand on the time of the counselors. Sports, athletics, house meetings, council activities, dramatics and chorus activities have all been assisted by the counselors. They guide but do not direct. This fall we hope to add to our activities a craft program and also bridge instructions."

We are hoping to find a counselor who has majored in physical education. Although students take advantage of activities sponsored by the Union, we feel that supervision in Powell Hall will

attract more residents. We are slowly accumulating equipment, e.g. archery and croquet sets, tennis balls, raquets, etc. Many requests have been sent in for a shuffle board either in the recreation room or built in concrete somewhere on the grounds. Residents have appreciated the new radio. It is interesting to see how carefully they are protecting it.

Social Activities

The Recognition Assembly was the high light of the past year as has been true ever since it was inaugurated. Evalyn Shadick was elected our outstanding citizen.

A very fine cooperative spirit has slowly developed between Pioneer and Powell Hall counselors. Combining effort and expense, Powell Hall and Pioneer Hall have been giving very successful dances in our recreation room. The amplifying victrola supplied the music for these parties which were not date affairs. On each occasion, there were two or three times as many guests as residents. The decorous manner in which the guests conducted themselves was commendable. Two formal dances were held--One at Glenwood Chalet and one at the Radisson Hotel.

Even though hours on duty and rotation to different hospitals make it difficult to get groups together for rehearsals, a chorus was organized. They met several times with Comstock and Pioneer and sang over the radio on two occasions. One group worked up a skit for house meeting and were quite flattered when they were invited to give it for the Veterans of Fort Snelling.

Weekly teas have been continued throughout the year and have grown in popularity. Students have taken over the responsibility of paying for cookies while the hospital provided the coffee or tea. Last week, July 18, there were one hundred and twenty-five guests.

Students still take advantage of the very fine activities program set up by the Union. We feel this is exceedingly wholesome as it affords students in nursing an opportunity of meeting other University students interested in the same sports. Chief among these activities have been swimming, hiking, bridge, work shop, skating, and sleigh rides. It is interesting to know that in the summer when days off can be arranged, students have joined hosteling groups. A trip to Eden's Ranch was a popular winter evening occasion.

Library

When the new building was completed, the reference books in the small room 226 were moved to a room in the Nursing Arts section. Miss Steadman was in charge from 7:30 to 10:30 each evening. Following is her report:

"Student attendance in the reading room varies considerably, running from no attendance to fourteen, with an average of five nightly. This appears to be influenced partly with type of assignments and material available, final examination preparation etc. A fair number use the room for study only.

In the past six months, much new textbook material, along with current nursing and medical journals has been added.

Student attitude has been excellent with no occasion for dismissal of anyone from attending. There is noticeable appreciation of making such a room available here at Powell Hall."

May I take this opportunity of thanking Mr. Amberg, Dean Williamson, Miss Filson and Mr. Klein for their help and cooperation during the past year.

Respectfully submitted,

(Mrs.) Dorothy Kurtzman
Director

III. STAFF -- 1947-1948ADMINISTRATION

Harold S. Diehl,
Dean of Medical Sciences
Myron Weaver, Assistant Dean
Ray M. Amberg, Director
Gertrude M. Gilman, Assistant Director
in Charge of Admissions
Kenneth J. Holmquist, Assistant Director
in Charge of Service and Supplies
Hallie Bruce, Chief Pharmacist
Lydia B. Christ, Acting Director,
Social Service
Helborg Gilbertson, Administrative
Secretary
Hiram F. Hamilton, General Mechanic
Foreman
Ethel E. Harrington, Personnel Officer
Dorothy M. Kurtzman, Director, Powell Hall
Margaret McHugh, Hospital Housekeeper
Zula P. Nesbitt, Hospitals Accounts and
Credit Supervisor
Gertrude I. Thomas, Director of Hospital
Nutrition Service
Margaret Filson, Director of Nursing
Services

LABORATORY

Gerald T. Evans, Professor and Director
Evrel A. Larson, Instructor and Associate
Scientist
Elizabeth G. Frame, Assistant Professor
of Physiological Chemistry
Dorothy R. Sundberg, Assistant Professor
of Anatomy
Richard M. Marwin, Instructor in Bacter-
iology and Immunology
David Kaung, Medical Fellow
Charles Williams, Medical Fellow
Barnet Berris, Medical Fellow
R. Edward Bell, Medical Fellow

MEDICINE

C. J. Watson, Professor and Head
W. W. Spink, Professor
Gerald T. Evans, Professor
George Fahr, Professor
J. A. Myers, Professor
Henry Ulrich, Professor Emeritus
A. Kerkhof, Clinical Associate Professor
J. B. Carey, Clinical Associate Professor
William Tucker, Clinical Associate Pro-
fessor

Edmund Flink, Assistant Professor and
Director, Out-Patient Medicine
Evrel Larson, Assistant Professor
J. J. Boehrer, Clinical Assistant
Professor
Herman Wolff, Clinical Assistant Pro-
fessor
George Aagaard, Clinical Assistant
Professor
R. S. Ylvisaker, Clinical Assistant
Professor
Jay C. Davis, Clinical Assistant Pro-
fessor
Douglas Head, Clinical Assistant Pro-
fessor
Paul Hagen, Instructor
Wendell Hall, Instructor
William M. Balfour, Clinical Instructor
John LaBree, Clinical Instructor
Howard Horns, Clinical Instructor
Russell Lindgren, Clinical Instructor
L. R. Schorer, Clinical Instructor
Robert Green, Clinical Instructor
C. N. McCloud, Clinical Instructor
J. Wishart, Clinical Instructor
Craig Borden, Clinical Instructor
Dean Rizer, Clinical Assistant
Herbert Plass, Clinical Assistant
Wayne Hagen, Clinical Assistant
Russell Wilder, Jr., Clinical Assistant
Clarence Siegel, Clinical Assistant
Dale Correa, Clinical Assistant
Abraham Braude, Medical Fellow
Barnet Berris, Medical Fellow
Russell Hayes, Medical Fellow
Charles Williams, Medical Fellow
Albert Greenberg, Medical Fellow
Richard Cullen, Medical Fellow
Marcus Keil, Medical Fellow
Victor Sborov, Medical Fellow
William S. Terry, Medical Fellow
James Shaffer, Research Fellow
Donald Amatuzio, Resident
George Cullen, Resident
Earl Hill, Resident
Norman Schneidman, Resident
William Schulze, Medical Fellow

OBSTETRICS AND GYNECOLOGY

John L. McKelvey, Head and Professor
Titus P. Bellville, Instructor
Donald W. Freeman, Medical Fellow
Edward C. Sargent, Medical Fellow
John S. Gillam, Medical Fellow
Alex Barno, Medical Fellow
Robert A. Bradley, Intern

James Anderson, Resident at Miller
Hospital
Milton Baker, Resident at Minneapolis
General Hospital

Clinical Assistant Professors

Lee W. Barry
Claude J. Ehrenberg
Everett C. Hartley
George E. Hudson
Leonard A. Lang
Rae T. LaVake
Clarence O. Maland
Jalmer H. Simons
Samuel B. Solhaug
Roy E. Swanson
Herbert M. Wynne

Clinical Instructors

Milton Abramson
Duma C. Arnold
Joseph F. Bicek,
Ray F. Cochran
Louis Freidman
John A. Haugen
Albert F. Hayes
Eugene M. Kasper
Arthur Koepsell
Harold R. Leland
Edward C. Maeder
Charles E. Proshek
Owen F. Robbins
William P. Sadler
Melvin B. Sinykin
Rodney F. Sturley
James J. Swendson
Thurston W. Weum

Clinical Assistants

Paul N. Larson
Charles H. McKenzie

OTOLARYNGOLOGY

Lawrence R. Boies, Head and Professor
John J. Hochfilzer, Clinical Assistant
Professor
Charles E. Connor, Clinical Associate
Professor
Jerome A. Hilger, Clinical Assistant
Professor
Conrad J. Holmberg, Clinical Instructor
George M. Tangen, Clinical Instructor

Leander T. Simons, in charge of Otolaryn-
gology Service at Ancker Hospital
Henry V. Hanson, in charge of Otolaryn-
gology Service at Veterans Hospital
Robert E. Priest, in charge of Otolaryn-
gology Service at Minneapolis General
Hospital

OPHTHALMOLOGY

Erling W. Hansen, Head and Professor
Robert R. Tracht, Clinical Instructor
Charles Stanford, Clinical Assistant Pro-
fessor
Walter L. Hoffman, Clinical Assistant
Professor
Francis M. Walsh, Clinical Instructor
Wilfred J. Bushard, Clinical Assistant
Charles Hymes, Clinical Assistant
Professor
Richard Horns, Clinical Instructor
Hendrie Grant, Clinical Associate Pro-
fessor

PEDIATRICS

Irvine McQuarrie, Professor and Head
John M. Adams, Associate Professor
Reynold A. Jensen, Associate Professor
(Child Psychiatry)
Charles D. May, Associate Professor
Mildred Ziegler, Assistant Professor
Hunter H. Comly, Instructor (Child
Psychiatry)
Theodore C. Papermaster, Instructor
Audrey Arkola, Clinical Psychologist
and Instructor
James F. Bosma, Instructor

Medical Fellows

Roger I. Lienke
Sidney S. Scherling
Georgia B. Perkins
Robert A. Aldrich
Hua K ang Chow
Mary P. Christensen
Lawrence F. Erickson
Frank Friden
John Galligan
Carl Goebel
William Heilig
Roger Lienke
Neil Litman
Sheldon Siegel
Viola Sheridan

Warren Anderson
W. Lueck
Edward F. Walsh

Clinical Professors

Bryng Bryngelson
Eric K. Clarke
E. J. Huenekens
Erling S. Platou
R. C. Rodda
Max Seham
Albert V. Stoesser

Clinical Associate Professors

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J. T. Cohen
Hyman Lippman
L. F. Richdorf
Morse J. Shapiro
Robert L. Wilder
O. Wyatt
Paul F. Dwan

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Woodard Colby
L. R. Critchfield
Harold B. Hanson
F. G. Hedenstrom
E. S. Lippman
Lillian Nye
A. J. Ouellette
Ed. F. Robb
Robert Rosenthal
Ray Shannon
David Siperstein
Alexander Stewart
Willis H. Thompson
Viktor Wilson
Marguerite Booth

Clinical Instructors

S. L. Arey
Alice Brill
Harold F. Flanagan
Aaron Friedell
Alice Fuller
Hermina Hartig
Evelyn V. Johnson
Arthur E. Karlstrom
Elizabeth Lowry
Edward N. Nelson
Everett Perlman

Eva Shaperman
Richard Tudor

Clinical Assistants

E. C. Burklund
Alexander Iams
Ellsworth Stenswick
Edward L. Strem

PHYSICAL MEDICINE

Miland E. Knapp, Clinical Associate Professor
Frederic J. Kottke, Assistant Professor
Ernest C. Christensen, Medical Fellow
Donald J. Erickson, Clinical Instructor
Glenn Gullickson, Jr., Medical Fellow
G. K. Stillwell, Baruch Fellow

POST-GRADUATE MEDICAL EDUCATION

William A. O'Brien, Director and Professor
Thomas E. Eyres, Assistant Director

PSYCHIATRY AND NEUROLOGY

D. W. Hastings, Professor and Head
A. B. Baker, Professor
Starke R. Hathaway, Professor
J. C. McKinley, Emeritus
Eric K. Clarke, Clinical Professor
Ernest M. Hammes, Clinical Professor
Reynold A. Jensen, Associate Professor
Robert G. Hinckley, Associate Professor
Joseph C. Michael, Associate Professor
Burtrum C. Schiele, Associate Professor
Royal C. Gray, Clinical Associate Professor
Hyman S. Lippman, Clinical Associate professor
Adelaide M. Johnson, Clinical Associate Professor
Harold H. Noran, Clinical Associate Professor
Paul E. Meehl, Assistant Professor
Russell A. Anthony, Clinical Assistant Professor
Nathaniel J. Berkwitz, Clinical Assistency Professor
Joe R. Brown, Clinical Assistant Professor
S. Alan Challman, Clinical Assistant Professor
Alexander G. Dumas, Clinical Assistant Professor

Clifford O. Erickson, Clinical Assistant
Professor
Walter P. Gardner, Clinical Assistant
Professor
Hewitt B. Hannah, Clinical Assistant
Professor
Harold B. Hanson, Clinical Assistant
Professor
Roger W. Howell, Clinical Assistant
Professor
Charles J. Hutchinson, Clinical Assis-
tant Professor
Gordon R. Kamman, Clinical Assistant
Professor,
Robert L. Meller, Clinical Assistant
Professor
George N. Ruhberg, Clinical Assistant
Professor
Marvin Sukov, Clinical Assistant
Professor
George H. Freeman, Professorial Lec-
turer
William L. Patterson, Professorial
Lecturer
Ralph Rossen, Professorial Lecturer
William Schofield, Instructor
Harold Buchstein, Clinical Instructor
William S. Chalgren, Clinical Instructor
Burton P. Grimes, Clinical Instructor
Joel C. Hultkrans, Clinical Instructor
John D. Black, Teaching Assistant
David deR. Daly, Research Assistant
John E. Haavik, Medical Fellow
Frank Kiesler, Medical Fellow
John W. Schumacher, Medical Fellow
Sidney K. Shapiro, Medical Fellow
Fae Y. Tichy, Medical Fellow

RADIOLOGY

Leo G. Rigler, Professor and Head
W. K. Stenstrom, Professor
Harold O. Peterson, Clinical Associate
Professor
Herbert M. Stauffer, Assistant Professor
Solveig M. Bergh, Clinical Assistant
Professor
Harry W. Mixer, Clinical Instructor
Edward M. Anderson, Medical Fellow
John B. Coleman, Medical Fellow
Jack Friedman, Medical Fellow
Bernard Halper, Medical Fellow
Joseph Jorgens, Medical Fellow
Hyman Katzovitz, Medical Fellow
Robert S. Leighton, Medical Fellow
Bernard J. O'Loughlin, Medical Fellow
Marcus J. Smith, Medical Fellow

SURGERY

Owen H. Wangensteen, Chairman and
Head of Department

GENERAL SURGERY

Clarence Dennis, Professor
Richard L. Varco, Associate Professor
David State, Clinical Assistant
Professor
K. Alvin Merendino, Assistant Pro-
fessor
Lyle J. Hay, Clinical Assistant Pro-
fessor
Ivan D. Baronofsky, Instructor

Medical Fellows

Stanley Friesen - Senior Resident
Frank Ankner
Donald Ferguson
Charles U. Culmer
Davitt Felder
F. J. Lewis
Lyle Tongen
Claude Hitchcock
E. Sanchez
William Sinclair
H. B. Hubbard
George Moore
Y. Sako
David Gavisier
Jacob Strickler
Robert Toon
S. Niazi
M. Chesler
J. J. Helferty
F. Enquist
C. W. Lillehei
J. W. Dixon

Interns

Martin Feferman
Robert Ginsberg
Elmer Ng
Robert Maxeiner
Vernon Mark
Russell Nelson
Louis Lick

ANESTHESIA

Ralph T. Knight, Director
Clinical Professor
Joe W. Baird, Clinical Associate
Professor

Medical Fellows

Arthur B. Tarrow
Allen E. Berndt
John L. Barrett
Ellis Cohen
Ward R. Johnson
Fred W. Nolan
Delbert Small
Charles W. Kiefer
Jesse L. Bailey
Woodrow E. Lomas
William H. Anderson

NEUROSURGERY

William T. Peyton, Director and
Professor
Lyle French, Instructor
Leonard A. Titrud, Clinical Instructor

Medical Fellows

Donald R. Simmons
Jules A. Levin
Virgil J. P. Lundquist
C. Kent Olson

Intern

Samuel Hunter

ORTHOPEDICS

Wallace H. Cole, Director and
Clinical Professor
Harry B. Hall, Clinical Instructor
Donald R. Lannin, Clinical Assistant

Medical Fellows

Robert Elliott
David J. Nelson

Intern

Albert Sullivan

UROLOGY

C. D. Creevy, Director and Clinical
Professor
Baxter Smith, Clinical Assistant
Professor
Edgar Webb, Clinical Professor of
Surgery

Medical Fellows

George B. Eaves
Brian McGroarty
John Feeney

Intern

Ralph McCauley

STUDENTS' HEALTH SERVICE

FULL-TIME PHYSICIANS

Ruth E. Boynton, Director
 C. Knight Aldrich
 Murray B. Bates
 Donald W. Cowan
 Robert G. Hinckley
 Phillip D. Kernan
 Ralph E. Peterson
 Eugene D. Rames
 Frances E. Schaar
 Hugh J. Thompson
 Ramona L. Todd
 M. M. Weaver

PART-TIME PHYSICIANS

Duane R. Ausman
 C. A. Boreen
 Frank J. Brown
 W. J. Bushard
 Llewellyn E. Christensen
 Harry W. Christianson
 Donald T. Cundy
 Gudmundur Eyjolfsson
 David L. Fingerman
 L. Haynes Fowler
 Alice E. Fuller
 Joseph L. Garten
 A. Margaret Grandy
 Wayne S. Hagen
 William A. Hanson
 George W. Hauser
 Jane E. Hodgson
 Edgar G. Ingalls
 Herbert W. Jones
 A. A. Kugler
 Sheldon M. Lagaard
 Richard M. Leick
 Alton E. Lindblom
 Francis W. Lynch
 Charles N. McCloud, Jr.
 C. A. McKinlay
 J. Arthur Myers
 Eugene Rinkey
 John J. Sevenants
 Stewart W. Shimonek
 Franklin R. Smith
 Melvin B. Sinykin
 Charles E. Stanford
 Arthur H. Sussman
 George M. Tangen
 John E. Teisberg
 Francis M. Walsh
 Nora Winther

Frederic F. Wipperman
 Dwight Martin

DENTISTS

N. Richard Brewer
 Robert J. Bjoraker
 Richard R. Cooper
 John S. Dale
 William F. Hanson
 Marion T. Heieie
 L. M. Ingebrigtsen
 Howard K. Jensen
 Edgar H. Lechner
 James R. Little
 A. W. Radtke
 Eugene E. Petersen
 Charles A. Pettit
 William A. Sittko
 Arthur M. Solheim
 J. B. Tegner

DERMATOLOGY

Henry Michelson, Professor and Director
 John Barthell, Graduate Student
 Elmer Ceder, Clinical Instructor
 Harry Cumming, Assistant Professor
 Isadore Fisher, Medical Fellow
 Charles D. Freeman, Jr., Graduate Student
 Melvin Grais, Graduate Student
 Geo. W. Hauser, Graduate Student
 John R. Haserick, Clinical Instructor
 Elmer Hill, Medical Fellow
 Stanley Huff, Graduate Student
 Harold Hurst, Graduate Student
 Irvine Karon, Graduate Student
 Lyndon King, Graduate Student
 Carl Laymon, Clinical Associate Professor
 Francis Lynch, Clinical Associate Professor
 John Madden, Clinical Associate Professor
 Orville Ockuly, Clinical Instructor
 Harold Ravits, Graduate Student
 Elmer Rusten, Clinical Assistant Professor
 Sam Mackoff, Clinical Assistant
 George McAfee, Graduate Student
 John Sevenants, Graduate Student
 John Schmid, Graduate Student
 Eugene Schoch, Graduate Student
 Stephen Epstein, Clinical Associate Professor
 Henry Klein, Clinical Instructor

Harry S. Irvine, Clinical Associate
Professor
Charles D. Freeman, Clinical Assistant
Professor
Clifton A. Boreen, Clinical Instructor

Staff List to be completed next
week.

DENTISTRY

Harry Crawford, Dean
Henry Clark
Carl Waldron
Harold Worman
Donald Dostal
J. T. Cohen
Ralph Christensen
William Simon
L. H. Woldum

INTERNS

MEDICINE

Robert Bolin
Frank Furth
Adrian Jensen
Kenneth Johnson
Richard Johnson
Robert Magoffin
Scott McIntire
William Schaeffer

SURGERY

Martin Feferman
Robert Ginsberg
Samuel Hunter
Louis Lick
Vernon Mark
Robert Maxeiner
Ralph McCauley
Russell Nelson
Elmer Ng
Albert Sullivan

PEDIATRICS

Robert Good
William Johnson
Albert Miller

OBSTETRICS & GYNECOLOGY

Robert Bradley
Jerome Smersh

DENTISTRY

James Seifert
Lawrence Wright

IV. GOSSIP

This is the nineteenth consecutive year of meetings of the General Staff of the University of Minnesota Hospitals which gave started on the first Friday of the fall quarter. The series was started by Superintendent Paul H. Fesler who felt we should give a good example to the other hospitals of the state by having a general meeting. Then (as now) we had many departmental and divisional meetings but none in which all the departments and divisions took part. The program is in charge of the heads and directors of departments and divisions and they have been assigned their time or times for the coming year. They select the subjects, appoint the person to represent them and head up the discussions. The manuscripts are submitted in advance and the deadline this year is Saturday noon of the week preceding the meeting. It is only by getting the manuscript to the mimeograph department at this time that we are able to get the work done because of the heavy volume of work which the mimeograph department has. Luncheon will be served earlier this year starting at 11:30. As soon as you pick up your food, go to the meeting place and select a comfortable seat in front. Because of help shortage you are asked to bring your plate, knife, fork, spoon, and cup to the table in the hall as you leave. Meetings will start promptly at 12:00 with a few announcements. Speaker will begin at 12:05 and meeting will close at 12:50 as a class follows us in this room and we must release it promptly. The last 10 or 15 minutes of each period should be reserved for discussion or questions and this allows 35 to 40 minutes for the presentation. The bulletin which is given to all who attend the meeting as they leave the room, will be sent by mail to those who are interested. The charge is \$2.00 a year to cover the cost of postage and handling. In the past the main support of this bulletin has been the Citizens Aid Society's special grant. When this Society was dissolved after giving away most of its funds, the residue was given to the medical school but now this money has been exhausted so that we will have to look elsewhere for financial assistance. Department of Postgraduate Medical Education will help and the hospital will contribute its share. Suggestions as to

WE WELCOME ALL NEW STAFF MEMBERS

other financial assistance which may be obtained will be gratefully received.... Meeting today is in charge of R. M. Amberg, Superintendent and associates, Subject is the Report of the Hospitals for last year and comparison with the previous year. By opening with this report all of us have a better concept of the problems which have faced the institution and those which we must face in the near future. Also it gives us a chance to study our weak points and our strong points.....An announcement of the programs for the month is sent in advance to interested persons. Our companion publication at the Veterans Hospital, "Surgical Seminars", which was started last year by the Surgical Division has turned out to be a lively competitor. If they continue to make as much progress in the next few years as they did in the past, we had better look to our laurels. This driving spirit which has characterized the new "University of Minnesota Hospitals" at the Veterans Hospital continues to draw favorable comment. It must be recalled however that the only way to solidify these gains is to continue to render a high type service as the political die-hards are still anxious to get rid of the University services....Center for Continuation Study program in the Basic Sciences and their Clinical Application opened Monday of this week with an enrolment of 40 which is approximately one-third less than the winter-spring series earlier in the year. Course is now open to those who were not in military service and to those who wish to come in for a week or two at a time. Our special guests this week are Chicago's Assistant Professor of Medicine, Leon O. Jacobson and Michigan's Assistant Director of the Thomas Henry Simpson Memorial Institute for Medical Research, Frank H. Bethel. Lectures will be concentrated in the first week and clinics and ward walks in the second week, and then the cycle will be repeated. Subjects to be studied during fall quarter are Sept. 29 to Oct. 11 Hematology; Oct. 13-25 Peripheral Vascular States; Oct. 27 to Nov. 8 Cardiology (First Part); Nov. 10-22 Cardiology (Second Part); Nov. 24 to Dec. 6 Respiratory Tract; Dec. 8-13 Excretory System; Dec. 15-18 Examinations. First quarter of the series was offered this summer when Anatomy was studied....