

Minnesota. University. Hospitals.



Bulletin of the

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



**Hospitals Report
1946-47 — 1947-48**

October 1, 1948

Greetings to the Staff:

It is always amazing how quickly the summer passes. The days of travel, fishing, gardening or just loafing pass in less time than we spend thinking about and planning for them. Yet the change, brief though it may be, is good for all of us. We return glad to see our colleagues and with enthusiasm for the work ahead.

During the summer months other changes have occurred. Some members of the staff have left to accept positions elsewhere while others move in to fill their places here. This too is good, for it brings new ideas, new points of view and new spirit into our group.

Within the past year three temporary buildings have been completed on the medical campus and are now fully occupied by the departments of the Medical School and University Hospital. In addition certain readjustments and improvements have been made within the Hospital and its Out-Patient Department. This will all be very helpful, but not until the Heart Hospital and Mayo Memorial are completed will the critical need for space and facilities be met. In the interim continued ingenuity and resourcefulness will be required to do effective teaching and productive scientific work.

In this University Hospital and Medical School we have taken special pride not only in the quality of medical care and scientific work performed but also in the spirit of cooperation, team work and good-will which prevails. This helps to make Minnesota a good place in which to live and work.

So, to the newcomers on the staff, we extend a hearty welcome; and to our colleagues of former years, warm greetings as we move forward together upon the responsibilities and opportunities of another year.

Harold S. Diehl, Dean

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
CALENDAR OF EVENTS

Visitors Welcome

October 4 - 9, 1948

No. 216

Monday, October 4

- 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.
- 8:00 - Fracture Rounds; A. A. Zierold and Staff; Ward A, Minneapolis General Hospital.
- 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 A. Kremen; Eustis Amphitheater, U. H.
- 11:00 - 12:00 Physical Medicine Conference; Some Adrenolytic Actions of Certain Ergot Derivatives on Circulation; W. Kubicek, E-101, U. H.
- 12:00 - 1:00 Physiology Seminar; Metabolism of Mammalian Skeletal Muscle Studied with Isotopic Carbon Compounds; Nathan Lifson, 214 M. H.
- 12:15 - 1:20 Obstetrics and Gynecology Journal Club; M-435, U. H.
- 12:30 - 1:20 Pathology Seminar; Coccidioidomycosis; Alice Benson; 104 I. A.
- 12:30 - 1:50 Surgery Grand Rounds; A. A. Zierold, Clarence Dennis and Staff; Minneapolis General Hospital.
- 1:30 - 2:30 Pediatric-Neurological Rounds; R. Jensen, A. B. Baker and Staff; U. H.
- 2:00 - 3:00 Surgery Problem Case Conference; C. Dennis and Staff; Small Class Room, General Hospital.
- 3:00 - 5:00 Kellogg Lecture; Hemoglobin Metabolism; C. J. Watson; Chapel, Center for Continuation Study.
- 4:00 - 5:00 School of Public Health Seminar; Latin American Observations; Dr. Gaylord Anderson; 113 MeS.
- 5:00 - 6:00 Urology-Roentgenology Conference; D. Creevy and H. M. Stauffer and Staffs; M-109, U. H.
- 5:00 - 5:50 Clinical Medical Pathologic Conference; Todd Amphitheater, U. H.

Tuesday, October 5

- 8:30 - 10:20 Surgery Reading Conference; Lyle Hay; Small Conference Room, Bldg. I, Veterans' Hospital.
- 9:00 - 9:50 Roentgenology Pediatrics Conference; L. G. Rigler, I. McQuarrie and Staff; Todd Amphitheater, U. H.
- 10:30 - 11:50 Surgical Pathological Conference; Lyle Hay and Robert Hebbel; 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.
- 2:00 - 4:00 Kellogg Lecture; Water Balance; Nathan Lifson; Eustis Amphitheater, U. H.
- 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.
- 4:00 - 5:30 Surgery-Physiology Conference; O. H. Wangensteen and M. B. Visscher; Eustis Amphitheater, U. H.
- 4:00 - 5:00 Pediatric Rounds on Wards; I. McQuarrie and Staff; U. H.
- 5:00 - 5:50 Urology Pathological Conference; C. D. Creevy and Staff; Todd Amphitheater, U. H.
- 5:00 - 6:00 X-ray Conference; Dr. O. Lipschultz and Staff of General Hospital; Powell Hall Amphitheater,

Wednesday, October 6

- 8:00 - 8:50 Surgery Journal Club; O. H. Wangensteen and Staff; M-515, U. H.
- 8:30 - 12:00 Neurology Rehabilitation and Case Conference; A. B. Baker and Joe R. Brown; Veterans' Hospital.
- 8:30 - Orthopedic-Roentgenologic Conference; Edward T. Evans; Room 1AW, Veterans' Hospital.
- 11:00 - 12:00 Pathology-Medicine-Surgery Conference; Encephalitis; O. H. Wangensteen, C. J. Watson and Staff; Todd Amphitheater, U. H.
- 4:00 - 5:00 Infectious Disease Rounds; Minneapolis General Hospital.

Thursday, October 7

- 8:15 - 9:00 Roentgenology-Surgical-Pathology Conference; Walter Walker and H. M. Stauffer; M-109, U. H.

- 8:30 - 10:20 Surgery Grand Rounds; Lyle Hay 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 A. Kremen; Eustis Amphitheater, U. H.
- 11:30 - 12:30 Clinical Pathology Conference; Steven Barron, C. Dennis, George Fahr, A. V. Stoesser and Staffs; Large Class Room, Minneapolis General Hospital.
- 12:00 - 1:00 Physiological Chemistry Seminar; 214 M. H.
- 1:00 - 1:50 Fracture Conference; A. A. Zierold and Staff; Minneapolis General Hospital.
- 4:00 - 5:00 Bacteriology and Immunology Seminar; Red Leg of Frogs; Mr. Lewis Diamond; 214 M. H.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hansen and Staff; E-534, U. H.
- 5:00 - 6:00 X-ray Seminar; Review of Meetings of the Roentgen Ray Society; Dr. Bernard Hall, Dr. Jos. Summers, and Dr. Jos. Faingold; Powell Hall Amphitheater.

Friday, October 8

- 8:30 - 10:00 Neurology Grand Rounds; A. B. Baker and Staff; Station 50, U. H.
- 9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 10:00 - 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.
- 11:00 - 12:00 Surgery-Pediatric Conference; C. Dennis, A. V. Stoesser, and Staffs; Minneapolis General Hospital.
- 11:30 - 12:50 University of Minnesota Hospitals General Staff Meeting; The Convulsive Disorders; R. L. Meller and J. A. Resch; Powell Hall Amphitheater.
- 12:00 - 1:00 Surgery Literature Conference; Clarence Dennis and Staff; Minneapolis General Hospital; Small Class Room.

- 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.
- 3:00 - 4:00 Kellogg Lecture; Roentgen Diagnosis of Lymphoblastomas; W. H. Ude; Chapel, Center for Continuation Study.

Saturday, October 9

- 7:45 - 8:50 Orthopedics Conference; Wallace H. Cole and Staff; Station 21, U. H.
- 8:00 - 9:00 Pediatric Psychiatric Rounds; Reynold Jensen; 6th Floor West Wing, U. H.
- 9:00 - 10:30 Pediatric Grand Rounds; I. McQuarrie and Staff; Eustis Amphitheater, U. H.
- 9:00 - 9:50 Surgery-Roentgenology Conference; O. H. Wangensteen, L. R. Rigler and Staff; Todd Amphitheater, U. H.
- 9:00 - 9:50 Medicine Case Presentation; C. J. Watson and Staff; E-101, U. H.
- 9:00 - 12:00 Psychiatry Conference; VA Hospital Annex, Fort Snelling.
- 10:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U. H.
- 10:00 - 12:50 Obstetrics and Gynecology Grand Rounds; J. L. McKelvey and Staff; Station 44, U. H.
- 11:00 - 12:00 Anatomy Seminar: Report of 1948 International Congress of Hematology; Dorothy Sundberg; and Report of 1948 Meeting of Association for Study of Internal Secretions; W. Lane Williams; 226 I. A.

II. HOSPITALS REPORT -- 1947-1948

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 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 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 1946-47 was 9,532 and for the year 1947-48, 9,721, an increase of 189. The total number of days of hospital treatment aggregated 144,877 for 1946-47 and 136,774 for 1947-48. The average number of days per patient stay in the hospital was 15.2 in 1946-47 and in 1947-48, 14.1. Deaths for the past year numbered 396 as compared with 417 for the year 1946-47. This is a mortality percentage of 4.0 for the year 1947-48 as against 4.3 for the year 1946-47, or a

decrease of .3% in patient mortality. Post mortems for 1946-47 numbered 325, an average of 82% of deaths, and for 1947-48 the number was 284, an average of 76% of deaths. The daily average number of patients was 397 in 1946-47 and 380 in 1947-48. Surgical operations performed during the year 1946-47 aggregated 6,738 and during 1947-48, 7,603, an increase of 865.

OUT-PATIENT DEPARTMENT

During the year the Out-Patient Department showed an increase in the number of services rendered. New Patient visits in 1946-47 were 21,082 and in 1947-48, 22,755. Total Patient visits for 1946-47 were 80,611 and for 1947-48, 90,566.

GENERAL REMARKS

The In-Patient service showed a decrease of 8,103 patient days, and the Out-Patient Department had an increase of 9,945 visits over the previous year.

The Psychopathic Department of the Hospitals admitted 309 patients during the year 1947-48 as against 299 patients admitted the previous year. The patients in the Psychopathic Hospital used 10,093 days of care during the past year and 10,375 during the previous year.

The waiting list of the Hospitals shows 346 patients at this date.

In the Out-Patient Department the cost per patient visit was \$3.14 in 1946-47 and \$3.72 in 1947-48, an increase of 58¢ per patient visit. The cost of operating the In-Patient Department was \$12.02 in 1946-47 and \$16.31 in 1947-48 or an increase of \$4.29 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. 58,500 procedures are reported for the year 1947-48 as against 30,166 for the previous year.

The Deep X-Ray Therapy Department gave 9,063 treatments during 1947-48 as against

8,432 treatments during the previous year. There were 2,151 superficial x-ray therapy treatments given during 1947-48 and 2,245 treatments during 1946-47.

The Hospital Laboratory, including Hematology, Urinalysis, Chemistry, Clerks, Blood Bank, Bacteriology, Electrocardiograph and Metabolic, Tissue, Cancer Detection, and Electroencephalography, showed 287,403 procedures during 1947-48 as against 272,674 during 1946-47. The Dispensary Laboratory showed 59,496 procedures during 1947-48 as compared with 56,504 during the previous year. The Students Health Service Laboratory procedures showed 60,053 procedures during 1946-47 and 58,279 during 1947-48.

The pharmacy showed an over-all increase in hospital prescriptions from 93,880 in 1946-47 to 104,440 in 1947-48.

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. All departments have had a severe struggle to keep the Hospitals operating at efficiency. At this time 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.

The Rosemount Hospital for care of non-acute polio cases was opened on January 3, 1947 and closed on June 30, 1948. During the period that it was in operation 269 patients were treated with a total of 33,014 patient days. The Rosemount project was financed by the National Foundation for Infantile Paralysis and the staffing by the several departments of the Medical School and Hospitals.

Plans for the Mayo Memorial are also shaping up and should be completed by the

architect sometime early in the winter.

The administration of the Hospitals wishes to thank the National Foundation for their assistance in handling the problems in connection with poliomyelitis. The administration also wishes to thank the Variety Club for their support to the Heart Hospital; 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 TWELVE-MONTHS REPORTIN-PATIENT DEPARTMENT

<u>Total Patients Admitted</u>	<u>1946-47</u>	<u>1947-48</u>	<u>Average Days Per Patient</u>	<u>1946-47</u>	<u>1947-48</u>
Private	2,023	2,189	Private	11.1	9.9
Per Diem	2,086	1,595	Per Diem	15.4	14.3
Eustis	176	194	Eustis	20.1	18.5
Teaching & Research	108	100	Teaching & Research	22.2	16.1
Charity	0	5	Charity	00.0	7.2
Staff	216	148	Staff	7.9	6.2
County	3,289	3,814	County	19.9	18.3
Health Service	1,335	1,367	Health Service	4.2	4.4
Psychopathic	157	140	Psychopathic	30.7	31.4
Private	70	91	Private	44.6	28.7
Per Diem	72	78	Per Diem	34.9	38.1
	<u>9,532</u>	<u>9,721</u>			
			<u>Average Length of Stay Per Patient</u>	15.2	14.1
<u>Total Patients Treated</u> (Discharged)					
Private	1,976	2,142	<u>Daily Average Number of Patients</u>		
Per Diem	2,031	1,504	Private	59.8	55.6
Eustis	216	221	Per Diem	86.2	59.1
Teaching & Research	112	97	Eustis	11.9	11.2
Charity	0	5	Teaching & Research	6.8	4.2
Staff	218	150	Charity	0.0	.1
County	3,347	3,882	Staff	4.7	2.5
Health Service	1,337	1,365	County	183.4	194.8
Psychopathic	181	161	Health Service	15.7	16.4
Private	59	89	Psychopathic	15.3	13.8
Per Diem	62	65	Private	7.2	7.0
	<u>9,539</u>	<u>9,681</u>	Per Diem	5.9	6.7
<u>Total Days Hospital Care</u>			<u>Daily Average Census for Hospital</u>	397	380
Private	21,833	21,304			
Per Diem	31,454	21,584			
Eustis	4,351	4,104			
Teaching & Research	2,488	1,568			
Charity	0	36			
Staff	1,727	932			
County	66,935	71,133			
Health Service	5,714	6,020			
Psychopathic	5,573	5,059			
Private	2,633	2,560			
Per Diem	2,169	2,474			
	<u>144,877</u>	<u>136,774</u>			

COMPARATIVE TWELVE-MONTHS REPORTIN-PATIENT DEPARTMENT

Service	Admissions		Patient Days		Av. Length of Stay	
	1946-47	1947-48	1946-47	1947-48	1946-47	1947-48
General Surgery	1,270	1,222	18,149	20,458	14	15
Urology	522	785	7,012	9,229	13	12
Orthopedics	162	234	6,282	5,350	39	22
Neurosurgery	219	274	3,498	3,921	16	12
Tumor Surgery	270	312	2,662	3,683	10	12
Reconstruction Surgery	<u>75</u>	<u>111</u>	<u>3,090</u>	<u>2,469</u>	41	23
Total	2,518	2,938	40,693	45,110		
Medicine	892	1,103	18,522	17,456	21	18
Neurology	688	480	10,913	7,481	16	17
Dermatology	<u>109</u>	<u>131</u>	<u>2,081</u>	<u>2,354</u>	18	19
Total	1,689	1,714	31,516	27,291		
Psychiatry	286	303	9,894	9,941	35	32
Ophthalmology	221	228	3,485	3,390	16	15
Otolaryngology	<u>326</u>	<u>301</u>	<u>2,340</u>	<u>2,158</u>	7	7
Total	547	529	5,825	5,548		
Gynecology	388	383	4,075	3,783	11	11
Tumor Gynecology	<u>78</u>	<u>95</u>	<u>4,442</u>	<u>4,603</u>	57	35
Total	466	478	8,517	8,386		
Obstetrics	396	408	5,660	4,679	14	12
Newborn Pediatrics	341	298	3,580	3,084	10	11
Pediatrics & Specialties	1,794	1,569	32,650	26,310	18	16
Health Service	<u>1,495</u>	<u>1,484</u>	<u>6,542</u>	<u>6,425</u>	4	4
Totals	9,532	9,721	144,877	136,774	15	14

COMPARISON OF LENGTH OF STAY

<u>Service</u>	<u>1938-39</u>	<u>1939-40</u>	<u>1940-41</u>	<u>1941-42</u>	<u>1942-43</u>	<u>1943-44</u>	<u>1944-45</u>	<u>1945-46</u>	<u>1946-47</u>	<u>1947-48</u>
General Surgery	12.5	13.0	14.3	15.9	15.7	18.4	18.5	15	14	15
Urology	13.5	13.2	12.4	11.1	11.8	11.0	12.1	15	13	12
Tumor Urology	23.7									
Orthopedics	32.1	36.0	28.4	34.3	27.4	27.5	27.2	31	39	22
Neurosurgery	19.8	23.8	20.7	15.0	16.3	20.1	18.0	15	16	12
Tumor Surgery	6.5	7.7	8.5	10.4	8.6	11.6	13.9	12	10	12
Reconstruction Surgery	15.6	15.6	16.5	24.9	20.9	31.1	35.1	29	41	23
Tuberculosis Surgery	47.5	60.0	68.1	64.0						
Chest Surgery	22.6	21.7	16.7	32.0						
Medicine	17.9	18.8	17.8	16.3	14.7	16.3	15.5	19	21	18
Neurology	14.1	14.9	16.8	12.0	14.7	14.8	20.4	16	16	17
Dermatology	21.3	16.3	14.5	13.6	16.0	23.5	14.5	16	18	19
Tuberculosis Medicine	42.6									
Psychiatry	40.8	36.6	44.6	34.3	35.2	37.3	37.6	31	35	32
Ophthalmology	17.1	13.7	12.2	12.1	16.3	13.5	16.5	16	16	15
Otolaryngology	6.3	6.6	6.7	5.7	6.0	7.2	7.8	8	7	7
Gynecology	9.8	10.7	10.4	9.5	11.9	11.3	12.7	14	11	11
Tumor Gynecology	25.3	29.1	31.7	45.1	31.6	37.6	47.4	37	57	35
Obstetrics	10.8	11.7	11.4	13.3	12.6	15.8	16.4	15	14	12
Newborn Pediatrics	9.6	9.6	9.6	11.2	18.5	12.6	14.3	13	10	11
Pediatric Specialties	19.5	19.2	21.6	21.5	23.5	24.6	20.6	22	18	16
Health Service	5.2	5.3	4.6	4.2	4.9	5.2	5.2	4	4	4
Ambulatory	1.1	.7	2.1	1.5	3.4	2.4				
TOTALS	14.1	14.7	15.0	15.0	14.6	15.6	16.6	16	15	14

COMPARATIVE TWELVE-MONTHS REPORT

OUT-PATIENT DEPARTMENT

Clinic	New Patients		Revisits		Totals	
	1946-47	1947-48	1946-47	1947-48	1946-47	1947-48
Admissions	3,407	3,993			3,407	3,993
Medicine						
Polio	1,015	43	1,240	878	2,255	921
General			18,501	17,215	18,501	17,215
Cardiac	560	717	1,067	1,512	1,627	2,229
Chest	174	228	782	845	956	1,073
Diabetic	111	165	908	1,090	1,019	1,255
Gastric Expression	1,430	1,569	121	276	1,551	1,845
Metabolism	129	157	458	740	587	897
Neurology	1,020	732	2,907	1,876	3,927	2,608
Psychiatry		390		1,676		2,066
Skin						
Syphilis	44	33	1,069	734	1,113	767
Dermatology	837	868	2,823	3,390	3,660	4,258
Surgery						
Cancer Detection		28		52		80
General	992	980	5,777	6,701	6,769	7,681
Genito-Urinary						
Female	222	206	561	605	783	811
Male	396	484	773	1,492	1,169	1,976
Neurosurgery	98	77	423	447	521	524
Reconstruction		53	517	657	517	710
Tumor	347	348	3,337	3,653	3,684	4,001
Orthopedic	373	481	1,222	1,219	1,595	1,700
Ear	265	315	876	1,566	1,141	1,881
Eye						
General	877	1,036	3,992	4,279	4,869	5,315
Refraction			899	794	899	794
Squint		7		166		173
Nose & Throat	547	579	1,329	1,605	1,876	2,184
Obstetrics	116	170	636	929	752	1,099
Gynecology	496	572	1,451	1,446	1,947	2,018
Gynecology Tumor	68	67	854	887	922	954
Pediatrics	869	884	2,719	2,998	3,588	3,882
Children's Psychiatric	32	23	250	500	282	523
Speech	29	5	126	105	155	110
Nutrition	41	59	62	31	103	90
Dental		368		1,499		1,867
W-212	1,367	1,694	3,849	5,938	5,216	7,623
Miscellaneous	5,220	5,424			5,220	5,424
Totals	21,082	22,755	59,529	67,801	80,611	90,556

UNIVERSITY OF MINNESOTA HOSPITALS

Statement of Income and Expenditures

June 30, 1948

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Cash Balance - July 1, 1947			
100 Fund		\$ 55,350.67	
420 "		- 928.10	
433 "		<u>51,542.87</u>	\$ 105,965.44
Income			
County & State Reimbursement		1,028,100.49	
Minnesota Hospital & Home for Crippled Children		50,000.00	
Pay Bed Dept.			
Per Diem	\$ 767,989.42		
Out-Patient	<u>69,657.02</u>	837,646.44	
Health Service		105,512.20	
Psychopathic Hospital		121,500.00	
Allotment - General			
University Funds			
Other Depts.		89,527.43	
Out-Patient		121,178.01	
Other Income			
433 Fund		96,399.50	
Cadet Nurse Reserve		10,101.65	
Transfer of Funds		<u>910.34</u>	<u>2,460,876.06</u>
			2,566,841.50
Expenses			
Salaries & Wages	1,232,390.78		
Supplies & Expense	1,061,438.68		
Equipment	60,180.69		
Building & Improvements	<u>1,265.07</u>		<u>2,355,275.22</u>
Cash Balance - June 30, 1948			211,566.28
Obligations - June 30, 1948			<u>211,405.65</u>
Free Balance - June 30, 1948			160.63
Cost of Operation	<u>1945-46</u>	<u>1946-47</u>	<u>1947-48</u>
Out-Patient Department	211,172.21	263,389.11	334,800.00
In-Patient Department	1,350,929.21	1,740,182.00	2,232,041.50
Cost per out-patient visit	2.85	3.14	3.72
Cost per hospital day	9.49	12.02	16.31
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COMPARATIVE TWELVE-MONTHS REPORTLABORATORY REPORTDISPENSARY

	1946-47	1947-48		1946-47	1947-48
FECES			URINES		
Blood, occult	1,112	1,825	Routine	7,607	8,085
Fat	38	20	Specific Gravity	3	0
Microscopic	56	0	pH	413	484
Urobilinogen	2	0	Sugar, qualitative	2,010	2,167
Urobilin	2	0	Acetone	1,464	1,584
Pus	0	22	Diacetic Acid	1,460	1,584
Mucus	0	6	Sediment	1,658	2,265
Parasites & Ova	0	1	Albumin	552	862
Starch	0	1	Bence-Jones protein	5	14
			Bilirubin	44	20
GASTRITIS			Concentration & Dilution	104	114
Routine	51	149	Fermentation Test	2	0
Blood, occult	31	90	Phenolsulfonphthalein		
Lactic acid	0	1	Test	125	150
			Sulfonamide Crystals	6	0
HEMATOLOGY			Urobilin	2	0
Hemoglobin (Routine)	10,415	10,657	Urobilinogen,		
Erythrocyte Count	2,104	1,613	qualitative	43	18
Leukocyte Count	6,996	6,966	Addis. Count	3	8
Differential	4,930	4,991	Sugar, quantitative	14	14
Bleeding Time	161	227	Sulkowitch	9	19
Clotting Time	160	224	Melanin	1	2
Clot Retractivity	16	18	Protein (Esbach)	0	7
Fragility	9	22	Porphyrim	0	2
Hematocrit	483	468			
M.C.C.	87	35	VENIPUNCTURES	10,237	11,206
M.C.D.	93	42	Glucose tolerance	8	0
M.C.H.	89	35	Heterophil	1	0
M.C.V.	89	35			
Platelet	164	185	TOTALS	56,504	59,496
Reticulocyte Count	229	214			
Sedimentation Rate	3,090	2,650			
Venous Clotting Time	7	30			
Acid fast	158	239			
G.C.	16	0			
Nasal (Eosinophiles)	123	102			
Vincent's	8	5			
Malaria	1	0			
Miscellaneous	13	16			
Monilia	0	1			
Trichomonas	0	1			

COMPARATIVE TWELVE-MONTHS REPORT

HOSPITAL LABORATORY (cont'd)

	1946-47	1947-48		1946-47	1947-48
<u>CHEMISTRY LABORATORY</u>			<u>CHEMISTRY LABORATORY</u>		
			(cont'd)		
Blood			Feces		
Bilirubin	610	560	Fat	43	34
Calcium	624	681	Nitrogen	25	23
Carbon Dioxide Capacity	2,455	2,949	Urobilinogen	2	0
Chloride (as NaCl)	3,181	3,865	Dry Weight	23	0
Cholesterol, Total	758	851			
Creatinine	371	232	Urine		
Glucose	2,705	2,198	Calcium	120	165
Phosphorus	470	508	Chloride	301	57
Protein, Total	2,120	1,799	Creatine	66	97
Sulfonamides	1,539	656	Creatinine	79	97
Thiocyanate	49	20	Galactose Tolerance	1	1
Urea Nitrogen	5,448	6,718	Hemoglobin	6	26
Uric Acid	351	236	Hippuric Acid	16	1
Van den Berg	1	0	Non-Protein Nitrogen	14	1
Icterus Index	0	2	Urea	65	16
			Uric Acid	29	2
Cerebrospinal Fluid			Phosphorus	10	0
Chlorides	274	424			
Glucose	1,115	980	Miscellaneous		
Protein, qualitative	1,729	1,306	Calculi	32	43
Protein, quantitative	1,517	1,301	Nitrogen	4	0
Routines	1,722	000	Urea Clearance	40	21
Erythrocyte Count	446	000	Water Test	11	21
Sulfonamides	45	3	Plasma Hemoglobin	847	000
Colloidal Gold	680	000	Blood Volume	69	000
			Thymol Turbidity	1	000
Blood (Special)			Fractional Urine		
Amino Acid Nitrogen	3	5	Protein	1	000
Amylase	129	118	17 Keto-steriod	15	000
Bilirubin Tolerance	1	0	P.S.P.	4	000
Bromsulfalein Tolerance	3	0	Wilder Test	1	000
Fibrinogen	10	7	Carotene (serum)	1	000
Galactose Tolerance	9	10	Methemoglobin	3	000
Congo Red	10	20	Duodenal Amylase	2	000
Bromide	5	0	Duodenal Trypsin	2	000
Creatine	2	0	Duodenal Lipase	1	000
Cephalic Cholesterol	5	0	Trypsin	10	000
Glucose Tolerance	166	215			
Glucose Tolerance (Exton Rose)	2	33			
Glucose Tolerance (Micro)	15	9			
Insulin Tolerance	44	102			
Lipase	17	48			
Phosphatase, acid	376	367			
Phosphatase, alkaline	486	616			
Potassium	46	000			
Protein, ratio and total	808	1,166			
Vitamin C	63	43			
Glucose (Micro)	28	0			
			TOTALS	32,282	28,653

COMPARATIVE TWELVE-MONTHS REPORTHOSPITAL LABORATORY (cont'd)

	1946-47	1947-48		1946-47	1947-48
<u>SPECIAL CHEMISTRY</u>			<u>MISCELLANEOUS CHEMISTRY</u>		
Blood			Special Blood		
Sodium		603	Methemoglobin		8
Potassium		529	Blood Volume		89
Chloride		21	Micro Glucose		10
Oxygen Saturation		46	Plasma Hemoglobin		84
Amino Acid Nitrogen		1	Bromide		27
Fractional and Total			Plasma Non-protein		
Protein		20	Nitrogen		1
Blood Volume		19	CO ₂ Content		1
Gamma Globulin		2			
Urine			Special Urine		
Sodium		131	Barbiturate		3
Potassium		69	Hemoglobin		1
Chloride		20	Wilder Test		5
Nitrogen		33	Sulfs		2
Creatine		1	Phosphorus		14
Creatinine		1	Routine Blood		
17 Ketosteroids		47	Micro Sulfs		348
Identification of					
Reducing Substance		1	Special Cerebrospinal		
Tyrosine & Leucine			Fluid		
Crystals		1	Levinsohn		1
Calcium		1	Tryptophane		1
Stools			Routine Cerebrospinal		
Nitrogen		1	Fluid		
Gastric			Colloidal Gold		681
Alcohol		1	Bilirubin		8
Body Fluid			Miscellaneous		
Sodium		1	Trypsin		72
Miscellaneous			Amylase Drainage		74
Urine & Blood for			Gall Bladder Cont.		1
Fat Embolism		7	Duodenal Drainage		1
			Ph.		1
TOTAL		1,556	TOTAL		1,433

COMPARATIVE TWELVE-MONTHS REPORT

HOSPITAL LABORATORY (cont'd)

	1946-47	1947-48		1946-47	1947-48
<u>CLERKS' LABORATORY</u>			<u>Urines</u>		
Sputum			Routine	290	0
Gram's Stain		13	Specific Gravity	3,605	0
Ziel-Neelsen Stain		11	pH	3,605	0
Feces			Sugar, qualitative	19,400	21,028
Blood, occult	788	751	Acetone	5,966	5,189
Fat	27	0	Diacetic Acid	5,548	0
Ova-Parasites	26	0	Sediments	3,605	280
Pus	25	0	Albumin	3,605	2,645
Urobilinogen, quantitative	0	118	Bence-Jones Protein	41	4
Urobilin, qualitative	0	65	Bilirubin	130	132
Gastrics			Concentration & Dilution	32	31
Routine	1	0	Phenolsulfonphthalein Test	123	110
Urobilin	33	0	Protein (Esbach)	201	87
Urobilinogen	93	0	Sugar, quantitative	115	132
Hematology			Sulfonamide Crystals	441	0
Hemoglobin	4,730	3,254	Urobilinogen, qualitative	88	40
Erythrocyte Count	1,768	877	Urobilinogen, quantitative	1,215	1,907
Leukocyte Count	4,352	2,990	Emesis-Bilirubin Blood	2	0
Differential & Normoblast	3,732	2,760	Smear for Eosinophils	7	0
Clotting Time (venous)	77	64	Gram Stain	17	0
Bleeding Time	324	196	Ziel Neelsen Stain	15	0
Clotting Time	294	160	Melanin	10	0
Clot Retractility	29	18	Chlorides	0	1,617
Fragility	19	35	Miscellaneous	0	77
Hematocrit	444	363	Nasal Smear	0	2
M.C.C.	221	213	Cap. Resis.	0	137
M.C.D.	170	221			
M.C.H.	221	213	TOTALS	70,412	47,471
M.C.V.	202	215			
Parasites	31	0			
Platelet Count	320	215			
Prothrombin Rate	38	0			
Reticulocyte Count	683	328			
Sedimentation Rate	1,295	973			
Urine Chlorides	2,207	0			
Price-Jones curve	1	0			
Capillary Resistance	154	0			
Sputum Wet	2	0			
Sulkowitch Test	44	0			

COMPARATIVE TWELVE-MONTHS REPORT

HOSPITAL LABORATORY (cont'd)

	1946-47	1947-48		1946-47	1947-48
<u>BLOOD BANK</u>			<u>ELECTROCARDIOGRAPH & METABOLIC</u>		
Blood Groupings	11,727	12,335	Basal Metabolic Rates	1,558	1,503
Cross Matchings	13,989	16,092	Portables	255	238
Klines	8,237	9,733	Electrocardiographs	4,260	4,978
Heterophile Antibody	311	515	Portables	748	926
Rh	1,625	4,802	Vital Capacities	122	138
Miscellaneous	59	89	TOTALS	6,943	7,783
Cold Agglutins	8	0			
R.H. Titre	2	0	<u>TISSUE LABORATORY</u>		
Guinea Pig Abs.	1	0	Autopsies	331	283
TOTALS	35,959	43,566	Frozens	186	334
			Surgicals	3,851	4,650
<u>BACTERIOLOGY</u>			TOTALS	4,368	5,267
Cultures			<u>CANCER DETECTION</u>		
Blood	3,087	2,754	Feces		
Drug Room	754	1,061	Occult Blood		575
G.C.	766	775	Gastrics		
Nose & Throat	922	809	Routine		575
Stool	356	214	Hematology		
Urine	4,125	5,310	Hemoglobin		575
Miscellaneous	1,845	1,995	Erythrocyte Count		8
Smears			Leukocyte Count		575
Acid-fast	648	696	Differential		575
G.C.	662	680	Urines		
Miscellaneous	254	1,860	Routine		575
Pneumo Typings	104	34	Acetone		24
Mouse	0	1	Diacetic		14
Cerbrospinal Fluids	508	602	VENIPUNCTURES		
Sensitivities			Smears		
Streptomycin	0	34	G.C.		1
Penicillin	0	23	TOTALS		4,072
Agglut.	0	1			255
Capsule Swelling	0	1	<u>ELECTRO-ENCEPHALOGRAPHY</u>		255
Dark Field Exam.	0	1	GRAND TOTALS	272,674	287,403
	14,031	16,851			

COMPARATIVE TWELVE-MONTHS REPORT
LABORATORY (Student Health Service)

	1946-47	1947-48		1946-47	1947-48
FECES			URINES		
Blood, occult	143	74	Routine	17,111	15,461
Fat	10	3	Specific Gravity	27	40
Microscopic	55	0	Glucose Tolerance	18	25
Pus	0	2	Sugar, qualitative	158	218
Mucus	0	1	Acetone	55	86
Parasites & Ova	0	1	Diacetic Acid	65	86
GASTRICS			Sediment	2,830	3,397
Routine	8	17	Albumin	311	44
Blood, occult	8	9	Bilirubin	30	22
HEMATOLOGY			Concentration & Dilution	1	0
Hemoglobin	16,655	15,008	Phenolsulfonphthalein Test	2	4
Erythrocyte Count	601	673	Quant. Sugar	1	5
Leukocyte Count	3,637	4,021	Sulfonamide Crystals	7	0
Differential	3,180	3,427	Urobilin	1	0
Bleeding Time	59	32	Urobilinogen, qualitative	24	22
Clotting Time	62	32	Chem.	20	0
Clot Retractility	1	2	Urea Nitrogen	2	0
Fragility	4	5	Glucose	8	0
Hematocrit	20	25	Vitamin C	2	0
M.C.C.	5	8	Calcium	1	0
M.C.D.	5	8	Cholesterol	2	0
M.C.H.	5	8	pH	0	14
M.C.V.	5	8	Bence-Jones protein	0	1
Platelet	15	21	Sulkowitch	0	2
Reticulocyte Count	17	12	VENIPUNCTURES	13,349	13,430
Sedimentation Rate	579	1,014	Heterophile Antibody	52	227
Rh Factor	15	0	Uric Acid	1	0
Sickling Tendency	1	0	Bile	1	0
Venous Clotting Time	0	3	A.G. Ratio	1	0
SMEARS			Phosphorus	1	0
Acid fast	27	21	Prothrombin	4	1
G.C.	448	222	Chemistry	0	267
Monilia	1	0	Rh	0	121
Nasal (Eosinophiles)	15	4	TOTALS	60,053	58,279
Vincent's	154	49			
Malaria	75	25			
Miscellaneous	157	0			
Sperm	1				
Trichomonas	0	71			

COMPARATIVE TWELVE-MONTHS REPORT

PHARMACY

July 1, 1947-July 1, 1948

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	3,329	8,303	11,632	\$ 2,078.60	\$ 22,503.90	\$ 848.20	342	\$ 336.95
August	3,342	9,172	12,514	1,863.25	25,471.65	934.50	384	388.90
September	2,801	8,220	11,021	2,086.65	21,488.95	310.95	272	277.60
October	4,824	9,468	14,292	2,301.65	25,589.30	1,423.35	140	152.60
November	3,727	7,684	11,411	1,973.45	23,605.45	1,001.55	135	201.60
December	3,960	8,874	12,834	2,559.60	26,416.45	976.65	159	177.00
January	4,497	9,608	14,105	2,413.15	24,696.45	1,189.80	249	324.00
February	4,334	8,205	12,539	2,264.90	22,369.30	1,180.00	277	333.65
March	4,100	9,647	13,747	2,501.30	26,597.55	903.10	405	517.55
April	4,622	8,838	13,460	2,666.45	25,133.35	1,170.55	422	535.25
May	4,116	7,782	11,898	2,220.65	19,301.65	1,050.45	388	486.90
June	3,990	8,639	12,629	3,022.95	21,740.00	910.90	386	444.40
TOTALS	47,642	104,440	152,082 3,559 <u>155,641</u>	\$27,952.60	\$284,914.00	\$11,900.00	3,559	\$4,205.85

COMPARATIVE TWELVE-MONTHS REPORT

PHARMACY

July 1, 1946-July 1, 1947

(Corrected)

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
September	2,369	6,623	8,992	1,458.00	18,626.43	194.80	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	2,101.50	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	142,791 3,101 145,892	\$24,768.50	\$245,182.93	\$11,496.45	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	
	1946-47	1947-48	1946-47	1947-48	1946-47	1947-48
Diathermy (Short Wave)	999	914	161	124	1,160	1,038
Ultra Violet	245	221	405	170	650	391
Phototherapy - Infra Red	688	716	789	523	1,477	1,239
Massage - Muscle Training	2,853	3,074	3,310	3,911	6,163	6,985
Paraffin Bath	8	96	16	0	24	96
Pool	39	0	22	29	61	29
Pressure Cuff (I.V.O.)	218	165	93	39	311	204
Whirlpool	935	1,186	324	290	1,259	1,476
Galvanic - Faradic	152	367	33	180	185	547
Hot Packs	370	108	465	432	835	540
Elliot Treatment			9		9	
Hypertherm	7	23		1	7	24
Suspension	0	0	0	0	0	0
Iontophoresis		11		0		11
TOTALS	6,514	6,881	5,627	5,699	12,141	12,580
New Patients	272	262	176	205	488	467
No. of Patients Treated	3,859	3,942	3,818	4,076	7,677	8,018

COMPARATIVE TWELVE-MONTHS REPORTFEVER THERAPY

Diagnosis	1946-47	1947-48
Arthritis	4	
Arthritis (G.C.)	10	13
Syphilis	3	0
Neurosyphilis	10	0
Asthma	3	0
Reiters Syndrome	5	1
C.N.S. Lues	5	50
Still's Disease	4	1
Dermatitis	0	23
Iritis	0	37
	<hr/>	<hr/>
TOTALS	44	125

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 & 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 & hand	172	
Urinary tract	147	
Urogram, excretory	458	
Urogram, retrograde	76	
TOTAL EXAMINATIONS		13,448
<u>Patients</u>		
Out-Patient	4,342	
Hospital	3,756	
Students' Health Service	1,302	
Private	1,538	
Miscellaneous	803	
TOTAL	11,741	
<u>Photofluorograms</u>		
Hospital	2,402	
W-212	627	
Students' Health Service	5,242	
TOTAL	8,271	
TOTAL - July, 1946 - June, 1947		30,166

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	Iodized oil	13
Hand	141	Skull	513
Heart	48	Sterno-clavicular joints	3
Hip	213	Sternum	12
Humerus	59	Stomach & Duodenum	1,222
Hystero-salpingography	2	Temporo-mandibular joints	26
Injection of fistulae	4	Thoracic spine	170
Knee	170	Tibia & fibula	134
Liver & Spleen (Thorotrast)	1	Urinary Tract	230
Lumbosacroiliacs	442	Urography, intravenous	283
Mandible	64	Urography, retrograde	82
Mastoids	41	Ventriculography	38
		Wrist	126
TOTAL EXAMINATIONS		TOTAL	14,161
Hospital	4,562		
Out-Patient	4,708		
S.H.S.	2,280		
Private	1,454		
Miscellaneous	1,157		
TOTAL	14,161		

COMPARATIVE TWELVE-MONTH REPORTX-RAY THERAPY DEPARTMENT

	1946-47	1947-48
<u>Deep X-Ray Treatments (400, 220 KV)</u>		
New Patients Treated	491	557
Patients Retreated	203	168
TOTAL NUMBER OF PATIENTS TREATED	694	725
Hennepin County Patients	80	106
Ramsey County Patients	23	26
TOTAL COUNTY PATIENTS	206	332
Out-Patient Treatments	5,216	5,102
House-Patient Treatments	3,216	3,961
TOTAL NUMBER OF TREATMENTS	8,432	9,063
<u>Superficial X-Ray Treatments</u>		
140 KV		148
100 KV		
Out-Patient Treatments	2,205	2,031
House-Patient Treatments	40	120
TOTAL NUMBER OF TREATMENTS	2,245	2,151
Phillips Contact Treatments	212	103

COMPARATIVE TWELVE-MONTHS REPORTWAITING LIST

	<u>1945-46</u>	<u>1946-47</u>	<u>1947-48</u>
Male Surgery	7	16	88
Female Surgery	9	14	43
Neurosurgery	1	0	8
White Surgery	1	5	10
Plastic Surgery	12	9	1
Purple Surgery	1	0	10
Urology	2	20	65
Orthopedic Pediatrics	1	4	8
Reconstruction Pediatrics	6	6	8
Surgery Pediatrics	0	0	8
Urology Pediatrics	0	0	2
Orthopedics	29	21	18
Medicine	3	6	7
Neurology & Psychiatry	7	22	58 2
Dermatology	2	20	4
Pediatrics	3	6	6
Ophthalmology	9	11	0
Ophthalmology Pediatrics	8	0	0
Otolaryngology	0	0	0
Tonsils & Adenoids	4	0	0
TOTALS	<u>105</u>	<u>160</u>	<u>346</u>

ANNUAL REPORT OF THE NURSING SERVICES

July 1, 1947 to July 1, 1948

The year 1947-1948 might well be termed "The Year of the Forty Hour Week." On July 1, 1947, a five day, forty hour week was introduced for all employees of the hospital and a new salary schedule was adopted. The change over to a five day week was made simpler because certain of

the hospital departments had done this previously during the summer months. The nursing department, however, was still faced with the problem of providing nursing service to hospital patients seven days a week, twenty-four hours per day. In an effort to meet this demand, additional positions were created and approximately the same hours of paid nursing service were made available. See Table 1.

Table 1 - Comparison of Budget Positions 1946-1948

	1946-1947	1947-1948	Jan. 1948	July 1, 1948
	44 Hr.Week	40 Hr.Week		
<u>Administration & Supervisory</u>				
Director of Nursing Service	1	1	1	1
Ass't. " " " "	1	1	1	1
Ass't. Adm. Nsg. Supervisor	2	3	3	4
Night Supervisor	1	1	1	1
Ass't. Night Supervisors	3	4	4	4
Hospital Supervisors	7	7	7	7
Head O. R. Nurses	4	4	4	4
Ass't. Teaching Supervisor	0	1	1	1
Ass't. Supervisor OPD	1	1	1	1
Head Nurses	22	21	21	21
Ass't. Head Nurses	15	16	16	16
<u>Nursing Service</u>				
Senior Clinic Nurse	6	7	7	7
Operating Room Nurses	17	21	21	21
General Staff Nurses	51	67	88	98
			20 (20 hrs / wk)	20 (20 hrs / wk)
<hr/>				
Students (U of Minn.)	27 (15 hrs / wk)	29	17	23
	235 (40 hrs / wk)	173	126	84
Students (Affiliates)	50 (40 hrs / wk)	28	31	20

The numbers of nurse students, including affiliating students, dropped from a total of 312 in July 1946 to 230 in July 1947. In January 1948, a class of 46 nurse students completed their experience. At this time, 21 additional graduate nurses and 5 hospital aids were added to the staff. The present number of nurse students, including

affiliates is 127. The total amount of nursing service hours per week has dropped from 20,205 in July 1946; to 17,675 in July 1947; to 15,865 in July 1948. This is a total decrease in one year of 1,810 hours per week or the service of 45.2 workers. See Table 2,

Table 2 - Hours of Nursing Service Available Per Week

	July 1, 1946	July 1, 1947	Jan. 1, 1948	July 1, 1948
Administrative & Supervisory	2508	2400	2400	2440
Nursing Service				
Operating Room	748	840	840	840
Senior Clinic	264	280	280	280
General Staff	2244	2680	3920	4320
Non-Prof				
Aids	1936	2320	2520	2800
Orderlies	700	680	680	680
Students				
U. of Minn.	9805	7355	5295	3705
Affiliates	2000	1120	1240	800
Totals	20,205	17,675	17,175	15,865

The allover decrease in the amount of nursing service available has resulted in a drop in the amount of nursing care provided for patients. The following figures represent only the amount of actual nursing

care provided. The supervisory and administrative hours, including those of the head nurse and assistant head nurse have not been included. See Table 3.

Table 3 - Hours of Nursing Care Per Patient Per Day*

	July 1, 1946		July 1, 1947		Jan'y. 1, 1948		July 1, 1948	
	Grad.& Stu- dent Nurses	Prof. & Non- Prof. Total	Grad.& Stu- dent Nurses	Prof. & Non- Prof. Total	Grad.& Stu- dent Nurses	Prof. & Non- Prof. Total	Grad.& Stu- dent Nurses	Prof. & Non- Prof. Total
Medicine	3.7	4.2	2.0	2.7	1.9	2.4	2.0	2.7
Surgery	3.6	4.3	2.1	3.2	1.9	3.3	1.7	2.9
Neurology	3.1	3.3	1.9	2.7	2.2	2.5	2.2	2.6
Psychiatry	3.3	4.7	3.5	4.9	3.6	5.0	3.4	4.7
Obstetrics	4.3	4.4	5.0	5.4	3.1	3.6	3.0	3.4
Pediatrics	7.1	7.6	4.1	4.7	3.9	4.6	2.9	3.4
Gynecology	2.5	3.0	2.3	3.6	1.8	2.7	1.4	2.1
Health Service	3.2	3.9	2.8	3.7	1.8	2.3	1.7	2.0

*Does not include Head Nurse, Assistant Head Nurse

The greatest decrease has been in the pediatric department where the total hours of nursing care per patient per day have decreased from 7.6 hours in July 1946 to 4.7 hours in July 1947 and to 3.4 hours in July 1948. This is a dangerously low amount for patients of this age group.

The most stable staffing is found in

the psychiatric department where a separate budget provides for adequate and desirable hours of professional and non-professional nursing service without supplement by nurse students.

There has been an increase in the amount of non-professional service in most departments. The hospital aid is

assigned to the non-nursing duties which are related to the care of patients such as cleaning equipment, making unoccupied beds, etc. In most departments she is also assigned simple nursing procedures under the direct supervision of the professional staff. There is an urgent need for a study to be made of all services patients need in the hospital and a determination of what functions be assigned to professional workers and what functions could be safely assigned to a non-professional staff.

An ever-present problem is presented by the continuous and rapid turnover in the nursing staff. The turnover for the staff July 1, 1947 to July 1, 1948 is as follows:

Assistant Administrative Nursing Supervisors	133%
Assistant Night Supervisors	100%
Hospital Supervisors	43%
Head O.R. Nurses	25%
Head Nurses	81%
Assistant Head Nurses	131%
O.R. Nurses	68%
General Staff Nurses	194%
Hospital Aids	165%
Hospital Orderlies	231%

The chief reason for resignations from the staff is a desire for change which is not based on job dissatisfaction alone but on restlessness. Marriage and pregnancy are important factors. Many nurses also come to a teaching hospital such as this for the experience which is available, and many leave to continue their education at the University. A small group of persons indicate that the work is too difficult, the staffing so inadequate that they do not derive job satisfaction from their work.

During the year four instructors were assigned to the hospital by the School of Nursing as follows:

Miss Florence Alexander	- Operating Room
Miss Beulah Gautefald	- Pediatric Nursing
Miss Virginia Curry	- Psychiatric Nursing
Mrs. Helen Sell	- Neurologic Nursing

These instructors have been responsible for the teaching of the basic students in these clinical fields, and in addition have assisted with the graduate nurse students who were assigned for directed teaching experience.

The great increase in the enrollment of graduate nurses in the various programs offered by the School of Nursing has resulted in many more persons using the University Hospitals as an observation and practice field. During the year 59 nurses received experience in directed teaching and 10 in ward administration. The supervisory and head nurse staff of the hospital gives considerable time to this group of students.

The increase in the numbers of doctor-receiving experience in the various hospital departments has created many problems. It takes more administrative time on the part of head nurses and supervisors to make rounds, prepare patients for clinics, and to arrange for special procedures. Each research project which is introduced also demands more in the way of nursing service. Changes in patient care, such as early ambulation of the surgical patient, have introduced a changing emphasis in nursing service.

In July 1947, the program for practical nurse students was introduced. These students receive experience in all hospital departments except psychiatry and operating room. An instructor from the School of Nursing is responsible for the instruction and supervision of these students. The hospital staff has given time to the teaching and planning for these students as they were assigned to the various stations. In all 15 student were enrolled in this program.

Departmental Reports

Nursing Office

Since the majority of nurses assigned to the administrative and supervisory staff were new appointments, an effort was made to study and clarify the responsibilities of this group. Monthly meetings were held and various problems discussed. In October, the Supervisor-Head Nurse Group was organized. A chairman

was elected and various committees were appointed. This group had monthly meetings during the year. The program is attached.

Miss Mildred Mylin has been chairman of a special committee to set up a general policy book for the nursing service. This has involved meeting with all hospital departments to determine routine procedures. This manual should be ready for administrative study and approval in the next few months.

It is a well recognized fact that job satisfaction increases as the worker feels that he is making a real contribution and that his work is appreciated. The staff has felt that there was a real need for an inservice program for all personnel, and some organizational plan for group activity. It seemed advisable to start such a program by setting up first an orientation program for all personnel, and second, a continuing staff education program. The direction of such a program for the non-professional staff has been carried by Miss Palmer. To date, a program for the ward aid group has been developed, and a copy of their orientation and teaching schedule is attached. A similar plan is being developed for the hospital orderly group. It takes the full time of one supervisor to carry out this plan and the staff is gratified that such a position has been created beginning July 1, 1948.

Many plans for the orientation of new graduate nurses have been tried under the direction of Miss Julian. It is our hope that next year will see a well developed plan of staff education set up for this group of workers for they are the backbone of the nursing service.

In May 1948, there was a reorganization of the night supervisory staff assignment. Previously the night supervisory staff came on duty in two blocks, one group working from 7 p.m. to 3 a.m., another from 11 p.m. to 7 a.m. Two supervisors came on duty 3 p.m. to 11 p.m. and were assigned to the Surgical Nursing and Pediatric Departments. In order to provide a more balanced supervisory staff, one of the night supervisors now comes on duty at 3:30 p.m. and works until midnight. This has permitted this supervisor to make early rounds

in the hospital so that she has a clear picture of the entire situation by the time the regular day staff in the nursing office goes off duty. One person is on duty there until 6 p.m. It also eliminates an overlapping of supervisory staff between the hours of 12 m. and 3 a.m.

The classification of practical nurse was established to be effective July 1, 1948.

Medical Nursing

Miss Agnes Fleming retired on July 1, 1948, after many years of loyal service to the University Hospitals.

A treatment room was constructed for Station 31, and charting desks were added to both medical stations.

The Department of Medicine contributed \$1500 to the nursing service. This money was used to employ additional graduate nursing staff to aid with the various research problems being carried in the department.

There is an urgent need for adequate office space for the Nursing Supervisor of this unit.

Surgical Nursing

The surgical nursing department has had the greatest turnover of staff. Station 41 is the only surgical station to have the same head nurse, and assistant head nurse for the year. On all other stations these positions have been filled by two, three or four different nurses. The pressure of work and the demands of the staff are responsible in part for this turnover.

During the summer of 1947, Station 41 and 42 were combined and half the beds on Station 42 were closed due to shortage of staff.

All stations, except Station 40, received new dressing carts. Each station now has a treatment room, but the one on Station 21 has never been completed.

A change in the rate of flow of saline

in certain urological procedures has necessitated an increase in the amount of saline to be prepared and autoclaved. Catheters are now being autoclaved in plastic tubing rather than wrapped in muslin, or placed in enamel pans.

The electric scale on Station 40 was replaced by an hydraulic scale.

A small committee of nurses and surgeons have been working on a plan for the referral of hospital patients to public health nursing agencies when they are discharged from the hospital. Since many patients are discharged earlier, this seems a wise method of securing continuous nursing supervision, and a way of providing teaching for selected patients. This plan is not yet in action.

At the suggestion of the staff, plans were made to set up a post-operative recovery unit. The room selected is M-505. This will provide room for four patients. It is hoped that all patients having general anesthesia who have surgery in the Main Operating Rooms will be transferred to this unit. Patients will be kept here only during the post-anesthetic period, and will be transferred to their stations after the anesthesiologist considers it safe. The room should be ready for use late in July.

Psychiatric Nursing

This department, as every other, has had considerable turnover in staff. An orientation program is planned for all personnel entering the psychiatric unit to help them learn the procedures used there, and to help them maintain desirable attitudes toward the patients. In addition, several technics have been utilized to help the nursing staff provide a continuity of attitude and care for the patient. Nursing management orders are now written by the staff, on a green sheet in the order book provided for this purpose. The following is an example of the type of order written.

"Ignore patients' complaints. Insist that patient come to meals and follow station routine in every way. Be firm, but show patient that he is acceptable as long as he cooperates. Encourage in activ-

ities with others."

This has proved a valuable aid in patient care.

A member of the nursing staff participates in the bi-monthly Grand Rounds. This provides an opportunity to discuss special nursing problems. An administrative conference is held weekly with Dr. Schiele, the Supervisor, Instructor and Head Nurse participating. This committee has been a steering group for the development of a policy manual for the psychiatric department. An outline of the material covered follows:

1. POLICIES AND REGULATIONS
 - Attitudes
 - Charts and Records
 - Emergency Alarm System
 - Keys and Locks
 - Medicines
 - Patients leaving the Station
 - Radio Regulations
 - Rest Hour
 - Restraint
 - Safety Precautions
 - Suicidal and Homicidal Patients
 - Telephone Calls
 - Visitors
2. ROUTINE PROCEDURES
 - Admissions
 - Bathing
 - Care of Clothing
 - Charting
 - Discharges
 - Serving of Meals
 - Weights
3. SPECIAL PROCEDURES
 - Hydrotherapy
 - Packs
 - Tubs
 - Gavage
 - Shock Therapy
 - Electrotonic
 - Insulin
4. PERSONNEL ROUTINES AND RESPONSIBILITIES
 - Day Routine)
 - Relief Routine) for Nurses
 - Night Routine)
 - Routines for Orderlies
 - Routines for Aides

Routine for Head Nurses
 Routine for Supervisor and Instructor

5. Sample Chart
6. Map of the Station

One of the major developments in this department has been the reorganization of the recreational and occupational activities. A nurse is assigned to this activity each week and is responsible for making plans for groups and individual patients. The patients now participate in manicure hours, parties, record concerts, square dancing and group singing. The Womens Medical Auxiliary have been very generous in donating money for parties in this department.

A major problem in this department is the one of providing adequate storage space for patients' clothing. One objective of hospitalization of the psychiatric patient is to help him be socially acceptable. Since one concomitant of this is to be well groomed and acceptably dressed, we should provide facilities to make this possible.

It has been suggested that the outdoor porch be extended around the women's lounge and perhaps part of it be glazed so it can be used in inclement weather.

Neurologic Nursing

Several changes were made in the physical aspect of this station.

1. Main 505 was given up for a Post-operative Recovery Room.
2. Rooms E-527, 529, 531, 533 formerly resident quarters were made into patients' rooms.
3. Room E-535 is now Dr. Baker's office.
4. Office behind station desk has been assigned to Dr. Chalgren.
5. The desk outside the Todd Room has been the office for the instructors in neurology and operating room.
6. The nurses' bathroom was made into a dark room for determining visual fields.

In January, 1948, occupational therapy was made available for bedridden patients. Students in the Occupational Therapy Course have provided this service. Patients who are able are sent to the O.T. shop in the temporary building south of Botany. This service has helped those patients whose hospitalization was prolonged.

Because of the location of the East Operating Room, there is a continuous problem of pre- and post-operative patients being seated in the hallway at the north end of the station. The hallway is also the only place where extra equipment can be placed while the surgery is being used.

Obstetric Nursing

During the year two additional graduate nurses were assigned to this department, and more will be added in the near future. An extra autoclave was placed in the treatment room and the aid assigned to this service is responsible for making up and sterilizing all packs used in the department.

New intra-tracheal catheters were devised in cooperation with the Department of Anesthesia, and changes made so infant equipment could be attached to the adult anesthesia and suction machines.

Since the Premature Nursery was discontinued, premature infants born in the hospital can be cared for in the regular nursery with the use of the Isolette. Thus far this has presented few problems, but there have been few premature babies.

An effort is being made to provide better instruction to all mothers before discharge from the hospital. Each mother receives direct instruction regarding the care of the infant from a member of the Pediatric staff and instruction in formula preparation. Most patients need considerable more teaching in the Ante partum period. One suggestion is that perhaps a nurse from the Public Health Agency could participate in the regular Out-Patient Clinics, and be responsible for patient teaching.

There is still considerable traffic through this department by members of the staff and by out-patients seeking the x-ray and other departments. A sign or door midway up the stairs might be an effective way of redirecting traffic, rather than having the personnel use nursing time for this purpose.

Since the hot water tanks, and bath slab are not used in the nursery ante-room, they could be removed and a more efficient examining table installed. If the sink in the Nursery Storage Closet were removed, additional shelving could be provided.

Gynecologic Nursing

Miss Wanda Robertson was appointed Supervisor of Obstetrics and Gynecology in December, 1947. This position had been vacant for more than half a year.

As in every other department, there has been a marked decrease in the amount of nursing service available. Additional graduate nurses and hospital aids have been assigned to this department. Since many of the gynecologic patients do not require extensive nursing care, the hospital aid has been a valuable worker in this station.

There is a real need for additional charting facilities for the nursing and medical staff, and office space for the Supervisor of this service.

Pediatric Nursing

As has been stated previously, this service has seen the most drastic reduction in the amount of nursing service available. Graduate nurses and hospital aids have been added in an effort to maintain a safe amount of nursing care. Two graduate practical nurses were added to the staff about July 1, 1948.

There has been much discussion about the formula room and a change in the procedure used there. Since the present room does not seem large enough to install autoclaves and other equipment, action has been deferred. A new room should be provided, and the present room returned for use as a kitchen for Station 52.

The premature nursery was discontinued and the recommendation made that premature infants born outside the hospital be placed on Station 52. An Isolette was provided for this purpose.

In January, 1948, a school for patients was set up under the supervision of the Minneapolis Public Schools System. Dr. Jensen recommends patients for attendance and the school is in session daily Monday through Friday.

A very real problem in this department is the need for new windows on the west side of the building. It is almost impossible to control drafts and maintain an even temperature with the present windows.

Operating Rooms

Because of the change to a forty-hour week, East Operating Room and Cystoscopy are closed on Saturdays and Sundays. West Operating Room and Main Operating Room both maintain a schedule on Saturdays in order to provide special services with a three day per week quota of operating time. In Main Operating Room, neurosurgery is done on Saturdays.

The nurses assigned to the Main Operating Room are the only ones to take call at night. This was done because those assigned to the other suites were not familiar with the routines in Main. The nurses assigned to Main are given an orientation to East Operating Room so they can give assistance as needed when an emergency is done there. Student nurses are no longer put on call.

The head nurse in Main Operating Room has taken over the supervision of the aid assigned to the anesthesia room. The ordering of all supplies is also done by the nursing staff.

The linen room has been moved to M-515, this providing a more adequate work space for the folding of linen and the preparation of packs. An induction room (M-504) has been added to Room III. Lights have been installed in the corridor of the main suite to facilitate the starting of procedures. The service room in the West Operating Room suite has been turned into

a dark room so that x-rays could be developed there.

New Equipment and Supplies

MAIN OPERATING ROOM

1. New operating table
2. Kelvinator refrigerator
3. Two treatment cabinets
4. One instrument table
5. One anesthesia table
6. One suction machine with table
7. Two additional telephones in M.O.R.
8. New form of permanent record book adopted
9. Inventory file cabinet
10. Table for folding linen
11. Four Phalen-Wangensteen Suction machines
12. Overhead instrument table for neuro-surgery
13. High pressure instrument washer
14. Work table and cabinets put in anesthesia room
15. Spot lights being installed on the walls in Main Operating Room, Corridor
16. Doubled the linen supply
17. Green linen put into use instead of white linen
18. Instruments, about \$2,600.00 worth

WEST OPERATING ROOM

1. One Wappler cold cautery
2. Two electric fans
3. Instruments - about \$1,000.00 worth
4. One Table made by the Carpenter, for the service room
5. One large sacral rest for the Hawley table

CYSTOSCOPY DEPARTMENT

1. One Wappler diathermy machine
2. Brush dispenser for sterile hand brusher
3. Special Catheters - \$750.00
4. Instruments - \$650.00

EAST OPERATING ROOM

1. Eye light
2. Instruments - About \$525.00
3. Equipment on order, but not yet received - \$875.00

The number of surgical procedures done in the various suites was 3,169 major operations, 4,436 minors which is a total of

7,603 cases. The total for 1946-1947 was 2,749 majors, 4,770 minors or a total of 7,519 cases. This is an increase of 84 cases for the year.

In March, Miss Helen Lueck, Hospital Administration Intern, did a survey of the operating rooms. She made many suggestions regarding the service there which made for better utilization of the staff and physical facilities.

Out-Patient Department

There have been 9,955 more visits to the Out-Patient Department this year than during 1946-1947. Many of the patients are not ambulatory, and have to be taken from clinic to clinic or to special departments in wheel chairs or on litters.

Procedures which were formerly done while the patient was hospitalized are being carried out in this department. Various surgical procedures, transfusions and special tests are scheduled, most of them being done in West 212. This unit, which serves as the emergency room for the University as a whole, the employees examining room, an examining room for some private patients, is too small to carry all these functions. If more space were made available, all private patients who are now being seen in the treatment and examining rooms of various stations, could be seen here. This would relieve the stations and would also make for a central place for private patients where a charge could be made for the service the hospital provides.

As yet, no additional staff has been assigned to this unit. This will have to be done if the department is to function smoothly. Another great need is, of course, for additional space. Mr. Debord, Hospital Administration Intern, made a survey of this department in April and May, 1948.

Surgical Supply Room

The Baxter recipient sets were introduced for giving of bloods on March 1, 1948. The blood bottles and tubing are disposed of after use. The needles used

for the recipient set are sent to Surgical Supply for cleaning and reissue. The tubing and needles used for the donor sets are prepared for the blood bank. During one typical week, 180 bloods were drawn and 115 transfusions given.

Supplies expended daily are as follows:

Unsterile:

Cans filled with towels, fluffs, etc.	59
Wrapped towels	39
Wrapped thorocotomy pads	7
Bandages, rolls	52
Cotton balls (4000 per carton) carton	2
Adhesive tape (6-7 rolls per carton) carton	5
Pads 10 x 12	291
Kotex, dozen	14
Ace Bandages	8
Kerchief boxes	100
Wangensteen suction	6

Sterile:

Intravenous trays	60
Subcutaneous trays	14
Feeding sets	5
Baxter recipient sets	25
Sterile bottles	24
Trays (various)	5

Other supplies, Steadman pumps, oxygen tents, humidifiers, tracheotomy tubes, etc., are issued as requested.

Individual stations are responsible for the cleaning and preparation for sterilization of various kinds of equipment, such as syringes, needles, catheters, basins, vaseline strips, solutions and tubing for the urology service. The glove room prepares all gloves for sterilization and for issue to the station. Many of these tasks could be more easily and economically done if the Surgical Supply Room were enlarged.

Reading Room - Powell Hall

Supervision of the reading room in Powell Hall was furnished by students who were compensated for this service by receiving board and room. The average monthly use of this room was 153 students.

Recommendations

1. A nursing service survey be conducted to determine the amount and kind of nursing services the patients cared for in the various departments need to have provided.
2. Appointment of staff as determined by the survey.
3. Provision for the nursing staff that works during the evening (3-11 p.m.) and night periods to be paid extra compensation. This would be in line with the policies of other hospitals in the city.
4. Enlargement of the Surgical Supply Room and extension of services.
5. Enlargement of West 212 to provide for services rendered there, and to provide examining rooms for private patients. Pediatric dressing room and perhaps a part of nutrition clinic could be utilized for this.
6. Extension of the outdoor porch on Station 60 and glazing of a portion of it to provide more recreational space for patients.
7. Provision of space for adequate care of clothing of patients on Station 60-61.
8. Office space for the Supervisors in Medical, Obstetrical and Out-Patient Departments.
9. Adequate charting facilities for all stations.
10. Completion of projects previously started:
 - a. Treatment Room -Sta. 21
 - b. Linen Room - MOR
11. Windows in the pediatric stations will need some repairs before another winter.
12. Appointment of a joint committee of the medical, nursing and administrative staffs to evaluate and approve

introduction of new technics and new instruments.

I should like to take this opportunity to thank the members of the medical staff, the various hospital departments, the nursing staff and the School of Nursing for their understanding and guidance during this difficult year. A special vote of thanks should go to the members of the Administrative Staff

of the Hospitals and the Nursing Office for their loyal support and interest in the provision of good nursing service to patients, and educational opportunities for students.

Respectfully submitted,

Margaret Filson
Director of Nursing
Services

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Report of Supervisor-Head Nurse meetings held from
October, 1947 to July, 1948

October, 1947	Organization of Supervisor-Head Nurse Group
November 18, 1947	Election of officers Discussion of staff nurse orientation program
December 9, 1947	Rules on charting by Miss Agnes Love Report on orientation program
January 13, 1948	Nursing Care of Tracheoesophageal Fistula Miss Verona Kjenstad
February 9, 1948	Personnel Policies - Miss Ethel Harrington
March 16, 1948	Film, "Health in Industry" sponsored by the DeVilbiss Company
April 13, 1948	Ward Aide Program - Miss Carol Palmer
May 11, 1948	Anticonvulsant Drugs - Dr. Shapiro
June 8, 1948	Prophyrins - Dr. Terry

WARD AIDE SCHEDULE

Monday
 8 a.m. - 12 noon Orientation - Powell Hall Amphitheatre
 Demonstration - Unoccupied Bed - Nsg. Arts Lab.
 Payroll papers and personnel cards
 12 noon - 1 p.m. Lunch
 1 p.m. - 5 p.m. Station assignments
 a) Station orientation by head nurse
 b) May be assigned to the following:
 Ward order
 Passing fresh water
 Passing and collecting trays

Tuesday
 8 a.m. - 10 a.m. Return demonstration - Unoccupied Bed - Nsg. Arts Lab.
 Tour of Hospital
 10-12 Station assignments with supervisions
 a) May be assigned to following:
 Ward order
 Passing fresh water
 Passing and collecting trays
 Running errands
 12-1 Lunch
 1-2 Ward Aide Meeting - Room 2309 Powell Hall
 2-5 Demonstration - Occupied Bed - Nsg. Arts Lab.
 Return Demonstration - Occupied Bed

Wednesday
 8-12 Station assignments with supervisions
 12-1 Lunch
 1-2:30 Demonstration - Bed Bath - Nsg. Arts Lab.
 2:30-5 Station Assignments with Supervisions
 a) May be assigned to following:
 Ward Order
 Passing and collecting trays
 Making unoccupied beds
 Running errands

Thursday
 8-10 Return demonstration - Bed Bath - Nsg. Arts Lab.
 10-11 Station assignments and supervisions
 11-12 Lunch
 12-2 Return demonstration - Bed Bath - Nsg. Arts Lab.
 2-5 Station assignments with supervisions

Friday
 8-12 Station assignments with supervisions
 12-1 Lunch
 1-2 Class- 2309 Powell Hall
 2-5 Station assignments with supervisions

PRACTICAL NURSE

Distinguishing Features of Work

This is a sub-professional nursing service involving the care of hospital, clinic and health service patients.

Work involves the care of subacute, convalescent and chronic patients according to established practices under the special instructions of medical and professional nursing staff. Care of patients consists largely of carrying out hygienic procedures for the patient and assisting a physician or nurse in performing diagnostic and therapeutic procedures. Positions of this class are to be found in the ward service and in other services of the hospital.

The treatment and care to be given patients is usually specified by a member of the medical staff or a professional nurse within prescribed limitations. Routine duties are carried out without direct supervision or detailed instructions. The work of all employees of this class is reviewed and checked by professional staff.

Examples of Work

Provide suitable environment for patients, carry out personal hygienic procedures, assist in providing and maintaining physical and mental well being of patients.

Assist with diagnostic procedures. Take temperature, count pulse and respiration, weigh and measure patients, collect specimens, assist physician and nurse in carrying out diagnostic procedures.

Carry out therapeutic procedures. Prepare and give cleansing, retention and carminative enemata. Prepare and give colonic and colostomy irrigations. Prepare and apply poultices, dry sterile dressings and wet unsterile dressings. Prepare and give therapeutic diets.

Perform related duties as required.

Desirable Knowledges, Skills and Abilities

Knowledge of practices and procedures of practical nursing.

Skill in serving and caring for selected patients.

Ability to follow oral and written directions in detail and to maintain a helpful, sympathetic attitude toward patients.

Ability to apply sub-professional training techniques to specific situations.

Desirable Experience and Training

Graduation from an approved school for practical nurses.

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REPORT ON NUTRITION DEPARTMENT, 1948

The departmental activities fall into three major divisions - the administrative features, the food service for the personnel and patients, and the educational projects. This program is covered by eight staff dietitians.

It has been the aim of the administrative department to encourage the analysis of operations in recognition of the accent on work simplification and the efficient utilization of time and energy. Studies have been made on the flow of operation, selection of effort saving equipment, and reallocation of activities consistent with accommodating the work as far as possible to the forty hour week.

With this objective, the decentralization of special diet laboratory activity developed. Although there has been an effort to reduce the number of special diets, through local selection of food, there has been an increased demand for control diets such as the low sodium diet, the cholesterol limited diets, the more liberal protein diet, pre- and

postoperative routines and the rapid progressions in the addition of foods to the diet of postoperative patients. There is recognition of the liberal protein diet in geriatrics. Through the use of electric heated conveyors, prepared food was taken to the wards. The therapeutic diets were assembled as the patients were served and the basic menu was used to the greatest possible extent.

Together with this more convenient arrangement for the transportation of food, the dietitians were allocated to stations on the floors. This had the advantage of bringing the dietitians and dietitian interns into closer relationship with the patients and members of the staff, and into the immediate area of their work. It offered wider opportunity for the instruction of dietitian interns and made them more readily available for ward conferences. This simplification of activity has proved to be practical and efficient and time saving.

With the rapid progression in the addition of food to the postsurgical diets, the significant preparative diets during the preoperative interval, and the desirable supervision and instruction of these patients, it would be rewarding to add a full time staff dietitian for this work.

In the interest of association between dietitian and patient, a dietitian has been added to the Pediatric staff. This dietitian supervises the service of the meals for the "toddlers" - a recently identified group between one and three years of age. The dietitian plans the menus, becomes acquainted with the patients, attempts to establish desirable habits in food acceptance and handling, and charts the caloric intake when requested. The addition of this staff dietitian has relieved the congestion in the pediatric nutrition unit. However, space is needed and it is hoped that this department may be enlarged sufficiently to improve the methods of formulae preparation by means of addition of equipment.

Formal, informal, and individual instruction is given to many groups, together with constant supervisory attention. Included in these groups are patients, student nurses, practical nurses, dieti-

tian interns and employees. Instruction of the patient is individualized and if the patient is not teachable, some member of the family is given the information. The pediatric dietitian advises on home preparation of food and formulae to the mothers upon leaving the hospital. With the trend toward shorter hospitalization of patients, it would be advantageous to the department to have a full time clinic dietitian who could arrange classes and demonstrations for short term hospitalized patients and possibly reduce the number of repeaters on the Out-Patient Department. This particularly applies to the diabetic and allergy cases.

There is a tendency for on-the-job training of employees to prepare them for the specific work. However, we also have a flexible program of classes for these people, encouraging group participation. These classes have proved acceptable and well attended. There is some reduction in the turn-over of departmental employees and while employees are still in need of some review classes to stimulate interest, it is hoped that the initial instruction may be reduced and prove to be less time consuming.

With the reduction in trained student help of all types, in the various units of production and service, it is evident that closer supervision must be given, and greater demands are levied on the staff dietitians to maintain departmental standards. Therefore, as professional opportunities increase and diet therapy and instruction is granted a place of importance in the consideration of the welfare of the patient, and experienced dietitians are required for closer association with and supervision of dietary details, we petition one for clinic teaching, and another for the surgical wards.

There has been an agreeable and profitable affiliation between the Nutrition Department and Medical Social Service and this promises to become an even richer field of experience for the dietitian intern.

There is a daily average of the following diets served per meal:

<u>MEDICAL DIET THERAPY</u>	<u>SURGICAL DIET THERAPY</u>	<u>DIABETIC OR OTHER WEIGHED DIETS</u>	<u>TODDLERS DIETS</u>	<u>INFANT FORMULAE</u>
35 - 50 (including 10 to 16 different types of diet)	20 - 30 (including pre- and postoperative diet)	10 - 30	15 - 20 (distributed on different floors)	25 - 30 (including 15 variations)

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With the increased cost of food, there is some elevation over last year in the accounting report, with a total food expenditure of \$231,234.86, a service of 735,302 meals, and an average

per capita cost of \$.945 a day for raw food.

Respectfully submitted,

Gertrude I. Thomas,
Director of Nutrition

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UNIVERSITY OF MINNESOTA

ROSEMOUNT POLIO HOSPITAL REPORT

Rosemount Hospital opened January 3, 1947	
Total patients admitted, January 3, 1947 to December 31, 1947	176
Total patients admitted, January 1, 1948 to June 30, 1948	93
Total patients treated, January 3, 1947 to June 30, 1948	269
Total days hospital care, January 3, 1947 to December 31, 1947	24,674
Total days hospital care, January 1, 1948 to June 30, 1948	8,340
Total days hospital care, January 3, 1947 to June 30, 1948	33,014
Rosemount Hospital was closed on June 30, 1948	

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REPORT ON PHYSICAL MEDICINE AT ROSEMOUNT HOSPITAL

In the 18 months that the Rosemount Poliomyelitis Hospital was in operation 269 patients were treated. In all cases within the limitations imposed by available personnel and facilities, an attempt was made to provide a "full activity" program utilizing the patient's time in activities promoting his recovery. Such a program, attempting to provide six hours of therapeutic activity per day, obviously requires more personnel than one providing only one or two hours of activity daily.

Although the full program of treatment was coordinated, in this report it is divided into two parts on the basis of technical personnel involved. The physical

therapist was responsible for muscle training, thermotherapy, stretching, gymnasium, and general activity. Each patient who had muscular weakness received muscle training and carefully supervised exercise on the treatment table daily. Generally each patient spent an hour each day with his physical therapist in the treatment room learning muscle control and coordination. The rate of increase in activity was determined by the rate of increase of muscular ability. The sequence ran from passive, to active assistive, to active, to resistive exercise as the patient's control and coordination returned. In all activity the patient was restricted below the point at which incoordination began. When the patient's improvement warranted it activity was begun in the

wheel chair, standing, and walking. When the patient first began to stand and walk he was assisted manually. As balance improved he began using Canadian crutches. Parallel bars were used to allow patients to get exercise with more security and less supervision.

Mat exercises and gymnasium activity were included on the patient's daily program. Mat classes were restricted to groups of six to eight patients under the supervision of a technician. Patients were grouped by age, sex, and degree of involvement, so that inasmuch as possible they had the same physical ability. An attempt was made to have all the patients participate in the activities of the mat class which were designed to provide activity to all muscle groups. Mat classes for each patient were scheduled for an hour each day.

Correct patterns of walking were stressed for all patients. As each patient reached the stage that he was allowed to walk, walking activity was begun under careful supervision. All walking was then supervised until such a time as the patient developed a satisfactory walking pattern. After that he was allowed periods of unsupervised walking activity alternating with supervised activity. All patients were given exercises and activities to be carried out under supervision as soon as they were able to perform them. In this way each patient was able to utilize more time devoted toward recovery.

All patients admitted to Rosemount hospital were found to have various degrees of muscle tightness which interfered with activity. Therefore all tight muscles were stretched routinely each day to increase the range of motion. It is our clinical impression that when stretching is begun early the contractures which may arise from muscle tightness can be avoided. Also the degree of stretching necessary to prevent contractures is less than that necessary to overcome and correct fixed deformities. The hardest patients to treat were the patients who had received no physical therapy during the acute stage of poliomyelitis and were admitted to this hospital with extensive tightness. Respirator patients especially

were relatively immobilized for weeks or months and consequently their recovery of normal mobility was slow. For these reasons we have begun to stretch poliomyelitis patients as soon as possible to attempt to prevent development of contractures. We have never observed untoward effects from this treatment. Rather it appears to speed the rate of recovery of our patients. In the acute stage of poliomyelitis, all tight or painful muscles were hotpacked four times daily to facilitate stretching. Hot packs at this stage decreased pain and muscle spasm so that patients could tolerate more stretching than without packs. In the more chronic stages of the disease hot tubs at 104 degrees F. for fifteen minutes were often substituted for hot packs. In many cases at this stage patients appeared to be stretched as easily without previous application of heat as with it. In stretching the rule followed was to stretch past the point of pain but short of the point of residual pain. If stretching were as vigorous as possible without causing residual soreness the patients appeared to regain mobility at the maximal rate. Several appliances were used to aid stretching. Two Billig stretching tables were constructed of a 2½-inch pipe frame with a 1-inch padded board top. A 3-inch belt could be attached to the frame at either side and hold the pelvis immobilized during stretching. Such a table was found to be invaluable in stretching the larger patients. When patients had weakness of the muscles of the lower extremities and were unable to lock their knees, a weight placed on them in the horizontally extended position for 10 or 15 minutes often provided the stretch of the posterior capsular structures necessary to allow the knees to lock.

Aids for paretic muscles were encouraged when they were functional and discouraged when they interfered with normal patterns of activity. The Warm Springs deltoid aid was used uniformly on patients with weak deltoids to allow assisted active motion to the muscles of the shoulders. Plastic opponens splints were used in cases of opponens pollicis paresis to hold the thumb in a functional position. As a rule long leg braces were not used since they immobilized the knee

and prevented normal walking patterns. However, in some cases it was necessary because of the extensive paralysis to prescribe long leg braces. In some cases during training for walking gutter splints were used to hold a knee from buckling. As soon as the patient had learned to hold the knee extended the use of the splint was discontinued.

With this "full activity" program it was found that the maximum load for each physical therapist was six to eight patients daily, depending on the degree of involvement. If more patients were assigned of necessity some of the activities had to be discontinued. A physical therapy supervisor who had no assigned patients coordinated and supervised the program under the direction of the medical staff. Each therapist kept a monthly work sheet on each patient on which all types of therapy given were recorded daily and progress notes recorded at least once each week. In addition a complete muscle check was made by the physician at six week intervals.

The occupational therapist was responsible for supervising the patient's activities in the occupational and recreational therapy. The occupational therapy shop had facilities for wood, leather and plastic work, weaving, printing, radio building and repair, model airplane making, painting, clay modeling, and typing. The type of activity was designed to provide use of the paretic muscles. In addition prevocational training of a limited nature was possible. The occupational therapists also supervised recreational therapy in the game room and outdoors when the weather permitted. Among the outdoor activities gardening was found to be interesting and provide good activity for the upper extremities. The maximum patient load for an occupational therapist of course varies with the involvement and activity of the patient. However, if the load exceeds twenty-five patients the therapist cannot provide the necessary supervision.

In order to integrate this program three sets of schedules had to be set up. Each patient had a daily schedule to insure that his time was utilized for physical therapy, occupational therapy, school, or specified rest or unsupervised

exercise periods. Then the physical and occupational therapy supervisors had to work out a coordinated schedule for their respective departments so that there were no conflicts in treatment time. Changes in patient load of course required repeated changes in this schedule. However, such a schedule was found valuable to provide the fullest possible activity program for each patient.

When patients were discharged from the hospital they were followed in the poliomyelitis clinic. The week after discharge they returned to clinic to insure that they were getting along satisfactorily at home. Then as their conditions improved they were seen at progressively longer intervals until finally they were reporting for an annual examination.

Frederic J. Kottke, M.D.
Division of Physical
Medicine

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POWELL HALL

ANNUAL REPORT - 1947 - 1948

There has been very little change in the record of Powell Hall during the past year. Perhaps the most spectacular change has been the decrease in the census.

There are several reasons for this change. One has only to listen to the radio to realize the chief reason. Almost every program tells us of the need for nurses, at the same time, sending out a call encouraging young women to choose nursing as a career.

Our census has been affected also by the development of individual schools at the Miller and General Hospitals. The affiliating group has gone from forty-three to twenty-seven.

Staff graduate nurses have always preferred to live out. During the war, graduate staff census went from twelve to one-hundred and nineteen. Now that apartments are opening up near the hospital,

graduates are gradually moving out again.

COUNSELING

About a year and a half ago when the housing situation on the campus became crucial, Powell Hall opened its doors to University students. Graduates from many parts of the United States, accumulating credits toward a degree). This group has kept our census more or less constant. We will never, however, be able to organize a satisfactory dormitory program until they are permitted to register for board as well as room.

During the year the interior of Powell Hall has been decorated. We deeply appreciate the effort which Mr. Hopkins gave to the project. Previously the color throughout the dormitory, rooms and corridors was a conventional ivory. Now we have a soft gray on the sunny side of the building with a jonquil yellow on the dark side. Mr. Hopkins' artistic touch has indeed made the dormitory a pleasant place in which to live. I am convinced that morale increases when residents have a clean-crisp colorful room to return to after a long hard day. We do look forward to having the lobby furnished, the lounge completed and the exterior trim painted.

The registration of guests is increasing to the point where the Powell Hall office must operate similar to a hotel. The present hotel situation makes it necessary that we do take care of certain guests. They will be a real problem, however, so long as we do not have a separate section for nurses on night service.

The counseling system has been a part of the organization in Powell Hall for two years. For the first year it functioned like a ship without a rudder. Last April Myrtle Gagnon was added to our staff as chief resident counselor and the situation began to improve. Miss Gagnon has been much more than a counselor as the outstanding program of activities testifies. You can meet her most anytime of the day in our corridors, her face wreathed in smiles which somehow is contagious. We hardly know how we ever functioned without her.

Following is Miss Gagnon's report.

In promotion and guidance of the counseling program in Powell Hall, our main objective has been to assist our students in achieving as much balanced growth as possible in as many different areas as possible. As a result each student should have a better understanding of himself, a more complete knowledge of the demands which society will make upon him and an assurance that society has a place for him and that he can fill that place. Personal guidance aims at preventing real personal crises by the detection and solving in early stages lesser problems which can be recognized as warning signs of future events.

The counseling staff is composed of six counselors, the head counselor and the dormitory director. The counselors are students in graduate school and after having been carefully screened by the Dean of Students' Office are sent to the dormitory to be interviewed by the head counselor and the director. Final choice and assignment to the dormitory is left to the discretion of the director.

An orientation program for the dormitory counselors covering a two day period is planned and carried out by the Dean of Students' office preceding the fall quarter. During the year the counselors are required to attend an "in service" training program which meets monthly.

Within the dormitory each counselor is oriented to the building and her duties by the head counselor. Weekly meetings are held either in the counseling group or by individual conference.

The duties of each counselor consist of:

1. Becoming acquainted with each counselee.
2. Acting as hostess one evening a week in the office.
3. Assisting her class in planning and carrying out social functions.
4. Acting as chaperon or hostess at all dormitory social events.
5. Participation in group activities of

her counselees.

6. Acting as guidance counselor on specified committees.
7. Keep quarterly personality records for each counselee.
8. Make report of quarter's counseling to Head Counselor--sent to Activities Bureau.
9. Have at least one conference each quarter with head counselor concerning records for each counselee.
10. Be available for student consultation and guidance regularly.

Student Government

Counseling through government creates better patterns of citizenship by bringing a realization to students of need for law and self-discipline and by giving support to the obvious fact that law enforcement depends almost entirely on personal integrity.

Dormitory problems concerning the welfare of all students are discussed in Student Council which meets once a month. The Referral Committee, composed of Council members designated each quarter by the President, discuss and settle all matters pertaining to discrepancies of rule as set up by the University. The Head Counselor meets with the Council and Referral Committee acting as counselor but takes no active part in making decisions.

The chairmen of all committees are a part of the house council. The Social Committee composed of the president of each class and two elected house chairmen set up the social program for each quarter. It is presented to the Council for acceptance.

In our social program we as counselors try to give guidance primarily through example and directed practices and opportunities. The aim in all phases of social activity is to produce and develop poised, socially competent individuals who are at ease in any situation; to develop an appreciation of beauty and good taste by providing opportunity or guiding them in ways to familiarize themselves with good music, literature, and art, and provide facilities for recreation which can be initiated and

carried out by the students themselves.

The success of the counseling program is evidenced by the fact that more and more students are voluntarily seeking conferences for assistance in solving personal problems.

Counselors are accepted and invited into all student groups and activities. The Social Activities program has enlarged and more students are participating in the planning and carrying out of the program.

Some of the special activities in our social program this year were:

Social Activities

The Recognition Assembly was again a successful and enjoyable evening. Sidney Perrin was voted the most outstanding student in Powell Hall and had been an inspiring House President and resourceful leader during the past year.

Weekly teas, a policy of two years standing, are very well attended. The students are responsible for the cookies and working committees while the hospital provides the coffee or tea.

Home Nite was a popular project during the winter quarter. The recreation room was an inviting spot with a blazing fire, dancing, ping pong, bridge and refreshments. "Drop in with or without a date, spend an hour or spend the evening."

A class in glove making was taught by Jerry Whiteford, a counselor, during the fall quarter to students and graduates. It was so well attended that we hope to offer this opportunity again.

House meetings--more interesting and better attendance was the aim during the spring quarter. Three excellent meetings were the result: "Daytons' Spring Style Review", "Glamour in Hair Styles", and "An Evening of Magic".

Reception - following graduation which enables all of those graduating to invite their relatives and friends has proven

very popular. June 12th, we had an attendance of nearly 300.

Formal Dances

Fall Formal - Hotel Dyckman
Spring Formal - Hotel Curtis

Mixers -- Powell - Pioneer

Summer, Fall, Winter and Spring were successful and well attended. The Pioneer Social Committees are very cooperative in furnishing labor and refreshments.

Powell-Fraternities

Also very well attended and successful. We plan to repeat the invitation during the next year.

Open-Open House--Powell Hall sponsored an Open-Open House on November 8th and one June 13th. Refreshments were served in the lounge from 3 to 5 and the entire dormitory was opened to guests. Many of the students take this opportunity to show their family and friends their living quarters.

Suggestions for Improvement

1. Closer cooperation with faculty in individual problem situations.
2. Counseling office for Head Counselor in which to have private conferences and to be used by counselor on hostessing duty in the evening.
3. Additional counselor to lighten load of counselors and be able to place them in corridors in more strategic positions.

POWELL HALL READING ROOM REPORT 1947-1948

Powell Hall student nurses' reading room remained open throughout both summer sessions. The hours continued as formerly--sixteen hours, weekly Monday through Friday. Evenings only. Attendance was considerably less than during the regular school year. However, the reading room was used by some students each evening. The attendance improved again in the Fall Quarter, and many requests were received

for having the hours extended.

In January 1948, additional supervisory help was secured, and the hours extended to thirty-two hours weekly Monday through Friday.

While attendance varies considerably depending upon class schedules, and weather conditions, the reading room has continued to serve it's purpose, and the students appear to appreciate the extra facility for material and study.

Many new books have been added along with the regular periodical material.

Lillie Mae Steadman

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BIENNIAL REPORT of the SOCIAL SERVICE DEPARTMENT UNIVERSITY OF MINNESOTA HOSPITALS July 1, 1948

This is the year for the biennial report and I am very happy to attempt to evaluate the progress we have made during the past two years, see in what direction we are headed, and whether the developments thus far are sound and in keeping with the functions of medical social case work as outlined by the American Association of Medical Social Workers and the Minnesota School of Social Work.

Problem of Shortage of Workers and Additional Staff

One of the greatest problems encountered during the past biennium was the procuring of well trained workers. One of the main reasons for this was not only a shortage of workers, but the Veterans Administration was a strong financial competitor. This situation we feel we have met fairly satisfactorily. There has been considerable turnover in the department but less last year than in 1946-47. At times we had to get along without workers in certain departments and the other workers as well as myself, were obliged to take on many more duties than we were able to carry satisfactorily but

everyone accepted this added responsibility graciously and all workers were most loyal to the department at the time of emergencies which were many.

The workers who left did so largely for personal reasons rather than to change to other agencies. At present we have a fairly complete staff except for two temporarily filled vacancies. Miss Frances Boone, who was the Tumor, Neurosurgical, and Genito-urinary worker, left us June 3, 1948. This we greatly regret. The second vacancy is in the Children's Psychiatric Department where during the past year, it has been necessary to get along part of the time with a half-time student worker, who did a satisfactory job. She was completing her Master's study while working. Beginning July 1, 1948 we will have a temporary full time worker who has agreed to help out until a permanent completely trained person can be found.

On January 1, 1948 we were happy to add to the department Miss Gertrude Tennant, who is the social service worker for all cardiac patients and is being sponsored by the Junior League of Minneapolis.

Because of the exceedingly heavy load in the Medical Clinic, an additional half-time worker has been allowed this year on our budget. The remainder of Miss Jean Cummins' time is devoted to Neurology. Miss Dorothy Smith who previously served in that capacity has been transferred as later indicated in the Psychiatric Report to full time adult psychiatry.

It has been very helpful to have been granted money in our budget for a summer substitute. Last year we were not able to find a suitable person. Fortunately this year we were able to secure Miss Helen Griffin recently returned from overseas. She is a Medical Social Work student who will complete her Master's degree in the fall. She has not only been doing much of the social case work at Rosemount Research Center and helped to make satisfactory disposition of the patients when the hospital closes on July 1, 1948, but she has been temporarily filling the vacancy left by Miss Boone since a suitable worker has not yet been found to replace the latter.

Our clerical department was much understaffed and we are exceedingly grateful to have been able to add on January 1, 1948 a clerk typist (Mrs. Martha Vetter) to assist the much overburdened secretary.

Case Recording and Statistics

Because of the increased interest in the need of social workers to assist patients, the department has made every effort to, first of all, help the patient with his problems. This has meant heavy case loads, but it has also meant that in order to serve more patients, case recording has been somewhat curtailed. We regret this very much, but there seemed no other way in which to meet the emergency.

The present trend in case work is reflected in process recording which attempts to bring out more positively, effects of illness on the patient, his emotional reactions to a given situation and what can be done to help the patient more ahead with his problems. In relation to an analysis of our case work improvement, we have begun a study of records and we expect to continue with this in the coming year. This naturally will also include a study of our statistics so that they may be more meaningful. The case recording study will naturally tie into the study of all hospital records which is being undertaken at present. This is particularly important in relation to our student program, which we anticipate will be rather heavy this fall.

The clerical branch of the office, particularly our filing system, is being studied. Some changes have already been made and more are contemplated. We are obviously having growing pains and must do something about it.

Rosemount Research Center

Since January 1947 an attempt was made to provide Rosemount Research Center with a medical social worker for the polio patients, but it was not possible to find a suitable person, and since, for the past few months it has been known that the hospital would close soon, no further

effort was made to secure a full time worker.

At the outset when a worker was requested we tried to meet the emergency by assigning several of our best trained medical and psychiatric social work students. The School of Social Work agreed to this plan and with close supervision by Miss Charlotte Henry, Psychiatric Supervisor, and myself, a limited amount of social case work was carried on. I, too, participated in the capacity of social worker, attended the weekly case conferences and prepared the case material for staff presentation. At present Miss Griffin is actively engaged in completing all necessary arrangements to have the patients go either to their own home or to other hospitals when the center is closed July 1.

The work at Rosemount has been intensely interesting and stimulating. There was one distinct advantage in that the patients were available to us for social treatment over a long period of time and at a time when it seemed advantageous to work with them. This was true because the patient was at a stage in his medical treatment when he could show his ability or inability to accept his limitations so that something could be done about it.

The group of polio patients who lived together so long made comparisons with others as to their own outcome, they were interested in seeking out work possibilities and make suitable life adjustments. It all added up to fruitful experience in social case work in a medical setting.

Staff Development and In-Service Training

Because of the expressed interest of the Social Service staff for a progressive intraining program, weekly staff meetings were held. The staff appointed a Program Chairman, Miss Helen Kretchmer. Because of the need of knowing more about other departments within the hospital, and other social work agencies a very effective program was developed. Following is Miss Kretchmer's own report which I should like to give in toto:

a program chairman was appointed to assist the director and staff in planning staff meetings. This position was created for closer coordination and expression of director and staff needs in weekly meetings. The meeting time was changed from Tuesday morning to 8:30 a.m. Wednesday to make attendance of the Children's Psychiatric Social Worker and the Adult Psychiatric Workers possible. A committee was established to assist the chairman but was not used much as the size of the staff made it possible for suggestions and decision to be made easily.

The program was planned flexibly to meet staff needs. However, in reviewing the program, there seemed to be a need for more planned case presentations and discussions directly pertaining to development of case work skill.

Many of the meetings were concerned with routine notices, common problems relating to relationships with welfare boards and with other hospital staff. In the latter connection, we had Miss Borghild Hanson discuss Occupational Therapy; Mrs. Irene Foster talked of Volunteer Services in the hospital; Miss Gertrude Thomas and Miss Angeline Mannick discussed the diets used in the hospital and the staff participated in recommendations for coordinating in-and out-patient diets; Mrs. Zula Nesbitt in charge of Bookkeeping described her department, and problems common to both departments were reviewed. Miss Margaret Filson, director, and Miss Florence Julian, assistant director of nursing, brought out problems of nursing care and arrangements for special nurses.

Staff members functioned on individual committees: Miss Boone, Miss Lundin, and Miss DePreter carried on the analysis of recording started the previous year. Miss Boone collected samples of the various types of recording used in other hospitals connected with medical schools. Unfortunately, she left the department in the Spring as Miss Iverson had the year before and the committees' conclusions are yet to be reported. Recording was a frequent topic of discussions in the meetings and two full sessions were spent in a brief analysis of the relation-

"At the beginning of the 1947-48 season

ship of the statements of sources and reason for referral, notes from the medical records and the closing summary. Great variance of emphasis in closing summaries was found. It was concluded that one might expect a relationship of these items and that the closing summary should be focused on the next worker's use of it in helping the patient at a future contact - that it should contain an evaluation of the patient's ability to move ahead on his problem and his ability to make use of the resources available to him. Our present forms were reviewed from the standpoint of function. It was concluded that many of the items listed on the notebook sheets and face sheets could be rearranged to use the space more advantageously and that some of the data requested was not functional or that the terms were obsolete. Greater stress on full data about the immediate families of patients was indicated as well as possible need for a place to record the problem the patient saw as his need for coming to the hospital. The possibility of changing the description of unrecorded and recorded cases to terms indicating major and minor services or brief and long time services was discussed as expressing more fully the even quality of case work service in all contacts. A staff meeting was held on comparison of records at the University of Pennsylvania Hospital, (Viola Lundin); the Simmons School of Social Work, (Helen Cole); and the Veterans' Administration facility at St. Louis, (Madeleine DePreter); also Red Cross and Crippled Children Program by Alvina Knipprath, with the system of recording now in use here. Briefly these sessions concluded that recording needed to be done flexibly, with uses of process recording to examine the patient-worker relationship, to study movement, to enable the supervisor to evaluate a worker's performance and that summary recording might be used where there are masses of data, such as agency reports, involved rest home placements requiring many telephone calls, services that may enlist outside resources without the patient's reaction being directly involved in the process.

Before the Psychiatric Social Workers and the Medical Social Workers decided to attend the same staff meeting, joint discussions were held on the service coverage

of each worker and the question of source of referrals. 'How does the social worker initiate service to the patient other than by referral from a staff member, patient, or outside agency?' was one of the questions raised. Division of function of workers who knew the same patient was discussed with the conclusion that the major medical or social problem or the continuing relationship with one worker might be the consideration. The generic nature of medical and psychiatric social work services was emphasized.

Later, division of labor; considerations involved in transfer of cases; the use and value of description; selective use of Central Index material; timing; imaginative use of hospital and community resources; emphasis on service to the patient in an individualized way were considered and reconsidered.

The Civil Service statement of function was reviewed by Viola Lundin, Kay Hornung, and Alina Knipprath in relation to the statement written by the University of Pennsylvania Hospitals. This review was later utilized by Gertrude Tennant, Frances Boone, and Viola Lundin in reevaluating the statement on Medical Social Work in the Internes' Manual. The new evaluation was requested by a student in hospital administration as part of one of his assignments. At that time the discussion of teaching of internes grew and it was suggested by Miss Tennant that information on teaching of internes be secured from other hospitals. The question of the teaching program was further developed with a brief survey of the department's teaching program at the time of the annual report. This indicated that informal requests for teaching services were increasing, that formal planned classes were few, and that it would be advantageous to plan with medical and nursing educators for teaching services to internes and student nurses in the early part of their program.

Typical Subjects Discussed in Meetings

Blood donors, equipment available at Out-Patient Desk, dictation time, problems

of handling medical records, long distance calls, problems with specific county welfare boards, facilitation and use of volunteer services, rest homes, protection of social service information on medical charts, reports of meetings attended by individual staff members, recent publications and articles, insurance papers, use of social service index.

Suggestions for the 1948-1949 Program Year

Joint case presentation - clinic nurse
and social worker
- doctor and
social worker
Review of 1946 Statement of Standards
Review of Civil Service Statement
Case Selectivity
Interpretation to welfare boards through
the periodical "Minnesota Welfare".

The new educational plan at the University has enabled one of our staff members to participate during the past year in professional work toward an advanced degree.

Participation of our student supervisors who met with Miss Verval Mueller of the School of Social Work and supervisors from other departments was on a monthly schedule. The purpose was to work out a basis of evaluation of medical social field work students in the progression of the first, second, and third quarter of their field work.

Last fall, because of a changing staff and an increase in personnel, it seemed desirable to make some reassignment of services and in some measure this served as an inservice training of experience for several of the workers. It was obvious that it sharpened the thinking in the areas of new assignments and although a temporarily disrupting experience, it proved a profitable one for the whole department. As a result a critical analysis and evaluation of policies and procedures was undertaken in view of our own advances and those which are being made at other hospitals at the present time.

Last fall the Minnesota District of the American Association of Medical Social Workers sponsored a three day institute

held at the Continuation Center which was a work shop for this area. Most of the workers in this department attended the sessions and felt that they had gained considerable help. Mrs. Elizabeth E. Payne, associate professor, Graduate School of Social Work from the University of Southern California, was the chief discussant and coordinator.

Other meetings in which the workers have participated are Regional and State Welfare Conferences, Conference of the Schools of Social Work, National Society for the Prevention of Blindness, Regional Vocational Rehabilitation, besides the professional meetings of the American Association of Medical Social Workers, American Association of Psychiatric and Medical Social Workers, and Mental Hygiene Association.

Two of the members of the department were privileged to attend the National Welfare Conference at Atlantic City.

Education and Research

There has been an increased interest in a number of hospital departments to learn more of social service activities and this has been most gratifying.

Lectures have been given to various nursing and public health groups. The Department of Dietetics, Occupational Therapy, Physical Therapy, Hospital Librarians and Hospital Administrators have all made such requests. Besides lectures, a two day field work assignment was made for two hospital administrative internes. This consisted largely of orientation to the department and to the appropriate functions of a medical and psychiatric social service. The Dietary Department arranged for a similar assignment for its students which extended part time over a two weeks period for each dietetic interne. In both of these instances it was felt that much material of mutual interest was exchanged.

Various members of the department have been asked to participate in Institutes such as Cancer Control, also, to talk to nursing groups within the hospital and in Public Health Conferences. All of these opportunities we welcome and

we feel it is a distinct advantage to us in our growth and development.

Participation in the hospital setting of medical case conference has been heartily welcomed and a number of such requests have come to the department and workers have participated.

The student training facility has been carried on as usual. During the last year two medical social service students and eight psychiatric students secured their field work experience here. The latter group was supervised by Mrs. Katherine Ranck of the School of Social Work. The two medical social work students were supervised by Miss Frances Boone and Miss Helen Kretchmer.

Several of the students (one of whom will continue next fall) are doing research on hospital material. Miss Jean Niles wrote on "A Study of the Collaboration of Medical Social Workers and Hospital Chaplains in Certain Minneapolis Hospitals" and this included University Hospitals. Miss Helen Griffin is writing on "Factors Influencing the Adjustment of Patients at Rosemount Research Center." Several of the psychiatric students are doing follow-up studies.

Numerous other case conferences and staff meetings, especially on Pediatrics, Surgery, Neurology, Cardiac, and Psychiatry have been held and workers have been invited to participate.

The general medical staff meeting was presented this year by Miss Helen Kretchmer and was entitled "Current Problems in Patient's Care." This was published in the Hospital Staff Meeting Bulletin of April 29, 1948.

Last year the teaching emphasis was primarily in relation to training of medical and psychiatric social work students. This year our emphasis was three-fold, namely, student training, staff development, and development of educational services to other hospital groups.

Volunteers

We have had considerable contact with volunteers through Mrs. Irene Foster who

is in charge of all volunteers in the hospital. It is rather difficult to procure volunteers who are continuously interested in doing things which need to be done in a hospital, but do not permit of personal contact with the patients, which naturally is the most appealing type of volunteer work. There are, however many such tasks to be done of which professionally trained persons should be relieved.

Volunteers have done work in checking through for certain follow-up care of patients and we are eager to increase this activity. We feel there are many other possibilities for volunteers and this work if more fully developed should possibly be supervised by some one from the Social Service Department. However, it is difficult to see how a case worker could be spared for a considerable portion of time to do this supervising.

Volunteers, if well trained and carefully chosen, can relieve case workers a great deal for the highly specialized activities for which they are trained.

Groups Which Contribute To The Hospital

Three sections of the Faculty Women's Club have given generously of time and money for patients' comfort.

The University Hospital Auxiliary contributed most generously in money for a Revolving Loan Fund, Student Uniform Fund, Clothing and Taxi Fund. In addition they presented the hospital with fourteen portable radios which have been a great satisfaction to patients while in the hospital. Second hand clothing is collected for emergency use by patients.

The Social Service Section of the Faculty Women's Club has given generously of layettes, infants' and children's garments, dresses and the Mothers' Section of the same group has done knitting of mittens, made bed slippers, made and decorated bibs and stencilled play bags which were greatly appreciated on the Pediatrics ward. Other similar activities were carried on by these groups directly with the Housekeeping Department

of the hospital.

The Minneapolis Branch of the Needlework Guild of America gave a generous quantity of infants' and children's garments which is a contribution made each year and which is gratefully accepted.

This year the Social Service Department made an unusual request of the Crippled Child Relief, Inc. who gave to the department a portable Hearing Aid which is a great help in interviewing deafened patients. It was noticeably a useful tool to relieve the patient's anxieties and fears because he was able to understand what was to be done for him and how he could help himself in the process. This is hereby gratefully acknowledged.

Several requests for money were made of private agencies such as the Minnesota Sunshine Society, Minnesota Cancer Society and private individuals. These were for special needs and which could not be otherwise met. These, too, are all gratefully acknowledged.

At Christmas time many gifts are received such as toys, clothing, cards, favors. The Traffic Club of Minneapolis provides a very generous Christmas for University Hospitals patients.

The Minneapolis Junior League, as one of their projects this year, contributed funds to the hospital for the salary of a medical social worker on the Heart Service. This is a wonderful addition to the staff and makes it possible for the social services for that group of patients to be organized and developed far in advance of the opening of the new Heart Hospital.

Public Relations and Other New Projects

We have made a concerted effort this year to interpret social service to agencies, particularly those with which we work a great deal. As a result we had a special meeting at the Minnesota Welfare Conference when workers from this department met with the workers of one of the county welfare boards for a more thorough understanding of mutual problems and plans. We felt this was very profitable

and we hope to extend this type of relationship and interpretation to other counties.

We are working with Miss Gertrude Gilman, Assistant Superintendent in publishing a pamphlet to be distributed to interested agencies and individuals for better community interpretation.

We have been invited and are contemplating in the very near future to contribute material for the Minnesota Welfare Conference Magazine, which is the official organ for the county welfare boards.

We participated in the Upper Midwest Hospital Conference Meetings and it was possible with their generosity to bring Mrs. Mary Swain Routzahn as speaker on the subject of Community Relationships.

We were asked by the Hospital Administration Student Group to review the statement concerning Social Service in the Internes Manual and this was done in Committee with Miss Gertrude Tennant as chairman. We feel grateful to have on our staff Miss Viola Lundin, who last year was at the University of Pennsylvania Hospital working under Muriel Gayford, one of the outstanding leaders in medical social work. It was with Miss Lundin's suggestions that the statement in the Manual was revised in order that it might have more meaning for the internes.

We have also begun to develop a departmental library. Miss Helen Kretchmer was appointed librarian last year, and Miss Helen Cole newly appointed librarian will be responsible for its development for the coming year.

I asked each of the workers to give me a short statement of what they would like to have published in the biennial report and I shall try to summarize the most important points:

Miss Viola Lundin who has been in the Medical Clinic for the past nine months feels that her activity there and in the Emergency Admission Room has been largely that of the worker who makes the initial contact except with patients who are referred from sections of the Medical Clinic

proper, where the problem is wholly medical. These latter cases she continues to carry to completion but those which come to her when the patient first presents himself and has social problems, she carried only until some disposition is made to a specific medical service. At this point the second worker picks up the case. The number of referrals on which considerable social service assistance is needed is large. In addition there are hundreds of patients who require minor services which are urgent.

Miss Madeleine DePreter is the Orthopedic, Diabetic, Chest and Eye, Ear, Nose and Throat worker. On Orthopedics the major responsibilities are to make financial arrangements for medical appliances which are not included routinely on authorizations received. Orthopedic patients often require long time care both in the hospital and outside and when the patient is to be discharged, he frequently has emotional problems which must be dealt with. Much contact needs to be made for possible rehabilitation plans.

The Diabetic patients must frequently be heaped to adjust to a diabetic regime and all who serve the patient in the hospital are attempting to work toward his normal living.

In the Chest Clinic only part of the existing problems are referred to the worker as the Public Health nurse reports all active cases to the State Health Department; also she follows all Minneapolis residents. Out-Patient referrals for sanatorium care are most often referred back to the counties for placing. This leaves only those hospital patients for whom sanatorium care is recommended and plans for these are completed with the help of the county welfare board.

From the Eye, Ear, Nose and Throat Department come many types of referrals but if more time were available many situations could be gone into since we know they exist. Patients who are threatened with blindness or deafness present many emotional problems.

Miss Kay Hornung who has been the Surgical worker since October 1947 states that the bulk of the work on this service

is an ever increasing load. The referrals vary considerably with the personnel. The concept of function of the medical social worker on the part of the surgical staff including doctors and nurses is an extremely varied one, and likewise is the use of the social worker.

The Surgical Worker is responsible for all types of surgery (Red, Blue, Purple and Plastic) except White. The most recent additions to this section of the work are Yellow Surgery and Vascular Surgery.

The major responsibilities of this group of patients is rest home placement (both terminal and convalescent) discharge arrangements and interpretation of surgical procedures.

During the past six months, the surgery worker has participated with nurses and doctors in planning and introducing for approval a surgery aftercare program for colostomy and gastrectomy patients.

Miss Hornung proposes to sum up the situation in her clinics as follows: "The number of surgery patients is very large and social service is requested for a minimum number of them. Because of the seriousness of most of the surgical procedures, there are many whose fears and questions go unanswered and service to them is not always possible because of the pressure of work."

Miss Gertrude Tennant, who is the cardiac worker, writes: "Since January 1, 1948, a medical social worker has been assigned to the heart service, adults and children in the house and in the clinics. This is in preparation for the new Heart Hospital where these patients will eventually be cared for. To the present there have been more adults than children in need of social services, these patients are largely in the older age group. Many have been assisted in adjusting living arrangements either in rest homes or in homes of relatives. Young adults with permanent heart damage have needed help with plans for lighter occupations or retraining for less strenuous jobs.

The Children's Heart Clinic sees a

large number of children who have had rheumatic fever or who have congenital heart conditions. The medical social worker attends each meeting of this clinic and gives case work help when needed to the parents of these children in carrying out medical recommendations, such as planning for restricted activity at home and school, convalescent care in an institution or meeting the emotional problems of deciding upon heart surgery for the child.

Case work help to these patients means cooperative planning with many other agencies from time to time. Public Health nurses in counties and in schools give invaluable help in the patients' homes. County welfare offices plan for regular clinic attendance and work out special arrangements such as payment for convalescent care at Glen Lake Children's Hospital. Private agencies make possible camping facilities for these patients and other services which are not available through public funds."

Miss Jean Cummins who is the half time Neurology worker has briefly described her job as she sees it: "The problems I work with are in the main, employment for the epileptic and those patients who are able to get about, to help with suitable living arrangements for the chronically ill who have been in the hospital or Out-Patient Department. There is always a great deal of emphasis in their feeling about their illness and acceptance of it."

It seems to me from observation that the type of patient which the social service worker on Neurology serves, is for the most part a severely handicapped person who has an incurable condition.

In view of the fact that the Division of Vocational Rehabilitation has just started a program of retraining of those with convulsive seizures, more cooperative work is anticipated with this group who are to receive their general examination in the Out-Patient Department and be controlled by treatment and medication in Neurology. It is difficult to say how much this will increase the case load, but it will mean considerable added responsibility.

Miss Helen Kretchmer who was one of the workers affected by changing services, is now responsible for Obstetrics, Gynecology (including GYN Tumor) and Skin Clinic. Miss Kretchmer has studied the "Procedure Outlines" of the former workers on the respective services and together we have thought through what routine clerical part of the follow-up files could be eliminated without detriment to the services. Miss Kretchmer is still studying the skin file, but we have both come to the conclusion that much of the routine checking was obsolete and that there are more effective ways of maintaining a normal case load and not losing important venereal cases. The master skin file which thus far has been the responsibility of the skin worker may become part of the general hospital's responsibility to keep up. At least Dr. Kernan has been approached as to the need and advisability of the social worker keeping such a file. We believe something satisfactory can be worked out eventually with less clerical responsibility to the worker.

The same thing is true in relation to routine referrals from the Obstetric Clinic to Community Health nurses as was formerly done. The decision of such referrals which are less in number are now done on an individual need basis.

Miss Helen Cole, Pediatrics worker who came to us in 1946 just at the time of the severe Polio epidemic has stated her problems as follows: "One of the emphases has been to get referrals from doctors early in hospitalization, and in fact, at time of admission. Within the last few months the doctors had paid more attention to this aspect. Many of the staff members on the Pediatric Service seem well aware of the importance of social factors in the patient's medical problems. Although at times it is a debatable question as to whether a family should have understanding in accepting certain diseases of their children, at least we feel they should be given an opportunity for release of their feelings.

Discharges, - and we hope more and more they will be referred to social ser-

vice as much as possible on the basis of medical-social problems, - often take considerable time to consummate. I appreciate the patience that has been shown. The policy of our hospital staff seems to operate on the principle of the greatest good for the greatest number. Sometimes it is necessary for there to be a delay in discharging a patient so that gains already made will not be lost. At times the various welfare boards and social and medical agencies with whom we deal affect the time element in arranging discharges.

In terms of the volume of potential referrals, we are inadequately staffed as to numbers. Therefore, it is essential for much selection so that the patients who can be assisted to use their own resources, - both tangible and intangible, get a large portion of our time. Although we are a separate department of the hospital, our focus, like that of the other departments, is service to the patient. Cooperation, understanding, and skill on the part of the total staff in relation to the medical-social needs and the varied functions of the hospital staff will help us to help the patient most effectively."

Miss Helen Griffin of Rosemount Research Center has stated the problems as she sees them in retrospect, since she has been with us only a few months: "Considerable time must be devoted by the social service department to the patient being treated for residual paralysis due to poliomyelitis. These services include arranging with the various county chapters of the National Foundation for Infantile Paralysis for the purchase of wheelchairs and braces. We usually have prompt responses from the chapters pledging financial assistance. Because of this the patients are relieved of financial worries which easily result if they had to assume full responsibility for the purchase of such expensive equipment.

We also interpret to the patient in frequent conferences the purpose and advantages received from the long and tedious medical program necessary for their rehabilitation. Encouragement is given to stimulate a desire to keep up treatment

and to cooperate with the medical staff in following treatment procedures.

Most of our interpretation to relatives is done by mail because the patients come from long distances making it impossible for the relatives to visit frequently. We have also referred several patients to county welfare boards and Public Health nurses in order to provide a more personal type of service to the families and to assist in the post-discharge care of the patients. The long separation from the families in addition to the physical handicaps imposing burdens on the families, have caused some of the patients to lose their status in the home. Some of them will have to spend an undetermined length of time in institutions due to these factors. Interpretation is given to the patients of the need for and advantages of institutional life so that they will be as acceptable as possible.

In the past month preparations have been started to plan for the patients' care in other settings due to the fact that the Rosemount Research Center will close on July 1, 1948. On the whole patient morale has been quite high and their confidence in the professional staff at Rosemount has made it easier for them to accept other plans for future treatment."

The Psychiatric Social Work Department has had a rather stormy time during the past year, first in the loss of their supervisor, Miss Charlotte Henry, who resigned July 1, 1947 and who has as yet not been replaced. Then in the loss of Miss Jo Ann Kramer, Children's Psychiatric Worker who left the department last fall.

Following is a brief summary of the Adult Psychiatric workers' activities and developments as expressed by the workers Miss Dorothy Smith and Mrs. Mary Jo Grathwol:

"During the past year our psychiatric social work program has suffered a great blow in the loss of our Chief, Miss Charlotte Henry, who resigned on July 1, 1947. So far her position has not been filled. We were fortunate in having with

us for a six-month's period Mrs. Esther Wattenberg who worked on a half-time basis, from July 1, 1947 to January 15, 1948, and on January 1 the long anticipated plan of having Miss Dorothy Smith be relieved of her duties on the neurological service and be full-time on the psychiatric service was finally accomplished.

Another major change in our program has been the development of the psychiatric student training program under the direction of Mrs. Katherine Ranck. This entailed a good deal of coordination between the regular staff social workers and Mrs. Ranck so that the student training program and the regular social service program could be carried on as smoothly as possible. The psychiatric student group of eight is the largest in the history of the University Hospitals psychiatric training unit. One of the interesting developments growing out of this student program has been their follow-up study of a small number of selected cases which has aroused a good deal of interest on the part of the medical staff. There has been some consideration of the feasibility of the initiation of a follow-up program as a regular function of the psychiatric social work department, but no definite plans have as yet been formulated regarding this program.

We feel that we have made some definite strides in our long projected goal of obtaining a smoother and more effective coordination of our case work in the total psychiatric program with the medical staff and fellows, and that this has been true especially in the area of case work with families. Due to the many changes in our staff, including the loss of the secretary who had been with us for a period of five years, and an interval of two months without secretarial help, plus the continuing condition of over-crowding, involving lack of interviewing space and especially facilities for dictation, the mechanical aspects of our work as far as statistics and records, still lag behind our concept of good professional practice. It is in these areas, plus the area of coordination of our program on an administrative level that we specifically hope for progress during the coming year. This will, of course, be largely determined by our success in

again having a chief psychiatric social worker. During this period in which we have had no chief we have been fortunate in the leadership and help we have had from Miss Christ and we have been grateful for the way in which she has helped to bridge this gap."

I should like to add here that although theoretically we are expected to do one hundred percent discharges practically, we are not doing nearly all of them. We feel that our referrals from nurses and doctors are now done on a much more selective basis and that we can, in the main, depend upon their decision as to whether the patient or the family needs our help at the time of release of the patient.

We are constantly asking that referrals be made early not only to avoid delay in vacating a hospital bed, but in order to give better service to the patient. At times we feel encouraged about the referral system but too often we are assigned an emergency discharge which requires much thoughtful planning and which should not be too hastily done.

Patients and families often have considerable resistance to a teaching hospital and if the discharge is not done on a sound case work basis, the community relationships which we are attempting to build up, may easily be disrupted.

Conclusions

Our chief function, as stated before, is that of taking care of the patient's social service needs and I feel that whenever a problem was expressed, the social worker fulfilled her responsibility in assisting in its solution. I wish to say here as I have said many times before during the past two years, that except for the wholehearted support of every member of the department, as well as other hospital personnel, it would not have been possible to accomplish what we did. Further expansion in the department is imminent, particularly is this true with the building of the Mayo Memorial and the Heart Hospital.

I feel that it is indicated that the department have a case work supervisor to

relieve the Director of some of the responsibilities particularly with a rapidly growing department.

I should also like to recommend that as soon as the budget allows, there be a full-time Neurology worker instead of half-time, and that there be a second full-time worker on Medical Admissions instead of one and one-half workers as at the present time.

I trust that if workers are relieved of too excessively heavy schedules, they may find time and be stimulated in an interest in research. With their present heavy loads this is not possible.

I should like to recommend further that this department be given a real opportunity very soon to develop a more positive program in the teaching of medical students, particularly through the case conference method.

We are looking forward to having Miss Ann L. Baker head up the department as of July 1, 1948. Having recently returned from the Far East Command we expect a great deal of stimulation from her. I herewith turn over my responsibilities as Acting Director to Miss Baker with the best of wishes for the future of Social Service.

Respectfully submitted,

Lydia B. Christ
Acting Director
Social Service Department.

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ANNUAL REPORT

Volunteer Service University Hospitals June 1947 - June 1948

The following report of the activities of the Volunteer Service is submitted as my contribution to the annual report of the University Hospitals.

General

Volunteer Service has now been organized a little over two years under a Volunteer Director. After a concentrated effort and the incorporating of suggestions

and ideas, and with the slow but steady response of stable volunteers, we now have an active Volunteer Service. The volunteer uniform is one of the major factors which has added greatly to the appearance as well as the attitude of the volunteer. The giving of the American Hospital Association volunteer pin in recognition of service has appealed to the volunteer and gives evidence of hospital appreciation.

Thirty-one volunteers have received this pin for one hundred hours of continuous service during the fiscal year. Volunteers have been placed in practically all departments of the hospital during the year, some working out more successfully than others. It is generally agreed that volunteers have a preference for work that gives them some patient contact in contrast with the clerical type of work. Under proper control and treatment the volunteer is a great asset in promoting hospital public relations.

Recruitment

There are not too many sources of recruiting volunteers. Some of the most loyal workers have come through the Minneapolis Junior League. Ten (10) Junior League members have worked in the hospital during the fiscal year. From June 1947 to June 1948 the Sociology Class on the University Campus has provided twenty-four volunteers, for which each works two college quarters and receives one credit. The University YWCA has shown exceptional interest and has provided twenty-seven volunteers during the same period. A good percentage of volunteers come in response to letters that are written to women's service organizations and church groups. Crippled Child Relief, Quota Club, and the Lutheran Church organization have taken special interest. The Volunteer Service Bureau has not, until recent months, been able to supply hospital volunteers. Their interest is on the increase, and it is expected that they will be able to give cooperation for the coming year.

Special Services

Although the usual services, such as Out-Patient Clinic assistance, mail and

flower delivery, reading and writing letters, and recreational assistance as well as bedside care have generally been serviced adequately, there are a few special services that should be mentioned:

When a request came from Rosemount Hospital for a library service, and it was found that the Public Library could not staff such a service inasmuch as Rosemount Hospital was outside Hennepin County, it was deemed advisable to build a library program for the patients through Volunteer Service. A volunteer was placed in charge and visited the hospital once a week. Through her efforts the library grew with the help of gift books from Crippled Child Relief as well as from other organizations and individuals. The Public Library also allowed the volunteer to charge books to patients, making her responsible for them. Patients at Rosemount were able to secure reference material, then, as well as diversional reading.

Since the closing of Rosemount Hospital, the gift books have been transferred to the University Hospital Library for use of the patients here.

Three volunteers have given their services as interpreters for patients who are unable to speak English, and could not make their needs known except through the volunteer.

One volunteer who has had a special interest in children has furnished a movie on the Pediatric stations once a month, with the use of a portable screen and projector that could be transported from room to room, so that bed patients could be entertained as well as the ambulatory patient.

Through contact with the Social Service Department a volunteer was able to contribute a gift of money to pay for a patient's insurance policy which was about to elapse, and for which funds could be raised through no other means. The same volunteer also contributed toward other worthy causes emanating from Social Service.

VOLUNTEER SERVICE -
UNIVERSITY HOSPITALS
Statistical
June 1947 - June 1948

Total number of volunteers accepted	139
Number of active duty volunteers	38
Number of substitute volunteers	15
Average number of volunteers working per month	51

Hours Given

Total number of hours given	6,454½
Elliott Desk	1,038
Rosemount Hospital	273
Hospital Clinics	3,702
Cancer Detection	135
Hospital Stations	262
Physical Therapy	209
Social Service (clerical and special)	126
Pediatric Recreation	171
Interpreter	27
Nurse Aide	46
Record Room	73
Laboratory	16
Out-Patient Admissions	110½
Operating Room - making dressings	67
Staff Bulletin	43
Nursing Office (clerical)	146
Total	6,454½

Respectfully submitted,

Irene E. Foster
Volunteer Director

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III. STAFF -- 1948-1949

ADMINISTRATION

Harold S. Diehl,
Dean of Medical Sciences
Myron M. Weaver,
Assistant Dean of
Medical Sciences
Ray M. Amberg, Director
Gertrude M. Gilman, Assistant Director
in Charge of Admissions
Kenneth J. Holmquist, Assistant Director
in Charge of Service & Supplies
Hallie Bruce, Chief Pharmacist
Annie Laurie Baker, Director of 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
Irene Foster, Director of Volunteer
Services

LABORATORY

Gerald T. Evans, Director, Professor
of Medicine
Evrel A. Larson, Assistant Director,
Assistant Professor of Medicine
R. Edward Bell, Medical Fellow
Theodore Althausen, Medical Fellow
Elizabeth Frame, Assistant Professor
Physiological Chemistry
R. Dorothy Sundberg, Assistant
Professor Anatomy
Charles F. Williams, Medical Fellow
James D. Cardy, Medical Fellow

MEDICINE

Professors

Moses Barron
Gerald T. Evans
George Fahr

J. Arthur Myers
Wesley W. Spink
Samuel Sweitzer
Henry L. Ulrich
Cecil J. Watson
S. Marx White

Associate Professor

George N. Aagaard

Clinical Associate Professors

Karl W. Anderson
Archibald H. Beard
John J. Boehrer
Richard V. Ebert
Alfred Hoff
Harry Irvine
Reuben A. Johnson
Arthur C. Kerkhof
Thomas Lowry
Donald McCarthy
Chauncey A. McKinley
Samuel Nesbitt
Thomas A. Peppard
Ernest T. F. Richards
Frederick H. K. Schaaf
Morse J. Shapiro
Wm. B. Tucker
Myron M. Weaver
Macnider Wetherby
Ragnvald S. Ylvisaker

Assistant Professors

Edmund B. Flink
Frederick W. Hoffbauer
Evrel A. Larson
Samuel Schwartz

Clinical Assistant Professors

Reuben Berman
Jacob S. Blumenthal
Joseph L. Borg
John F. Briggs
Archibald E. Cardle
Carleton B. Chapman
Jay C. Davis
Everett K. Geer
Wendell H. Hall
Douglas P. Head
Edgar T. Hermann
Wm. H. Hollinshead
George X. Levitt
Ernest S. Mariette
Harold E. Miller

Johannes K. Moen
 Robert I. Rizer
 Elmer M. Rusten
 Adam M. Smith
 Horatio B. Sweetser, Jr.
 Alphonse E. Walch
 Asher A. White
 J. Allen Wilson
 Herman J. Wolff
 Thomas Ziskin

Instructor

Bergliot Hansen

Clinical Instructors

Harvey O. Beek
 Clifton A. Boreen
 Craig W. Borden
 A. Braude
 Theodore J. Bulinski
 David M. Craig
 Charles R. Drake
 Abraham Falk
 Charles W. Fogarty, Jr.
 Robert A. Green
 Paul S. Hagen
 E. R. Hayes
 Ben I. Heller
 John E. Holt
 Howard L. Horns
 Wyman E. Jacobson
 Norman Johnson
 Henry N. Klein
 John W. La Bree
 Russell C. Lindgren
 Charles N. McCloud
 John R. Meade
 O. L. Norman Nelson
 Herbert F. R. Plass
 Harold E. Richardson
 L. Raymond Scherer
 Wm. M. Schulze
 R. Norman Schneidman
 A. Boyd Thomes
 Russell M. Wilder, Jr.

Clinical Assistants

Robert J. Brochner
 Dale H. Correa
 John A. Dahl
 Wayne S. Hagen
 Dean K. Rizer
 George C. Roth
 Clarence Siegel

Research Assistant

Teaching Assistant

Medical Fellows

Barnet Berris
 Donald C. Bohn
 James H. Chalmers
 Richard C. Cullen
 Robert B. Howard
 Edward G. Kidd
 Ralph Silas
 Daniel Simon
 Oren T. Skouge
 Donald Sutherland
 Arthur H. Sussman
 William S. Terry
 Charles T. Williams

Research Fellows

Howard M. Wikoff
 Catherine Evertz
 A. Greenberg

DIVISION OF DERMATOLOGY

Henry E. Michelson, Professor and
 Director
 Carl W. Laymon, Professor
 Stephan Epstein, Clinical Associate
 Professor
 John Madden, Clinical Associate Professor
 Harry A. Cumming, Clinical Assistant
 Professor
 Elmer T. Ceder, Clinical Instructor
 Orville E. Ockuly, Clinical Instructor
 Lyndon King, Clinical Assistant
 Sam M. Mackoff, Clinical Assistant

OBSTETRICS AND GYNECOLOGY

Full-time Staff

John L. McKelvey, Professor and Head
 Donald W. Freeman, Instructor
 Roy G. Holly, Instructor

Associate Professor Emeritus

Arthur E. Benjamin

Clinical Assistant Professors

Lee W. Barry

Claude J. Ehrenberg
 Everett C. Hartley
 George E. Hudson
 Leonard A. Lang
 Rae T. LaVake
 Clarence O. Maland
 Mancel T. Mitchell
 Jalmer H. Simons
 (Inactive at present)
 Samuel E. Solhaug
 Roy E. Swanson
 Herbert M. Wynne

Clinical Assistants

Paul N. Larson
 Charles H. McKenzie

Clinical Instructors

Milton Abramson
 Duma C. Arnold
 Joseph F. Bicek
 Ray F. Cochrane
 Louis Freidman
 Joseph Goldsmith
 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

Fellows

John S. Gillam
 Harold B. Hulme
 Thomas Krezowski
 Edward C. Sargent
 Marie Moorhead
 David I. Seibel
 Alex Barno
 Robert Bradley

Interns

Bawa P. Singh
 Charles Ness
 Robert Phillips

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Division of Ophthalmology

Clinical Associate Professor

Erling W. Hansen, Director
 Hendrie W. Grant

Professor Emeritus

Frank E. Burch

Clinical Assistant Professors

Edward P. Burch
 Walter E. Camp
 Walter L. Hoffman
 Chas. Hymes
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Theodore Papermaster
Alfred J. Ouellette
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Harold F. Flanagan
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 Neil Litman
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 G. Keith Stillwell
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 Ardietta Johnson (O.T.)

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Elmer Paulson

Roentgenologist
Cancer Detection Clinic

Francis Ruzicka

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A. Margaret Bailey
Murray B. Bates
Alfred J. Berger
Donald W. Cowan
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Dental Hygienist

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 Bawa Prehlad Singh
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EAR, NOSE & THROAT

James Carris

EYE

Bruce Kantar

DENTISTRY

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IV. MEDICAL SCHOOL NEWS

The staff of the Bulletin wishes to extend a greeting to those who attend the University Hospital staff meetings and also to the members of the Minnesota Medical Foundation and the subscribers of the Bulletin who receive the Bulletin by mail. We are looking forward to a series of stimulating and informative meetings. In order to be certain that the presentations will have the greatest possible value, it should be mentioned that speakers are requested to plan their oral presentation for 25 or 30 minutes. This will leave ample time for discussion by those attending the meeting. There is no limitation on the length of the manuscript submitted. Suggestions which may be helpful in the preparation of the Bulletin or in the conducting of the staff meetings will be welcome.

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Kellogg Foundation Lectures

As a part of the course in the Basic Sciences and Their Clinical Correlation, there will be held this year a series of lectures covering Basic Science fields, clinical medicine, and radiology. Physicians from the Twin Cities, the Mayo Clinic, and other medical centers will be invited as lecturers. All medical students, interns, and physicians are cordially invited to attend these lectures. A special invitation is extended to University fellows. The following lectures will be given during the week October 1 through October 8:

Dr. C. O. Hansen	Irradiation Therapy of Lymphoblastoma	Friday, Oct. 1, 1948 3:00 p.m., Chapel, Center for Continuation Study
Dr. C. J. Watson	Hemoglobin Metabolism	Monday, Oct. 4, 1948 3:00 p.m., Chapel, Center for Continuation Study
Dr. Nathan Lifson	Water Balance	Tuesday, Oct. 5, 1948 2:00 p.m., Eustis Amphitheater, U. H.
Dr. W. H. Ude	Roentgen Diagnosis of Lymphoblastomas	Friday, Oct. 8, 1948 3:00 p.m., Chapel, Center for Continuation Study