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



**Social Service**

BULLETIN OF THE  
UNIVERSITY OF MINNESOTA HOSPITALS  
and  
MINNESOTA MEDICAL FOUNDATION

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I. FORTY YEARS OF SOCIAL SERVICE AT  
UNIVERSITY HOSPITALS

Annie Laurie Baker

The Social Service Department observes its fortieth anniversary this year. In the period of its history the program and functions have expanded with the enlargement of the Hospitals, been modified by advances in the medical sciences and conditioned by the growth of the welfare programs of the state. A social service department's work in a hospital is affected by the changes that effect people and therefore adjusts its emphasis so as to best meet the needs of patients, medical staff and community agencies. An anniversary is a time for reflection, the moment to look back to evaluate developments in perspective, so as to appreciate the significance of trends, isolate achievements and determine the course future planning should take. We decided to spend this time with you in talking about the developments within the past forty years which have influenced our services, to reflect on our accomplishments and to consider the program as it now operates, so that with such an evaluation on our part we may continue to place our efforts where the greatest assistance may be contributed to patients.

The modern approach to medical care requires the assistance of many people. As medicine has become more scientific and complex, various sections of the doctor's responsibility is shared by others who have become specialized in specific parts of the total care program. Social Service, like occupational therapy, medical technology, etc. is one of these. The common objective of all people involved in the medical care of a patient is the restoration, preservation, and maintenance of optimum health for as satisfactory and happy a life as is possible, under the circumstances. Since the object of medical care is concerned with more than physical conditions, the social service department makes its special contribution in the areas of the patient's adjustment and relationship to

his life situation, his family, home, work and community.

In its full history the University Hospitals has had only four directors: Dr. L. B. Baldwin, Mr. Paul Fessler, Dr. Halbert Dunn, and Mr. Ray Amberg. The Social Service Department also has had four directors: Miss Marion Tebbets, Miss Frances Money, Miss Lydia Christ and myself.

Social Service in hospitals is one of the younger of the ancillary medical services. The records of the Children's Hospital in San Francisco of 1896 report a social worker. In 1898 the New York Postgraduate Hospital employed a social worker for the children's wards.

Dr. Richard Cabot at the Massachusetts General Hospital in 1905 established the first department. He was concerned because so many patients failed to carry out the medical recommendations and he saw the service of someone who knew the community resources as contributing a valuable service to patients and the medical staff. Miss Ida Cannon was employed to develop the program and she set the pattern of organization and functions still followed in departments all over the world.

Miss Cannon was a graduate of the Ancker Hospital School of Nursing in 1898. She was the roommate of Mrs. L. B. Baldwin, the wife of the first superintendent of this hospital, and visited her frequently. Their friendship may in part be responsible for the early beginning of the department here.

Psychiatric social work began about the same time. In 1906 the Bellevue Hospital assigned a social worker to the psychiatric service and shortly afterwards social workers were found in state mental hospitals. In 1913 the Boston Psychiatric Hospital employed Miss Mary C. Jarrett to develop a social service department in that hospital.

In 1915 the University Hospitals employed Miss Marion Tebbets to organize a program of social services.

The first social worker to join her was Miss Caroline Manger. In those days the obstetrical services sent staff and students out to homes to take care of women in confinement. The home situations often were such as to complicate the doctors' work. Miss Manger visited each home and helped the mother plan for her delivery. The second social worker, Miss Lydia Christ, was employed in 1916, to work in the venereal disease clinic. Her job was to discover sources of patients' infections and to help them keep under regular medical care for the full time of the treatment plan.

In 1926 Miss Mary Halvorson was employed to work in the neuro psychiatric services, and she was the first social worker to devote a part of her time to the problems of psychiatric patients.

In 1943 the Stevens Avenue Home for Women and the Commonwealth Fund terminated the financial assistance contributed to the psychiatric service for children and the Department of Pediatrics assumed full responsibility for that service. Miss Joan Cramer was the first social worker assigned to that service.

In 1943 when the Department of Psychiatry was established, Miss Charlotte Henry came on the staff to work out a program of social services.

With expansions in the hospitals and medical services additional social workers have been employed.

When the Variety Heart Hospital opened in 1952, Miss Gertrude Tennant was assigned as the social worker. In 1955 Miss Claire Censky was assigned to the new Rehabilitation unit. In 1952 The Psychiatric Service increased its staff to offer more service on an Out-Patient basis and social workers were assigned to this unit.

Social work in hospitals is concerned with the problems patients have in relation to their illness. Therefore developments in medical practice influence the character of its contribution.

The place the modern hospital plays in medical practice is one of the important changes made in the life of the department. The extended use of hospital facilities has influenced the medical care of patients. People who are ill go to hospitals, and one of the problems of the past decade has been to provide adequate facilities to meet the demand. The additions to our own institution illustrates this point.

With the development of an outstanding medical staff the University Hospitals has become a consultation center. Patients coming here have seriously complicated medical conditions, have usually been ill and under medical care for some time, and their social problems are often as complicated as the medical.

The School of Medical Sciences has grown into a famous training center for people interested in the various phases of medical practice. The interest in teaching has an effect upon all the work done in the hospital. The emphasis on teaching has given the Social Service Department responsibilities in facilitating the educational program. The medical staff aims to have the medical students learn about patients as people. This requires fuller knowledge of the background from which the patient came, the aspects of his personality that stand in the way of effective use of medical care and the emotional impact of the illness upon him. This broader knowledge requires more assistance from the social workers in the patient's community. The younger doctors are also being taught to consider the patient in his total relationships and need the help of social workers in order to aid the patient make the best possible adjustment to his treatment or disability.

The introduction of improved medical procedures and the use of new drugs has changed the types of conditions and diseases now treated in the Hospitals and clinics. The use of antibiotics and the subsequent control of infectious diseases has resulted in prolonging life. In the period of the departments existence the

life span has been increased by a quarter of a century. Consequently one of the important areas of the concern is chronic illness and likewise many of our problems are with chronically ill people.

The use of penicillin in the treatment of venereal diseases has changed our function. For thirty years the worker assigned to the Venereal Disease Clinics spent a great amount of effort over long periods of time helping patients so they could continue to receive treatment. The problems that developed through neglect of treatment were so tragic as to make this service one of the first concerns of the department. Teen-agers losing their sight, family conflicts, insanity and the whole host of difficulties. Each Saturday the Dermatology Clinic held a large clinic for school children and the follow-up of these patients was a responsibility of the worker on that service. As you observe the operation of that clinic today it is apparent that the new drugs have completely changed that function.

In the earlier days social workers were busy taking care of the needs of the many tuberculosis patients, particularly in areas where public health nursing facilities were not developed. Where children were found to have the disease arranging for family examinations was a frequent occurrence. Tuberculosis of the bone, osteomyelitis, and pneumonia presented problems of extended periods of institutional and hospital care which are now reduced immeasurably by the use of the new drugs. There have been other advances in medicine that have affected our work but these are among the most dramatic.

Just as there have been developments in medicine there have then also been changes in the social structure of the State and Nation which have influenced our functions. The Social Service Department was one of the first social agencies to be concerned with people from all over the state. The Board of Control was established in 1902 but up until 1919 members of the Board were primarily concerned with the administra-

tion and supervision of state institutions. The Minnesota Children's Code passed in 1917 provided for the establishment of child welfare boards in each county to work with the Children's Bureau in the child welfare programs. The department was quick to use these boards as a resource and in fact these were the only local agencies to provide assistance until the depression and the development of the County Relief Boards in 1932.

The Social Service Department is in an advantageous position as most of the social agencies of the state have grown up around it and in the development of their programs have relied upon the services of the staff, and consider service to it a part of their regular work.

The demands for medical care at the clinics and hospitals were great during the years of the depression. It was at that point that the department had to search out resources to find help for patients. The social work then was frustrating and often painful. Patients were not only ill, but desperately in need. In the beginning years, 1930's or so, it was not possible to even provide food. I have a vivid recollection of the great concern of Dr. Chester Stewart, when he called me in the examining room to discuss a child whose chief problem was malnourishment. When the hopelessness of getting food was discussed with him he wrote out prescription for viosterol, which was an expensive drug at that time, because it could be charged to the county. His remarks were, "We will give him ten dollars worth of viosterol, but a bag of oatmeal and a pound of prunes would be much better."

The local and state financial resources proved to be inadequate to provide for the thousands of unemployed and those in need, so the Federal Government had to become concerned. Congress passed many measures and established various relief programs. However, when the employment situation did not improve the Social Security Act was passed in 1935. The act established a partnership between the Federal, State and Local governments

in providing financial assistance to large groups of people in need. These were the aged, the blind and mothers of minor children whose husbands were dead or incapacitated. These programs as you know them are Old Age Assistance, Aid to Dependent Children and Aid to the Needy Blind. The 1950 Congress added another group. Aid to the Totally and Permanently Disabled. These programs in Minnesota have been developed liberally, in comparison to other states. In planning for people under each program medical care is considered a basic need. The Old Age program has no financial limits for medical care so that required medical care is financed in the grant and the cost above which the Federal Government participated (\$60) is split equally between the state and the county governments. This liberal policy accounts in part for the large number of old people coming to the University Hospitals for care. The work of our departments is facilitated because services and funds are available for the old age recipients. Aid to Dependent Children is granted to a mother where the father is incapacitated only as long as a medical examination proves he is unable to work. In instances where the father's physical condition alone would not incapacitate him, but the emotional problems around the illness combine to make it impossible for him to work, the University Hospitals staff is often called upon to evaluate the total condition and make the determination. This group also adds to the concentration of the chronically ill who come here for treatment.

Minnesota did not pass the necessary legislation to qualify for the Aid to Disabled program until 1953 so the experience with this program is limited. One of the requirements of this program is that the possibilities of the physical rehabilitation for each person applying be carefully evaluated. The present program is, for practical purpose, restricted to those for whom there is no further medical care to be offered. However, it is expected that the present session of the Legislature will liberalize the requirements and if it does many of

these patients will be brought to the Hospitals and clinics for physical examinations, evaluation and rehabilitation.

The Social Security Act had another section which has made a great deal of difference to the administration of the Hospitals, your treatment of patients and our contribution. Every state wishing to qualify for funds, from the Federal Government, for the programs mentioned was required to establish welfare boards in every county, charged with the responsibility of carrying out the assistance programs. Therefore there is a welfare board in every county, in every state in the Union. In Minnesota, the county welfare board is composed of the five county commissioners and two citizens, usually women, appointed by the directors of the Department of Public Welfare. This board employs an executive secretary and social workers to carry out the functions. The establishment of a county welfare board with a social workers staff has had a great influence on what we are able to do for patients. The county welfare office in every community in the state has provided the department with a source of help in the patient's own community. As the program of the social service department and county welfare agencies has developed through correlation of efforts and integration of services, it is possible to provide a continuity of social case work service to patients.

The State Board of Health has extended the program of Public Health Nursing over this same period. The Social Service Department works closely with the nurses in the patient's local community. The nurses play a vital part in our efforts of protecting medical care.

The State Mental Health Program with emphasis on better services in State Hospitals, and a plan for the follow-up care of discharged patients has had an effect upon the public attitude towards psychiatric care, and patients and relatives are less reluctant to consider commitment to a State Hospital.

With the centralization of the respon-

sibility for providing services to the groups for whom financial assistance is provided resources to meet other needs have developed throughout the states.

There have been changes in the basic concepts and functions of social work, just as there have been advances in medical, and developments in the public welfare structure in the state, in the past forty years.

One of the most important developments in the field of social work practice has come about because of advances in psychiatry and studies of human growth and development. The increased understanding of human behavior has influenced our method of working with people much in the same way it has effected yours.

In the early period of social work practice the cause of trouble was sought in the patient's environment. Causes were investigated and attempts made to correct them. If the problem was loss of job, the solution was financial help to provide food and shelter and assistance in obtaining another job. With the increased understanding of human behavior the emphasis has shifted from working with the environment to working with the individual to effect the desired results. We are also as concerned with the effect problems have upon people as with their solution. We have learned from long experience that solving acute problems is like putting a finger in a dike. We experienced failure too often because we did not take into account the patient's feelings, attitudes and motivations. We have learned that the relationship with a patient in which we give him support for his convictions, ideas, and helping with his plans can be of more permanent assistance to him than meeting a series of temporary needs. We are now as much concerned about the attitudes people have about their chronic illnesses and disabilities as in finding solutions to the emergent problems they present.

New developments in social work practice places a greater responsibility on the Social Service staff for it requires helping a patient in his total adjustment,

thinking of his full day, his relationships to others in order to help meet his basic emotional as well as his physical requirements, thus enabling him to make his life as satisfying as possible under the circumstances. We know more, have more and hopefully can do more to help people.

The staff of the Social Service Department is composed of sixteen social workers. There are two units, Medical and Psychiatric Social Work. A staff member is assigned to cover every clinic and hospital station. In a year the Department has contact with about 9000 patients.

The department depends upon the staff of the hospitals and clinics, and the community agencies to refer patients with problems requiring the assistance of a social worker. About 50% of the patients known to the department are referred by the medical staff, 20% from community agencies, 20% Hospital staff, and 10% of patients refer themselves.

The department files all correspondence from community agencies in the medical chart, and the material the social worker obtains is written into the medical chart or put onto a green sheet attached to the chart. Therefore all the information the department has is available to anyone interested in the patient's care.

The primary responsibility of a social service department is casework with patients. Casework is concerned with the problems patients have around their illness, that interfere with recovery or adjustment to disability. Casework is the term used to describe our efforts in helping people. The problems may be in the patient's environment, his home, his work or within himself in his motivations and attitudes. The social worker helps him identify his problems, formulate plans to overcome them; supports him in his efforts to carry them out, and assists him to utilize the resources in the community best adapted to meet his needs. Not infrequently the patient's family, rather than the patient becomes the focus

of the social workers' activity and concern. The family may be faced with the necessity and responsibility for making decisions and plans, either for the patient or for the family itself. The social workers role may be in clarifying alternatives and realistic action by the family can be instrumental effecting essential medical care. This is often the situation on the psychiatric services, when families may find it particularly trying to deal with the need for treatment on either a voluntary or a commitment basis.

The most prevalent problems the department meets are those in relation to chronic illness, total disability and vocational rehabilitation.

The second function of a social service department is to protect the medical care which the staff has given. When patients are unable to carry out the medical recommendations the effort and skill which has been given to them may be wasted. A simple illustration is a diabetic patient who is brought into the hospital so that his condition may be stabilized. The benefits he will derive from the care he has received are dependent upon a dietary regime. If he is unable to obtain the food on his diet he will not retain the health gains made. If a mother with a severe cardiac condition leaves the hospital to assume the full burden of a home and several little children she will not derive the full benefit of the medical care given to her. The social service department does much to facilitate medical care for patients. These services are helpful to them and to the medical staff. Helpful to the patient as it aids in completing the medical care, and for the doctor because it helps complete his work.

The protection of medical care may require the assistance of another medical facility such as a state mental hospital, tuberculosis sanatorium or Colony for epileptics or Our Lady of Good Counsel Cancer Home. In these instances the social service worker assists the patient and his relatives in making the arrangements essential before admission may be obtained.

The third function of the department is the services performed as a liason between the community and the hospitals. The social service department coordinates the services of the 87 county welfare boards of this state for the benefit of patients.

The Social Service Department over the years of its existence has formed close working relationships with the county welfare board staffs and with the State Department of Public Welfare. The state and county agencies give invaluable service to the administration of the Hospitals and the Social Service Staff. In the actual, day by day work, the Social Service Department and Public Welfare Department operate as one agency. The County Welfare Staff in its services to people discover health problems so arrange for medical care. Since the medical treatment is but a part one segment of the problem, the county social worker must know how the medical problems affect the situation, and the way the medical treatment fits into the total plan for the patient and his family. The social service department has conferences with the doctors on the various services, to which the patient is referred, in order that a composite report of the patient's medical condition, as it relates to his social situation, might be given to his local county welfare board staff. In turn, there are times when the medical or social work staff believes it important to have pertinent information about the patient's personality prior to his illness, or on his present home situation. In these instances, the local county welfare board obtains the information for us.

The fourth function of the department is to coordinate resources for the benefit of patients. This too was one of the reasons for the establishment of the department at Massachusetts General Hospital. The social workers on our staff are familiar with the resources available to assist patients. Since the department preceeded most social agencies, they have grown up with service to the Hospitals as an integral part of their program. The social service department



works currently with 120 agencies, exclusive of public health nurses and township officials. Many additional agencies, organizations or societies are requested for specific services. The department has no funds of its own except a revolving fund of \$100 given by the Hospital Auxiliary each year. However, we would never be able to estimate the thousands of dollars we assist patients obtain from social agencies.

The Social Service Department has three responsibilities in teaching:

1. Contribution from the knowledge of social work and social services to the students of the other disciplines within the hospital.
2. Contribution to the education of social casework students of the School of Social Work.
3. Contribution to the education of student groups in the community. This responsibility is implemented through individual case discussions, teaching conferences and lectures, team conferences and specific placements within the department for field work experiences.

The significant trend in teaching students in allied services has been toward integration of social work information into the on-going curriculum, rather than an isolated lecture late in the course. The use of team conferences has facilitated this development. In the Department of Psychiatry and Neurology there has been, during the past five years, or so, an increasingly integrated use of the staff social workers in the staff teaching-team functions with junior students and with the residents.

The functions of the social service department in education within the hospital setting is essentially allied with the service to patients. The teaching is directed toward preparation of professional personnel who will work with ill persons in various settings. It is based in the continued service to

patients and contributes in turn to this service through the analysis of the content of daily practice of social work.

Research within the department is primarily allied to service.

The department is concerned with research in four areas:

1. Assistance to the students of the School of Social Work in research projects on the department and hospitals.
2. Research projects on the cancer services.
3. Studies of areas of work and medical-social problems of patients.
4. Contribution to research through interpretation of program and individual patient care to community agencies.

A department in a hospital dedicated to the purpose of furthering the welfare of people should after forty years of operation be able to identify contributions over and above the direct service given to patients. The Social Service Department has several achievements. The department has always had the privilege of working with hospital staff interested in its program. Any accomplishments the department has made therefore, has been achieved by the aid of members of many others. One of the departments most important accomplishments was initiating the licensing of nursing homes. On the basis of the social workers experiences in placing patients in dirty, crowded, inadequate nursing homes. Mr. Ray Amberg, our hospital director, led a bill through the State Legislature requiring nursing homes to obtain a license from the State Board of Health. This act, passed in 1942, was the first in the United States.

In working with patients in the Eye Clinics, Miss Lydia Christ became appalled at the number of people whose sight could have been saved. She interested Dr. Frank Burch and through their efforts the Minnesota Society for the Prevention of Blindness was organized. This Society now has a state wide membership of 3500 and carries on an

extensive program of sight saving.

As a result of a survey of patients placed by the department in nursing homes made by Miss Helen Kretchmer, the department, with the assistance of Mrs. Irene Foster, director of Volunteer Service for the Hospitals, initiated a program of Volunteer Visitors to Nursing Homes in 1950. This project coordinated the interest of the Minneapolis Council of Churches, the Minnesota Nursing Home Association and the University Hospitals. This was the first organization of its kind and has received national recognition.

Another accomplishment of considerable significance is the organizational structure the department has been able to erect with the State Department of Public Welfare and County Welfare Boards. This structure magnifies what the department is able to do for individual patients. It also has a real effect on the flow of patients to the Hospitals and clinics and is of inestimable value to the medical staff in research projects where the follow-up visits of patients is required.

In the Department of Psychiatry and Neurology the social work staff has become an integral part of the teaching program with the junior medical students and the residents, functioning as members of the clinical teaching teams. Their special contribution has been on the social and environmental aspects of diagnosis and treatment, with particular emphasis on skillful use of community welfare resources and on appropriate helping activity with families of patients.

In Adult Out-Patient Psychiatry there has been developed a program of intake evaluative interviews of patients by the social work staff, for the purpose of facilitating use of psychiatric clinic services by patients referred to that service. This intake procedure has resulted in prompter service to patients and to referring clinics, as well as an enriched selective supply of patient material for the student group. On the In-Patient Psychiatry Service the social

work staff has evolved a procedure for processing admission requests, in collaboration with the medical staff, which has made possible more expeditious handling of applications, a fuller service to referring physicians and to patient's families, and a saving of medical staff time.

For the past two years the Department has had a project of social group work with patients having convulsive disorders and multiple sclerosis. From this experience demonstrate the values of this type of social work were demonstrated.

The vigilance which the social workers of the department keep over nursing homes and the patients sent out to them makes it possible for the medical staff to place patients earlier than would otherwise be permissible. The care exercised in getting adequate reports to these homes, and the reports back to the medical staff has aided in raising the standards of nursing home care.

The constant interpretation of the requirements of medical care to the County Welfare Boards has sustained their support of the medical staff's plan of care in this regard. By being able to use private facilities with confidence, the Hospitals have been able to accommodate a minimum of 700 additional patients each year.

The care the department has exercised over the years in providing excellent medical reports and social interpretation of illness has helped the county welfare board members and staff to know something about various medical conditions, the requirements of treatment and the effect upon people. The social assistance programs in this state are liberal in regards to providing medical care for people. These reports have increased the general medical knowledge of people concerned with the operation of assistance programs, and have had a part in fostering the liberal policies in regard to providing medical care for people. This liberal attitude on the part of the state agency and local units

makes it possible for the medical staff to have more patients, and consequently better teaching programs.

With this much background let us evaluate and speculate on some of the trends and points of mutual concern for the future.

1. The trend which we believe has the most significance for us is the increasing use of the team method in providing medical care to patients. This method aids us in learning about problem situations early, so that we have time to get acquainted with the patient and make a better evaluation of his own resources before plans need to be initiated. The team approach combines services and teaching in an effective economical manner.

2. The interest in the handicapped and extension of rehabilitative services will make parts of our work more satisfactory.

3. The increase in the age of the population, with high incidents of chronic illness will affect the character of the work we all do in the future.

4. The addition facilities for medical care available in the rural areas of the state will tend to increase the use of the University Hospitals and clinics for consultation services.

5. The continued emphasis on the importance of social and emotional factor in the medical care of patients, will bring the social worker into the medical treatment plan in an interesting way.

6. The teaching programs of the hospitals shows a marked trend at integrating the social and emotional factors of illness into the overall teaching plan rather than presenting these aspects as separate factor.

The Social Service Department has an overall view of the functioning of all the services in the Hospitals and clinics. It has contacts with patients, county workers and relatives. From our observations, we believe it is essential to protect certain areas of patient care.

People are living longer and with the increase in chronic diseases, facilities and programs to care for them are being developed under private and public auspices. It is important that doctors take

more responsibility to make certain that the medical care provided is adequate and meets the best standards. Doctors need to be concerned with the original plans, and the staffing. There are little ways too, in which they can assist in the standard of care, such as providing reports to the nursing home staff and evaluating the quality of care given.

As the largest public medical facility in the state, the Hospitals' staff should take leadership in protecting the patient's right to free choice of physician. By some of the practices followed, this democratic right may be endangered, not by intent but by default. Patients who come to the clinics for many years frequently never return to their local physicians. Each time the medical staff aids a local physician to do a better job of caring for his patients, this right is protected.

With the increase in facilities for medical care in the local community, we need to be more alert to keeping the way open for patients to be sent here for medical care. This is another area in which we both share an interest. The experience in the Hospitals is valuable and interesting to doctors because of the great variety of medical conditions for which patients are referred. Roughly speaking, about 65% of the patients who come here have had some contact with their county welfare board, about 50% obtain county papers. In the hustle and bustle in the busy clinics and hospitals, it is easy to overlook the interest and investment the local community has in the patients sent here for medical care. Every patient has his family doctor who evaluates his condition, from one point of view or another, and decided to refer him for treatment. The doctor contacts the County Welfare Board or in a few instances the County Commissioner. The request for county papers is discussed at the County Welfare Board or the County Commissioners meeting. The county social worker who works with the patient is also interested in his medical condition. In addition to these ten people mentioned he has relatives and friends, all of whom are influenced in their opinion of the Hospitals by what was done

for the patient. We all need to be aware of the total public relation aspect.

The past forty years has witnessed much progress in the medical and social sciences. The next four decades give promise of even greater progress. In the final analysis, progress and devel-

opments rest upon the conscientious constructive efforts of people following the best leadership available to them. The success the Social Service Department attests to that fact. With the continued support of the people who work with the department, and the trends toward closer worker relationships, the achievements of the next forty years should be greater than those of the past.

## II. MEDICAL SCHOOL NEWS

### Coming Events

- May 4 Special Lecture; "Roentgen Diagnosis of Lymphomas;" Dr. Laurence L. Robbins, Professor of Radiology, Harvard Medical School; Todd Amphitheater, University of Minnesota Hospitals; 1:00 p.m.
- May 4 Special Lecture; "Accomplishments of International Health;" Dr. Norman Begg, Regional Director for Europe, World Health Organization; Also showing of film on "Sardinian Adventure," Gold Medal Winner at Venice Film Festival, First public showing in the United States; Mayo Memorial Auditorium; 8:00 p.m.
- May 6 Meeting of the Midwestern Section, American Congress of Physical Medicine and Rehabilitation; Mayo Memorial Auditorium; 9:00 a.m.-5:00 p.m.
- May 9 - 14 Continuation Course in Electrocardiography for General Physicians  
May 10 Duluth Clinic Lectureship; "The Relationship of Achylia Gastrica to Pernicious Anemia;" Dr. William B. Castle, Professor of Medicine, Harvard University Medical School, Boston; Mayo Memorial Auditorium; 8:15 p.m.
- May 16 - 21 Continuation Course in Proctology for General Physicians

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### Special Lectures

Mr. J. C. Copeland, of the Bausch and Lomb Company in Chicago, will be on the University campus on May 9, 10, and 11 where he will present a series of lectures on refraction and associated subjects every evening beginning at 7:30 p.m. in the Department of Ophthalmology, Room A-675, Mayo Memorial. All physicians are invited to attend.

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### Faculty News

Dr. Reynold A. Jensen, Professor of Psychiatry and Pediatrics, attended the meeting of the Oklahoma Society for Neurology and Psychiatry in Tulsa, Oklahoma, on April 18 and 19. He was a participant in a Mental Health Institute sponsored by the Tulsa Mental Health Council and other local agencies and was the featured speaker at their noon luncheon where he spoke on "Discipline."

Dr. Leo G. Rigler, Professor and Head, Department of Radiology, was the Chairman of a Symposium on Cancer of the Lung held in Washington, D.C. on April 27. He presented a lecture on "The Natural History of Carcinoma of the Lung." Dr. Harold O. Peterson, Clinical Professor, gave a 14-hour Refresher Course on Neuro-Radiology at the meeting of the American Academy of Neurology at Houston, Texas, on April 25. Dr. Alexander Margulis, Instructor, presented an exhibit, "Abdominal Masses of Early Childhood" prepared by Doctors Margulis, Charles Nice, and Leo G. Rigler, at the Fifth Inter-American Congress of Radiology at Washington, D.C. during the week of April 25.

Dr. A. B. Baker, Professor and Director, Division of Neurology, participated in a course for postgraduate education at the University of Iowa on April 13. He also attended the meeting of the American Academy of Neurology at Houston, Texas, from April 25 to 30.

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Dr. Robert Hebbel, Professor, Dr. Paul Lober, Assistant Professor, and Dr. Russell Eilers, Medical Fellow, all of the Department of Pathology, attended the meeting of the American Association of Pathologists and Bacteriologists in Houston, Texas, from April 5 to 9.

Dr. C. Knight Aldrich, Associate Professor, Department of Psychiatry and Neurology, participated in a meeting of the Michigan Society for Mental Health at Detroit on March 24 where he presented a lecture on "Family Reactions to Mental Illness." He also gave a lecture on March 29 to the Mental Health and Public Health School at the University of Michigan.

Dr. Lewis W. Wannamaker, Assistant Professor of Pediatrics, attended a joint meeting of the Streptococcal Commission and the Commission on Acute Respiratory Diseases of the Armed Forces Epidemiological Board held at the Laboratory on Housing and Illness, Sampson Air Force Base, New York, from April 7 to 8. Dr. Wannamaker was recently appointed a full member of the Streptococcal Commission and a Consultant to the Surgeon General.

The Department of Physiology was well represented at the meeting of the Federation of American Societies for Experimental Biology which was held in San Francisco from April 11 to 15. Those attending included Doctors M. B. Visscher, Victor Lorber, Joseph T. King, Eugene Grim, H. Mead Cavert, Robert E. Swanson, J. S. Lee, and Y. C. Lee.

The University of Minnesota was host to colleges and universities throughout the country at the Second National Conference on Campus Safety held at the Center for Continuation Study from April 18 to 20. Dr. Ruth Boynton, Professor of Public Health and Director of the Students' Health Service, and Messrs. George Michaelsen, Richard Bond, John Morris, and Ralph Wollan participated in the program.

Dr. John Logothetis, Medical Fellow, Division of Neurology, has won the junior essay prize for the best scientific paper by a junior member and will be presenting this prize essay paper at the meeting of the American Academy of Neurology in Houston during the week of April 25 to 30.

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Publications of the Medical School Faculty

- Park, W. E.: Industrial Medicine -- Small Plant Service. Bull. Hennepin Co. Med. Soc., 26: No. 3, 1955.
- Park, W. E.: Industrial Medicine -- A Specialty. Bull. Hennepin Co. Med. Soc., 26: No. 4, 1955.
- Rabens, Robert A., Geraci, Joseph E., Grindlay, John H., and Karlson, Alfred G.: Experimental Bacterial Endocarditis Due to Streptococcus Mitis. I. Method of Induction. Circulation, 11: 199, 1955.
- Rabens, Robert A., Karlson, Alfred G., Geraci, Joseph E., and Edwards, Jesse E.: Experimental Bacterial Endocarditis Due to Streptococcus Mitis. II. Pathology of Valvular and Secondary Lesions. Circulation, 11: 206, 1955.
- Rigler, L. G.: A New Roentgen Sign of Malignancy in Solitary Pulmonary Nodule. J.A.M.A., 157: 907, 1955.
- Schmid, Rudi and Shemin, David: The Enzymatic Formation of Porphobilinogen from Porphobilinogen from Para-aminolevulinic Acid and its Conversion to Protoporphyrin. J. Am. Chem. Soc., 77: 506, 1955.

III.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL  
WEEKLY CALENDAR OF EVENTS

Physicians Welcome

May 2 - 7, 1955

Monday, May 2

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Medicine Conference; L. G. Rigler, C. J. Watson and Staff; Todd Amphitheater, U. H.
- 9:00 - 10:50 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; W-612, U. H.
- 10:00 - 12:00 Neurology Rounds; A. B. Baker and Staff; Station 50, U. H.
- 11:30 - Tumor Conference; Doctors Hitchcock, Zimmermann, and Stenstrom; Todd Amphitheater, U. H.
- 11:30 - 12:30 Physical Medicine and Rehabilitation Staff Seminar; The Relationship of Tilt of the Pelvis to Stable Posture; F. J. Kottke; Heart Hospital Theater.
- 12:15 - Obstetrics and Gynecology Journal Club; Staff Dining Room, U. H.
- 12:30 - Physiology Seminar; Some Possible Intermediates in Steroid Synthesis; Ivan D. Frantz; 214 Millard Hall.
- 1:00 - 2:00 Roentgenology-Surgical-Pathological Conference; Paul Lober and L. G. Rigler; Todd Amphitheater, U. H.
- 1:30 - 2:30 Pediatric-Neurological Rounds; R. Jensen, A. B. Baker, and Staff; U. H.
- 1:30 - 3:30 Dermatology Hospital Rounds; H. E. Michelson and Staff; Dermatology-Histopathology Room, C-394, Mayo Memorial.
- 4:00 - 6:00 Anesthesiology Conference; F. H. Van Bergen and Staff; Todd Amphitheater, U. H.
- 4:30 - Public Health Seminar; Epidemiology of Cold Injury; Leonard M. Schuman; 100 Mayo Memorial.
- 4:30 - Pediatric-Medicine Infectious Disease Rounds; Stations 33, U. H.
- 5:00 - 6:00 Urology-Roentgenology Conference; C. D. Creevy, O. J. Baggenstoss, and Staff; Eustis Amphitheater.

Ancker Hospital

- 8:00 - 9:00 Pediatric Contagion Rounds; Richard Lein; Contagion 5.
- 8:30 - 10:30 Medical and Surgical Chest Conference; Dr. Gehlen and Staff; Auditorium.
- 9:30 - 12:00 Visiting Staff Rounds.
- 10:00 - 12:00 Surgery Grand Rounds; Begin Floor E4.
- 11:00 - 12:00 Pediatric Rounds; Harry Orme; Contagion 1.
- 12:30 - 2:30 Surgery Out-Patient Clinic; Room 8.

Monday, May 2 (Cont.)

Ancker Hospital (Cont.)

- 2:00 - 3:00 Routine EKG Interpretation; Dr. Sommers and House Staff; Medical Record Library.
- 2:30 - 3:00 Discussion of Problem Case; Auditorium.
- 3:00 - 4:00 Surgery Journal Club; Classroom.
- 3:00 - 4:00 Lectures on Electrocardiography; Ben Sommers; Auditorium.
- 4:00 - 5:00 Medical Clerk Journal Club; Auditorium.

Minneapolis General Hospital

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

Veterans Administration Hospital

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

Tuesday, May 3

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Pediatric Conference; Samuel Feinberg, John A. Anderson and Staffs, Eustis Amphitheater, U. H.
- 12:30 - 1:20 Pathology Conference; Autopsies; J. R. Dawson and Staff; 104 Jackson Hall.
- 12:30 - 1:30 Physiological Chemistry Seminar; Magnesium Metabolism; Kenneth Woods; 214 Millard Hall.
- 12:30 - Anatomy Seminar; Hypersplenism; Some Clinical and Experimental Aspects; Sidney H. Robinow; 226 Jackson Hall.
- 3:30 - General Physiology Seminar; 323 Zoology Building.
- 3:30 - Pediatric Seminar; 1450 Mayo Memorial.
- 4:00 - 5:00 Pediatric Rounds on Wards; John A. Anderson and Staff; U. H.
- 4:00 - 5:00 Physiology-Surgery Conference; Todd Amphitheater, U. H.
- 4:30 - 5:30 Clinical-Medical-Pathological Conference; Todd Amphitheater, U. H.
- 5:00 - 6:00 X-ray Conference; Presentation of Cases from Minneapolis General Hospital; Drs. Lipschultz and Drewry; Eustis Amphitheater, U. H.



Tuesday, May 3 (Cont.)

Ancker Hospital

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

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Elizabeth Lowry and A. Bridge; Station 5.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson, Station 3.
- 12:30 - 2:30 Dermatology Rounds on Clinic; Carl W. Laymon and Staff.
- 1:00 - Tumor Clinic; Drs. Eder, Coe, and Lipschultz; Classroom.

Veterans Administration Hospital

- 7:30 - Anesthesiology Conference; Surgical Conference Room, Bldg. 43.
- 8:30 - Hematology Rounds; Drs. Hagen and Wexler.
- 8:30 - Surgery Journal Club; Conference Room, Bldg. I.
- 9:30 - Surgery-Pathology Conference; Conference Room, Bldg. I.
- 10:30 - Surgery-Tumor Conference; D. Ferguson and J. Jorgens.
- 1:00 - Review of Pathology, Pulmonary Tuberculosis; Conference Room, Bldg. I.
- 1:30 - Combined Medical-Surgical Chest Conference; Conference Room, Bldg. I.
- 2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff; Bldg. III.
- 4:00 - Thoracic Surgical Problems; Conference Room, Bldg. I.
- 5:30 - Physiology Seminar; Surgical Conference Room, Bldg. 43.

Wednesday, May 4

Medical School and University Hospitals

- 11:00 - 12:00 Pathology-Medicine-Surgery-Pediatrics Conference; Todd Amphitheater, U. H.
- 12:30 - 1:30 Radioisotope Seminar; Betatron Room in Cobalt Underground Section, U.H.
- \*1:00 p.m. Special Lecture; "Roentgen Diagnosis of Lymphomas;" Laurence L. Robbins, Professor of Radiology, Harvard Medical School; Todd Amphitheater, U.H.
- 1:00 - 2:00 Dermatology Clinical Seminar; F. W. Lynch; 300 North Clinic.
- 1:30 - 3:00 Pediatrics Allergy Clinic; Albert V. Stoesser and Lloyd Nelson; W-211, U. H.
- 3:30 - 4:30 Dermatology-Pharmacology Seminar; 3rd Floor Conference Room, Heart Hospital.

Wednesday, May 4 (Cont.)

Medical School and University Hospitals (Cont.)

- 4:30 - 5:50 Dermatology-Infectious Disease Seminar; 3rd Floor, Conference Room, Heart Hospital.
- 5:00 - 6:00 Radiology Residents' Lecture; Neurofibromatosis; Samuel Feinberg; Todd Amphitheater, U. H.
- 5:00 - 5:50 Urological-Pathological Conference; C. D. Creevy and Staff; A503, Mayo Memorial.
- 5:30 - 7:30 Dermatology Journal Club and Discussion Group; Hospital Dining Room.
- 7:30 - 9:30 Dermatology Seminar; Review of Interesting Slides of the Week; Robert W. Goltz; Todd Amphitheater, U. H.
- \*8:00 p.m. Special Lecture; "Accomplishments of International Health;" Dr. Norman Begg, Regional Director for Europe, World Health Organization; Also showing of film on "Sardinian Adventure," Gold Medal Winner at Venice Film Festival, First Public Showing in the United States; Mayo Memorial Auditorium.

Ancker Hospital

- 8:30 - 9:30 Clinico-Pathological Conference; J. Noble; Auditorium.
- 11:00 - 12:00 Pediatric and Contagion Rounds; Harry Orme; Contagion 1.
- 11:00 - 12:00 Medicine Resident Rounds; W. F. Mazzitello.
- 3:00 - 5:00 Infectious Disease Rounds; Auditorium.

Minneapolis General Hospital

- 10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station 31.
- 11:00 - Pediatric Rounds; Erling Platou and Richard Raile; Station 6.
- 12:00 - Surgery Seminar; O. J. Campbell; Classroom.
- 12:30 - Pediatrics Staff Meeting; Classroom, Station 4.

Veterans Administration Hospital

- 8:30 - 10:00 Orthopedic X-ray Conference; E. T. Evans and Staff; Surgical Conference Room, Bldg. 43.
- 8:30 - 12:00 Neurology Rehabilitation and Case Conference; A. B. Baker.
- 9:00 - Gastro-Intestinal Rounds; Drs. Wilson, Zieve, Ferguson, Brakel, Vennes, Nesbitt and Sadoff.
- 10:30 - Psychosomatic Conference; C. K. Aldrich; 7th Floor, Bldg. 43.
- 12:30 - Medical Journal Club; Doctors' Dining Room.
- 12:30 - X-ray Conference; J. Jorgens; Conference Room, Bldg. I.
- 1:30 - 3:00 Metabolic Disease Conference; Drs. Flink and Shapiro.
- 3:30 - Urology Pathology Slide Conference; Dr. Gleason; Conference Room, Bldg. I.
- 7:00 - Lectures in Basic Science of Orthopedics; Conference Room, Bldg. I.

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

Thursday, May 5

Medical School and University Hospitals

- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; Room 3.148 Mayo Memorial.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom, B. Zimmermann; Todd Amphitheater, U. H.
- 12:30 - 1:30 Physiology Seminar 210; Transport; Selected Topics in Advanced Permeability; Nathan Lifson; 214 Millard Hall.
- 12:30 - 1:30 Endocrine Seminar; Effect of Blood pH Changes on the Cardiac Response to Acetylcholine and Epinephrine; Dr. Campbell; 271 Lyon Laboratories.
- 1:30 - 4:00 Cardiology X-ray Conference; Heart Hospital Theatre.
- 4:00 - 5:00 Anesthesiology Seminar; F. H. Van Bergen and Staff; Room 100, Mayo Memorial.
- 5:00 - 6:00 Radiology Seminar; Presentation of Cases from the Miller Hospital; Dr. Harold O. Peterson, et al; Eustis Amphitheater, U. H.
- 7:30 - 9:30 Physiology 211 Seminar; Selected Topics in Heart and Circulation; Hemodynamics; M. B. Visscher and Robert Evans; 271 Lyon Laboratories.

Ancker Hospital

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

Minneapolis General Hospital

- 9:30 - Neurology Rounds; Heinz Bruhl; Station 4.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson and Staff; Station 3.
- 11:30 - 12:30 Clinical Pathological Conference; John I. Coe; Classroom.
- 12:30 - 2:30 Dermatology Rounds and Clinic; Carl W. Laymon and Staff.
- 1:00 - Fracture X-ray Conference; Drs. Campbell and Moe; Classroom.

Veterans Administration Hospital

- 8:00 - Experimental Surgery Laboratory Meeting; Conference Room, Bldg. I.
- 8:30 - Hematology Rounds; Drs. Hagen and Duryea.
- 9:00 - Surgery Grand Rounds; Conference Room, Bldg. I.
- 9:00 - Surgery Ward Rounds; D. Ferguson and Staff; Ward 11.
- 11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.
- 1:00 - Infectious Disease Conference; Conference Room, Bldg. I. (Rounds immediately following conference).
- 4:00 - 5:00 Seminar on Radioisotopes in Medicine; Statistical Principles of Radiation Measurement; Conference Room, Bldg. I.

Friday, May 6

Medical School and University Hospitals

- 8:00 - 10:00 Neurology Grand Rounds; A. B. Baker and Staff; Station 50, U. H.
- 9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 10:30 - 11:50 Medicine Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 11:00 - 12:00 Vascular Rounds; Davitt Felder and Staff Members from the Departments of Medicine, Surgery, Physical Medicine, and Dermatology; Eustis Amphitheater, U. H.
- 11:45 - 12:50 University of Minnesota Hospitals Medical Staff Meeting; Arteriovenous Malformation of the Brain; Purdue L. Gould, William T. Peyton, Lyle A. French; Powell Hall Amphitheater.
- 1:00 - 2:50 Neurosurgery-Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U. H.
- 1:00 - 2:00 Physiology Seminar 212; Selected Topics in Respiration: Respiratory and Circulatory Effects of Hypothermia; E. B. Brown; 214 Millard Hall.
- 1:30 - 2:30 Dermatology Grand Rounds; Presentation of Cases from Grouped Hospitals (University, Ancker, General and Veterans) and Private Offices; H. E. Michelson and Staff; Eustis Amphitheater, U. H.
- 2:30 - 4:00 Dermatology Hospital Rounds; H. E. Michelson and Staff; Begin at Dermatological Histopathology Room, C-394 Mayo Memorial.
- 3:00 - 4:00 Neuropathological Conference; F. Tichy; Todd Amphitheater, U. H.
- 3:30 - 4:30 Dermatology-Physiology Seminar; 3rd Floor Conference Room, Heart Hospital.
- 4:00 - 5:30 Chest X-ray Conference; Chest Staff and Charles Nice; Todd Amphitheater, U. H.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hanson and Staff; E-534, U. H.
- 5:00 - Urological Seminar and X-ray Conference; A-503, Mayo Memorial.

Ancker Hospital

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

Minneapolis General Hospital

- 10:00 - Otolaryngology Conference; Robert A. Priest, Large Classroom.
- 10:30 - Pediatric Surgical Conference; Tague Chisholm and B. Spencer; Classroom, Station 4.

Friday, May 6 (Cont.)

Minneapolis General Hospital (Cont.)

- 12:00 - Surgery-Pathology Conference; Drs. Campbell and Coe; Classroom.
- 1:00 - 2:00 ECG Conference; Boyd Thomas and Staff; Classroom, Station 4.
- 2:00 - 4:00 Clinical-Medical Conference; Thomas Lowry; Classroom, Station 8.

Veterans Administration Hospital

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

Saturday, May 7

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.
- 9:00 - 9:30 Pediatric Grand Rounds; Eustis Amphitheater, U. H.
- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; Heart Hospital Amphitheater.
- 9:15 - 10:00 Surgery-Roentgenology Conference; Alexander R. Margulis, Owen H. Wangenstein and Staff; Todd Amphitheater, U. H.
- 10:00 - 11:30 Surgery Conference; Todd Amphitheater, U. H.
- 10:00 - 12:50 Obstetrics and Gynecology Rounds; J. L. McKelvey and Staff; Station 44, U. H.
- 10:00 - 12:00 Otolaryngology Seminar on Current Literature; L. R. Boies and Staff; Todd Memorial Room, A-675 Mayo Memorial.

Ancker Hospital

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

Minneapolis General Hospital

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

Saturday, May 7 (Cont.)

Minneapolis General Hospital (Cont.)

11:00 - 12:00 Medical X-ray Conference; O. Lipschultz, Thomas Lowry and Staff; Main Classroom.

Veterans Administration Hospital

8:00 - Proctology Rounds; W. C. Bernstein and Staff; Bldg. III.

8:30 - Medical X-ray Conference; Conference Room, Bldg. I.