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ASSOCIATION**

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Annual Report

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University of Minnesota Medical Bulletin

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UNIVERSITY OF MINNESOTA

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Dean's Address

Medicine: Some Prospects, Challenges, and Opportunities*

Robert B. Howard, M.D.†

The eminent British historian Arnold Toynbee has described the known civilizations of the world in terms of challenge and response. Those civilizations rising to the greatest heights, those marked by the most significant social, political, esthetic, and technological accomplishments are those which, in Toynbee's view, received the stimulus of a challenge of optimum severity. Those civilizations confronted by challenges too severe, such as an Arctic environment, failed to flourish, since mere survival under such circumstances requires all the energies and talents of the populace, leaving little or none for creative activity.

The effect of a too severe challenge on a civilization could be predicted with reasonable ease. Less predictable perhaps is the opposite side of the Toynbee coin: Those civilizations called upon to meet challenges of less than optimal degree also were characterized by lack of accomplishment. In support of this aspect of his thesis, Toynbee presents numerous examples of "soft" environments failing to spawn significant, productive civilizations.

Toynbee's view of history has, of course, been questioned on many grounds, most prominent among them, perhaps, that it represents a far too sweeping generalization and simplification of a most complex matter. Time and future historians will have to confirm or deny the Toynbee thesis. That it has at least a measure of validity, however, is suggested by our own observations of human behavior, both individual and group. Certainly all of us have seen the challenge-response pattern in our friends, in members of our families, in ourselves. We have noted how frequently in human endeavors the magnitude of the effort evoked seems directly related to the intensity of the challenge presented.

It is our purpose today to examine the challenge, or more correctly, the challenges, that medicine presents to us as students,

*This address was delivered as the Minneapolis Medical Foundation Lecture on September 29, 1958.

†Dean, University of Minnesota Medical School

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teachers, practitioners, researchers—challenges which can be translated into opportunities and future prospects. Perhaps such an examination will help us to perceive them more clearly, to act upon them, to be stimulated by them.

Those of you for whom today represents the beginning of your formal medical education are about to meet a challenge probably much greater than any you have faced to date, and it is you whom I want to address particularly, although I hope that my thoughts may have some interest for the others of you as well.

First of all, let me express the hope that you will not look upon the challenge merely in terms of "Can I pass Gross Anatomy?" or "What class rank can I attain?" Such an approach would be a short-sighted one for yourselves, an unhappy one for your patients, and a calamitous one for the future of medicine. Your real challenge during the next four years will be to seize every opportunity offered to you to expand and strengthen your knowledge of the fundamentals of medicine.

You will find that in medical school the emphasis is on *learning* rather than on *teaching*, that you will be presented with almost unlimited opportunities to *learn*, and that you must take advantage of these to the greatest extent possible if you are to fulfill the promise implicit in your being accepted into medical school.

The process of maturing will itself constitute a challenge for you. It will be assumed by the faculty that your outlook is adult, and you will be expected to assume from now on a measure of responsibility for your own education far greater than has been the case so far. In few instances will it suffice simply to know the lecture notes or to have in mind the facts presented in a given text. Rather you will be held responsible for a basic understanding of a subject surpassing factual knowledge alone. You will be held responsible, too, for a standard of personal conduct and appearance becoming a professional person. Your complete, unqualified integrity—undoubtedly the physician's single most important and most essential characteristic—will be assumed from the outset. Most sincerely we hope we shall never have cause to question it.

You will be disappointed in many of the things you will *not* learn during your years in medical school. Knowledge in the medical sciences today is extensive and expanding at a rapid rate. To expect you to be finished physicians upon graduations would be unrealistic indeed. Our objectives instead are to give you a sound background in the basic medical sciences, something that few acquire after

graduation if they failed to do so during undergraduate years, plus the most thorough knowledge possible of how one approaches a problem in clinical medicine—how information is acquired and synthesized, how a diagnosis is reached, how rational therapy is planned. No attempt will be made to assure your seeing an instance of every known disease or to have you see the “common diseases” in large numbers. To study one patient carefully under competent supervision is worth infinitely more educationally, your faculty believes, than to observe a dozen patients in haphazard fashion.

You will find, too, that we will not spend large amounts of time instructing you in minor technical procedures. Some of you will feel at a disadvantage as you compare your skills of this type with those of graduates of other schools when you begin your internships. I assure you that your good fundamental background will, in the long run, more than make up for any apparent deficiency.

As you can see, our fundamental approach to medical education is based on the concept that it is a lifelong process and that you will continue to be students throughout your professional lives. Certain things we will do our very best to give you during your four years with us; certain other things we will expect you to learn during periods of postgraduate study and training—formal, informal, or both. The M.D. degree, so keenly anticipated at this point in your lives, must ultimately be looked upon as your license to study for the next 40 years.

You will find that your teachers feel very strongly their responsibility to you as students of today, but you will learn, too, that in equal measure they feel a responsibility to the student of medicine of the future. To seek new truths, to explore the unexplored, to refine and expand man's knowledge of the human mind and body in health and disease—all of these are goals to which members of your faculty aspire. These are no mere collection of high-sounding platitudes, nor do they represent duties and obligations which pre-empt faculty time that would otherwise be available for teaching, as is sometimes wrongly implied by those who fail to understand the nature of medical education. Rather these objectives constitute an *integral part* of medical education. Without the investigative activity that you will find so characteristic of your school, without this orientation toward the future—combined, of course, with thoughtful concern for the present and proper regard for the past—medicine would indeed be dull and sterile. A trade rather than a profession, it would have little appeal for the imaginative mind.

It will be your challenge to view medicine with imagination and foresight, to perceive the relation between the research you will see going on about you and the medicine you will practice following your years of formal training. Your most effective response to this challenge might well be personal participation in a research project during some phase of your formal education. Opportunities for such participation will be available to you during the coming years. Whether your ultimate goal is the practice of general medicine, specialty practice, or teaching and research, you will find participation in a research project, even if for only a brief period, a richly rewarding experience.

The challenges of medical school will, of course, pale in comparison with those you will meet after you enter practice. The responsibility for the care of a patient is awesome indeed. The knowledge that a life may depend upon your decision or action is truly sobering, an experience quite unparalleled in other human endeavor and a challenge that will bring out the best in the physician of real merit. Yours will be the challenge of putting to the best possible use the fundamental knowledge you acquired in school, of expanding that knowledge, and of blending with it your accumulated experience in such a manner as to bring maximum benefit to your patients.

I have spoken so far of challenges to you as students. Certainly I would be remiss if I failed to point out some of the parallel challenges that face us as members of your faculty. First of all, naturally, is the challenge presented by the young, inquiring minds of a group of carefully selected students such as you. We must stimulate you to do your very best. More than teaching you, more than making you learn, we must make you *want* to learn. The extent to which we succeed in this will be the measure of our response to this challenge.

Despite our own special areas of interest, we must present to you a unified concept of the clinical approach to medicine, an approach which views the patient as a person, not as a repository for diseased organs. We must instill in you an appreciation for the spirit of inquiry, to which I referred earlier. It is our responsibility to make you see that teaching and research are so inseparably linked in a good medical school that withdrawal of support of either one would produce the ultimate withering of the other.

It is incumbent upon us to assure ourselves that the four short years you spend with us are invested in the most profitable manner possible. We must be alert to the danger inherent in following a certain procedure simply because we have "always done it that way." Tradition can be used to serve our ends, but it can also be a deadly

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trap. Or to change the metaphor, in listening to the voice of the past, we must accord it careful hearing but not uncritical obeisance. Our lectures, our teaching methods and materials, the curriculum itself deserve frequent review and critical scrutiny. We must not hesitate to eliminate outdated material or to revise courses when circumstances warrant. "Are we doing the best possible job of teaching?" must be a constantly recurring question for all of us.

As members of your faculty, we must strive at all times to establish and maintain the proper relationship of the student to the hospital itself and to members of the staff. In 1912, at the dedication of the Elliott wing of the University Hospitals, Dr. Charles Lyman Greene, Chief of the Medical Clinic, expressed a thought concerning this matter which has equal pertinence today. "It was manifest to us," said Dr. Greene, "as to Flexner, that the student must be a part of the institution and not simply a visitor on sufferance. We must endeavor, therefore, to bring him duly into the closest possible contact with cases and insist that he work out, under proper supervision and control, those problems which belong to the field of actual practice."

Concomitantly, we must fairly and accurately appraise the quality of the student's work. We must recognize the student of outstanding talent and do whatever we can to prepare him for his ultimate role of leadership in medicine. We must be equally alert to the student who does not measure up to our minimum standard, for here our responsibility is not only to our school, ourselves, and the student, but to the community at large, whose members might well suffer at the hands of an inept, insufficiently skilled physician.

I have spoken thus far principally of challenges. What of the prospects and opportunities? I judge that you already see them with reasonable clarity. Your prospects for "success"—however you may wish to measure or define it—are excellent. Like Pip in the Charles Dickens classic, you are people of *Great Expectations*.

Of even more importance, though, are your opportunities. In responding to the challenges outlined, you will be presented with countless opportunities. The opportunity to know and to understand at least something of the structure and function of that most wonderful of Nature's creations, the human body, is an opportunity given to relatively few. It must be respected and cherished and put to use for the benefit of those who place their trust in you.

Beyond this opportunity of knowing that which others know, of understanding that which others understand, lies the opportunity of opening a door in the house of knowledge, allowing light to fall in a

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room previously blanketed by the darkness of ignorance. The discovery of a truth, even a truth which appears relatively minor in its implications, brings an incomparable thrill.

The concept of service has probably been, for most or all of you, an important motivation for the study of medicine. The opportunity to serve your fellow man in a time of stress will be yours frequently. Such service reaps a rich harvest of satisfaction, of affection, and of respect.

If you can view medicine as a lifelong adventure, which you are now about to begin; if you serve it with all of your skill and ability; if you approach it with all of the imaginativeness at your command; then the pleasures you will derive from it will be limitless, the satisfaction unbounded. Your life will be constantly exciting, never humdrum; and your responsibilities, though heavy, will never be burdensome.

The challenges, the prospects, the opportunities are all yours. Respond to the challenges; rejoice at the prospects; and make the most of the opportunities!



Annual Report

University of Minnesota Hospitals,

July 1, 1957 – June 30, 1958

Ray M. Amberg, Ph.C.*

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

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

University of Minnesota Hospitals Admission Policy

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

Patients are classified according to their ability to pay as County, Per Diem, Teaching and Research, Sixty Fund, Eustis, Rehabilitation, Multiple Sclerosis, Muscular Dystrophy, Private, or, in the case of the Heart Hospital, the Variety Club of the Northwest Fund. No distinction is made among these classes in treatment or privileges.

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

PER DIEM patients are those who cannot afford to pay for the

*Director, University of Minnesota Hospitals

services of both a private physician and a private hospital. When applying for either outpatient or hospital care, these patients must present a special form filled in by themselves and their family physicians. They are required to pay their clinic or hospital expenses only, no charge being made for professional services of the staff. From the standpoint of money received by the Hospitals, there is no difference between a county patient and a per diem patient.

TEACHING AND RESEARCH patients are primarily destitute unmarried obstetrical patients who are unable to 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 sixteen years of age.

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

THE MULTIPLE SCLEROSIS DIAGNOSTIC FUND of \$15,000 was provided for each year of the past biennium to assist in financing the multiple sclerosis clinic. Referral by a physician is required.

THE MUSCULAR DYSTROPHY FUND consists of income from the Muscular Dystrophy Association of Minnesota to assist in the diagnosis and treatment of people afflicted with muscular dystrophy. Patients must be referred by a physician.

PRIVATE patients, limited in number, are admitted as a convenience to the senior staff. They are referred by other physicians in the state and are afforded the same treatment and privileges as are private patients in any private hospital.

THE VARIETY CLUB OF THE NORTHWEST FUND is a special annual gift from the Variety Club to assist in the care of patients from any of the communities in the Club area which includes Minnesota, North Dakota, South Dakota, parts of Wisconsin or any other area indicated by the Club. Patients may be admitted for care on this fund on the usual recommendation of a physician. The Variety Club itself may at times indicate and request service for certain patients in which it has a special interest, care to be paid for through this fund. No charge is made for the professional services of the staff—only for clinic or hospital expenses.

STUDENT HEALTH SERVICE patients are not considered Hospitals

patients even though a Hospitals intern is assigned to this service. The Student Health Service has its hospital infirmary on the fourth floor of the North wing of the University Hospitals but is not a part of the University Hospitals; it is a service institution maintained by the University with a director, staff, and budget of its own. The new Student Health Service, located on Church Street west of the Hospitals, provides outpatient care only.

Inpatient Department

The number of patients admitted during the fiscal year 1956-57 was 14,953, and during the year 1957-58 the number was 15,879. The total number of days of hospital treatment aggregated 185,434 for 1956-57 and 193,934 for 1957-58, an increase of 8,500 patient days. The average stay in the Hospitals was 12.4 days in 1956-57 and 12.2 in 1957-58.

Deaths for the year numbered 649. Of these, 120 occurred within 48 hours after admission; 145 deaths occurred in the Heart Hospital. Autopsies for the year 1956-57 numbered 574, overall rate of 85.1%; in 1957-58, there were 526 autopsies, an overall rate of 85.67%.

Dr. Arthur N. Springall, Assistant Secretary, Council on Medical Education and Hospitals, American Medical Association, in his letter of June 30, 1958, wrote as follows:

“According to information submitted, the University of Minnesota Hospitals had an autopsy rate on hospital deaths of 86% for the last reporting period. On this basis, the hospital will be included in the list of non-federal hospitals approved by the Council on Medical Education and Hospitals for the training of interns which had the highest autopsy rates for this period. This list will be published in the Internship and Residency Number of The Journal, A.M.A., issue of October 4, 1958.

The efforts of the hospital staff and the administration in establishing this record are highly commended. On behalf of the Council, I wish to extend our congratulations on your achievement.”

The daily cost of operating the Inpatient Department was \$29.83 in 1956-57 and \$33.36 in 1957-58, an increase of \$3.53 per patient day. Surgical operations performed during 1957-58 totaled 10,417 as against 9,922 during 1956-57.

The Psychopathic Department of the Hospitals admitted 694 patients during 1957-58 and 610 in 1956-57. In the Psychopathic Hospital the total number of patient days of hospital care was 20,368 in 1957-58 as against 17,550 in 1956-57.

The waiting list of the Hospitals showed 140 patients on July 1.

Outpatient Department

The number of new patient visits in 1956-57 was 20,377, and in 1957-58 it was 20,721. Total patient visits for 1956-57 were 119,683, and for 1957-58, the number was 125,174, an increase of 5,491 visits. The cost of operating the Outpatient Department was \$5.98 in 1956-57, and in 1957-58, \$6.38, an increase of 40 cents per patient visit.

The X-Ray Department reported 71,272 procedures for the year 1957-58 as against 79,050 for the year 1956-57.

The Department of X-Ray Therapy gave 15,296 deep therapy treatments in 1957-58 as against 13,507 in 1956-57. There were 9,849 treatments given on the cobalt machines in 1957-58 and 6,993 in 1956-57. The number of superficial therapy treatments given in 1957-58 was 687 as against 939 in 1956-57. There were 201 radium treatments given in 1957-58, and 223 in 1956-57. The total number of strontium (beta ray) treatments given in 1957-58 was 57, while in 1956-57 the number was 52. In the isotope laboratory (radioiodine) 741 tracer studies and treatments were given in 1957-58 as against 887 in 1956-57, the total number of millicuries used in 1957-58 being 525.2 as against 785 in 1956-57. There were 64 phosphorus treatments given in 1957-58, and 45 in 1956-57, the total number of millicuries used for treatment in 1957-58 being 175.8 as against 150.45 during 1956-57.

In 1956-57 one patient was treated with radioactive gold and 100 millicuries used; during 1957-58 no patients were treated by this means. In 1957-58, 107 radioiodine human serum albumin blood volume studies were made as against 19 in 1956-57. There were 59 radioactive chromium red cell survival studies in 1957-58, and 41 in 1956-57. In 1957-58 54 Phillips contact therapy treatments were given as against 77 in 1956-57. The past year also showed 81 $\text{Co}^{60} + \text{B}_{12}$ studies, 2 $\text{Co}^{60} + \text{B}_{12}$ with intrinsic factor, and 629 conversion ratio studies.

The number of prescriptions filled was 199,020 in 1957-58 as against 192,154 in 1956-57.

The Hospital laboratory made 691,118 determinations during the year 1957-58 as against 558,055 in 1956-57. The method of reporting urinalysis was changed this year, and therefore the figure for the year 1956-57 varies from that shown for this period in the previous report. (Note explanation in the laboratory report.)

Masonic Memorial Hospital

This hospital, built with funds raised by the Masons of Minnesota

and their affiliated organizations, was completed in September, 1958, and will open for patients about October 15th. The gift specifies that the money is to be used for a facility to provide care for patients suffering with advanced cancer and equally serious diseases for which there is no known cure. The admission of patients will be governed by the present admission policies of the University of Minnesota Hospitals. The building is presently connected by an underground passage to Powell Hall, but when the Library is finished, the Masonic Memorial Hospital will connect by tunnel with the hospital proper.

Variety Club Heart Hospital

The fifth floor is nearly completed and will be ready for occupancy by October 31. This area, built with money given by the Variety Club of the Northwest, will provide additional facilities for research on conditions related to heart disease.

Remodeling

The \$400,000 provided by the 1957 Legislature has been spent to remodel one section of the Elliott wing into an intensive care unit, which opened to receive patients the first week of October. A second project—the remodeling of the first, third, and fourth floors of the Elliott wing—will be finished this coming year.

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

However, one paramount need of a hospital is an understanding of what it is striving to accomplish. To do this it must have the assistance of many people in addition to the paid staff, people who wish to give their time or financial support. The continued interest of devoted friends contributes immeasurably to telling the hospital's story.

The University of Minnesota Hospitals is fortunate in having individuals and groups with this interest and devotion. It is fitting that we thank the Masons of Minnesota and their affiliated organizations for their liberal donations which made the Masonic Memorial Hospital possible; and the Variety Club of the Northwest for funds for

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the construction of the fifth floor of the Variety Club Heart Hospital, and for their continued generosity in providing funds for patient care.

We also wish to thank the Variety Club Auxiliary for its support to the Variety Club Heart Hospital; the University Hospitals Auxiliary—along with the other sections of the Faculty Women's Club—for generous efforts on behalf of our patients; the State Division of Social Welfare and the County Welfare Boards for their assistance, the various nursing homes for their cooperation; the Traffic Club for the gifts, entertainment, and cheer provided for our patients year after year at Christmas time; the Crippled Child Relief; the Minnesota Society for Crippled Children and Disabled Adults; the Sunshine Society; the Camp Fire Girls and the Girl Scouts; the Needlework Guild; the Junior League; the Minneapolis Council of Churches; the Minneapolis and Hennepin County Chapter of the American Red Cross; the Volunteer Service Bureau; and many other organizations and individuals who have contributed to our patients' welfare, including, of course, the chaplains who minister so faithfully to the spiritual needs of our patients.

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

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

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University of Minnesota Hospitals
Statement of Income & Expenditures
June 30, 1958

INCOME

County & State Reimbursement	\$ 2,564,966.59	
Pay Bed	2,837,297.73	
Minnesota Hospital & Home for Crippled Children	75,000.00	
Psychopathic Hospital	516,468.00	
Child Psychiatry	201,715.00	
Rehabilitation	313,211.00	
Out-Patient Department	250,419.96	
Student Health Service	153,079.54	
Variety Club Heart Hospital	65,000.00	
University Funds	218,679.00	
Other Funds	44,086.04	
Multiple Sclerosis	26,882.00	\$ 7,266,804.86

EXPENDITURES

Salaries & Wages	\$ 4,685,361.73	
Supplies & Expense	2,583,006.96	\$ 7,268,368.69

OVERDRAFT

\$ 1,563.83

COST OF OPERATION

Year	Out-Patient Dept.	In-Patient Dept.	Out-Patient Visit	Hospital Day
1952-53	\$ 452,797.47	\$ 3,629,971.84	\$ 4.67	\$ 22.75
1953-54	489,676.01	3,803,470.24	4.84	24.36
1954-55	580,225.05	4,241,477.74	5.33	24.47
1955-56	672,898.91	5,304,848.95	5.78	28.18
1956-57	715,963.52	5,616,192.30	5.98	29.83
1957-58	798,817.88	6,469,550.81	6.38	33.36

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Comparative Twelve-Months Report
In-Patient Department

	1956-57	1957-58		1956-57	1957-58
<u>Total Patients Admitted</u>			<u>Average Days per Patient</u>		
County (A)	4,114	4,027	County (A)	15.5	18
Pay & Per Diem (B,D,C)	8,295	8,654	Pay & Per Diem (B,D,C)	10.9	9.8
Student Health Service	1,361	1,920	Student Health Service	3.3	3.4
Psychiatry	261	315	Psychiatry	29.8	36.2
Psychiatry (Pay & Per Diem)	349	379	Psychiatry (Pay & Per Diem)	25.3	23.6
Child Psychiatry	62	92	Child Psychiatry	30.8	38
Child Psychiatry (Pay & Per Diem)	62	88	Child Psychiatry (Pay & Per Diem)	14.6	16.1
Free	248	252	Free	6.6	6.3
Eustis	195	135	Eustis	13.5	12.8
Variety Club Fund	6	17	Variety Club Fund	18.2	20.7
Totals	14,953	15,879	<u>Average Length of Stay per Patient</u>	12.4	12.2
<u>Total Patients Treated (Discharged)</u>			<u>Daily Average No. Patients</u>		
County (A)	4,633	4,576	County (A)	196.4	199.6
Pay & Per Diem (B,D,C)	7,750	7,976	Pay & Per Diem (B,D,C)	230.6	233.9
Student Health Service	1,355	1,910	Student Health Service	12.2	18.3
Psychiatry	319	387	Psychiatry	26.1	31.2
Psychiatry (Pay & Per Diem)	318	319	Psychiatry (Pay & Per Diem)	22	24.5
Child Psychiatry	68	105	Child Psychiatry	5.7	9.6
Child Psychiatry (Pay & Per Diem)	59	83	Child Psychiatry (Pay & Per Diem)	2.4	3.8
Free	248	255	Free	4.5	4.3
Eustis	202	156	Eustis	7.5	4.7
Variety Club Fund	13	30	Variety Club Fund	.6	.9
Totals	14,965	15,797	<u>Daily Average Census for Hospital</u>	508	531.32
<u>Total Days Hospital Care</u>					
County (A)	71,707	72,857			
Pay & Per Diem (B,D,C)	84,155	85,396			
Student Health Service	4,455	6,687			
Psychiatry	9,509	11,414			
Psychiatry (Pay & Per Diem)	8,041	8,954			
Child Psychiatry	2,094	3,511			
Child Psychiatry (Pay & Per Diem)	863	1,423			
Free	1,644	1,600			
Eustis	2,729	1,740			
Variety Club Fund	237	352			
Totals	185,434	193,934			

Comparison of Length of Stay

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	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58
General Surgery	14	14	14	13	14	14.5	15.3	14	12.6	11.8
Urology	12	11	12	11	10	9.7	10.3	10.4	9.8	10.4
Orthopedics	28	24	27	25	25	23.5	20.6	18.5	18.3	17.5
Neurosurgery	13	12	11	11	15	11.7	14.3	14.3	13.6	13.8
Anesthesia								1	50.3	159.1
Rehabilitation							33.3	16.8	19.2	21.6
Medicine	17	18	21	21	17	15.5	15.7	16.3	16.9	18.0
Neurology	14	16	17	16	16	15	13.6	15.3	16.2	17.6
Dermatology	21	21	22	20	22	19.3	19.9	17.9	13.7	14.9
Psychiatry	29	26	34	30	34	34.3	46.8	36.2	27.4	28.9
Child Psychiatry					19	22.3	21.1	22.3	23.3	26.2
Ophthalmology	15	12	15	14	19	13.5	15.4	12.6	16.3	13.6
Otolaryngology	8	8	9	8	7	6	6.4	6.6	5	4.3
Gynecology	8	11	8	8	9	14.3	14.3	16.6	9.8	9.3
Obstetrics	11	10	9	8	7	6.3	6.6	6.3	6	5.8
Newborn Pediatrics	9	9	9	8	8	6.6	6.3	5.9	6.8	6.2
Pediatrics	14	14	16	18	17	16.8	15.8	15.8	14.3	14.4
Health Service	4	5	4	4	3	3.4	3.2	3.3	3.3	3.5
TOTALS	13.2	12.7	13	14	13	13.2	13.8	13.4	12.4	12.3

THE MEDICAL BULLETIN

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Comparative Twelve-Months Report
In-Patient Department

SERVICE	ADMISSIONS		PATIENT DAYS		AVG. LENGTH STAY	
	1956-57	1957-58	1956-57	1957-58	1956-57	1957-58
Surgery, General	1,936	1,973	26,491	25,086	12.6	11.8
Neurosurgery	547	535	7,113	7,740	13.6	13.8
Orthopedics	308	381	5,590	6,624	18.3	17.5
Urology	<u>814</u>	<u>827</u>	<u>8,160</u>	<u>8,488</u>	9.8	10.4
Totals	3,605	3,716	47,354	47,938		
Medicine	2,131	2,102	32,958	34,127	16.9	18.0
Dermatology	<u>121</u>	<u>125</u>	<u>1,603</u>	<u>1,685</u>	13.7	14.9
Totals	2,252	2,227	34,561	35,812		
Psychiatry	610	694	17,550	20,368	27.4	28.9
Neurology	552	538	8,645	8,410	16.2	17.6
Child Psychiatry	<u>124</u>	<u>180</u>	<u>2,957</u>	<u>4,934</u>	23.3	26.2
Totals	1,286	1,412	29,152	33,712		
Ophthalmology	174	164	2,941	2,266	16.3	13.6
Otolaryngology	<u>602</u>	<u>613</u>	<u>2,983</u>	<u>2,666</u>	5.0	4.3
Totals	776	777	5,924	4,932		
Gynecology	1,035	979	10,071	9,015	9.8	9.3
Obstetrics	953	1,071	5,757	6,177	6.0	5.8
Newborn, Pediatrics	839	922	5,651	5,573	6.8	6.2
Pediatrics, General	2,506	2,515	36,057	36,417	14.3	14.4
Health Service	1,410	2,001	4,617	6,893	3.3	3.5
Rehabilitation	284	252	5,938	6,192	19.2	21.6
Anesthesia	<u>7</u>	<u>7</u>	<u>352</u>	<u>1,273</u>	50.3	159.1
TOTALS	14,953	15,879	185,434	193,934		

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Waiting List
July 1, 1958

SERVICE	1953-54	1954-55	1955-56	1956-57	1957-58
Male Surgery	21	7	0	2	0
Female Surgery	15	13	5	9	3
Neurosurgery	5	0	0	3	0
Plastic Surgery	1	0	7	13	2
Urology	10	22	8	7	7
Orthopedics (Pediatrics)	5	1	4	5	4
Plastic Surgery (Pediatrics)	1	1	6	5	0
Surgery (Pediatrics)	0	0	0	0	0
Urology (Pediatrics)	0	0	2	1	1
Orthopedics	24	23	5	15	12
Medicine	3	1	0	0	1
Medicine (Pediatrics)	0	0	0	1	1
Neurology	11	52	41	46	56
Neurology (Pediatrics)	0	0	0	0	0
Psychiatry (Adult)	13	19	2	8	19
Psychiatry (Pediatrics)	11	7	5	13	20
Dermatology	7	0	0	0	0
Ophthalmology	0	0	0	0	0
Ophthalmology (Pediatrics)	2	0	0	0	0
Physical Medicine (Adult)	3	6	7	2	11
TOTALS	132	152	92	130	140

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Comparative Twelve-Months Report
Out-Patient Department

SERVICE	NEW PATIENTS		REVISITS		TOTALS	
	1956-57	1957-58	1956-57	1957-58	1956-57	1957-58
MEDICINE						
General	3,097	2,987	7,709	7,755	10,806	10,742
Allergy	119	87	1,027	1,017	1,146	1,104
Arthritis	167	117	1,470	1,417	1,637	1,534
Cardiac (Adult)	508	247	2,632	2,283	3,140	2,530
CMC (Combined Medical Clinic)	---	---	185	85	185	85
Chest	101	51	541	606	642	657
Diabetic	141	136	951	977	1,092	1,113
Gastro-intestinal	63	40	392	328	455	368
Hematology	55	67	829	944	884	1,011
Metabolism	98	63	951	897	1,049	960
DERMATOLOGY & SYPHILIGOLOGY	480	572	3,038	3,123	3,518	3,695
NEUROLOGY						
General	510	498	752	772	1,262	1,270
Convulsive Disorder	1	6	1,008	1,029	1,009	1,035
Headache	---	22	---	26	---	48
Multiple Sclerosis	20	31	232	294	252	325
Muscular Dystrophy	16	27	77	107	93	134
Parkinson	---	2	327	324	327	326
PSYCHIATRY	388	382	3,503	3,400	3,891	3,782
SURGERY						
General	655	619	3,915	3,923	4,570	4,542
Plastic	36	40	393	440	429	480
Proctology	292	374	1,052	1,102	1,344	1,476
Tumor	272	226	2,704	2,463	2,976	2,689
Orthopedic	397	397	1,652	2,120	2,049	2,517
Urology - Female	162	146	400	387	562	533
Urology - Tumor	12	17	64	76	76	93
Urology - Male	304	300	1,187	983	1,491	1,283
Urology - Tumor	22	26	224	220	246	246
Neurosurgery	89	119	500	591	589	710
EYE						
General	770	833	4,324	4,016	5,094	4,849
Refraction	---	---	847	948	847	948
Squint	---	---	308	329	308	329
EAR, NOSE AND THROAT	723	668	3,842	2,850	4,565	3,518
Audiology	393	320	484	477	877	797
GYNECOLOGY						
General	481	493	1,575	1,235	2,056	1,728
Gynecology Tumor	37	76	1,666	1,776	1,703	1,852
Gynecology Proctology	5	6	440	200	445	206
OBSTETRICS	473	510	3,209	3,810	3,682	4,320
Night Obstetrics	---	11	300	242	300	253
PEDIATRICS						
General	1,181	1,191	4,271	4,311	5,452	5,502
Allergy	1	---	230	313	231	313
Cardiac	458	163	1,478	1,110	1,936	1,273
Convulsive Seizure	11	2	378	350	389	352
Endocrine	9	---	182	244	191	244
Peds. Hematology	---	---	31	317	31	317
Child Psychiatry	591	561	878	867	1,469	1,428
Peds. Neurology	63	4	192	300	255	304

(continued)

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Comparative Twelve-Months Report
Out-Patient Department—Continued

SERVICE	NEW PATIENTS		REVISITS		TOTALS	
	1956-57	1957-58	1956-57	1957-58	1956-57	1957-58
PEDIATRICS (cont'd)						
Peds. Renal	1	----	134	189	135	189
Speech	27	22	155	82	182	104
Well Baby	6	2	382	351	388	353
EMERGENCY	2,944	3,092	15,360	16,022	18,304	19,114
NUTRITION	639	880	591	695	1,230	1,575
DENTAL	105	111	2,119	2,162	2,224	2,273
NORTH	3,059	2,968	17,297	17,763	20,356	20,731
MISCELLANEOUS	---	769	---	3,978	---	4,747
VOCATIONAL REHABILITATION	395	440	918	1,827	1,313	2,267
TOTALS	20,377	20,721	99,306	104,453	119,683	125,174

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Comparative Twelve-Months Report
North Clinic

CLINIC ATTENDANCE	NEW PATIENTS		REVISITS		TOTALS	
	1956-57	1957-58	1956-57	1957-58	1956-57	1957-58
Medicine	514	472	2,991	2,906	3,505	3,378
Neurology	257	206	1,206	1,040	1,463	1,246
Dermatology	7	33	83	126	90	159
Surgery	371	323	3,524	3,439	3,895	3,762
Urology	137	206	651	939	788	1,145
Neurosurgery	304	333	664	633	968	966
Deep X-Ray	98	175	9	8	107	183
Orthopedics	43	66	312	534	355	600
Physical Medicine	65	55	105	75	170	130
Dental	4	7	3	13	7	20
Eye	6	5	49	8	55	13
Ear, Nose and Throat	473	291	663	422	1,136	713
Obstetrics	300	350	2,911	3,172	3,211	3,522
Gynecology	264	240	1,926	2,141	2,190	2,381
Pediatrics	166	167	1,426	1,388	1,592	1,555
Psychiatry (Child)	11	9	4	4	15	13
Psychiatry (Adult)	39	30	770	915	809	945
TOTALS	3,059	2,968	17,297	17,763	20,356	20,731

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Comparative Twelve-Months Report
X-Ray

PARTS EXAMINED	1956-57	1957-58
Abdomen	2,269	2,331
Angiography (cerebral)	286	251
Angiocardiogram	139	135
Ankle and Foot	745	995
Aortogram	63	74
Arm, Forearm, Elbow	597	551
Arteriogram	141	59
Bronchogram	144	110
Breast	1,123	323
Chest	25,876	26,215
Cholangiogram	338	370
Cineroentgenogram	72	24
Colon	4,259	2,892
Dacrocystogram	--	1
Encephalogram	278	306
Injection of Sims Tract	12	6
Facial Bones	294	314
Gall Bladder	696	707
Heart Catheterization	355	369
Heart	2,198	2,053
Hepotogram	2	1
Hip Nailing	36	30
Hysterosalpingogram	39	34
Kymogram	61	121
Pallidotomy	--	30
Pancreatogram	4	7
Pelvis and Hip Joints	2,543	2,232
Pelvimetry	151	115
Pharynx, Larynx	--	19
Phlebogram	--	7
Placentogram	4	4
Planigram	271	248
Pneumomediastinum	--	2
Pneumoperitoneogram	--	3
Ribs and Sternum	170	177
Shoulder Girdle	425	407
Sialogram	2	6
Simuses, Paranasal and Mastoids	632	531
Skull, Orbits, Sella Turcica	2,396	2,465
Small Bowel	123	193
Spine (entire)	3,194	3,349
Myelogram	222	222
Splenogram--Splenoportogram	3	3
Stomach, Duodenum, Esophagus	5,543	4,698
Thigh, Leg, Knee	1,349	1,544
Tube Passing	23	25
Urinary Tract	825	814
Cystogram--Urethrogram	578	572
Urography, Excretion	1,682	1,754
Isolated Kidney	6	3
Urography, Retrograde	499	471

(continued)

THE MEDICAL BULLETIN

Comparative Twelve-Months Report
X-Ray—Continued

PARTS EXAMINED	1956-57	1957-58
Venogram	19	18
Ventriculogram	81	38
Venacavagram	6	10
Wrist and Hand	843	828
TOTAL RADIOGRAPHIC EXAMINATIONS	61,617	59,067
PHOTOFILMOGRAPHY		
Employees	759	587
Admission Cases	2,447	355
	<u>3,206</u>	<u>942</u>
FLUOROSCOPY		
Diagnostic	14,227	11,263
TOTAL DEPARTMENTAL PROCEDURES	79,050	71,272
PATIENTS		
Cancer Detection Center	6,796	4,997
Hospital	18,943	21,197
Heart Hospital X-Ray	4,640	4,472
Out-Patient Department	12,828	13,869
Urology X-Ray	1,773	1,692
Main Operating Room	2,635	2,789
Out-Patient X-Ray (thru 12/56)	567	---
Student Health Service	1,151*	1,320*
Private	11,394*	11,860*
Employees	856*	1,159*
* Included in "Total Patients"		
TOTALS	48,182	49,016
RADIOGRAPHIC PROCEDURES		
Heart Hospital X-Ray	4,939	4,750
Urology X-Ray	2,193	2,093
Main Operating Room X-Ray	2,899	2,920
Out-Patient X-Ray (thru 12/56)	729	---
Main Department	<u>50,857</u>	<u>49,304</u>
TOTALS	61,617	59,067

THE MEDICAL BULLETIN

Comparative Twelve-Months Report
X-Ray Therapy Department

TYPE OF TREATMENT	1956-57	1957-58
Deep X-Ray Treatments		
New Patients	600	587
Patients Retreated	<u>166</u>	<u>169</u>
Total Number of Patients Treated	766	756
Hennepin County Patients	82	104
Ramsey County Patients	30	30
Patients from Other Counties	<u>196</u>	<u>168</u>
Total County Patients	308	302
Out-Patient Treatments	7,200	10,085
House-Patient Treatments	<u>6,307</u>	<u>5,211</u>
Total Number of Treatments	13,507	15,296
Average Number of Treatments per Patient	17.6+	21.3+
No. Treatments on 250 Machine	3,426	3,116
No. Treatments on 400 Machine	3,089	2,359
No. Treatments on Canadian Cobalt Machine	6,287	5,876
No. Treatments on Picker Cobalt Machine	706	3,973
Superficial X-Ray Treatments		
120 KV	161	99
83 KV (Started June, 1958)		8
Out-Patient Treatments	925	663
House-Patient Treatments	<u>14</u>	<u>24</u>
Total Number of Treatments	939	687
Phillips Contact Therapy	77	54
Radium		
Total Number of Treatments	223	201
New Patients Treated	182	167
Strontium (Beta Ray)		
Total Number of Treatments	52	57
New Patients Treated	9	10

(continued)

THE MEDICAL BULLETIN

Comparative Twelve-Months Report
X-Ray Therapy Department—Continued

TYPE OF TREATMENT	1956-57	1957-58
Isotope Laboratory		
Radioiodine		
Total Number Tracer Studies & Treatments	887	741
Number New Patients Given Tracer Study	631	494
Number Patients Given Repeat Tracer Study	173	186
Number Patients (New) Given Treatment	66	50
Number Patients Given Retreatment	17	11
Total Number Millicuries	785	525.2
Phosphorus		
Total Number Treatments	45	64
Number New Patients Given Treatment	20	15
Number Retreatments	25	49
Eye Tumor Diagnosis Studies	22	24
Total Number Millicuries Used for Treatment	150.45	175.8
Total Number Millicuries Used for Studies	10.75	12
Radioactive Gold		
Number of Patients Treated	1	0
Total Number of Millicuries	100	0
RIHSA Blood Volume Studies	19	107
Radioactive Chromium Red Cell & Survival Studies		
Blood Volume Studies	18	36
Survival Studies	23	23
Fe59 Studies	1	0
Cobalt 60 +B12 Studies		
Number of Studies	71	81
Cobalt 60 +B12 with Intrinsic Factor		
Number of Studies	3	2
Conversion Ratio Studies		
Number of Studies	522	629

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Comparative Twelve-Months Report
Hospital Laboratories

Laboratory	Number of Determinations	
	1956-57	1957-58
Bacteriology	26,004	30,162
Blood Bank	186,624	291,143
Cancer Detection	25,162	25,709
Chemistry	65,551	73,614
Clerks	3,843	7,097
Dispensary	53,829	60,254
Electrocardiography & Basal Metabolism	9,207	9,640
Electroencephalography	1,579	1,932
Heart Catheterization (Heart Catheterization Cases)	857 (365)	720 (368)
Heart Hospital	16,565*	15,263*
Hematology	94,407	98,928
Hematology, Special	1,518	1,391
North Clinic	8,271	7,337
Parasitology	558	815
Serology	11,394	16,260
Tissues		
Specimens		
(Autopsy)	(633)	(648)
(Surgical)	(5,188)	(4,801)
Blocks		
Autopsy	15,776	12,176
Surgical	14,796	14,670
Cytology	217	318
Special Stains, etc.	275	247
Extra Slides	—	1,428
Urinalysis	21,622*	22,014*
TOTALS	558,055	691,118
* Correction has been made for change in method of reporting urinalysis; a complete urinalysis being counted as a single determination under the new system.		

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Comparative Twelve-Months Report
Operating Room

Service	Major		Minor		Totals	
	1956-57	1957-58	1956-57	1957-58	1956-57	1957-58
DEPARTMENT OF SURGERY						
General Surgery	2,211	1,956	649	597	2,860	2,553
Neurosurgery	398	436	186	169	584	605
Urological Surgery	220	199	47	65	267	264
Orthopedics	309	338	161	192	470	530
Casts			121	460	121	460
DEPARTMENT OF GYNECOLOGY	244	242	255	274	499	516
DEPARTMENT OF EAR, NOSE & THROAT						
Otolaryngology	371	408	605	590	976	998
Dentistry	34	56	12	7	46	63
DEPARTMENT OF OPHTHALMOLOGY						
	235	207	88	98	323	305
Totals	4,022	3,842	2,124	2,452	6,146	6,294
CYSTOSCOPY DEPARTMENT						
TURs & Op. Procedures	342	324			342	324
Cystoscopies			1,533	1,580	1,533	1,580
Minor Non-Cystoscopies			941	1,135	941	1,135
X-Rays		324	960	1,084	960	1,084
Totals	342	324	3,434	3,799	3,776	4,123
Combined Totals	4,364	4,166	5,558	6,251	9,922	10,417
SUMMARY						
	<u>1956-57</u>	<u>1957-58</u>				
Majors	4,364	4,166				
Minors	<u>5,558</u>	<u>6,251</u>				
Totals	9,922	10,417				

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Comparative Twelve-Months Report
Pharmacy

Month	Out-Patient Rx		Hospital Rx		Total Rx	
	1956-57	1957-58	1956-57	1957-58	1956-57	1957-58
July	4,130	4,228	11,955	11,603	16,085	15,831
August	4,290	4,604	13,084	11,625	17,374	16,229
September	3,875	4,193	10,775	10,253	14,650	14,426
October	4,322	4,861	11,409	11,782	15,731	16,643
November	4,423	4,301	11,857	12,122	16,280	16,423
December	4,149	4,146	10,774	11,380	14,923	15,526
January	4,523	4,978	11,002	12,152	15,525	17,130
February	4,097	4,507	10,733	11,630	14,830	16,137
March	4,675	5,204	11,596	12,787	16,271	18,025
April	4,468	5,035	13,150	12,452	17,618	17,487
May	4,584	4,770	13,063	13,222	17,647	17,992
June	<u>4,280</u>	<u>4,585</u>	<u>10,940</u>	<u>12,586</u>	<u>15,220</u>	<u>17,171</u>
Totals	41,816	55,412	140,338	143,594	192,154	199,020

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Variety Club Heart Hospital
1957-58

<u>Out-Patient Department</u>		<u>In-Patient Department</u>		
Clinic Attendance		Admissions	(201) 766	1,376
			(301) <u>610</u>	
Adult		Transfers		204
New	414	(In)	(201) 104	
Old	<u>2,484</u>	(301) <u>100</u>		
Pediatrics		Transfers	(201) 92	154
New	478	(Out)	(301) <u>62</u>	
Old	<u>1,406</u>			
Total	4,782	Discharges	(201) 677	1,239
			(301) <u>562</u>	
Registration Fee	\$ 2,551.98	Deaths	(201) 85	146
Laboratory	12,089.72		(301) <u>61</u>	
Drugs	96.00	Patient Days	(201) 12,471	23,561
X-Ray	<u>2,774.70</u>		(301) <u>11,090</u>	
Total	\$ 17,512.40	Average Census	(201) 34	64
			(301) 30	
<u>Heart Hospital X-Ray Department</u>		Total for Hospital		
In-Patient	2,693	Occupancy (%)	(201) 97%	82%
Out-Patient	<u>1,729</u>		(301) 89%	
No. Patients	4,758	Total for Hospital		
<u>Heart Catheterization Laboratory</u>		Average Length of Stay	(201) 16	17
No. Procedures	702		(301) 18	
Average (Monthly)	59	Total for Hospital		
Fees	\$ 30,325.75			
<u>Laboratory Department</u>				
No. Procedures				
Yearly	21,625			
Monthly	1,802			

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Social Service Department
Statistical Report
1957-58

1. Total Number of Cases under Care during Year (MSW and PSW)		<u>11,090</u>
2. Cases Carried over during Year	4,667	
3. Added to Caseload during Year	6,423	
a. New	2,026	
b. Old	640	
c. Brief Service	2,524	
d. Recurrent	739	
e. Transfer from MSW	291	
f. Transfer from PSW	203	
4. Subtracted from Caseload during Year	3,805	
a. Transfer to MSW	323	
b. Transfer to PSW	244	
c. Closed	3,238	
5. Joint Cases	175	
a. MSW	5	
b. PSW	170	

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Nutrition Department
1957-58

Raw Food Cost

Patients		\$ 203,174.18	(68.8%)
Professional Staff		92,185.62	(31.2%)
Cafeteria	\$ 86,559.71		
Operating Room	3,608.72		
Staff Luncheons	2,017.19		
Total Raw Food Cost		<u>\$ 295,359.80</u>	
Average Cost per Patient Meal		.35	
Average Cost per Cafeteria Meal		.353	

Meals Served

Patients		579,949
Modified Diets	162,627	
Cafeteria		255,767
Staff Luncheons		<u>6,671</u>
Total		842,387
Formulas Prepared	15,028	
Purees Bottled	16,386	
Supplementary Feedings	18,836	

(cont'd)

Nutrition Department—Continued

	ANNUAL TOTALS	MONTHLY AVERAGES	ANNUAL PERCENTAGES
Raw Food Cost			
Patients	\$ 203,174.18	\$ 16,931.18	68.8
Cafeteria	92,185.62	7,682.14	31.2
Total	\$ 295,359.80	\$ 24,613.32	100.0
Meals Served			
Patients	579,949	48,329	68.8
Cafeteria	255,767	21,314	30.4
Staff Luncheons	6,671	556	.8
Total	842,387	70,199	100.0
Raw Food Cost (patients)			
Staples	\$ 4,549.14	\$ 379.10	1.5
General Diets	122,365.05	10,197.09	41.4
Special Diet Laboratory	54,313.99	4,526.17	18.4
Milk Laboratory	2,755.97	229.66	.9
Floor Orders	15,436.88	1,286.41	5.2
Parties-Adult Psych., Rehab.	1,044.03	87.00	.4
Parties-Child Psych.	949.79	79.15	.3
Metabolic	975.37	81.28	.3
Others	783.96	65.33	.3
Total	\$ 203,174.18	\$ 16,931.18	68.7
Cafeteria	\$ 86,559.71	\$ 7,213.31	29.4
Operating Room	3,608.72	300.73	1.2
Staff Luncheons	2,017.19	168.10	.7
Total	\$ 92,185.62	\$ 7,682.14	31.3
Grand Total	\$ 295,359.80	\$ 24,613.32	100.0
Patient Cost per Day	1.051		
Patient Cost per Meal	.350		
Cafeteria Cost per Day	1.056		
Cafeteria Cost per Meal	.353		
Raw Food Classification			
Meat, Cheese, Eggs	\$ 107,316.59	\$ 8,943.05	36.4
Canned Goods, Fruit, Vegetables	64,438.22	5,369.85	21.8
Milk and Cream	62,992.88	5,249.41	21.3
Fat and Oil	11,763.02	980.25	4.0
Miscellaneous	48,849.09	4,070.76	16.5
GRAND TOTAL	\$ 295,359.80	\$ 24,613.32	100.0

THE MEDICAL BULLETIN

Medical Record Department 1957-58

Chart Service

Approximately 200,317 records were pulled by the Medical Record Department during the year 1957-58 for the following purposes:

Insurance Reports	6,669
Studies and Follow-up	33,389
OPD Records for Clinic Visits and Fails	130,299
Hospital Admissions	15,879
Information Desk in Record Department (phone calls)	<u>14,081</u>
Total*	200,317

*This total does not include an estimated 5,000 clinic fails for January - June, 1958, charts pulled for the weekly chart conferences, or charts pulled for clerks, nurses, attorneys, insurance inspectors, and others who come to the department in order to see records.

Research Projects

Thirty-three thousand, three hundred eighty-nine (33,389) records were pulled for studies and follow-up during the past year. Included in this count are 106 completed studies, 17 temporarily discontinued, 2 reactivated, and 13 long-term studies.

Change in Procedures

Two changes in procedure were made during 1957-58. On July 1, 1957 the Medical Record Department began indexing diseases according to a combined Standard Nomenclature of Diseases and Operations and International Statistical Classification file. The main reasons for this change were (1) to reduce the physical size of the index and (2) to provide a single listing of patients with related diseases, thus enabling us to obtain more complete groups of charts for case studies and research.

During the year replacement of old record folders with new color control folders which are designed to produce accurate filing in the department was begun.

(cont'd)

THE MEDICAL BULLETIN

Medical Record Department—Continued
1957-58

Stenographic Department

Letters Transcribed		23,254
Discharge	12,004	
Out-Patient	11,250	
Operations Transcribed		13,047
General Surgery	9,468	
Cystoscopies	3,579	
Pathological Tissues		14,480
Autopsies		10,479

The Medical Trainee course is still in effect in this department. It was begun for the dual purpose of training employees in medical terminology in order that they could more efficiently perform the duties of transcribing the various medical procedures that are done here, and secondly, to attempt to aid in the elimination of rapid turn-over of employees by giving them the opportunity of promotion within the office setting. The quality and quantity of work has been improved and the course has aided us in obtaining a more efficient type of worker.

THE MEDICAL BULLETIN

Department of Physical Medicine and Rehabilitation
1957-58

The fourth year of operation of the Rehabilitation Center showed a continued increase in the services performed for patients over previous years. In 1957-58 there has been an increase of 8 per cent in the number of patients seen in the Rehabilitation Center and an increase of 14 per cent in the number of patient visits for rehabilitation. Since 1954-55, the first year of operation, there has been an increase of 46 per cent in the number of patients registered and an increase of 29 per cent in the number of patient visits. In this same four-year period treatments have increased by 91 per cent from 63,665 in 1954-55 to 121,629 in 1957-58. The statistics showing the number of patients, visits, and the treatments by the various units of the Rehabilitation Center are given in Table I.

This year we have attempted to evaluate the vocational rehabilitation achieved by patients treated in the Rehabilitation Center. Table II lists the vocational status of patients at the time of discharge.

Table III lists the patients seen in this department by the category of condition treated.

Table IV summarizes the categories of therapy for the year.

TABLE I

	1956-1957		Total	1957-1958		Total
	Out-Patient	In-Patient		Out-Patient	In-Patient	
Patients	605	2,154	2,759	492	2,479	2,971
Patient Visits	7,077	37,691	44,768	6,996	44,506	51,202
Total Treatments	21,002	70,540	91,542	24,628	97,001	121,629
Physical Therapy	13,371	34,795	48,166	17,236	55,445	72,681
Occupational Therapy						
Rehabilitation	2,159	13,484	15,643	2,463	15,529	17,992
Prevocational	1,289	1,340	2,629	1,261	1,763	3,024
Special Services	8	19,259	19,267		22,579	22,579
Speech Therapy	2,842	945	3,787	2,755	1,094	3,849
Vocational Counseling	1,333	717	2,050	913	591	1,504
Social Service			171			503

THE MEDICAL BULLETIN

Department of Physical Medicine and Rehabilitation—Continued

TABLE II
Rehabilitation Status of Patients Discharged
from the Rehabilitation Center

	Patients	Per cent
Will resume previous employment	405	24
Homemakers, will return home	134	8
Children	291	17.5
Retired	69	4
Convalescing	226	13.5
Unemployable, returned home	116	7
Nursing home care	216	13
Deceased	48	3
Placed in new occupation	45	2.7
Trained for homemaking	10	
Begin educational program	40	2.4
College	5	
Vocational	15	
Correspondence	3	
On the job	6	
Sheltered workshop	10	
Homebound	1	
To be placed	61	3.7
Unemployed	<u>12</u>	0.7
	1,673	

THE MEDICAL BULLETIN

Department of Physical Medicine and Rehabilitation—Continued

TABLE III
Categories of Diseases or Disabilities Treated

1. Infective and parasitic diseases	42
2. Neoplasms	130
3. Allergic, endocrine, metabolic and nutritional diseases	70
4. Diseases of the blood and blood-forming organs	95
5. Mental, psychoneurotic and personality disorders	520
6. Diseases of the nervous system and sense organ	511
7. Diseases of the circulatory system	201
8. Diseases of the respiratory system	25
9. Diseases of the digestive system	42
10. Diseases of the genito-urinary system	123
11. Diseases of the skin	44
12. Diseases of the bones and organs of movement	358
13. Congenital malformations	253
14. Symptomatic conditions, senility, and ill-defined conditions	106
15. Accidents, poisoning and traumatic injuries	378
16. Speech disorders and involvements	<u>73</u>
TOTAL	2,971

THE MEDICAL BULLETIN

Department of Physical Medicine and Rehabilitation—Continued

TABLE IV
Summary of Therapy

	<u>Out-Patient</u>	<u>In-Patient</u>	<u>Total</u>
<u>Physical Therapy</u>			
Diathermy	1,651	626	2,277
Electric Stimulation	97	207	304
Hot Packs	759	2,289	3,048
Hubbard Tank	79	1,125	1,204
Massage	2,806	3,806	6,612
Paraffin	486	1,162	1,648
Radiant Heat	246	585	831
Therapeutic Exercises	9,813	42,841	52,654
Ultraviolet	311	1,533	1,844
Whirlpool	974	1,240	2,214
Miscellaneous	<u>14</u>	<u>31</u>	<u>45</u>
TOTALS	17,236	55,445	72,681
<u>Speech Therapy</u>			
Evaluation	39	41	80
Training	<u>2,716</u>	<u>1,053</u>	<u>3,769</u>
TOTALS	2,755	1,094	3,849
<u>Occupational Therapy</u>			
ADL Training	228	1,822	2,050
Diversional	270	7,326	7,596
Functional	1,965	6,381	8,346
Prevocational	<u>1,261</u>	<u>1,763</u>	<u>3,024</u>
TOTALS	3,724	17,292	21,016
<u>Service Units O.T.</u>			
Pediatrics		5,744	5,744
Child Psychiatry		3,223	3,223
Adult Psychiatry		<u>13,612</u>	<u>13,612</u>
TOTALS		22,579	22,579
<u>Vocational Rehabilitation</u>			
Counseling	388	395	783
Interviews & Contacts	<u>525</u>	<u>196</u>	<u>721</u>
TOTALS	913	591	1,504
Vocational Placement	45		45
TOTAL TREATMENTS (PM&R)	24,628	97,001	121,629



In Memoriam

Dr. James S. McCartney died suddenly and unexpectedly on August 30, 1958, at the end of his annual vacation, which he had spent this year in Minneapolis with his family rather than in the Montana Rockies, as was his long-established custom.

Dr. McCartney was born July 21, 1893, at Tarentum, Pennsylvania. He received the B.A. degree from Washington and Jefferson College in 1913 and the M.D. degree from Johns Hopkins University in 1917. He was an intern at St. Francis Hospital, Pittsburgh, from July 1917 to July 1918 and served as a First Lieutenant, Medical Corps, Field Remount Squadron 317, A.E.F. in World War I. From November 1919 to September 1920 he was a Fellow in Surgery, Mayo Foundation. Appointed to the staff of the Department of Pathology, University of Minnesota Medical School in 1920, he served continuously in that department until his death, becoming Professor of Pathology in 1949.

He was a member of the Hennepin County Medical Society, Minnesota State Medical Association, American Medical Association, American Association of Pathologists and Bacteriologists, American Association for Cancer Research, College of American Pathologists, International Academy of Pathology, Minnesota Society of Clinical Pathologists, and the Minneapolis Academy of Medicine. A Diplomate of the American Board of Pathology, he was for many years President of the Minnesota State Board of Examiners in the Basic Sciences and Secretary-Treasurer of the Minnesota Pathological Society.

Dr. McCartney had a kindly, generous nature and was loved and respected by his students and colleagues, with whom he was always willing to share his wide experience and wise counsel. He made important contributions to medical literature especially that on thrombosis and embolism and on cirrhosis of the liver. His interest in forensic pathology and medicolegal problems made him a highly valued consultant in these fields.

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- Monday, 9:00 to 10:50 A.M. OBSTETRICS AND GYNECOLOGY
Old Nursery, Station 57
University Hospitals
- 12:30 to 1:30 P.M. PHYSIOLOGY-
PHYSIOLOGICAL CHEMISTRY
214 Millard Hall
- 4:00 to 6:00 P.M. ANESTHESIOLOGY
Classroom 100
Mayo Memorial
- Tuesday, 12:30 to 1:20 P.M. PATHOLOGY
104 Jackson Hall
- Thursday,
11:30 A.M. to 12:30 P.M. TUMOR
Todd Amphitheater
University Hospitals
- Friday, 7:45 to 9:00 A.M. PEDIATRICS
McQuarrie Pediatric Library,
1450 Mayo Memorial
- 8:00 to 10:00 A.M. NEUROLOGY
Station 50, University Hospitals
- 9:00 to 10:00 A.M. MEDICINE
Todd Amphitheater,
University Hospitals
- 1:30 to 2:30 P.M. DERMATOLOGY
Eustis Amphitheater
University Hospitals
- Saturday, 7:45 to 9:00 A.M. ORTHOPEDICS
Powell Hall Amphitheater
- 9:15 to 11:30 A.M. SURGERY
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For detailed information concerning all conferences, seminars, and ward rounds at University Hospitals, Ancker Hospital, Minneapolis General Hospitals, and the Minneapolis Veterans Administration Hospital, write to the Editor of the BULLETIN, 1342 Mayo Memorial, University of Minnesota, Minneapolis 14, Minnesota.