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NOTES	A. MOFFITT HOSPITAL BUDGET SHEETS 1938-1939	
FOUND BY	M. HONES 11/11/94	

721721

July 8, 1938

1938/39

My dear Dean Schmidt:

The allocation of the Medical Research Fund (Cancer) for the academic year 1938-39 has been approved as submitted by Dr. Porter in his letter of June 13th:

- | | |
|--|----------------|
| 1. Division of Obstetrics and Gynecology
(Mrs. Margaret Bean, Clerk)..... | \$1,320 |
| 2. Division of Surgery
(Mrs. Elinor Wells, Clerk)..... | 1,320 |
| 3. Division of Medicine
(Drs. Evelyn Anderson and Webb Haymaker).... | 300 |
| 4. Division of Pathology
(Dr. I. H. Perry)..... | 200 |
| 5. Division of Roentgenology
(for purchase of equipment to be used for
experimental cancer treatment)..... | 750 |
| 6. Reserve..... | 110 |
| | <u>\$4,000</u> |

Sincerely yours,

Budget Clerk

Dr. C. L. A. Schmidt
Dean's Office
Medical School

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FOLDER NAME	ANNUAL REPORT 1964-1965	
NOTES	NEUROSURGERY DEPT.	
FOUND BY	M HONES	11/11/94

by blocking the incoming afferent fibers to the hypothalamus. (Endocrinology, 76:526-530, 1965.) Additional drugs structurally related to alpha-ethyltryptamine have been studied for their effect on adrenal venous 17-hydroxycorticoid output. Inhibition of ACTH secretion was produced only by those related agents which produce a prolonged pressor response and there was no correlation with monamine-oxidase inhibiting activity. (Fed. Proc., 24:128, March April, 1965.)

Current studies are continuing on the mechanism of increased urinary excretion of sodium following isotonic and hypotonic expansion of body fluid volume in animals. A series of animals with chronic lesions of the area postrema were studied and appeared to have a normal response. We are currently carrying out the same studies in animals in which the entire lower brain stem has been removed. These investigations were suggested by our previous findings that animals with chronic area postrema lesions could not excrete a hypertonic load as rapidly as normal (Acta Neurovegetative, 22:14-32, 1960) as by our observations that stereotaxic stimulation of the brain stem caused various striking changes in renal excretion of sodium and water (Am. J. Physiol., 198:1291-1295, 1960.)

Studies of the distribution of carbon¹⁴-labelled mannitol from serum into cerebrospinal fluid and brain were completed in the experimental animal. These demonstrated excretion of approximately 75% of the labelled mannitol within six hours and higher concentrations of mannitol in serum than either cerebrospinal fluid or brain within this time period. The maximum ratio of cerebrospinal fluid to serum concentration at six hours was 0.37. (Exp. Neurology, 10:264-270, 1964.) It is planned to carry out similar studies in human beings with severe head injuries subjected to trephination or craniotomy at the San Francisco General Hospital in conjunction with Doctor Normal C

Further studies are being carried out in animals on the effect of osmolality of serum on cerebrospinal fluid pressure as altered by the state of antidiuresis present. It was found that alcohol was inadequate as a blocking agent for stress-induced antidiuresis. It is planned to continue these studies in animals with hypothalamic lesions to block the secretion of antidiuretic hormone.

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Studies continue to be carried out at intervals on patients who develop clinical aberrations of fluid and electrolyte balance. A resumé of Doctor Wise's entire experience in this field from 1952 to the present was recently published by Charles C. Thomas Company (FLUID AND ELECTROLYTES IN NEUROLOGICAL SURGERY, Springfield, Illinois: Charles C. Thomas Co., 1965, pp. 117).

Doctors Chater and Perkins have initiated a clinical investigation of acute head injuries at the San Francisco General Hospital. Their objective is to ascertain whether an immediate wide surgical decompression of the acutely swelling brain in conjunction with hypothermia, steroids, etc., can reduce morbidity and mortality in this increasingly important problem.

The Cerebrovascular Research Laboratory, under the direction of Doctor Maurice Smith, has been active during the past year. Work on profound hypothermia without extracorporeal circulation was completed. Seventy dogs were cooled by various external means and rewarmed with diathermy. By combining hemodilution, slow cooling with ice, and careful control of the acid base balance, 19 of 20 dogs were successfully cooled to 20° C. and rewarmed without fibrillation.

This work was then further elaborated by studying the effects of Pronethalol in preventing cardiac arrhythmias while monkeys were being cooled in a similar manner. This work was carried out in conjunction with Doctor Olav Norman in the Department of Anesthesiology. These studies demonstrated that with the proper preliminary dosage of Pronethalol, cardiac arrhythmias such as shifting pacemaker, ectopic foci, etc., could be abolished, but that Pronethalol would not prevent fibrillation when it was directly the result of cold injury to the myocardium. Nevertheless, it was shown that monkeys could be cooled successfully to 20° C. and rewarmed and resuscitated without extracorporeal circulation. This work was then applied in the operating room to three patients and in all three instances, although the shifting pacemaker, etc., was properly controlled, the heart fibrillated usually at approximately 22° C. and resort to extracorporeal cardiopulmonary bypass was necessary.

This latter work has modified our approach to profound hypothermia in that we now think a preliminary preparation for cardiopulmonary bypass followed by external cooling until fibrillation occurs is the best method of achieving profound hypothermia since the total time on cardiopulmonary bypass is greatly reduced.

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Doctor Smith and Doctor Hans Newton of the Department of Radiology have continued their studies of cerebral angiography in monkeys undergoing hypothermia. With careful control of the pCO_2 tension of arterial blood and by maintaining blood viscosity constant, cerebral arteriograms have been carried out at various degrees of hypothermia. By such studies, it has been possible to determine the effect of cold, per se, on the cerebral vessels. These studies have demonstrated that cerebral vessels constrict and circulation time is prolonged in hypothermia even though arterial pressure, pCO_2 , and blood viscosity are unaltered. It was also shown that alterations of arterial pCO_2 produce the cerebrovascular changes at temperatures as low as $25^{\circ}C$.

We have developed a laboratory technique where regional brain cooling can be achieved by a carotid-artery-to-carotid-artery extracorporeal cooling shunt without producing this systemic cooling. In order to achieve the latter, a double extracorporeal system has been developed in which the body is kept warm while the brain is selectively cooled.

Doctor George Martin in conjunction with Doctor William Hoyt has developed a preparation in the monkey in which, by inflating an intracranial balloon, papilledema is achieved and the retina and optic nerves are studied by means of electron microscopy to determine exactly what the effects of acute and chronic papilledema are upon the anterior visual system.

PUBLICATIONS

John E. Adams, M.D.

A. Gottschalk, K. R. McCormack, J. E. Adams and H. O. Anger.
A Comparison of results of brain scanning using Ga^{68} -EDTA and the positron scintillation camera, with Hg^{203} -Neohydrin and the conventional focused collimator scanner.
Radiology, 84:502-506, March, 1965.

J. E. Adams.

Chapter XII, Clinical Experiences with Hypothermia.
INTRACRANIAL ANEURYSMS AND SUBARACHNOID HEMORRHAGE, Edited
by William S. Fields and Adolph L. Sahs. Charles C. Thomas
Co.: Springfield, Illinois, 1965.

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W. F. Hoyt and F. B. Walsh.
Chapter, Introduction for Neuro-Ophthalmology.
1965 YEARBOOK OF OPHTHALMOLOGY, Edited by William F. Hughes.

Roland K. Perkins, M.D.

B. L. Wise, R. K. Perkins, E. Stevenson and K. G. Scott.
Penetration of C¹⁴-labelled mannitol from serum into cerebrospinal
fluid and brain.
Exp. Neurology, 10:264-270, September 1964.

Burton L. Wise, M.D.

B. L. Wise, E. E. Van Brunt and W. F. Ganong.
The effect of brain removal in dogs previously subjected to pituitary
stalk section.
P.S.E.B.M., 116:306-310, 1964.

B. L. Wise, R. K. Perkins, E. Stevenson and K. G. Scott.
Penetration of C¹⁴-labelled mannitol from serum into cerebrospinal
fluid and brain.
Exp. Neurology, 10:264-270, September 1964.

F. W. Weir, J. H. Nemenzo, W. F. Ganong, B. L. Wise and
C. H. Hine.
Localization of the site of convulsant action of selected hydrazines.
Toxicology & Appl. Pharmacol., 6:340-364, May 1964.

L. C. Lorenzen, B. L. Wise and W. F. Ganong.
ACTH-inhibiting activity of drugs related to O α -ethyltryptamine:
Relation to pressor activity.
Fed. Proc., 24:128, March-April, 1965 (Abstract).

W. F. Ganong, B. L. Wise, R. Shackelford, A. T. Boryczka and
B. Zipf.
Site at which α -Ethyltryptamine acts to inhibit the secretion of ACTH.
Endocrinology, 76:526-530, March 1965.

B. L. Wise.
FLUID AND ELECTROLYTES IN NEUROLOGICAL SURGERY.
Charles C. Thomas: Springfield, Illinois, 1965, pp. 117.

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ANNUAL REPORT

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Department of Surgery

ACTIVITY

C. Special Activities

2. Research

Maurice Galante, M.D. (contd)

Treatment of Advanced Lesions of the Head and Neck

In conjunction with Doctor Franz Buschke, Department of Radiation Therapy, we are currently studying the feasibility of treating advanced lesions of the head and neck with a combination of radiation therapy followed by surgery. Several patients with carcinomas of the tongue, the alveolus, the palate, and the floor of the mouth have received full courses of radiation therapy (cobalt) protracted over a period of 5-8 weeks, in doses that range between 6,000 and 8,000 R. We were thus able to establish the following most significant features:

1. It is possible to reduce the size of lesions and render them operable by increasing the margin of safety of normal tissue around the lesion.
2. It is possible to operate on tissues that have been heavily irradiated without increasing the morbidity or mortality over and above what it is for similar operations in nonirradiated cases. In the past it was thought that tissues that had been heavily irradiated could not be operated upon because of the ensuing poor healing and higher susceptibility to infection.

Treatment of Carcinoma of the Esophagus

The treatment of carcinoma of the esophagus with a combination of radiation therapy and surgery is at the present time also being studied in conjunction with Doctor Franz Buschke. In the past year, two patients have been treated and operated upon without any complications. Both patients had extensive carcinomas of the midesophagus; they are alive and well. The significant modification in our project over what has been done in the past resides in the fact that we irradiate the entire esophagus in order to obtain margins free of disease in the irradiated area at the level of resection. A significant finding resides in the fact that intestinal anastomoses can be carried out in tissues that have been heavily irradiated (in this instance, esophagus - 5,000 R). Both operative procedures were completely without morbidity.

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REPORT

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Department of Surgery

ACTIVITY

C. Special Activities

2. Research (contd)

John S. Najarian, M.D.

The following is a progress report on the research activities of our laboratory from July to December, 1963. These investigations have continued to follow the major categories listed for January to July 1963 as entered in the Annual Report for that period.

Studies on Identification and Characterization of Transplantation Antibodies

This study has continued, and we have been able to further identify the transplantation antibody by certain immunological procedures which we can now absorb the antibody and have some information regarding its specificity. The material we are dealing with from sensitized lymphoid cells appears to be a classical gamma globulin with a sedimentation rate of 7. This antibody is, however, very avid for these cells, and we are working on procedures now trying to find a better method of eluding it from the cell itself. These studies are being conducted primarily in mice and will continue in this area using these genetically well defined strains.

Studies on the Fate of Tritiated Thymidine-labelled Lymphocytes

This project has continued and will continue for probably the next three to four years. We tag lymphocytes from a prospective donor with tritiated thymidine and then infuse these into prospective recipients. We recover these cells from the spleen by a specialized method of quantitating the total amount of radioactivity available in the spleen at given periods of time. Utilizing this technique we have developed a method of quantitating the transplantation rejection response. This method is now being used to evaluate various and sundry drugs that are currently in vogue and ones that are on an experimental basis that are supposed to be effective in transplantation rejection. In addition, we hope to be able to define the role of complement in other serum factors in the rejection process. Currently we are working with EACA which will deplete complement in animals and are eventually going to use polynucleotides for the same purpose. The effect of these agents can then be assessed on this quantitative method of transplantation rejection.

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ANNUAL REPORT
1963

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Department of Surgery

II. ACTIVITY

C. Special Activities

2. Research

William Silen, M.D. (contd)

Mechanism of Gastric Hypersecretion Following Ligation of the Pancreatic Ducts in Dogs

We have completed largely the work in this area and have shown to our satisfaction that two factors are responsible for the observed hypersecretion. First is that such hypersecretion results from failure of the inactivation of the secretagogue which is normally present in portal blood by the diseased liver. The second factor of importance is that the lack of pancreatic juice within the duodenum results in the lack of fat inhibition.

Mechanism by which Secretin Inhibits Gastric Secretion

This project has also been completed and the material is to be presented at the annual meeting of the American Gastroenterological Association in Dallas, Texas (presented April 1964). We have shown quite conclusively that the action of secretin upon gastric secretion is not a direct effect. We have demonstrated that the effect upon gastric secretion is intimately related to the choleretic effects of the secretin. When bile is diverted from the gastrointestinal tract in the upper reaches, then secretin no longer inhibits the gastric secretion.

Physiologic Effects or Possible Benefits of Selective Vagotomy

This is a continuing problem and is currently being completed and an abstract is being submitted to the forum of the American College of Surgeons on this problem. Work to date with this experiment has shown that there are very few metabolic benefits to be obtained by selective vagotomy. Total abdominal vagotomy does not significantly impair digestion of fat or protein to a greater degree than occurs in an animal with selective vagotomy.

Study of Mucosal Absorption of Iron in Dogs and Humans

This work is continuing at the present time and we do not have sufficient data to form any concrete facts in this area as yet.

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SAN FRANCISCO UNIVERSITY OF CALIFORNIA MEDICAL CENTER
SCHOOL OF MEDICINE

REPORT OF ACTIVITIES OF THE DEPARTMENT OF RADIOLOGY

January 1, 1962 - December 31, 1962

STAFF

- A. Active Staff 15
- B. Associate Staff 34
- C. Residents 24

FACILITIES

- 59 Diagnostic X-ray Units
- 6 Therapy Units
- 10 Survey and Counting Units for Isotopes

ACTIVITY

	In-Patient	Out-Patient
Diagnosis (Procedures)	45,736	27,598
Therapy (Patient Visits)	3,519	19,096
Isotopes (Patient Visits)	6,398	5,097

V. MORTALITY STATISTICS - not applicable

VI. COMPLICATIONS

Patient's Name	Date	Complication
	1/8/62	Drank solution intended for another person in Radioisotopes.
	3/12/62	Mistakenly received blood of another patient in Radioisotopes.
	5/2/62	20 minutes prior to end of aortic arch study, patient developed numbness & pain left lower extremity.
	5/31/62	Given injection of blood intended for someone else in Radioisotopes.

VI. CONFERENCES FOR REVIEW OF PATIENT CARE

In Diagnosis: There are daily reviews of roentgenograms of patients from 8 to 9 a.m. In addition, reviews of all surgical reports and autopsy reports in correlation with roentgenograph diagnoses are done on Friday afternoons from 4:30 to 6 p. m.

In Therapy: There are chart rounds once a week and afternoon patient conferences to discuss treatment of new patients on referral are held three times a week on the average.

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STUART HEALTH

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UNIVERSITY OF CALIFORNIA HOSPITAL
RADIOLOGY DEPARTMENT

Yearly report Jan. 1, 1954
through Dec. 31, 1954

Monthly Report

For month of _____ 19__

DIAGNOSTIC DIVISION
Number of examinations

	FLUOROSCOPIC	RADIOGRAPHIC
Priv. Ambulatory	644	4165
Priv. Hospital	705	3735
Teaching	697	5058
Clinic	1813	11476
Students		1258
Total	3859	25692

TOTAL 29551

THERAPEUTIC DIVISION
Number of Patient Visits

	For treatment with				Observation
	X-ray	P ³² Gold Etc.	Radon Radium Co ⁶⁰	Total	
Priv. Ambulatory	3009	247	1	3257	1287
Priv. Hosp	669	86	53	808	756
Teaching	767	98	98	963	1303
Clinic	5512	244	4	5760	2274
Total	9957	675	156	10788	5620

TOTAL 16408

PHOTOFLUOROGRAPHIC DIVISION
(Chest survey)

Clinic	6714
Students	1422
Personnel	817
Hospital Admissions	1241

TOTAL 10194

Radiologist *R. A. Stone*

1/11/54
1158915

GRAND TOTAL 56153

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YEAR: 1954-55

UNIVERSITY OF CALIFORNIA HOSPITALS
RADIOLOGY DEPARTMENT

MONTHLY REPORT

For month of _____ 19 _____

DIAGNOSTIC DIVISION
Number of examinations

	FLUOROSCOPIC	RADIOGRAPHIC
Priv. Ambulatory	611	4593
Priv. Hospital	787	4078
Teaching	762	5341
Clinic	1921	12048
Students		1220
TOTAL	4081	27279

TOTAL 31,360

THERAPEUTIC DIVISION
Number of Patient Visits

	For treatment with				Observation
	X-ray	P-32 Gold	Radon Radium Co-60	TOTAL	
Priv. Ambulatory	2947	197	2	3146	1208
Priv. Hospital	755	89	42	886	629
Teaching	665	71	79	815	1106
Clinic	4985	173	6	5164	2587
TOTAL	9352	530	129	10011	5530

TOTAL 15,541

PHOTOFLUOROGRAPHIC DIVISION
(Chest Survey)

Clinic	6395
Students	1543
Personnel	911
Hospital Admissions	1336

TOTAL 10,185

Radiologist E. Lowell
5/17/55

GRAND TOTAL 57,086

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THE LANGLEY FORSTER CLINIC
ANNUAL REPORT OF X-RAY DEPARTMENT
July 1, 1954 - June 30, 1955

TOTAL NUMBER OF PATIENTS EXAMINED: 1377 (1503)
TOTAL NUMBER OF EXAMINATIONS MADE: 1659 (1933)

HOUSE PATIENT TOTAL: 650 (512)
Number examined

Adults..... 421 (481)
Children..... 29 (31)

Examinations made

584 (803)
144 (141)

OUT-PATIENT DEPARTMENT TOTAL: 927 (991)
Number examined

Adults..... 912 (979)
Children..... 15 (12)

Examinations made

1010 (1060)
21 (29)

EXAMINATIONS:

Chest:	1145	(1186)
Spine	227	(344)
Skull	108	(184)
Extremities	46	(67)
Bone age	18	(23)
Upper C.I.	11	(8)
Ba Enema	3	(5)
Ba. Swallow	11	(12)
Urograms	7	(9)
Rib Cage	6	(7)
Shoulders	3	(6)
Mandible	4	(3)
Mastoids	4	(4)
Abdomen	18	(16)
Facial bones	2	(2)
Nasal bones	2	(2)
Simms	2	(2)
Pelvis	11	(11)
Femur	11	(11)
Cali Bladder	4	(4)
Pneumoencephalogram	18	(18)
Ventriculogram	1	(1)
Cerebral Arteriogram	6	(6)
Peritoneal Pneumogram	1	(1)
Auditory Meatus	0	(0)
Tomogram Chest	0	(0)
Tomogram Skull	1	(1)

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* Numbers in parenthesis indicate work done during the year July 1953 - June 1954.
Radiography done in Dental Department; all subsequent detail done in X-Ray Dept.

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JUL 1 1955

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I. DEPARTMENT OF RADIOLOGY

Annual Report - July 1, 1953, to June 30, 1954

Prepared by Robert S. Stone, M. D., and Jane Reille

II. Advance Plan for the Reportable Year

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The Department of Radiology planned to provide the best service possible for the patients referred to the doctors in diagnostic and therapeutic divisions of the Department of Radiology.

The diagnostic subdepartment planned to provide all diagnostic procedures that are available in any other institution. The therapy department also planned to provide all methods of radiation therapy which the therapists feel are in the best interests of the patient. In the case of both sections of the Department of Radiology, restrictions have been placed on their activities by space and equipment limitations.

We hoped to be able to adopt many new procedures that were developed elsewhere and to develop some new methods of our own.

III. Personnel

Academic: The most disappointing situation regarding personnel came as a result of late notification that a new position had been created to help us take care of the tremendous increase in work. Because the Regents had not approved the budget, and the administration of the University, from the President down, was unwilling to state whether the new position would be included in the budget, we were not informed until July that the anticipated new position was authorized. Since all of the interested and eligible young radiologists usually are placed some time before the first of July, we were unable to procure a person interested enough in university activities to work for the relatively low salary provided by the University School of Medicine. It appears as if we must try to get new positions included in the budget a year in advance of the time we expect to fill them.

At the beginning of the year we lost three of the younger staff men by resignation. All were men who had advanced to the level of Assistant Professor: Dr. Robert L. Raphael, Dr. Joseph M. James, and Dr. Robert S. Sherman. In their places we gained three new young men as Instructors: Drs. Theodore E. Keats, John C. Bennett, and Malcolm D. Jones. All of these young men have proved to be very valuable additions.

The Hospital has benefited considerably by the advice and council of Dr. Gail Adams, Research Physicist in the Radiological Laboratory, who helps the Technical Physicist of the Hospital with problems and takes a very active part in the resident training program. His salary is provided by the Atomic Energy Commission.

Drs. Fong, Fullenlove, Gaines, Raphael, and Smith all have given of their time to help with the operation of the clinic and teaching services and with the resident training program.

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All of the academic personnel have been active in local and/or national societies and in the preparation and publication of papers and exhibits, but these matters are considered more as part of the School of Medicine activities. It should be mentioned here that Doctor Low-Beer is a member of the Committee on the Use of Radioisotopes in Hospitals for the American Hospital Association.

Nonacademic: The Personnel Office insists that we operate our file room activities with the lowest salaried clerks available, with the exception of one senior clerk. Because of this type of personnel and the excessive activities required in the file room, we have had a continuing turnover. This has made it extremely difficult for us to render the proper service through our file room, and has resulted in lost films, with consequent great embarrassment to all concerned and, to say the least, inconvenience to the patients. We feel that the handling of the file room in the X-ray Department in many ways is similar to the handling of the Record Room for the other hospital records, but in some respects it is even more complicated. If we could have a person of the caliber of a Medical Record Librarian to supervise all of the file room activities, we would be in a much better position to serve the patients, the physicians, and the research and teaching activities of the staff.

Other than overwork of the receptionists in the diagnostic section and of the file room clerks, the nonacademic staff has functioned very smoothly throughout the past year. For the first time in our history we have had a sufficiently large office staff to carry the load of the department and to relieve the doctors of the problem of doing their own secretarial work. This is partly due to the School of Medicine assuming a greater portion of the secretarial service.

Two of our nonacademic employees have presented material to the California Society of X-ray Technicians: Mrs. Ann Temple, Principal X-ray Technician, gave a refresher course on x-ray techniques, and Miss Helen Lee presented a paper.

Resident Staff: We have been fortunate in continuing to procure first-class doctors for training as residents. We also have been able to continue to receive four fellowships, so that the limited number of residents supplied by the Hospital and the School of Medicine is doubled by those we are able to procure from other sources. This is too high a proportion of non-university financed resident house staff, but it does enable us to carry out the work of the department with greater efficiency. At the same time we are providing a valuable training service to the physicians, most of whom remain in the State of California as Radiologists. During the past year we have attempted to arrange a rotational program so that a larger number of our resident staff will rotate for varying periods of time through the San Francisco Hospital. The purpose of this rotation is to give them experience with the types of cases seen at the County Hospital but not very frequently seen at the University Hospital.

IV. Administration

The Department of Radiology of the School of Medicine and that of the Hospital are so intermixed that it is difficult to separate completely the administration of the one from that of the other. Both Departments of Radiology are administered by the Chairman, Dr. Robert S. Stone, with the help of the Administrative Assistant, Mrs. Jane Reille. The Department is divided

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into two divisions, that of Diagnostic Radiology, with Dr. Earl R. Miller as the chief, and that of Therapeutic Radiology, with Dr. B. V. A. Low-Beer as the chief. Within the diagnostic division the technical services are supervised by Mrs. Ann Temple, the Principal Diagnostic X-ray Technician, and within the therapy division they are supervised by Miss Dorothea Trimble, Principal X-ray Therapy Technician. This complete separation of the department into two divisions has resulted in a smoother operation of the whole department.

The required administrative procedures have increased with such rapidity in the past few years that as large an administrative organization seems to be necessary within the department itself as used to be required to run the whole hospital. It would seem to me, as an individual, that much simpler procedures could be instituted which would require much less time being spent on the administrative phases. Much more time could then be spent on the true function of the department, namely, the care of the patients.

The Radiological Laboratory is a project financed entirely by the Atomic Energy Commission. However, it integrates with the Hospital Department of Radiology and will coordinate still more when patients from the hospital and its Outpatient Department are taken to the Radiological Laboratory for treatments. It just happens that at the present time the Chairman of the Department of Radiology is also the Director of the Radiological Laboratory; so no problems of integration have arisen.

V. Continuing Activities

As stated by Doctor Miller in last year's report, the care of patients is the main and continuing activity of the Hospital Department of Radiology. The differential in the care given to patients in this department and that of other hospitals is based on the fact that this is a university hospital, with associated research activities in the Medical School and developmental activities in the hospital department. It would be of no value to anyone if the Department of Radiology developed new methods, or adopted new methods developed elsewhere, were it not for the fact that the whole hospital organization, including both the professional and nonprofessional personnel, are keyed to a similar program.

In conjunction with the neurosurgical department we continue to do many cerebral angiograms. Unfortunately we continue to do them by a crude hand method involving many people. The Fairchild instrument, which was purchased to relieve us of some of these problems, has been a continuing source of trouble throughout the entire year.

The procedure known as "extraperitoneal pneumography", which originated in Spain but has been developed by Doctor Steinbach, has been accepted as a routine procedure, and many patients have been examined using this procedure. As a result of the analysis of these cases, much more information is now obtainable from the procedure.

In conjunction with those interested in the study of cardiovascular diseases, particularly congenital heart disease, the procedure known as cardiac catheterization has now become routine in many cases. While it still aids research, it is also of great benefit to the individual patients.

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Doctor Lusted developed a pneumocolon bottle which proved so satisfactory that a local concern is now making them for sale. The use of this, together with other changes in our procedures for doing pneumocolons, has resulted in definite improvement in the type of examination done and the ability to discover lesions of the colon which were formerly missed. This pneumocolon bottle was exhibited at the meeting of the Radiological Society of North America, in December of 1953.

A "position timer" that was developed by Doctor Lusted, during a period when we were having great troubles with phototimers, has reached a sufficient development so that Doctor Lusted is writing it up for presentation, but it is not actually being used in the department.

The use of the x-ray movies has continued to increase, and the equipment has been improved. As of the present time, quite a number of movies are being made on patients as a service procedure to help in the roentgenological diagnosis of their disease. There have been more than 200 examinations performed to date. A new 35 mm camera with a special lens obtained from the Eastman Kodak Company is in the process of being set up. During the year a Phillips image amplifier was obtained and built into the equipment with the 16 mm movie camera. This gives us a piece of apparatus that is superior to anything previously used here, but has the limitation of a 5-inch field. The limitation to 5 inches makes it very difficult to study the whole heart or any large area at one time. Items of accessory equipment have been developed during the past year that have made the process of getting the movies taken, developed, and printed much better.

Continuing a program of testing new drugs that are made available for diagnostic procedures, we have been using cholographin, which was developed to show the biliary tracts in addition to the gallbladder. (The drug is now available on the open market.)

A device for supporting old and debilitated patients while being fluoroscoped in the upright position has been further developed during the past year. This has cut down on the number of accidents from falling in the dark.

The radioiodine program has been carried on a separate budget during the year, but has continued as a service to the patients as well as a program for research.

In the Therapy Section, continued study and development work have been done on grid, beam directed, and rotational therapy methods. Further adaptations of the use of radiocobalt have been devised, and the radiocobalt beads have been used somewhat more than in previous years. Radiophosphorus is being given almost uniformly to postoperative cancer of the breast patients along with their x-ray therapy.

VI. Completed Activities

During the past year the remodeling of the x-ray therapy rooms, including the installation of a better ventilating system, has been completed. The 250 kv machine, after sitting for many months in storage, was finally installed.

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VII. New Activities, Procedures, Equipment, and Facilities

Tracer studies with Astatine 211 have been instituted on a few patients during the past fiscal year. Astatine, an artificially made element related chemically to iodine, is produced on the Berkeley cyclotron. Work on animals has been done intermittently over many years, but quite intensively in recent years, and sufficient information was obtained to justify using it on patients. The Astatine and all of the activities associated with it have been provided by sources outside the hospital, mainly the Atomic Energy Commission, and the work was done by Dr. J. G. Hamilton and his associates.

A technique was developed for radiographing children getting oxygen inside an isolette. This makes it much safer to radiograph such children.

No major new equipment has been procured during the year, but there have been definite improvements in the equipment that we have.

In the Therapy Section, they have started studies of the uptake of radiopotassium in tumors. This material has an advantage over the previously used radiophosphorus because it has a penetrating ray that can come to the surface from considerable depths.

VIII. Planning, New Proposals and Goals

A great deal of time was spent on planning for future operations of the new department in the H. C. Moffitt Hospital. In this hospital we hope to effect a separation of the ambulatory patients from the hospital patients. This will eliminate the congested conditions that exist in our present department where patients on gurneys, in wheel chairs, and on foot are all mixed up. In the new H. C. Moffitt Hospital we also expect to develop closer cooperation with the orthopedists because of the presence of a multiplane fluoroscopic unit especially designed to work in conjunction with an orthopedic plaster room in the X-ray Department.

We expect to be able to provide better care for the type of surgical cases that now have to be handled in the X-ray Department, since we will have x-ray equipment in the surgical area. The function of proper consultation with members of other departments should be much easier in the new hospital where, instead of a small, crowded consultation room, we have a large room with plenty of view boxes.

In the University of California Hospital the file room has been our biggest headache, both because of limited space and restriction on the personnel that we can hire. If the Personnel Department will cooperate with us in providing the right type of people, we expect the new physical layout to help also in providing much better service.

Ever since the introduction of radioisotope therapy we have had to carry out the necessary manipulations in areas originally built for x-ray therapy and still used for that purpose. In the new hospital we will have more efficient facilities, including separate rooms for radioisotope therapy.

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IX. Problems and Needs

The biggest problem when moving into the H. C. Moffitt Hospital will be the continuing supply of adequate equipment. Even the new equipment which has been ordered will, in some respects, be outdated by the time it gets into use. As an example, we might quote the fact that image amplification of fluoroscopic screens is rapidly becoming a "must", whereas no apparatus for this purpose was practicable when our equipment was specified and ordered. In addition, there was not enough money to buy adequate equipment for the whole department.

A continuing problem and need is that of the development of the particular instruments we need in the department for both diagnosis and therapy. Proper personnel and shop facilities are the needs in this connection.

One of the biggest problems of the next year and a half is going to be the remodeling of the University of California Hospital X-ray Department to put it into condition as a first class unit.

X. Recommendations

A recommendation for the University as a whole, as to how it can best aid itself and the Department of Radiology, is that a study be made of how to reduce the number and complexity of administrative procedures that are required under present conditions. The University of California seems to have evolved an administrative set-up that is more complex than the Federal Government. Many of the procedures required are based upon the governmental procedures of trying to prevent misappropriation of funds. It seems to me that this should be a minor problem in the University and that all of the money that is spent in trying to prevent crookedness and to "catch the thief" might be much better distributed.

Another problem seems to be the jealousy with which each separate organizational unit protects its own rights and procedures. Some method should be found by which, with a little more faith on the part of the Regents and the administrative officers in the honesty and good will of the faculty, things could happen in a much more rapid and less complicated manner.

XI. Statistics and Achievements

The statistics given below for the radiographic and therapeutic sections of the Department of Radiology speak for themselves in showing the steady increase in the amount of work done in spite of a condition of supersaturation of the use of facilities, particularly in the diagnostic section. There is a great increase in the work done in the therapy section during 1953-54 over that done in previous years. This has resulted from the final completion of the remodeling program which included the installation of a modern 250 kv therapy machine. The therapy section has been handicapped by insufficient equipment since the end of World War II. The old Sloan generator (1000 kv) worked very sporadically until June, 1947, was out for repairs for 15 mos., and then torn out 6 mos. later.

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Radiographic Examinations

	<u>Examinations</u>	<u>Chest Survey</u>	<u>Langley Porter Clinic</u>	<u>Total</u>
1950-51	24,745	8,880	1,899	35,524
1951-52	27,197	8,491	1,664	37,352
1952-53	27,589	9,857	1,619	39,065
1953-54	28,412	10,045	1,933	40,390
1954-55 Est.	30,000	11,000	2,000	43,000

Therapy

	<u>Treatment Visits</u>	<u>Observations</u>	<u>Total</u>
1950-51	8,666	4,674	13,340
1951-52	8,557	3,538	12,095
1952-53	9,194	5,020	14,214
1953-54	11,190	5,895	17,085
1954-55 Est.	12,000	6,500	18,500

XII. Summary

The number of people on the staff, both academic and nonacademic, is gradually catching up to the needs of the department.

The equipment, while not all of the best, is good. In the new hospital we expect to have better.

The problem of providing satisfactory file-room service, which really should be called "X-ray Record Room" service, has not been solved.

New procedures that have been tested and found worth while are adopted as standard procedures.

The overall operations of the Department of Radiology are much more diversified than those in most general hospitals, and many extra procedures are carried out because of the complexity of the cases and the need for teaching.

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DEPARTMENT OF RADIOLOGY
ANNUAL REPORT 1954/55
Robert S. Stone, Radiologist

I. Effect on the Department of Opening H. C. Moffitt Hospital

The opening of the Herbert C. Moffitt Hospital suddenly expanded the physical facilities available to the Department of Radiology to almost double those available in the old U. C. Department. This did not affect the activities of 1954-55 to any great extent because of the lateness of the move. During the major portion of 1954-55, we were operating at an increased load in the U. C. Hospital under more adverse conditions than we had in the past because we were, throughout the year, taking some of the personnel for the major problem of equipping and settling the H. C. Moffitt Hospital. We have not yet been able to take full advantage of the expanded physical space because of the delays in delivery of some critical items of equipment and supplies. The major obstacle was the delivery of cassettes. We have had to bring over many items from the U. C. Hospital pending the time when a full complement of supplies and equipment can be obtained for the Moffitt Hospital. In spite of these handicaps, the move has increased our ability to handle patients with dispatch and less discomfort.

Unfortunately, through a combination of circumstances we moved into the new department with an adequately increased number of x-ray technicians, but no corresponding increase in the number of radiologists to carry on the vitally important work of diagnosis and therapy nor of file clerks to handle the clerical load. These are serious deficiencies. In the H. C. Moffitt Hospital we actually have two areas for diagnostic radiology -- the main large one on the third floor and a subsidiary one on the fourth floor. While this improves the service to patients, it increases the work load on those who have to cover a much greater physical territory, particularly the radiologists.

In addition, we still have in operation the room which is run in conjunction with the cardiovascular people and the thoracic surgeons in the thoracic surgery area of the Outpatient Department. In this room we continue to make x-ray movies. This room is one block away from the regular department. It readily can be seen that with the geographic spread of this department, doctors responsible for supervising the various technical procedures and the technical and clerical staff, who must gather in the films from widely scattered areas to the main department, all have an increased work load in order to manage the same number of cases. The department will not operate as efficiently or economically as the old U. C. department until the load of work catches up with the increased facilities.

In spite of the handicaps and deficiencies mentioned above, the Department of Radiology has been able to increase its service to patients and doctors in a very significant way, and this will become more apparent as the operations settle into the new pattern and become more efficient.

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The highlight of the move, from our point of view, was the ability to continue doing work even though we had to transfer many items of equipment and supplies from the U. C. to the Moffitt Hospital on the day of the move in order to function. For the Department of Radiology, the move was made at least five months sooner than it should have been if we alone were concerned. We were willing to agree to make the move under handicaps because it seemed in the best interests of all concerned to get the new hospital opened and in operation.

In the therapeutic subdepartment, the opening of the Moffitt Hospital has made available a million-volt therapy machine. The use of one-million-volt x-rays is not new, because it was available in the U. C. Hospital from 1934 until 1949. However, we now have a nice, flexible, efficient unit which will provide us with a very useful tool for the treatment of some kinds of cancer. The whole therapeutic subdepartment is better equipped than it was in the U. C. Hospital. We now have special rooms set aside for work with radioactive materials, which should make possible better service to physicians and patients. In U. C. the work had to be done in the corners of the x-ray therapy rooms. We should and are able to render much more satisfactory service.

II. Workload Statistics

The Diagnostic Subdepartment of the Department of Radiology has continued to show a definite growth in the amount of work that has been done. It must be recognized that all but one-half month was spent in the old U. C. Hospital, and the last half month in the Moffitt Hospital was under reduced-load operations. Therefore, it is remarkable that a department which was considered to have been supersaturated with work for several years could still show an increase of approximately 3,000 work-load units during 1954-55. The major portion of this increase was in the field where the work-load units mean the most; namely, the radiographic examinations.

In projecting figures to 1955-56, there is a considerable difference of opinion between the radiologists and the hospital administration. The radiologists see facilities of double those available in the U. C. Hospital and anticipate, as in the past, that when the facilities have been increased, the work has expanded out of all proportion to what would be expected when calculating on the basis of the increase in the immediately preceding years. There was an increase of about 11 per cent between 1952-53 and 1954-55, which means about 5 per cent a year, but we believe there will be a much greater increase than this. Our estimate in the budget was for 58,000, but this was based on the slope of the curve of increase over a prolonged period of time. However, one has no means of guessing accurately what the estimate will be under the conditions of 100 per cent expansion of facilities.

In the therapy subdepartment we experienced a slight decrease in 1954-55 as compared with 1953-54, but it was a slight increase over 1952-53. However, during those years we had the therapy department torn up a good deal of the time in remodeling the space and equipment. Now, once again, we have enlarged quarters with space and adequate equipment at hand and are in a position to give much better attention to patients referred to us.

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Below we give the actual figures for the years from 1952 to 1956, the first three being actual and the last two being estimates:

DIAGNOSTIC RADIOLOGY SECTION

<u>Year</u>	<u>Radiographic Examinations</u>	<u>Chest Survey</u>	<u>Langley Porter Clinic</u>	<u>Total</u>
1952-53	27,589	9,857	1,619	39,065
1953-54	28,412	10,045	1,933	40,390
1954-55	31,360	10,185	1,659	43,204
1955-56 (Est.)	40,000	15,000	3,000	58,000
1956-57 (Est.)	54,000	17,000	4,000	75,000

THERAPEUTIC RADIOLOGY SECTION

<u>Year</u>	<u>Treatment Visits</u>	<u>Observation Visits</u>	<u>Total</u>
1952-53	9,037	5,020	14,057
1953-54	11,190	5,895	17,085
1954-55	10,001	5,530	15,541
1955-56 (Est.)	15,000	8,000	23,000
1956-57 (Est.)	16,000	9,000	25,000

III. Miscellaneous important items or activities

The aim of the radiologists is to provide for patients in this hospital any type of x-ray examination that can be obtained anywhere else and to advance beyond those done elsewhere. The old department in the U. C. Hospital considerably limited our abilities to fulfill the aim because of physical space limitations. The new department has provided us with greatly increased space and some nice, shiny, new equipment, but on the whole it is just the type of equipment that is available in any general hospital. Budget limitations have prevented us from spending money for special types of equipment that should be available in a university hospital, and we have not even succeeded in procuring the variety that is in our sister institution in Los Angeles. For routine work we are well equipped.

One of the biggest deficiencies in the old U. C. Hospital was facilities for fluoroscopic work. We entered the H. C. Moffitt Hospital with exactly the same amount of fluoroscopic space available to us as we had in the U. C. Hospital. When the rooms are completed, we will have much additional fluoroscopic space, but it should be pointed out that fluoroscopic work requires the presence of a radiologist. Without any increase in the number of radiologists we cannot be more places at the same time than we have been in the past. As of the present moment there are two orthopedic fluoroscopes, one in the X-ray Department and one on the surgical floor (not operating because the contractor did not make the rooms light-tight).

These can be operated only by radiologists, and there is still a marked limitation in the number of radiologists available. Increased facilities do not mean increased service unless they are accompanied by increased personnel. The number of radiologists, as calculated for the

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H. C. Moffitt Hospital, is based on the same work-load proportion as in any general hospital; whereas, in reality, if the "university radiologists" are to have time and opportunity for university-type activities, they should not be required to work as long at routine practice of radiology as are those in a general hospital. Since we all feel that our primary responsibility is to patients, we have tried to make the hospital department work satisfactorily to the detriment of the medical school department.

In an effort to operate an efficient department, we have had to institute the use of mechanical devices for developing, fixing, washing and drying films. These preclude the possibility of individual study of individual cases during the time that the films are going through the mechanical processing unit. We are having to re-educate the physicians from interns up to department heads to the necessity of allowing a sufficient amount of time before they insistently demand to know the findings from the radiological consultation. No one expects to know the results of tests that require 24 hours in less than 24 hours, but they frequently try to get the results of x-ray examinations in a shorter period of time than is possible under our present conditions. We should be able to, and I believe are now able to provide the results of our x-ray consultations in a much shorter time, taking into account all examinations, than was possible in the U. C. Hospital. On the other hand, the number of cases in which we can give reports in a very short period of time is decreased.

The Cancer Research Institute was equipped with an x-ray unit which will, when put into operation, make possible research activities on this floor, but we must point out again that the Department of Radiology must provide the professional and technical personnel for this unit. It seems easy for hospital administration to see the need for technical personnel to man a machine, but it is difficult for them to see the need for professional personnel to supervise, operate the equipment for fluoroscopic work, and interpret the results of the work on such new machines. We rejoice in the increased facilities, but regret the lack of increased personnel.

In the U. C. Hospital, the radiologists were dependent upon other services for the provision of beds in which to hospitalize their patients. In the H. C. Moffitt Hospital, the Department of Radiology now has a service of its own with beds distributed in the areas occupied mainly by patients of other services. This will improve the ability of the radiologists to render proper care to their patients inasmuch as they can be hospitalized when necessary and their professional attention aimed at the necessity of radiation therapy rather than the needs of the other services.

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I. X-RAY DEPARTMENT

ANNUAL REPORT 1952-53

by Earl R. Miller, M.D.

II. Advance Plan for the Reportable Year

The activities of the staff in Radiology fall into two main divisions, those of the School of Medicine and those of the Hospital. The School of Medicine activities have to do with teaching, research, development, reporting of scholarly activity, and training of the house staff to increase their professional competence; while those of the Hospital are giving medical consultations to physicians of the staff of the University of California School of Medicine in both diagnosis and therapy and to carry out the treatment of patients where radiation therapy can be of benefit. This latter function was carried out as well as possible in the space and with the staff available. The magnitude of the problems involved in doing this can best be appreciated by perusal of work-load trends (see Section I). For instance, the diagnostic work has risen more than 400 per cent during the last 15 years and has increased immeasurably in complexity. Our goal for the year was to try to keep pace with the ever-increasing demands placed upon the members of the staff by referring physicians to improve this service as much as possible and to have time and energy left to carry out teaching and research.

III. Personnel

Professional - One physician previously on full-time status changed to half-time status during the year. His half time away from the University is spent as radiologist in a local hospital. During this half-time activity, his income exceeds that which was paid to him as a full-time Assistant Radiologist and Instructor in the University. This income differential epitomizes the personnel problems on a professional level. One other physician left the department to enter private practice. Replacements have been found for these two men. They were to start on July 1, 1953.

Recruitment of professional personnel remains a very difficult problem. As of July 1, 1953, there is need and budget for another full-time man in the department. So far, no satisfactory person has been found to fill this job. Another position for a radiologist working with the 70-million-volt synchrotron and the Radioiodine Program also remains unfilled.

The honors, travel, and publications result from the School of Medicine activity of the staff.

Nonprofessional - The nonprofessional staff has been quite stable in the last few years, with one area being a notable exception. The personnel problems in our X-ray File Room and Reception Area continue to be our most difficult. The Personnel Office has down-graded the jobs in the Reception Area. This has resulted in the necessity of hiring people who are not trained or capable of handling the jobs. This has proved to be an expensive move, since we seem constantly to be

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breaking in new people with consequent loss of energy, good public relations, and money. We need for this area good, fast typists who have the capacity to deal with patients, physicians, and technicians, and who are able to handle a large amount of detail rapidly, accurately, and efficiently. The salary offered for these jobs does not permit us to procure such personnel.

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During the year, evidence was gathered that the job of film identification, marking, and separation into cases had grown from a small section of the File Room work to a full-time job. A full-time person on General Assistance was hired. This eased the breaking-point load in the File Room.

IV. Administration

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The increase in the administrative load in the department has exceeded even the phenomenal increase in the patient work-load. It is hard to measure this increase, but its effects are evident. The multiplicity of reports and the need for many copies of each report and requisition require too much of the valuable time of key personnel which should be spent in activity more closely related to patient and University service. The need to check and recheck the fate of requisitions is time-consuming, irritating, and needless. The time between the placing of a requisition and receiving the goods ordered or the service required is much too long.

The impact of the problems of planning and ordering equipment and supplies for the new hospital has placed a heavy added burden on the staff.

A large problem that has existed, particularly in the therapy subdivision of the department, is the procurement of bed facilities for patients under active radiation therapy who need hospitalization during their period of acute reaction or for complications of therapy. The staff in the Department of Radiology does not have control of any beds in the Hospital, a situation which we hope has been finally adjusted in the new hospital. However, the acute problem, at the moment, of finding space for people who urgently need bed space could be helped immeasurably by the assignment of perhaps one bed in Medicine and one in Surgery and/or Obstetrics and Gynecology to care for these patients.

V. Continuing Activities

The care of patients continues to be the main activity of the Hospital department. This care involves the use of conventional techniques as well as those which are developed within the framework of the University activity. Among the special activities used in patient care, which distinguish this hospital staff from the staffs of other service hospitals, are the great use of angiography of all kinds, extraperitoneal pneumography, encephalography, ventriculography, x-ray movies, rotational therapy, beam-directed therapy, grid therapy, and radioisotopes. Each of these named activities has involved a tremendous effort of development and maintenance and has been the subject of a large number of scientific papers. These developments came about through the research activity of the staff as a part of their medical school activity. Each has been established in the routine care of patients.

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The staff continues to carry out service activities at the Langley Porter Clinic and, in part, at the Laguna Honda Home. Two members of the staff give consultative service to the Veterans' Hospital at Fort Miley.

The Radiiodine Program has been an Atomic Energy Research Program since 1946. On May 1, 1953, it became for the service portion of the work a self-sustaining activity. The research aspects of this area continue to be supported by the A.E.C.

The new fluoroscopic-radiographic unit in Thoracic Surgery has been in active use. This has made the area safe since it is now under radiological control and is manned by staff trained in radiology and in the dangers of radiation exposure.

The x-ray movie apparatus is being used with considerable regularity. It is to be improved by the purchase of a new lens and camera using 35 mm rather than 16 mm negative in the next year.

A new very satisfactory fluoroscopic unit was installed in the Fluoroscopic Room in the regular X-ray Department. A new automatic device for taking body section radiographs was installed in 1952. This device permits the making of these examinations without dangerous x-ray exposure of personnel.

The Chest Survey Unit continues to operate in a satisfactory manner and has recently included survey procedures on private patients entering physicians' offices before entering the hospital, as well as hospitalized patients. This continues to be a very valuable service for the protection of personnel against infectious disease, particularly tuberculosis.

A new microfilm device has been purchased and has been used extensively for making 35 mm photographic copies of x-rays for which we no longer have storage room. A new wash tank was installed in the Darkroom. The previous one had given service for some 15 years, but finally needed replacement.

VII. New Activities, Procedures, Equipment and Facilities

No new revolutionary changes in technique were made during the year. There was greater use of the x-ray movies, isotopes, beam-direction therapy, and all the rest of the special techniques mentioned above.

The 100 KV machine was taken out of the therapy department in January of 1953, at the time the new 250 KV machine was available for installation. Nearly half of the cost of this machine is being borne by the General Electric X-ray Company. Unfortunately it has taken more than six months to get the room ready for the installation of the new machine. It cannot yet be installed and will not be until after the middle of August. The delay was caused by the failure to arrange properly the contracts for revamping the room so that the new machine could be put into it.

We continue to use developer that was put into the developing tanks over a year ago. It is kept up to proper solution strength by the addition of

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replenisher. We used to change developer every three to six weeks at a cost of \$23.70 per change. Over the years this has become a significant saving.

VIII. Planning New Proposals and Goals

The job of planning the facilities, procedures, and activities of the new hospital has been a large one and is not yet complete. Need for additional space in the new department is already apparent. One only needs to examine the accelerated rate of growth of radiology during the last two decades to appreciate that even the expanded facilities will not meet all of our needs. Among these needs is more office space for the expanded staff, a place for adequate workshop facilities before the new Medical Sciences Building becomes available, a proper projection area for x-ray movies, and, above all, the equipment which was recommended to complete the facilities in the new hospital. These have been discussed in the budget with priorities assigned. The second and third fluoroscopic rooms and the special procedures rooms are of particular importance.

During 1953-54, the Fairchild roll film cassette unit on a Franklin head device will be installed in "C" Operating Room; and if it can be made to work satisfactorily, as it is sincerely believed that it will, it will facilitate the taking of cerebral angiograms and permit more of them to be done at less effort. It will reduce from four to two the number of people required to operate the machine, and will facilitate greatly the use of percutaneous angiography, which would make the procedure much more useful and quick.

Preliminary plans have been conceived concerning the present Darkroom. It is not improbable that an emergency replacement of the entire Darkroom facilities may become a reality in the very near future since, when the new wash tank was put in and the plumbing arrangements examined, it was found that only complete replacement of the entire unit would offer any security about continued operation of this area. The Darkroom facilities have given long and faithful service, but they are now on their last legs.

It is hoped that the new 250 KV x-ray therapy machine will be installed in the near future, since there is great need for the service of such a machine. As has already been mentioned, new apparatus will become available early in 1953-54 for more adequate x-ray movie studies.

IX. Problems and Needs

One of the greatest needs in the department is the service of a Technical Physicist who can devote his time to the problems in diagnosis as the present half-time Technical Physicist devotes his time to therapy. The maintenance men from the Grounds and Buildings Department attempt to fulfill our needs, but because they are busy with other things and because they cannot take time nor are they trained in instrument design, they do not always meet our needs. It is hoped that the Precision Shop and Development Laboratory supported by the University, and presumably to come into activity within the near future, will meet part of the needs. It seems unfortunate, however, that those things needed strictly for

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separation from the patients. At the present time they work essentially among the patients on one side of the room, and are constantly being bombarded by questions and pressure from these patients while attempting to carry out their work of getting the patients into the department for an examination.

X. Recommendations

A serious attempt should be made to reduce administrative responsibilities in the department.

There is real need for the streamlining of the handling of requisitions for obtaining goods and services within reasonable time.

More responsibility for the purchase of small items should be placed in the departmental hands. The same should apply to services required.

Perhaps the assignment of a first-class mechanic to Grounds and Buildings, who would be on first call here, would help us over some of our difficulties.

XI. Statistics and Achievements

A copy of the work-load trends from the 1954-55 budget request will be included here.

Diagnostic Section - A partial concept of the work-load trend in the department can be given by the report of radiological examinations of patients.

	<u>Radiographic Examinations</u>	<u>Chest Survey</u>	<u>Langley Porter Clinic</u>	<u>Total</u>
1950-51	25,249	8,764	1,899	35,912
1951-52	27,197	8,491	1,664	37,352
1952-53 Est.	27,963	9,870	1,610	39,433
1953-54 Est.	29,000	10,000	1,700	40,700
1954-55 Est.	30,000	11,000	1,900	42,900

A better concept of the rate of rise of work in the diagnostic section can be obtained by taking a little longer view, e.g.:

<u>Year</u>	<u>No. of Exams.</u>
1935	8,000
1945	16,000
1950	33,000
1953	39,000

From this it can be seen that the work doubled in the 10 years from 1935 to 1945 and doubled again in 5 years--between 1945 and 1950. The rise cannot con-

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tinue at the same rate because lack of space will not permit it. As soon as the larger space in the H. C. Moffitt Hospital is available there will be another big increase in the volume of work done. It is important to realize that this change occurred with no increase in the number of hospital beds, with a decreasing out-patient department, and in the face of increasing complexity of examinations. To illustrate the last point, an examination of a wrist, for example, is counted as an examination, just as is a cerebral angiogram. The work involved in the latter examination is from 10 to 25 times as great as that involved in the examination of the wrist. The last decade has seen a tremendous increase in the number and kind of the more complicated examinations such as

- Cerebral angiography
- Angiocardiography
- Retrograde aortography
- Direct aortography
- Retroperitoneal pneumography
- X-ray movies

In addition to the work of the department on patients, there is an ever-increasing load of administration. It is difficult to estimate this. The burden of paper work seems to grow as the square of other activities. As part of this, there is the job, shared by everyone, of preparing for the move to the new hospital. When it is realized that 30.4 per cent of the cost of new hospital equipment is going into the X-ray Department (this is insufficient to complete its complement), and when it is realized that the job of specifying this equipment fell on the shoulders of about 5 people, in addition to all their other duties, it can be appreciated that the administrative load has risen out of proportion even to the phenomenal increase in professional care of patients.

Therapy Section - One partial indication of the work-load trend can be a comparison of the number of treatments and patient visit observations. These are given in the following table:

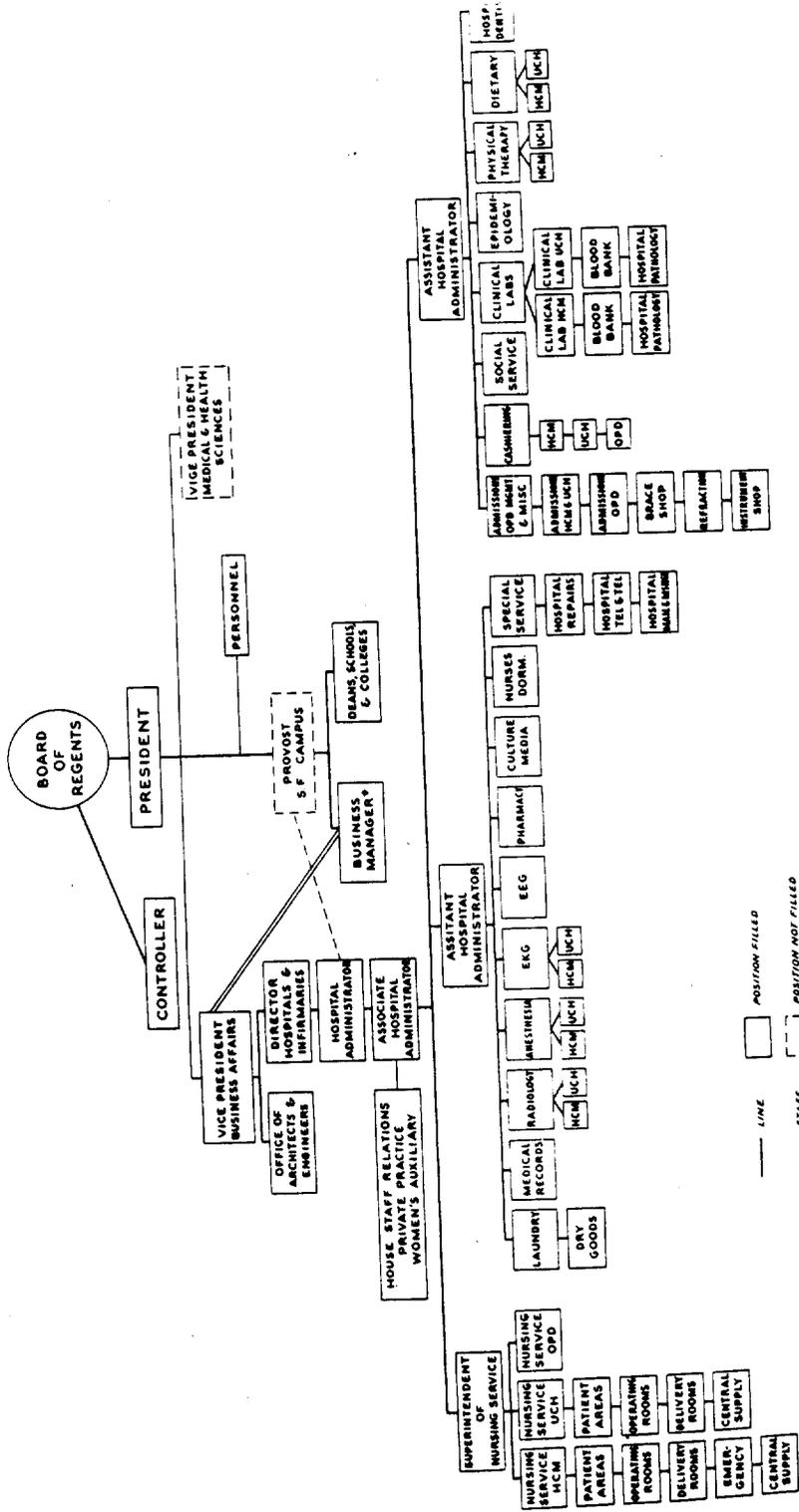
<u>Year</u>	<u>Treatments</u>	<u>Observations</u>	<u>Total</u>
1950-51	8,577	4,654	13,231
1951-52	8,577	3,538	12,115
1952-53 Est.	8,910	4,908	13,818
1953-54 Est.	9,500	5,000	14,500
1954-55 Est.	10,000	5,500	15,500

As has been pointed out in the past, the changes in the figures of patient treatments and visits does not give the entire story of the activity of the department. The newer techniques of therapy, such as beam direction, rotational therapy, and isotope therapy, are much more complicated than those of past years because of the need for greater attention to beam direction and dose calculation in the complicated set ups that have come into being with the development of newer methods. The increase in patient load has taken place in spite of the department's being short of one machine for 6 months of the 1952-53 year. With more and better therapy machines in the new hospital, the work will undoubtedly increase rapidly.

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