

Fifty-first Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1960



PROVIDENCE
THE OXFORD PRESS
1961

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ADMINISTRATIVE STAFF

October 1, 1959—September 30, 1960

Superintendent

Hilary J. Connor, M. D.

Assistant Superintendent and Clinical Director

Edward J. West, M. D.

Assistant Superintendents

*Conrado M. Recio, M. D. Fouad E. Yazbak, M. D.

‡Fioravante N. Nora, M. D.

Psychiatric Department

DIRECTOR

**Sidney S. Goldstein, M. D. †Ernest A. Burrows, M. D.

Pathologist

LeRoy W. Falkinburg, M. D.

Roentgenologist

Manuel Horwitz, M. D.

Director of Laboratories

Albert V. Troppoli, A.B., Sc.M.

Director of Nursing Service and School of Nursing

Elizabeth Regan McKenna, R. N.

*Resigned May 29, 1960.

**Resigned March 27, 1960.

†Appointed February 29, 1960.

‡Appointed May 30, 1960.

**HOUSE-OFFICERS WHO SERVED DURING YEAR
ENDING SEPTEMBER 30, 1960**

Residents in Pediatrics

Fioravante N. Nora, M. D.	Service completed May 30, 1960
Estela O. Ching, M. D.	Service completed June 30, 1960
Ramon L. Marquez, M. D.	Began service July 1, 1959
Mustafa Tavaslioglu, M. D.	Began service July 1, 1959
Cesareo Perez Borrajo, M. D.	Began service July 1, 1960
Pelagio V. Iriarte, M. D.	Began service July 1, 1960
Roberto Mejia, M. D.	Began service July 1, 1960

*Affiliate Residents in Pediatrics for
Communicable Disease Training*

**(From Rhode Island
Hospital)**

Howard S. Lampal, M. D.
Vasant A. C. Gideon, M. D.
Raymond Lancaster, Jr., M. D.

**(From Lenox Hill
Hospital, New York)**

Lenke Houbalek, M. D.

**(From St. Clare's Hospital,
New York)**

Celedonia V. Koh, M. D.
Jose Matos, M. D.

**(From Wyckoff Heights
Hospital, New York)**

Fausto Clemente, M. D.
Punja Pongsamart, M. D.

**(From St. Francis Hospital,
New York)**

Choong Soo Lim, M. D.

Residents in Psychiatry

Arturo L. Aranas, M. D.	Service completed June 30, 1960
Lupercio Duluc, M. D.	Service completed Sept. 30, 1960
Geronimo S. Torres, M. D.	Began service July 10, 1959
Carlos A. Coquet, M. D.	Began service July 1, 1960

SURGEONS

John J. Gilbert, M. D.	Mihran A. Chapien, M. D.
William A. Mahoney, M. D.	Anthony V. Migliaccio, M. D.
Michael J. O'Connor, M. D.	Nathan A. Bolotow, M. D.
Alfred L. Potter, M. D.	George F. Conde, M. D.
Francis B. Sargent, M. D.	Mark Rittner, M. D.
Ralph Stolworthy, D. M. D.	James H. Fagan, M. D.
Benjamin S. Sharp, M. D.	Joseph B. Webber, M. D.
John W. Sweeney, M. D.	William M. Muncy, M. D.
Vincent J. Oddo, M. D.	Anthony Corvese, M. D.
Joseph C. Johnston, M. D.	Walter J. Molony, M. D.
James A. McCann, M. D.	Charles Potter, M. D.
Henry McCusker, M. D.	Wilfred Pickles, M. D.
Edmond C. Laurelli, M. D.	Lee G. Sannella, M. D.
Raymond F. Hacking, M. D.	Craig S. Houston, M. D.
Robert R. Baldridge, M. D.	Frank I. Matteo, M. D.
Frank W. Dimmitt, M. D.	H. Frederick Stephens, M. D.
Eske Windsberg, M. D.	Herman Winkler, M. D.
Eliot A. Shaw, M. D.	Linley C. Happ, M. D.
John G. Walsh, M. D.	Adolph W. Eckstein, M. D.
Daniel V. Troppoli, M. D.	Jarvis D. Case, M. D.
Rudolph W. Pearson, M. D.	J. Stafford Allen, D. D. S.
Edward S. Cameron, M. D.	

CONSULTING BACTERIOLOGIST

Charles A. Stuart, Ph. D.

DEPARTMENT OF NEURO-PSYCHIATRY

In-Patient Department

PHYSICIAN-IN-CHIEF

William N. Hughes, M. D.

VISITING PHYSICIANS

Kathleen M. Barr, M. D.	Barry B. Mongillo, M. D.
Ernest A. Burrows, M. D.	David J. Fish, M. D.
Sarah M. Saklad, M. D.	Thomas L. Greason, M. D.
Hugh E. Kiene, M. D.	John O. Strom, M. D.
Dominic L. Coppolino, M. D.	

Out-Patient Department

PHYSICIAN-IN-CHARGE

William N. Hughes, M. D.

VISITING PHYSICIANS

Dominic L. Coppolino, M. D.	Oscar E. Stapan, M. D.
Patrick F. O'Mahony, M. D.	Louis V. Sorrentino, M. D.
Bruno Franek, M. D.	Max Faintych, M. D.

Urology

Chief, Howard K. Turner, M. D.

VISITING SURGEONS

John F. Streker, M. D.	Arthur J. Clarkin, Jr., M. D.
Ralph V. Sullivan, M. D.	Vincent I. MacAndrew, M. D.
Nathan Chaset, M. D.	Anthony J. Rotelli, M. D.
Ernest K. Landsteiner, M. D.	William S. Klutz, M. D.

ASSISTANT VISITING SURGEON

Genarino R. Zinno, M. D.

Gynecology

Chief, George W. Waterman, M. D.

VISITING SURGEONS

Ralph DiLeone, M. D.	James P. McCaffrey, M. D.
J. Merrill Gibson, M. D.	Thomas F. Fogarty, M. D.
George E. Bowles, M. D.	Frederic W. Ripley, Jr., M. D.
Calvin M. Gordon, M. D.	

ASSISTANT VISITING SURGEONS

John J. Sheehan, M. D.	Robert C. Hayes, M. D.
Gene A. Croce, M. D.	Vito L. Coppa, M. D.
Edward Cardillo, M. D.	Henry C. McDuff, Jr., M. D.
Bertram H. Buxton, Jr., M. D.	

Surgery

Chief, J. Murray Beardsley, M. D.

VISITING SURGEONS

Charles J. Ashworth, M. D.	Thomas Perry, Jr., M. D.
David Freedman, M. D.	Leland W. Jones, M. D.
Ralph D. Richardson, M. D.	Robert Gorfine, M. D.
Seebert J. Goldowsky, M. D.	J. Robert Bowen, M. D.
Wilfred I. Carney, M. D.	Richard P. Sexton, M. D.
Thomas C. McOsker, M. D.	Joseph E. Caruolo, M. D.
Arnold Porter, M. D.	Robert W. Riemer, M. D.
John R. Stuart, M. D.	

Anesthesia

Chief, Samuel Pritzker, M. D.

VISITING ANESTHETISTS

Nathan S. Rakatansky, M. D.	Thomas A. Egan, M. D.
Priscilla Sellman, M. D.	William A. McDonnell, M. D.
Americo J. Pedorella, M. D.	Herbert Ebner, M. D.
Parker Mills, M. D.	Nicholas Pournaras, M. D.
Harry E. Darrah, M. D.	

In April 1946, because of a lack of surgical beds in general hospitals, a private surgical unit was opened in the West Building. In August 1955, this unit was discontinued as ample surgical facilities were available elsewhere.

Because of the large number of vacant beds at Wallum Lake Sanitarium, the tuberculosis unit in the Hindle Building was discontinued and a pediatric unit for the care of non-contagious cases was established in 1954. Following the survey made by Dr. Theodore H. Ingalls in 1958, the pediatric unit was transferred to the West Building and a new unit for convalescent and mild female psychiatric cases was established in the Hindle Building and formally opened on October 6, 1958.

The Hindle Building now has a capacity of 37, and the two psychiatric wards now have 31 beds each, making a total of 99 beds. This number of beds is stable but in the communicable and pediatric department, it should be understood that the number of 150 beds plus 4 bassinets is provisional because at times, such as in an epidemic, many additional beds can be set up in case of need, which would almost double the capacity.

Patients are admitted on the recommendation of any practicing physician and the hospital works in close harmony with the City Health Department.

All patients are asked to pay for their treatment according to their financial means, though no one is refused treatment because of his inability to pay.

At a meeting of the Board of Hospital Commissioners on December 21, 1931, in accordance with a resolution passed by the City Council on December 7, 1931, the name of the Providence City Hospital was changed to the Charles V. Chapin Hospital. The purpose of this resolution was to respect and to pay homage to Dr. Charles V. Chapin, who was about to resign as Superintendent of Health, after a continuing service of forty-eight years and who, by virtue of holding this office had been a member of the Board of Hospital Commissioners since that body had been organized. It was largely through

Report of the Board of Hospital Commissioners

To the Honorable City Council:

The Board of Hospital Commissioners presents its Annual Report for the fiscal year ending September 30, 1960.

Details of the activities, problems and accomplishments of the hospital and its various departments are described in the reports of the Superintendent and department heads.

The poliomyelitis epidemic of 1960, in spite of the effective immunization program carried out by the Health Department of the City of Providence, shows that there still remains the need for adequate facilities for treatment and isolation of patients with communicable diseases, the original purpose for which the Chapin Hospital was built.

As can be seen, the hospital has been operated very efficiently by the Superintendent and his staff. The net operating deficit of \$199,265.38 is one of the lowest in recent years, and this in spite of an increase in the per capita cost.

The expanded facilities for the care of psychiatric patients are nearing saturation. However, the citizens of Providence should not be called upon to bear the cost of a new building to take care of any expansion, as the majority of our patients do come from outside the City.

The hospital report lists the staff as elected for the year starting January 1, 1961. New appointments and resignations were as follows:

Appointed

Bertram H. Buxton, Jr., M. D.
Max Faintych, M. D.
Valentino R. Simone, M. D.
Saunders W. Spooner, D. D. S.
John R. Stuart, M. D.
Mario Tami, M. D.
Albert F. Tetreault, M. D.

Resigned

Clarence E. Bird, M. D.
Mark A. Yessian, M. D.

his long and valuable association with public health work in the City of Providence; and

Whereas, Dr. Connor at the peak of his career and successful administration of this hospital desires for personal reasons to seek retirement;

Now, THEREFORE, Do We, the Board of Commissioners of the Charles V. Chapin Hospital accept the resignation tendered by Dr. Connor with great regret, recognizing it is his sincere wish to be relieved of his duties, and do hereby unanimously express to Dr. Connor our gratitude for the service which he has rendered together with our best wishes for his continued health and happiness.

Prior to adjournment, the Board unanimously elected Dr. Edward J. West to take office as the new superintendent of the hospital, upon Dr. Connor's retirement.

At the same meeting, the Board of Hospital Commissioners approved the erection of a Lippitt memorial plaque on the Out-Patient Building, and the naming of the said building in honor of the memory of Louisa G. Lippitt, for her munificence in willing the hospital over \$300,000 of her estate.

The Board of Hospital Commissioners wishes once more to express sincere appreciation to all staff members and employees for continued faithful and efficient service, and to acknowledge again the debt owed by the hospital and the community to the many doctors on the visiting and consulting staffs who have continued to provide their valuable services without financial recompense, in keeping with the proud traditions of the medical profession.

Respectfully submitted,

HONORABLE WALTER H. REYNOLDS,
Mayor, Chairman

JOSEPH SMITH, M. D.,
Superintendent of Health, Secretary

JAMES H. FAGAN, M. D.

ROBERT E. CARROLL, M. D.

HERMAN A. LAWSON, M. D.

IN CITY COUNCIL
APR 20 1961

READ:

WHEREUPON IT IS ORDERED THAT
THE SAME BE RECEIVED.

Walter H. Reynolds
CLERK

Walter H. Reynolds
Joseph Smith
James H. Fagan
Robert E. Carroll
Herman A. Lawson

PEDIATRIC COMMUNICABLE*

	1960			1959		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	36	18	18	22	12	10
Number of patients admitted during the year.....	451	254	197	657	352	305
Number of patients in hospital at beginning of fiscal year.....	22	12	10	19	9	10
Total number of patients under treatment.....	473	266	207	676	361	315
Number of patients discharged.....	436	248	188	654	349	305
Average daily population.....	29.0			28.7		
Average residence.....	24.4			16.0		
Number of deaths.....	10			1		
Number of deaths within 48 hours....	4			0		
Fatality rate.....	2.3			0.2		
Days' treatment.....	10,649			10,467		

*This table is a part of the schedule "Communicable, All Ages."

COMMUNICABLE, ALL AGES*

	1960			1959		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	42	22	20	26	14	12
Number of patients admitted during the year.....	508	272	236	698	375	323
Number of patients in hospital at beginning of fiscal year.....	26	14	12	25	10	15
Total number of patients under treatment.....	534	286	248	723	385	338
Number of patients discharged.....	491	264	227	697	371	326
Average daily population.....	32.5			30.7		
Average residence.....	24.3			16.1		
Number of deaths.....	14			4		
Number of deaths within 48 hours....	8			2		
Fatality rate.....	2.9			0.6		
Days' treatment.....	11,915			11,211		

*This table includes the schedule "Pediatric Communicable."

PEDIATRIC

	1960			1959		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	49	28	21	54	29	25
Number of patients admitted during the year.....	1,085	616	469	1,428	813	615
Number of patients in hospital at beginning of fiscal year.....	54	29	25	48	25	23
Total number of patients under treatment.....	1,139	645	494	1,476	838	638
Number of patients discharged.....	1,090	617	473	1,422	809	613
Average daily population.....	52.3			58.9		
Average residence.....	17.6			15.1		
Number of deaths.....	16			5		
Number of deaths within 48 hours....	7			2		
Fatality rate.....	1.5			0.4		
Days' treatment.....	19,137			21,489		

A poliomyelitis advisory committee was set up early in June, of which Dr. Hannibal Hamlin was the chairman. Other members were: Drs. Reginald A. Allen, D. William J. Bell, Alexander M. Burgess, Sr., John P. Grady, William A. Horan, Leland W. Jones, and Earl Kelly. Several meetings were held. All phases of the needs of the hospital pertaining to poliomyelitis which might develop were discussed and appropriate measures taken to meet any necessary requirements.

Several meetings of the orthopedic staff were held and plans made for enlarging the staff, if necessary.

On the chance that the epidemic might develop into major proportions, representatives of other hospitals were called together to discuss what assistance they could give in taking care of not only the acute, infectious poliomyelitis cases, but also the post-infectious and convalescent patients as well as those with other contagious diseases. The information received was most valuable, a record being made of assistance offered by each hospital.

Through newspapers, radio, and various organizations, both local and national, appeals were made for additional nursing personnel and we were grateful for the recruitment of nurses by the American Red Cross, the State and City Health Departments, the Providence School Department, the District Nursing Association, and the American Physical Therapy Association. The local hospitals, for the most part, were unable to help in this respect because of difficulty in maintaining a sufficient nursing personnel for their own needs. However, recent graduates from St. Joseph's Hospital who had completed a communicable disease training course at the Chapin Hospital, gave part-time nursing service during the evening and night hours, and were of tremendous value in the early weeks of the epidemic, before we were able to recruit additional full time nursing personnel. Also, a group of student nurses from Salve Regina College, Newport, affiliating with Our Lady of Fatima Hospital, gave valuable assistance. We are indebted to all these agencies for their response to our appeal.

with little confusion, due in part to the multiple entrances and exits which are available.

During the past year, a program was set up for the microfilming of all hospital records. The necessary equipment was purchased and is now in operation.

The hospital administration is very appreciative of the gift of \$348,114.80 from the estate of Louisa G. Lippitt, widow of Christopher Lippitt, under the terms of her will dated February 1, 1912. At a meeting held in September, the Board of Hospital Commissioners voted to designate one of the larger hospital buildings as the Louisa G. Lippitt Building, in memory of her generosity.

The total operating expense for the year was \$1,306,754.68 compared to \$1,206,035.89 for the fiscal year ending September 30, 1959. The revenue amounted to \$1,107,489.30, which included the grant of \$200,000 from the State of Rhode Island.

The per capita cost for all in-patients was \$28.87, compared to \$27.06 in 1959.

The reader is referred to the report of the business manager and to the financial statistics for detailed information.

NURSING DEPARTMENT

The reader is referred to the report of the Director of Nursing Service.

LABORATORY

An ultra micro-gasometer and an ultra micro-clinical chemistry set were important additions to the laboratory equipment during the year.

Four technicians affiliated here from St. Joseph's Hospital for a three-month course in bacteriology during the year, and one technician who completed our one-year training course was added to our full time staff.

During the year, one of our older ambulances was replaced with a new one.

PLANT MAINTENANCE

The major project during the past year was preparing for the new formula room in Richardson Building. A full listing of the variety of work done by the maintenance crew appears in the report of the Maintenance Department.

RESEARCH FELLOWSHIP

The Charles V. Chapin Fellowship for Contagious Diseases was not filled during the past fiscal year.

MEDICAL PERSONNEL

Dr. Sidney S. Goldstein, who was director of the psychiatric division of the hospital since May 1952, resigned in March to accept the superintendency of the State Hospital for Mental Diseases. We extend our good wishes to Dr. Goldstein in his new position and our personal hope for success and good health in the future.

To fill the vacancy, the Board of Hospital Commissioners selected Dr. Ernest A. Burrows. He received his degree from the University of Maryland School of Medicine and College of Physicians and Surgeons and was already well known in Rhode Island, having had a private practice here for years. He is a diplomate of the American Board of Psychiatry and Neurology and was first appointed to the visiting staff of this hospital in 1945.

Dr. Conrado M. Recio, assistant clinical director, left in May to return to the Philippines, his home country, and Dr. Fouad E. Yazbak was moved up to fill the vacancy. On June 1, Dr. Fioravante N. Nora, who was completing his second year of pediatric residency at this hospital, was appointed second assistant clinical director.

Elsewhere in this report is a list of the residents in pediatrics and psychiatry, also the affiliate residents in pediatrics.

Financial Report

FOR THE YEAR ENDED SEPTEMBER 30, 1960

EXHIBIT 1

REVENUE RECEIPTS

In-Patient Department:		
Communicable, Pediatric and Other	\$220,733.80	
Neuro-Psychiatric	247,380.85	
Operating Room	9.00	
X-Ray	7,998.50	
Laboratory	29,541.35	
Drugs	42,311.58	
Ambulance	45.00	
Telephone	12.00	
Shock Treatments	10,174.05	
Sundries:		
Electrocardiograms	\$ 796.00	
Electroencephalograms	265.00	1,061.00
Total In-Patient		\$559,267.13
Out-Patient Department:		
Fees	\$ 458.00	
Examinations—Food Handlers	1,700.00	
Total Out-Patient		2,158.00
X-Ray Service		1,820.38
Wassermann Tests		17.00
Drug Room Service		1,767.60
Miscellaneous Earnings:		
Meals	\$ 473.50	
Rents:		
157 Eaton Street	\$1,200.00	
Mental Retardation Program	665.00	1,865.00
Maintenance:		
Salve Regina College	\$5,932.39	
Red Cross Nurses (Polio)	68.77	6,001.16
Materials		
Abstracts	586.22	
Telephone	118.00	
Donations	441.39	
Refunds	6.00	
Discounts	1,846.29	
Reimbursements	13.79	
Miscellaneous	562.50	
Damage to Equipment	34.50	
	275.00	12,223.35
Gross Revenue Receipts		\$577,253.46
Deduct:		
Refunds on Advance Payments		837.35
Net Revenue Receipts		\$576,416.11
Add:		
Revenue from Meals and Lodgings	19,351.53	
State of Rhode Island Grant	200,000.00	
Louisa G. Lippitt Estate	311,721.66	
Total Revenue Receipts		\$1,107,489.30

EXHIBIT 4

MAINTENANCE COSTS FOR ALL IN-PATIENTS

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1910.....	\$33,720.66	\$1,328.13	\$32,392.53	22,052	\$1.52	\$1.47
1911.....	62,549.01*	3,271.66	59,277.35	35,939	1.74	1.65
1912.....	82,005.29*	5,270.95	76,734.34	43,320	1.89	1.77
1913.....	83,337.56*	4,040.71	79,296.75	44,974	1.85	1.76
1914.....	86,879.81	5,109.77	81,770.04	42,235	2.06	1.93
1915.....	92,401.57†	5,570.10	86,831.47	52,029	1.78	1.67
1916.....	99,483.85	8,121.27	91,362.58	52,364	1.89	1.74
1917.....	112,779.75	11,006.05	101,773.70	46,123	2.44	2.22
1918.....	119,685.05	10,577.13	109,107.92	46,675	2.56	2.34
1919.....	136,915.76‡	19,129.18	117,786.58	54,937	2.49	2.14
1920.....	171,700.14	18,096.85	153,603.29	49,516	3.47	3.10
1921.....	160,068.46	16,060.24	144,008.22	44,253	3.61	3.25
1922.....	152,749.51§	13,215.49	139,534.02	38,302	3.99	3.64
1923.....	162,682.64¶	17,567.56	145,115.07	44,505	3.65	3.26
1924.....	192,766.84	29,542.42	163,224.42	47,087	4.09	3.46
1925.....	189,294.45	19,806.11	169,488.34	39,771	4.76	4.26
1926.....	197,911.43	19,157.22	178,754.21	44,538	4.44	4.01
1927.....	209,427.48	25,997.75	183,429.73	46,076	4.55	3.98
1928.....	221,123.50	32,940.33	188,183.17	48,250	4.58	3.90
1929.....	237,062.99	34,368.34	202,694.65	46,213	5.13	4.39
1930.....	289,237.97	29,608.34	259,629.63	47,482	6.09	5.47
1931.....	328,464.09	44,470.78	283,993.31	70,045	4.69	4.05
1932.....	329,393.09	44,817.92	284,575.17	73,137	4.50	3.89
1933.....	289,002.01	29,736.84	259,265.17	73,595	3.93	3.52
1934.....	293,635.61	34,721.51	258,914.10	70,745	4.15	3.66
1935.....	299,648.73	37,600.20	262,048.53	71,245	4.21	3.68
1936**.....	300,566.47	45,241.46	255,325.01	75,514	3.98	3.38
1937**.....	291,595.01	52,618.02	238,976.99	78,923	4.01	3.69
1938**.....	314,049.60	53,170.83	262,731.21	68,357	4.59	3.84
1939**.....	331,284.40	61,042.10	272,307.21	67,328	4.92	4.04
1940**.....	360,772.06	80,906.21	279,865.85	67,182	5.37	4.17
1941.....	362,369.82	81,147.38	281,222.44	63,077	5.74	4.46
1942.....	347,275.15	101,495.73	245,779.42	57,197	6.07	4.92
1943.....	377,379.52	120,581.55	256,797.97	57,066	6.61	4.50
1944.....	371,786.26	158,902.31	212,883.95	55,154	6.74	3.86
1945.....	451,026.53	113,358.43	337,668.10	45,585	9.89	6.12
1946.....	517,988.52	145,793.47	372,195.05	48,608	10.66	7.66
1947.....	544,021.93	.....	.....	55,774	9.75	.....
1948.....	627,797.89	.....	.....	48,872	12.85	.....
1949.....	627,884.08	.....	.....	48,542	12.93	.....
1950.....	684,064.02	.....	.....	47,858	14.29	.....
1951.....	697,606.95	.....	.....	42,740	16.32	.....
1952.....	759,762.36	.....	.....	44,337	17.14	.....
1953.....	792,645.89	.....	.....	56,667	13.99	.....
1954.....	869,372.00	.....	.....	48,872	17.79	.....
1955.....	988,571.92	.....	.....	48,249	20.49	.....
1956.....	1,048,665.43	.....	.....	41,569	25.23	.....
1957.....	1,026,975.00	.....	.....	35,484	28.94	.....
1958.....	1,100,982.25	.....	.....	36,650	30.04	.....
1959.....	1,136,943.39	.....	.....	42,012	27.06	.....
1960.....	1,242,287.62	.....	.....	43,032	28.87	.....

* This includes the cost of the hospital proper and the smallpox hospital but not the day camp. † Purchase, repair and equipment of lot and buildings not included. ‡ Does not include purchase of three story dwelling for employees. § Does not include installing refrigerator plant, or passageway between administration building and service building. ¶ Does not include new mangle. ** Does not include receipts from Health Department for services rendered.

EXHIBIT 6

MAINTENANCE COST OF OTHER NON-PATIENTS

1947.....	\$3,927.73	(Schedule B)
1948.....	3,911.49	(Schedule B)
1949.....	3,682.46	(Schedule B)
1950.....	4,109.21	(Schedule B)
1951.....	3,931.85	(Schedule B)
1952.....	4,476.17	(Schedule B)
1953.....	3,768.21	(Schedule B)
1954.....	4,320.98	(Schedule B)
1955.....	6,502.25	(Schedule B)
1956.....	6,135.86	(Schedule B)
1957.....	6,372.76	(Schedule B)
1958.....	9,515.55	(Schedule B)
1959.....	13,347.35	(Schedule B)
1960.....	17,518.88	(Schedule B)

EXHIBIT 7

MAINTENANCE COST OF INFECTIOUS, PEDIATRIC AND OTHER DISEASES

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1932.....	\$231,231.42	.....	.....	57,600	\$4.01	.....
1933.....	205,937.93	\$23,765.36	\$182,172.57	58,592	3.51	\$3.11
1934.....	201,555.51	23,098.61	178,456.90	55,460	3.63	3.22
1935.....	202,946.00	26,171.92	176,774.08	53,838	3.77	3.28
1936.....	192,756.12	32,984.95	159,771.17	54,751	3.52	2.92
1937.....	187,762.02	40,443.76	149,318.26	59,089	3.21	2.53
1938.....	195,847.85	33,947.07	161,900.78	48,931	4.00	3.31
1939.....	212,690.47	37,977.19	174,713.28	49,852	4.26	3.50
1940.....	202,047.64	30,111.91	171,935.73	47,462	4.27	3.62
1941.....	205,109.66	27,499.83	177,609.83	43,882	4.67	4.05
1942.....	210,495.41	49,805.18	160,690.23	40,046	5.26	4.01
1943.....	239,885.74	75,631.89	164,253.85	40,894	5.87	4.02
1944.....	286,302.32	104,446.63	181,855.69	40,845	7.01	4.45
1945.....	368,412.95	93,172.51	275,240.44	37,828	9.74	7.28
1946.....	348,520.24	94,902.43	253,617.81	35,958	9.69	7.05
1947.....	356,426.62	.....	.....	38,733	9.20	.....
1948.....	424,807.71	.....	.....	33,117	12.83	.....
1949.....	428,456.83	.....	.....	33,135	12.93	.....
1950.....	469,237.48	.....	.....	33,771	13.89	.....
1951.....	477,110.69	.....	.....	28,908	16.50	.....
1952.....	490,831.28	.....	.....	28,035	17.51	.....
1953.....	499,023.49	.....	.....	40,215	12.41	.....
1954.....	631,431.99	.....	.....	34,454	18.33	.....
1955.....	672,973.38	.....	.....	32,332	20.81	.....
1956.....	758,255.75	.....	.....	27,534	27.54	.....
1957.....	712,753.45	.....	.....	20,460	34.84	.....
1958.....	750,022.27	.....	.....	20,971	35.76	.....
1959.....	715,871.02	.....	.....	22,826	31.36	.....
1960.....	784,850.59	.....	.....	21,257	36.92	.....

EXHIBIT 11

MAINTENANCE COST OF STATE HEALTH DEPARTMENT ACTIVITIES

	Cardiac Clinic	Total State Health Activities
1947.....	\$1,254.59	\$1,254.59
1948.....	1,439.44	1,439.44
1949.....	1,288.38	1,288.38
1950.....	1,312.28	1,312.28
1951.....	1,343.43	1,343.43
1952.....	1,372.11	1,372.11
1953.....	1,415.57	1,415.57
1954.....	1,533.88	1,533.88
1955.....	1,646.04	1,646.04
1956.....	1,469.37	1,469.37
1957.....	1,556.12	1,556.12
1958.....	1,873.19	1,873.19
1959.....	2,461.02	2,461.02
1960.....	1,965.92	1,965.92

SCHEDULE A

ANALYSIS OF APPROPRIATIONS AND EXPENDITURES

Item	Description	Appropriations	Expenditures	Unencumbered Balances
0	Personal Services	\$ 954,444.94	\$ 756,077.09	\$198,367.85
1	Services Other Than Personal	68,130.00	47,337.09	20,792.91
2	Materials and Supplies	235,850.00	169,770.50	66,079.50
5	Equipment Replacement	23,500.00	12,071.95	11,428.05
	Louisa G. Lippitt Estate	348,114.80	311,721.66	36,393.14
		<u>\$1,630,039.74</u>	<u>\$1,296,978.29*</u>	<u>\$333,061.45</u>

*Does not include \$19,351.53 covering payroll deductions for Meals and Lodgings.

SCHEDULE B

DEPARTMENTAL COST DISTRIBUTIONS
NEURO-PSYCHIATRIC DEPARTMENT:

Professional Care:

Medical	\$ 30,825.37	
Nursing	48,711.07	
Other (Soc. Wkrs., Psychom. Ther.)	20,882.25	
Laboratory	19,155.42	
Pharmaceuticals	24,448.48	
X-Ray	3,526.66	
Central Supply (Med. & Surg. Sup.)	2,803.28	
Total		\$150,352.53

Non-Professional Care:

Ambulance	\$ 6,972.78	
Dietary	64,680.95	
Laundry	13,507.98	
Medical Records	5,590.14	
Attendant Service	87,178.07	
General Administration	57,297.19	
Housing:		
Utility Service	3,927.08	
Maintenance	13,742.92	
Heat, Hot Water, & Steam	9,732.10	
Housekeeping	33,754.19	
Materials and Supplies	9,371.03	
Equipment Replacement	1,330.07	
Total		307,084.50

Gross cost of Patients Housed in Psychopathic Department \$ 457,437.03

Non-Professional Care:		
Laundry	\$ 833.80	
General Administration	6,264.58	
Housing:		
Utility Service	989.91	
Maintenance	786.88	
Heat, Hot Water, & Steam	641.81	
Housekeeping	3,035.72	
Materials and Supplies	532.35	
Total	13,087.05	
Gross Cost of all Patients Treated in Out-Patient Clinic		27,544.30
PULMONARY TUBERCULOSIS CLINIC:		
Professional Care		
Other (Tech. Clinic Serv.)	\$ 156.00	
Pharmacy	331.21	
X-Ray	11,255.51	
Total	\$ 11,742.72	
Non-Professional Care:		
Housing:		
Utility Service	\$ 384.03	
Maintenance	950.49	
Heat, Hot Water, & Steam	855.77	
Materials and Supplies	8.30	
Total	2,198.59	
Gross Cost of Hospital for City Pulmonary Tuberculosis Clinic		13,941.31
INSPECTION OF MILK:		
Non-Professional Care:		
Housing:		
Utility Service	\$ 422.83	
Maintenance	1,323.12	
Heat, Hot Water, & Steam	1,306.39	
Gross Hospital Cost for City Inspection of Milk		3,052.34
LABORATORY EXAMINATIONS:		
Laboratory	\$ 640.69	
Gross Hospital Cost for City Laboratory Examinations		640.69
*COST OF CARDIAC CLINIC:		
Professional Care:		
X-Ray	\$ 888.48	
Total	\$ 888.48	
Non-Professional Care:		
Housing:		
Utility Service	\$ 216.24	
Maintenance	433.32	
Heat, Hot Water, & Steam	427.88	
Total	1,077.44	
Gross Hospital Cost for Cardiac Clinic	*	1,965.92
COST OF OTHER NON-PATIENTS:		
Pharmaceuticals	\$ 17,518.88	
Gross Cost of Other Non-Patients		17,518.88
Total Department Expenditures Distributed		\$1,306,951.06
Minus:		
Overdistributed Balance of Costs		196.38
Total Departmental Expenditures		<u>\$1,306,754.68</u>
*Includes cost of Mental Retardation Clinic		

C. Report on All Diseases

Table C 1. Diseases Treated March 1, 1910-September 30, 1960

DISEASES	Oct. 1, 1959 Sept. 30, 1960			Oct. 1, 1958 Sept. 30, 1959			March 1, 1910 Sept. 30, 1960		
	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.
Chickenpox	23			44			1,116	14	1.3
Diarrhea, due to infection	3			1			66***		
Diarrhea, due to unknown cause	4			3			73***		
Diphtheria	1	1	100.0	0			5,744	689	12.0
Diphtheria carrier	0			0			729		
Dysentery bacillary	0			0			63***		
Encephalitis, acute, all forms	32	1	3.1	33			394	55	14.0
Epidemic parotitis (mumps)	21			25			732		
Erysipelas	2			1			933	86	9.2
Gonorrhea	0			2			2,237	6	0.3
Gonorrheal conjunctivitis	0			0			180	5	2.8
Hepatitis, infectious (epidemic)	70			23			477***		
H. S. Carrier	1			9			22***		
Impetigo	8			20	1	5.0	598	1	0.2
Influenza	1			0			1,080	81	7.5
Leprosy	0			0			2		
Measles	39			6			4,376	232	5.3
Meningitis, cerebrospinal, epidemic, (Meningococcic)	9			4			848	145	17.1
**Meningitis, tuberculous	1			0			114	90	79.0
Meningitis, other forms	23	3	13.0	28	1	3.6	519	135	26.0
Meningococcemia	0			1			11***	2	18.2
Mononucleosis, infectious	4			6			63***		
Pneumonia, all forms	62	1	1.6	111	5	4.5	2,851	283	9.9
Polioomyelitis, acute, all forms	68	7	10.3	8	1	12.5	2,285	135	5.9
Rabies	0			0			3	3	100.0
Rubella	1			5			786	1	0.1
Scabies	5			0			333		
Scarlet Fever	96			237			11,632	218	1.9
Syphilis, congenital	0			0			166	18	10.8
Syphilis, other forms	0			0			3,422	32	0.9
Tinea capitis	2			0			12***		
*Tonsillitis	94			81			4,829	11	0.2
Tonsillitis, due to Hemolytic Streptococcus	23			47			657	4	0.6
Tuberculosis, pulmonary	2			1			5,921	2,206	37.3
Tuberculosis, other forms	0			0			313	107	34.2
Typhoid Fever	3			2			193	20	10.4
Vincent's infection	0			1			245	10	4.1
Whooping Cough	35			154			3,014	180	6.0
No diagnosis	9			10			905	12	1.3
Other diseases	603	10	1.7	663	5	0.8	19,071	1,051	5.5
†Diseases of the nervous system	1,153	12	1.0	1,066	13	1.2	22,862	625	2.7
‡Surgery	0			0			4,704	26	0.6
Total	2,398	35	1.5	2,592	26	1.0	104,581	6,483	6.2

*Tonsillitis, under this heading is included pharyngitis, naso-pharyngitis, septic sore throat and other inflammatory conditions of the faucial region, the pharynx and naso-pharynx.

**Some of the apparent living cases died after leaving the hospital.

†The wards for diseases of the nervous system were opened June 1, 1930.

‡Surgical ward was opened April 1, 1946.

***Beginning October 1, 1952.

Table C 4. Diphtheria: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1960:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910
	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960
Under 1	99	.....	.....	45	.....	.....	45.5
1	233	.....	.....	90	.....	.....	38.6
2	370	.....	.....	90	.....	.....	24.3
3	449	.....	.....	70	.....	.....	13.6
4	459	.....	.....	80	.....	.....	17.4
5	403	.....	.....	66	.....	.....	16.4
6	422	.....	.....	50	.....	.....	11.8
7	368	.....	.....	37	.....	.....	10.1
8	318	.....	.....	30	.....	.....	9.4
9	200	.....	.....	18	.....	.....	9.0
10-14	644	.....	.....	45	.....	.....	7.1
15-19	226	.....	.....	5	.....	.....	2.2
20-29	453	.....	.....	6	.....	.....	1.3
30-39	155	.....	.....	8	.....	.....	5.2
40-49	1	40	1	.....	6	1	.....	15.0
50-59	19	.....	.....	2	.....	.....	10.5
Over 60	5	.....	.....	.....	.....	.....	.....
Total	1	.....	4,863	1	.....	648	1	.....	13.3

Table C 10. Scarlet Fever: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1960:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910
	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960
Under 1	2	.....	61	.....	.....	6	.....	.....	9.8
1	1	4	202	.....	.....	1	.....	.....	0.5
2	5	13	522	.....	.....	18	.....	.....	3.4
3	12	32	837	.....	.....	14	.....	.....	1.7
4	14	19	863	.....	.....	30	.....	.....	3.5
5	15	28	902	.....	.....	20	.....	.....	2.2
6	9	30	1,067	.....	.....	9	.....	.....	0.8
7	8	25	937	.....	.....	13	.....	.....	1.4
8	9	14	835	.....	.....	10	.....	.....	1.2
9	5	14	629	.....	.....	9	.....	.....	1.4
10-14	7	36	1,648	.....	.....	12	.....	.....	0.7
15-19	4	3	586	.....	.....	9	.....	.....	1.5
20-29	.....	.....	831	.....	.....	15	.....	.....	1.8
30-39	.....	.....	280	.....	.....	7	.....	.....	2.5
40-49	.....	1	73	.....	.....	4	.....	.....	5.5
50-59	.....	.....	14	.....	.....	.....	.....	.....	.....
Over 60	.....	.....	2	.....	.....	1	.....	.....	50.0
Total	91	219	10,289	.....	.....	178	.....	.....	1.7

Table C 16. Measles: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1960:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910
	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960
Under 1.....	2	....	174	....	....	36	....	....	20.7
1.....	3	1	319	....	....	59	....	....	18.5
2.....	3	....	382	....	....	31	....	....	8.1
3.....	4	....	339	....	....	14	....	....	4.1
4.....	3	....	352	....	....	9	....	....	2.6
5.....	4	1	326	....	....	2	....	....	0.6
6.....	1	....	341	....	....	5	....	....	1.5
7.....	2	....	244	....	....	3	....	....	1.2
8.....	1	....	184	....	....	....	....	....	....
9.....	....	....	97	....	....	....	....	....	....
10-14.....	2	1	181	....	....	4	....	....	2.2
15-19.....	....	....	143	....	....	....	....	....	....
20-29.....	....	....	238	....	....	1	....	....	0.4
30-39.....	....	....	45	....	....	1	....	....	2.2
40-49.....	....	....	9	....	....	3	....	....	33.3
50-59.....	....	....	7	....	....	....	....	....	....
Over 60.....	....	....	....	....	....	....	....	....	....
Total.....	25	3	3,381	....	....	168	....	....	5.0

Table C 17. Whooping Cough: Number of cases and fatality by ages, March 1, 1910-September 30, 1960:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910	Oct.1, 1959	Oct.1, 1958	Mar.1, 1910
	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960	Sep.30, 1960	Sep.30, 1959	Sep.30, 1960
Under 1.....	14	69	933	....	....	89	....	....	9.5
1.....	6	25	517	....	....	45	....	....	8.7
2.....	5	15	369	....	....	21	....	....	5.7
3.....	4	14	275	....	....	7	....	....	2.5
4.....	2	10	213	....	....	8	....	....	3.8
5.....	2	6	154	....	....	2	....	....	1.3
6.....	2	1	104	....	....	2	....	....	1.9
7.....	....	6	96	....	....	1	....	....	1.0
8.....	....	1	45	....	....	....	....	....	....
9.....	....	3	27	....	....	1	....	....	3.7
10-14.....	....	2	21	....	....	....	....	....	....
15-19.....	....	1	5	....	....	1	....	....	20.0
20-29.....	....	....	10	....	....	....	....	....	....
30-39.....	....	....	....	....	....	....	....	....	....
40-49.....	....	1	1	....	....	....	....	....	....
50-59.....	....	....	2	....	....	....	....	....	....
Over 60.....	....	....	1	....	....	....	....	....	....
Total.....	35	154	2,773	....	....	177	....	....	6.4

There are side rooms and small wards in each building. When patients are in the same room but suffering from different diseases, each bed is marked by a barrier card, with or without numbers attached. When numbers are used, as in the larger wards, the unit or group to which the patient belongs is clearly indicated to facilitate carrying out rigid technique, thus preventing infection from being carried from one unit to another.

CROSS-INFECTIONS

All secondary infections occurring among patients after admission are included either in Group I or Group II.

During the year, 1,243 patients were cared for in the wards for acute communicable diseases. Patients cared for in other wards are not included in estimating cross-infection rates. Patients discharged from the infectious disease wards during the year and the number of patients in these wards at the end of the year are included. A small number of resultant discrepancies may be noted which are due to departmental transfers.

There was one cross-infection, as follows:

GROUP I

EPIDEMIC PAROTITIS—RICHARDSON I

On November 20, 1959, a four-year-old female, #103625, was admitted with a nephrotic syndrome and was discharged home on December 5, 1959. On December 13, 1959 she was readmitted (#103767) with epidemic parotitis.

The source of this cross-infection was #103600, a nine-year-old male who entered Richardson I on November 14, 1959 with mumps encephalitis.

GROUP II

During the year, four children were admitted for other diseases while in the incubation period of chickenpox and developed the disease during hospitalization. There were also three cases of epidemic parotitis which developed in children admitted for

Scarlet fever

A male of four years, #104643, entered East II on April 28, 1960 with chickenpox and bronchopneumonia. On the day following admission he developed scarlet fever, the obvious result of exposure before admission.

Measles

On June 22, 1960 a two-year-old girl, #105050, entered East II with dermatitis and on the second day of hospitalization developed measles. She was exposed to the disease before admission.

Whooping cough

A ten-year-old male, #103429, was admitted to East II on October 16, 1959 with infectious hepatitis and bronchopneumonia. On October 29, 1959 he developed whooping cough, the result of exposure to the disease before admission.

Outside Agencies

The following services conducted by other city and state agencies are included in the cost of the hospital, as follows :

1. City Health Pulmonary Clinic\$13,941.31
2. City Health Inspection of Milk 3,052.34
3. City Health Laboratory Examinations 640.69
4. State Cardiac and Mental Retardation Clinics 1,965.92

To the Superintendent, Dr. Hilary J. Connor, and all hospital personnel, I wish at this time to express my thanks and appreciation for their cooperation during the year.

Respectfully submitted,

WILLIAM A. MANNING

Business Manager

*See Page 31.
**See Page 32.
***See Page 32.

The number of patients transferred from other hospitals has shown an increase of 27. In 1959 there were 159 transfers, in 1960-186. On many occasions, patients were transferred to general hospitals for further diagnostic evaluation and treatment of physical conditions uncovered during their period of observation.

In 1959, 178 patients were discharged whose primary diagnosis was alcoholism. In 1960, 226 patients were so diagnosed, showing an increase of 58.

PATIENTS TRANSFERRED TO CHARLES V. CHAPIN HOSPITAL FROM OTHER HOSPITALS

Butler Health Center.....	7
Davis Park Veterans Administration Hospital.....	9
Kent County Hospital.....	2
Miriam Hospital.....	6
Newport Hospital.....	1
Newport Naval Hospital.....	12
Quonset Point Hospital.....	9
Our Lady of Fatima Hospital.....	3
Pawtucket Memorial Hospital.....	9
Rhode Island Hospital.....	98
Roger Williams General Hospital.....	5
St. Joseph's Hospital.....	12
Woonsocket Hospital.....	3

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The Hindle Building, which opened October 6, 1958 as a psychiatric facility for private, ambulatory, convalescent female patients, has grown in use. During the first year of operation, 178 patients were admitted; in 1960, 227 patients were admitted. This type of open-ward service with many recreational facilities and diversional therapies has proven to be a most valuable asset.

VOLUNTEER PROGRAM

The Volunteer Program was reactivated in March of 1960 with 50 male and female Brown University students, each of whom served a minimum of two hours each week. Mrs. Herman Morrison, a competent and experienced volunteer, organized and operated the program under the sponsorship of the Rhode Island Association for Mental Health. She has served many

The number of juveniles was essentially the same as in 1959; and in this area, the hospital is continuing to offer valuable diagnostic and short-term treatment to this age group. In 1959 there were 41 juveniles admitted, in 1960-40.

From the above and following statistical reports, it is obvious that the services offered by the Neuro-Psychiatric department are varied in scope and are offered to a great number of Rhode Island citizens of different ages and with a wide diversity of problems. Ages have varied from 16 to 91; diagnoses from major mental illnesses to transient situational personality disorders.

All modern accepted forms of psychiatric treatment are offered. On admission, all patients receive complete physical and neurological examinations, essential laboratory work and mental status examinations. Then selected individual therapy, such as drug therapy, organo-therapy, psychotherapy, is instituted as indicated. Because of the high admission rate, primary consideration is still being given to those patients whose age and diagnosis indicate early recovery and probable return to the community following a relatively short period of hospitalization.

Staff conferences are held twice weekly at which time the resident staff and physicians on the visiting staff discuss treatment plans, diagnoses, and dispositional planning for all the patients. The visiting staff gives many devoted hours to the hospital and their many contributions to both the patients and the staff are valued and appreciated. Thus, the team approach, in its most encompassing form, is still being used and is still considered the most effective way of helping the patient and his family.

Community lectures and the resident training program continued. Each month, representatives of health and welfare agencies were invited to hear local guest speakers. We continue to be most grateful to both the speaker and the agency representatives for participating in this worthwhile event.

The residents' training program was again benefited by the willingness on the part of busy Rhode Island doctors who gave

for the hospital and the Department of Health, Education, and Welfare.

We take an active part in the daily admission interviews, ward rounds, and bi-weekly staff conferences. We also participate in the monthly community lecture series as well as the resident training program.

We give top priority to obtaining data needed by the staff for diagnosis and treatment potential, and planning for the patient's return to the community. We have continued our usual practice of knowing the history, family setup, and community contacts of all patients admitted to the Neuro-Psychiatric Department.

Telephone calls for patients, from former patients, relatives, and agencies, doctors and lawyers, etc. are continuing to increase as well as the paper work of completing forms, applications, and questionnaires, which make quite a demand upon our day.

We have served on boards and committees of various community agencies and have accepted invitations to speak from the P.T.A., Rhode Island College and church groups.

PSYCHOLOGY DEPARTMENT

Services of this department were rendered primarily to our ward patients as has been the practice for the past nine years. Tests were seldom administered to chronic cases presenting no diagnostic problem or to those patients considered by the staff to be in need of long-term hospitalization. The majority of patients seen were in the sixteen to thirty year old age group.

Psychological test findings were integrated with the findings of the other members of the psychiatric team as this approach has been proven to be the most fruitful to date. Tests were employed principally as an aid in the clarification of problems of diagnosis, prognosis, treatment possibilities and for a more complete intellectual and personality evaluation of the individual case.

CONDITION

Improved (463) }	
Recovered (196) }	
Unimproved	659
Dead	482
	12
	1,153

DISCHARGE DIAGNOSIS

Schizophrenic reaction	377
Manic Depressive Reaction, manic type	17
Manic Depressive Reaction, depressive type	27
Manic Depressive Reaction, other	1
Psychotic Depressive Reaction	53
Paranoid state	14
Involutional psychotic reaction	37

Chronic Brain Disorders

Associated with central nervous system syphilis	2
Alcohol intoxication	7
Associated with brain trauma	2
Following electrical brain trauma	1
Associated with cerebral arteriosclerosis	68
Associated with circulatory disturbance other than cerebral arteriosclerosis	3
Associated with convulsive disorder	10
Associated with senile brain disease	9
Associated with intracranial neoplasm	1
Associated with disease of unknown or uncertain cause	3
Of unknown cause	3

Acute Brain Disorders

Drug or poison intoxication	8
Alcohol intoxication	198
Acute hallucinosis	10
Delirium tremens	14
Associated with trauma	3
Associated with circulatory disturbance	3
Associated with convulsive disorder	3
With disease of unknown or uncertain cause	1
With metabolic disturbance	1
Of unknown cause	4

Psychoneurotic Disorders

Anxiety reaction	38
Dissociative reaction	2
Conversion reaction	5
Phobic reaction	3
Obsessive compulsive reaction	13
Depressive reaction	153

CAUSES OF DEATH

Cerebral hemorrhage due to hypertension	2
Bronchopneumonia	4
Pulmonary embolism due to unknown cause	1
Cardiac Insufficiency	1
Thrombosis of artery secondary to arteriosclerosis	1
Cardiac arrest	1
Cerebral thrombosis due to arteriosclerosis	1
Delirium tremens	1
	<hr/>
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CONCLUSION

The past year has been a very busy and rewarding one. It was one of growth and change, reward and satisfaction, hard work and good results. It is sincerely hoped that in the foreseeable future a private, male, convalescent, ambulatory ward can be opened, that there will be needed staff increases, that some new programs can be instituted, and that volunteer services will increase.

May I thank all the members of the entire hospital personnel and the members of the Neuro-Psychiatric Department in particular for their loyal support to Dr. Goldstein when he was Director of the Department. For myself, may I express my appreciation for the whole-hearted cooperation and consideration I have received from the entire Neuro-Psychiatric Department personnel. May I also express my sincere appreciation to Hilary J. Connor, M.D.

Respectfully submitted,

ERNEST A. BURROWS, M.D.

Director

Neuro-Psychiatric Department

OUT-PATIENT DEPARTMENT

Grace Cannon

PART-TIME

Angelita Colacci

NEURO-PSYCHIATRIC DIVISION

Richard Cushman
Rose Howard
Agnes MacLean

Phyllis McDonnell
Margaret Rostron
John W. Tencher
Naurita Waters

During the fiscal year ending September 30, 1960, there was a further decrease in the number of schools offering practical experience in communicable disease nursing. It is interesting to note that although practical experience is not required of the present day student nurses, several head nurses in the local general hospitals spent a day here discussing their problems of isolation technique.

The school of nursing instituted the six-week program of study during the past year. Of necessity, this program decreased the number of hours in clinical experience, but classroom hours have been maintained at the same level as in the previously offered eight-week course. A post graduate course was successfully passed by seven graduate nurses during the past year.

The department of nursing participated in a National League of Nursing pilot study on cost of nursing education which was conducted in one of our affiliating schools of nursing.

Due to the epidemic proportions of poliomyelitis it was necessary to employ supplementary nursing personnel. We are indebted to the American Red Cross, State Department of Health Nurses, Providence District Nurses, School Nurses, and former students of our school who responded to our needs. To the volunteers who freely gave of their time and talents, a special thank you. I wish to acknowledge the aid in recruiting nurses which was given by the local radio and television stations. To the regular staff of nurses, a heartfelt thank you for their cooperation.

Report of the Laboratory

During the fiscal year ending September 30, 1960 this laboratory carried out a total of 51,033 examinations, of which 450 were done for the Health Department. Table I gives the breakdown according to department.

The laboratory performed twenty-two autopsies during the year, with an autopsy percentage of 62.8%. Table II shows a comparison, both numerically and by percentage, with other years.

Table III illustrates the causes of death in autopsied cases by systems. This year was remarkable for a severe epidemic of poliomyelitis, which resulted in six autopsies on fatalities caused by this disease. Aside from these cases no very unusual or remarkable case was encountered at post-mortem.

During the past year the laboratory has installed an Ultra Microgasometer and an Ultra Micro-Clinical Chemistry Set.

At the beginning of this fiscal year, provision was made to take on one student, whose training period was to be one year.

I wish to thank the Superintendent, Dr. Hilary J. Connor, for his interest in the laboratory. I also wish to thank the medical staff, the officers of the City Health Department, and the technical staff of the laboratory for their cooperation.

Respectfully submitted,

LEROY W. FALKINBURG, M. D.

Pathologist

Table III

PRINCIPAL CAUSES OF DEATH AS DETERMINED AT
POST MORTEM EXAMINATION

Causes of Death

Autopsy Number		Age
<i>Nervous System</i>		
A-2-60	Acute Purulent Leptomeningitis	39 years
A-4-60	Acute Encephalitis—Undetermined Etiology	17 years
A-5-60	Acute Meningoencephalomyelitis	11 years
A-9-60	Meningomyelocoele	9 months
A-10-60	Acute Poliomyelitis	43 years
A-11-60	Acute Poliomyelitis	4½ years
A-12-60	Acute Poliomyelitis	19 months
A-13-60	Acute Poliomyelitis	8 months
A-15-60	Acute Poliomyelitis	8 months
A-17-60	Acute Poliomyelitis	13 years
<i>Respiratory System</i>		
A-12-59	Acute Interstitial Pneumonitis with Hyaline Membrane	18 months
A-13-59	Massive Pulmonary Embolism	72 years
A-15-59	Acute Interstitial Pneumonitis	2 months
A-14-60	Acute Lobar Pneumonia	48 years
<i>Cardiovascular System</i>		
A-6-60	Cardiovascular Renal Disease	83 years
A-7-60	Coronary Thrombosis	57 years
A-8-60	Portal Cirrhosis of Liver	50 years
A-16-60	Cardiovascular Renal Disease	72 years
<i>Genitourinary System</i>		
A-3-60	Chronic Glomerulonephritis, Nephrotic State	6 years
<i>Miscellaneous</i>		
A-14-59	Acute Enterocolitis	25 days
A-1-60	Reticulum Cell Sarcoma	16 years

Report of the Out-Patient Department

The total number of visits during the past fiscal year was 5,382, as compared to 5,425 during the preceding year. In addition, 3,388 food handlers received physical examinations and health cards.

Out-Patient Department

1960

DEPARTMENTS	New Patients	First Visits Old Patients	Total Individuals	Revisits	Total Visits 1960	Total Visits 1959
Neuro-Psychiatric	120	8	128	805	933	799
Pediatrics	134	12	146	369	515	563
*Pulmonary	564	939	1,503	1,763	3,266	3,455
**Rheumatic Fever Clinic	53		53	285	338	263
Minor Accidents	330		330		330	345
Total	1,201	959	2,160	3,222	5,382	5,425

*Pulmonary Clinic of the Providence Health Department.

**Rheumatic Clinic of the State Health Department.

Food Handlers 3,388

The efficiency of Mrs. Grace Cannon and Mrs. Angelita Colacci has helped our department to function excellently. Miss Margaret Barry has continued to serve as office secretary.

I would like to express my appreciation to the visiting physicians and other hospital personnel for their cooperation during the year.

Respectfully submitted,

FIORAVANTE N. NORA, M.D.
Physician-In-Charge

Report of the Maintenance Department

Modernization of our infant formula laboratory in the Richardson Building was the most important improvement to the physical plant this year. Two rooms were remodeled for it and installation of the most modern apparatus is nearly complete. The equipment will make possible exact preparation, terminal heating, sterilizing, cooling, and storage to assure bacteriologic safety and maximum nutritive value of the infant formula.

Renovation of the X-ray suite and installation of new X-ray equipment, started last year, was completed.

Damage to the hospital plant from the storm Donna was minor. The electric standby generators did an excellent job in taking over the entire electric load for twenty-three hours after the loss of local light and power.

Improvement to the hospital plant continues, as shown in the following list of projects:

- All roofs and roof gutters repaired
- Oil storage tank relined
- Boiler room smoke stack rebuilt
- Four 5" steam control valves installed
- New lighting, parking area
- Stairway handrails, tunnel to West, Richardson and East Buildings
- New flooring in corridors, Richardson I and II
- Fluorescent lights, psychopathic department office
- Additional fire extinguishers, all wards
- New flagpole
- Fin type steam radiators in all sterilizing rooms
- Microfilm room, Administration Building
- Aluminum jalousie doors, West Building
- Rubber tile flooring, 10 rooms, East Building
- Venetian blinds, Hindle Building
- Masonite walls, Administration Building clinic
- 62 Window screens
- 221 Window shades

Acknowledgments

BOOKS, MAGAZINES, SCRAPBOOKS, TOYS, CARDS, HOLIDAY FAVORS, CANDY, FLOWERS, CIGARETTES

Girl Scout Troops 29, 220, 10, 18, 222
Hassenfeld Mfg. Co.
Mrs. John L. Clark
Mr. Donald C. Cohen
Mrs. Walter Mayo
Mrs. Joseph A. Walsh
Glass-Tite Industries
Mrs. L. Cosentina
Brownie Troops 68, 146
Mr. Martin F. Noonan
Mr. Phil Rossi
Gibson Card Shop
Mrs. Stanley Croy
Mrs. George McIntire
Vacation School, Smithfield Ave. Congregational Church
New Haven Railroad Community Committee
Jr. High Fellowship, United Presbyterian Church
Narragansett Council of Campfire Girls
R. I. Association for Mental Health
Anonymous
Miss Elizabeth Dyson
Mr. Bernard Kellstein
Mr. Christopher Agden
Dr. Joseph Smith
Miss Dianne Morrone
Mrs. Gildo Notarpiippo
Miss Linda Giordano
American Jr. Red Cross
Mr. and Mrs. Fred Metz
Mrs. George Farrell
Mrs. Claire Malo
Dr. M. Adelman
Warwick Jr. Women's Club
Bluebirds of Cranston

OTHER

Ed Drew Orchestra, music at Christmas
Sunset Dairy, popsicles
Miss Louise J. Fortini, TV set
In memory of George W. Lowe, TV set
Mrs. Dorothy Capuano, pizza pies
Mrs. Helen Crowley, ice cream
Providence Police Wives, Jewelry
Pembroke College Glee Club, entertainment
Anonymous, jewelry