

223

Forty-Third Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1952



PROVIDENCE
THE OXFORD PRESS
1953

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Herman A. Lawson, M.D.

Joseph Smith co.

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Charles V. Chapin Hospital

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FOR THE YEAR ENDING

September 30, 1952



IN CITY COUNCIL
MAR 19 1953

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THE SAME BE RECEIVED.

Everett Whelan
CLERK

PROVIDENCE
THE OXFORD PRESS
1953

Joseph R. Powell, M.D. Sec.

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4 REPORT OF CHARLES V. CHAPIN HOSPITAL

ADMINISTRATIVE STAFF

October 1, 1951—September 30, 1952

Superintendent

Hilary J. Connor, M. D.

Assistant Superintendent and Clinical Director

Edward J. West, M. D.

Assistant Superintendents

*John E. Farley, M. D.

Stephen F. Lehman, M. D.

**Gerald Solomons, M. D.

6 REPORT OF CHARLES V. CHAPIN HOSPITAL

**HOUSE-OFFICERS WHO SERVED DURING YEAR
ENDING SEPTEMBER 30, 1952**

Residents in Pediatrics

Gimel Ortega, M. D.

Mario Vigliani, M. D.

Angela Duffy, M. D.

Henry Auerbach, M. D.

*Affiliate Residents in
Pediatrics for Communicable
Disease Training*

**(From Boston Floating
Hospital)**

John E. Manning, M. D.

Robert M. Lord, Jr., M. D.

Selma Deitch, M. D.

**(From Rhode Island
Hospital)**

Charles A. Markman, M. D.

(From Lenox Hill Hospital)

Albina A. Claps, M. D.

Affiliate Interns

(From St. Joseph's Hospital)

Philip A. Granieri, M. D.

Joseph T. Barrett, M. D.

(From Beth-Israel Hospital)

Murry D. Schonfeld, M. D.

Norman Geschwind, M. D.

Jerome W. Fischbein, M. D.

Alvin Novick, M. D.

William S. Karlen, M. D.

Samuel L. Katz, M. D.

Jack H. Rubinstein

CONSULTING STAFF
PHYSICIANS

Edmund D. Chesebro, M. D.	Edward T. Streker, M. D.
John E. Donley, M. D.	Francis H. Chafee, M. D.
George L. Shattuck, M. D.	Jacob P. Warren, M. D.
Frank T. Fulton, M. D.	Francis V. Corrigan, M. D.
Halsey DeWolf, M. D.	Morgan Cutts, M. D.
Albert H. Miller, M. D.	Frank A. Merlino, M. D.
James F. Boyd, M. D.	Prescott T. Hill, M. D.
William P. Buffum, M. D.	William H. Roberts, M. D.
Hilary J. Connor, M. D.	Kalei K. Gregory, M. D.
Paul C. Cook, M. D.	Carl D. Sawyer, M. D.
Frank H. Mathews, M. D.	Earl F. Kelly, M. D.
Roswell S. Wilcox, M. D.	Herman A. Lawson, M. D.
Elihu S. Wing, M. D.	Banice Feinberg, M. D.
Henry E. Utter, M. D.	Ira C. Nichols, M. D.
Arthur H. Ruggles, M. D.	Pasquale V. Indeglia, M. D.
Charles A. McDonald, M. D.	Edward A. McLaughlin, M. D.
A. Roland Newsam, M. D.	William A. Mulvey, M. D.
Julius G. Kelley, M. D.	Norman A. Johnson, M. D.
James Hamilton, M. D.	Richard E. Haverly, M. D.
Harvey B. Sanborn, M. D.	William H. Foley, M. D.
Niles Westcott, M. D.	Alfred C. Conte, M. D.
Robert M. Lord, M. D.	John T. Monahan, M. D.
Meyer Saklad, M. D.	Lucy E. Bourn, M. D.
Alex M. Burgess, M. D.	Edmund J. Sydlowski, M. D.
Cecil C. Dustin, M. D.	Daniel D. Young, M. D.

SURGEONS

George W. VanBenschoten, M. D.	Frank J. McCabe, M. D.
Roland Hammond, M. D.	Michael J. O'Connor, M. D.
John J. Gilbert, M. D.	Alfred L. Potter, M. D.
William A. Mahoney, M. D.	Francis B. Sargent, M. D.

Ralph Stolworthy, D. M. D.	Eliot A. Shaw, M. D.
Benjamin S. Sharp, M. D.	John G. Walsh, M. D.
Charles O. Cooke, M. D.	Daniel V. Troppoli, M. D.
Joseph C. O'Connell, M. D.	Rudolph W. Pearson, M. D.
John W. Sweeney, M. D.	Edward S. Cameron, M. D.
Vincent J. Oddo, M. D.	Mihran A. Chapien, M. D.
Francis V. Garside, M. D.	Anthony V. Migliaccio, M. D.
Henry J. Gallagher, M. D.	Nathan A. Bolotow, M. D.
Ira H. Noyes, M. D.	George F. Conde, M. D.
Frank E. McEvoy, M. D.	Mark Rittner, M. D.
Joseph C. Johnston, M. D.	James H. Fagan, M. D.
James A. McCann, M. D.	Joseph B. Webber, M. D.
Henry McCusker, M. D.	Lucius C. Kingman, M. D.
Edmond C. Laurelli, M. D.	Clarence E. Bird, M. D.
Raymond F. Hacking, M. D.	William M. Muncy, M. D.
Robert R. Baldrige, M. D.	Anthony Corvese, M. D.
Gordon J. McCurdy, M. D.	Walter J. Molony, M. D.
Frank W. Dimmitt, M. D.	Charles Potter, M. D.
Eske Windsberg, M. D.	Wilfred Pickles, M. D.

(The Board of Hospital Commissioners elects, at its October meeting, the staff which is to serve commencing the next January. Following is the staff elected to serve during 1952 and incorporated in it are changes made prior to October 1952.)

VISITING STAFF
DEPARTMENT OF MEDICINE

In-Patient Department

PHYSICIAN-IN-CHIEF

Louis I. Kramer, M. D.

VISITING PHYSICIANS

Earle H. Brennen, M. D. William L. Leet, M. D.
Ezra A. Sharp, M. D. Irving A. Beck, M. D.
Jacob Greenstein, M. D. Robert G. Murphy, M. D.

ASSISTANT VISITING PHYSICIANS

Russell S. Bray, M. D. John T. Keohane, M. D.
Frank D. Fratantuono, M. D. William Fain, M. D.
David Litchman, M. D. Joseph G. McWilliams, M. D.
William J. O'Connell, M. D.

Cardiologist

Clifton B. Leech, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Louis I. Kramer, M. D.

VISITING PHYSICIANS

Laurence A. Mori, M. D. *Walter F. Fitzpatrick, Jr., M. D.
Clarence J. Riley, M. D. Bernard Rapoport, M. D.
Richard Femino, M. D. Robert E. Carroll, M. D.
George E. Kirk, M. D. Michael DiMaio, M. D.
Gustavo A. Motta, M. D. Richard J. Martin, M. D.
Gustaf Sweet, M. D. Jacob Stone, M. D.
Robert Maiello, M. D. Nicholas A. Pournaras, M. D.
Edwin B. O'Reilly, M. D. Martin J. O'Brien, M. D.
*Anthony C. Verrone, M. D. James J. Sheridan, M. D.
Nathan J. Kiven, M. D. Oswald D. Cinquegrana, M. D.
John J. Lury, M. D. Joseph A. Hindle, M. D.
Herbert F. Hager, M. D. James F. Hardiman, M. D.

*Leave of absence

DEPARTMENT OF PEDIATRICS

In-Patient Department

PHYSICIAN-IN-CHIEF

Harold G. Calder, M. D.

VISITING PHYSICIANS

Maurice Adelman, M. D. Frank J. Jacobson, M. D.
Reuben C. Bates, M. D. Reginald A. Allen, M. D.

Assistant Visiting Physicians

William P. Shields, M. D. Eric Denhoff, M. D.
D. William J. Bell, M. D. Herman B. Marks, M. D.
Isadore Gerslman, M. D. Clara Loitman-Smith, M. D.
Maurice N. Kay, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Harold G. Calder, M. D.

VISITING PHYSICIANS

Bruno G. DeFusco, M. D. John P. Grady, M. D.
Richard K. Whipple, M. D. Briand N. Beaudin, M. D.
Earle F. Cohen, M. D. George H. Taft, M. D.
Frank Giunta, M. D. John T. Barrett, M. D.
Vincent P. Rossignoli, M. D. Leonard B. Bellin, M. D.
Rudolf A. Jaworski, M. D. Hilary H. Connor, M. D.

Allergist

Stanley S. Freedman, M. D.

DEPARTMENT OF NEURO-PSYCHIATRY

In-Patient Department

PHYSICIAN-IN-CHIEF

William N. Hughes, M. D.

VISITING PHYSICIANS

Nora P. Gillis, M. D. Himon Miller, M. D.
Kathleen M. Barr, M. D. Ernest A. Burrows, M. D.

ASSISTANT VISITING PHYSICIAN

Sarah M. Saklad, M. D.

DEPARTMENT OF TUBERCULOSIS

In-Patient Department

DIRECTOR

Peter F. Harrington, M. D.

VISITING PHYSICIANS

John C. Haas, M. D. Thomas H. Murphy, M. D.
James B. Moran, M. D. Francis E. Temple, M. D.

Out-Patient Department

DIRECTOR

Peter F. Harrington, M. D.

VISITING PHYSICIANS

James B. Moran, M. D. Thomas H. Murphy, M. D.
Francis E. Temple, M. D.

**DEPARTMENT OF DERMATOLOGY AND
SYPHILOLOGY**

In-Patient Department

PHYSICIAN-IN-CHIEF

Vincent J. Ryan, M. D.

VISITING PHYSICIANS

William B. Cohen, M. D. Bened L. Schiff, M. D.
Francesco Ronchese, M. D. Carl S. Sawyer, M. D.
Malcolm Winkler, M. D. Arthur B. Kern, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Vincent J. Ryan, M. D.

VISITING PHYSICIANS

William B. Cohen, M. D. Bened L. Schiff, M. D.
Francesco Ronchese, M. D. Carl S. Sawyer, M. D.
Malcolm Winkler, M. D. Arthur B. Kern, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

William N. Hughes, M. D.

VISITING PHYSICIANS

Sarah M. Sklad, M. D. David J. Fish, M. D.
Hugh E. Kiene, M. D. Walter E. Campbell, M. D.
Barry B. Mongillo, M. D. *Solomon L. Frumson, M. D.
*Sidney S. Goldstein, M. D. Thomas L. Gresson, M. D.

DEPARTMENT OF UROLOGY

In-Patient Department

SURGEON-IN-CHIEF

Howard K. Turner, M. D.

VISITING SURGEON

John F. Strecker, M. D.

ASSISTANT VISITING SURGEONS

Wallace Lisbon, M. D. Nathan Chaset, M. D.
Ralph V. Sullivan, M. D. Ernest K. Landsteiner, M. D.
Arthur J. Clarkin, Jr., M. D.

Out-Patient Department

SURGEON-IN-CHARGE

Howard K. Turner, M. D.

*Leave of absence

VISITING SURGEONS

Wallace Lisbon, M. D. Nathan Chaset, M. D.
Ralph V. Sullivan, M. D. Ernest K. Landsteiner, M. D.

ASSISTANT VISITING SURGEONS

Genarino R. Zinno, M. D. Charles Zurawski, M. D.
Arthur J. Clarkin, Jr., M. D.

DEPARTMENT OF GYNECOLOGY

In-Patient Department

SURGEON-IN-CHIEF

George W. Waterman, M. D.

VISITING SURGEONS

Ralph DiLeone, M. D. Frank I. Matteo, M. D.

ASSISTANT VISITING SURGEONS

J. Merrill Gibson, M. D. Joseph Franklin, M. D.
Craig S. Houston, M. D. John F. Murphy, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

George W. Waterman, M. D.

VISITING SURGEONS

J. Merrill Gibson, M. D. George E. Bowles, M. D.
Craig S. Houston, M. D. Thomas F. Fogarty, M. D.
Joseph Franklin, M. D. James P. McCaffrey, M. D.
John F. Murphy, M. D. Frederic W. Ripley, Jr., M. D.
Jarvis D. Case, M. D. John Turner, II, M. D.
Frank J. Honan, M. D. Gene A. Croce, M. D.
John J. Sheehan, M. D. Edward Cardillo, M. D.

DEPARTMENT OF SURGERY

In-Patient Department

SURGEON-IN-CHIEF

J. Murray Beardsley, M. D.

VISITING SURGEONS

Charles J. Ashworth, M. D. Adolph W. Eckstein, M. D.

ASSISTANT VISITING SURGEONS

Secbert J. Goldowsky, M. D. Wilfred I. Carney, M. D.
David Freedman, M. D. Thomas C. McOsker, M. D.
Ralph D. Richardson, M. D. Hannibal Hamlin, M. D.

DEPARTMENT OF ORTHOPEDICS

In-Patient Department

SURGEON-IN-CHIEF

William A. Horan, M. D.

VISITING SURGEONS

William V. Hindle, M. D. Vincent Zecchino, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

William A. Horan, M. D.

VISITING SURGEONS

William V. Hindle, M. D. Vincent Zecchino, M. D.

DEPARTMENT OF EAR, NOSE AND THROAT

In-Patient Department

SURGEON-IN-CHIEF

Herman A. Winkler, M. D.

VISITING SURGEONS

Linley C. Happ, M. D. Thomas L. O'Connell, M. D.
Lee G. Sannella, M. D.

ASSISTANT VISITING SURGEON

Thomas R. Littleton, M. D.

Bronchoscopist

Linley C. Happ, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

Herman A. Winkler, M. D.

VISITING SURGEONS

Linley C. Happ, M. D. Thomas L. O'Connell, M. D.
Lee G. Sannella, M. D.

ASSISTANT VISITING SURGEON

Thomas R. Littleton, M. D.

DEPARTMENT OF OPHTHALMOLOGY

In-Patient Department

SURGEON-IN-CHIEF

(Vacant)

VISITING SURGEONS

F. Charles Hanson, M. D. James H. Cox, M. D.
H. Frederick Stephens, M. D. Milton G. Ross, M. D.
Morris Botvin, M. D. Nathaniel D. Robinson, M. D.
Linus A. Sheehan, M. D. Donald S. McCann, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

(Vacant)

VISITING SURGEONS

F. Charles Hanson, M. D.	James H. Cox, M. D.
H. Frederick Stephens, M. D.	Milton G. Ross, M. D.
Morris Botvin, M. D.	Nathaniel D. Robinson, M. D.
Linus A. Sheehan, M. D.	Donald S. McCann, M. D.

DEPARTMENT OF DENTISTRY

In-Patient Department

DENTAL SURGEON-IN-CHIEF

Walter C. Robertson, D. M. D.

VISITING DENTISTS

J. Stafford Allen, D. D. S.	Harry Goldberg, D. D. S.
Nicholas G. Migliaccio, D. M. D.	Charles F. Cannon, D. M. D.

DEPARTMENT OF ANESTHESIA

In-Patient Department

PHYSICIAN-IN-CHIEF

Elihu Saklad, M. D.

VISITING ANESTHETISTS

Nathan S. Rakatansky, M. D.	Cecil J. Metcalf, M. D.
Priscilla Sellman, M. D.	William B. O'Brien, M. D.
Americo J. Pedorella, M. D.	Samuel Pritzker, M. D.
Edward Damarjian, M. D.	Thomas A. Egan, M. D.
Parker Mills, M. D.	William A. McDonnell, M. D.

Consulting Bacteriologist

Professor Charles A. Stuart

SERVING PROBATIONARY PERIOD

Department of Medicine

VISITING PHYSICIAN

Pasquale J. Pesare, M. D.

Department of Pediatrics

VISITING PHYSICIAN

Gilbert Houston, M. D.

Department of Gynecology

VISITING SURGEON

Calvin M. Gordon, M. D.

Department of Surgery

VISITING SURGEONS

Arnold Porter, M. D.
Thomas Perry, Jr., M. D.

Charles V. Chapin Hospital

Historical

The hospital is under the control of the Board of Hospital Commissioners, made up of five members, of which the Mayor is ex-officio chairman, the Superintendent of Health, an ex-officio member, and three other members chosen by the City Council, one each year for a three-year period of service.

This hospital was built for the purpose of caring for all kinds of contagious diseases and originally was known as the Providence City Hospital.

It is built on a plot of land, nearly square, twenty-five acres in extent, that expansion into a large general hospital might at any time be undertaken without the acquisition of additional property.

The original cost, including land, was about \$450,000. It was opened for the treatment of patients March 1, 1910.

In 1912, at a cost of about \$50,000, the expansion of the hospital was deemed necessary and a unit for advanced cases of tuberculosis was built. The capacity of the hospital was thereby raised to one hundred and ninety beds, one hundred and forty for acute communicable and venereal diseases, and fifty for advanced cases of pulmonary tuberculosis. In 1930 the nurses' home with 139 rooms, a psychopathic building with 60 beds for the care of psychiatric patients, and additions to both the service and laundry plants were completed at a cost of \$700,000.00. At the same time a general Out-Patient Department was inaugurated and housed in the lower floor of the psychopathic building. On January 6, 1932 an addition to the isolation building was completed for the accommodation of fourteen private patients suffering from infectious diseases. In 1944, cubicles were constructed in the ward for tuberculosis, reducing the number of beds to 41, making the total capacity of the hospital 253.

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 his efforts that the hospital had been built. Not only had he been given the responsibility of planning the construction, but during all the years which had followed he had frequently visited to observe the functioning of his endeavors. He was rewarded in this eminent manner for his faithful devotion to the welfare and health of this community which, through pride for his world-wide fame as a public health officer, esteemed no honor too great for the distinction he had brought on our city. He resigned as Superintendent of Health, January, 1932.

Dr. Chapin died January 31, 1941 after a lingering illness incidental to his age. He was in his eighty-sixth year at the time of death. In many ways this hospital will be a reminder of the affections in which he was held in this community and will be a monument to his great talents in preventive medicine and public health measures.

On October 11, 1939, Dr. Richardson resigned as superintendent of the hospital, after serving with distinction in this

capacity from 1910, to assume a similar responsibility at the Rhode Island Hospital. At the opening of the institution, in collaboration with Dr. Chapin, he was instrumental in the development of a new principle of aseptic technique as applied to the prevention and spread of communicable diseases. How well this theory gained favor was soon manifest by its trial and acceptance throughout the country by many leading clinicians, who in this complimentary manner, testified to the adequacy of its merits. By his resignation the hospital lost a distinguished manager and the city a faithful servant.

Dr. William Hindle took office as superintendent on January 1, 1940. He was well known to the medical profession of Rhode Island and had given many years of service to the citizens of the State, with his practice mainly limited to pediatrics. As its second superintendent, Dr. Hindle courageously led the hospital through trying war years and earnestly strove to improve and increase its services. In his sudden death on July 26, 1945, the hospital suffered a great loss.

On September 14, 1945, Dr. Hilary J. Connor was elected by the Board of Hospital Commissioners to fill the vacancy.

Report of the Board of Hospital Commissioners

To the Honorable City Council:

The Board of Hospital Commissioners presents herewith its Annual Report for the fiscal year ending September 30, 1952.

The reports of the Hospital Superintendent, Superintendent of Nurses, and the heads of departments show in a detailed form the various hospital activities. The heads of the departments have shown intense interest in their departments under the able guidance of the Superintendent.

The statistical report shows that there has been a slight increase in the services rendered in almost all departments. The number of patients treated and the days' treatment show a slight increase and it is a source of satisfaction to note that the number of deaths in the hospital has reached a new low during this year.

While the cost of maintenance has increased somewhat, almost all of this increase is due to larger payments made to employees. Due to improved business methods, our income has increased although we are still receiving no income from many of our patients.

Our physical plant is in better condition than it has been for many years and there are several improvements which are now in process. The Surgical Ward was greatly improved by the installation of an air conditioning system in the Operating Room which was much needed during the hot summer months.

During the year we lost the services of our very efficient Director of the Psychiatric Department but we have been fortunate in obtaining the services of a very capable physician to

replace him and the department is at present being directed very efficiently.

We regret very much the resignation of our chief Social Worker, Miss Catherine J. Tobin, who has done excellent work for the hospital for many years. There have been other changes in the personnel but our Superintendent has been successful in capably filling the vacancies.

The shortage of Interns and Resident Physicians is at present quite acute and may be for some time to come, but this may be relieved by the return to civilian status of some of our young men whose terms of service in the Army and Navy may soon be terminated.

The Chapin Fellowship is at present vacant. Our last Fellow finished his investigation and presented his report a few months ago. This report will be published in a forthcoming issue of the Rhode Island Medical Journal. Our Committee is looking into this matter and we hope to interview some new applicants with appropriate subjects for investigation. We have sufficient time to keep well within the terms of the Will of the late Anna Augusta Chapin.

The following changes occurred in the staff during the year :

APPOINTMENTS TO PROBATIONARY SERVICE

Thomas Perry, Jr., M. D. Pasquale J. Pesare, M. D.
Arnold Porter, M. D.

APPOINTMENTS TO REGULAR STAFF

Edward Cardillo, M. D. James F. Hardiman, M. D.
Oswald D. Cinquegrana, M. D. Joseph A. Hindle, M. D.
Arthur J. Clarkin, Jr., M. D. Arthur B. Kern, M. D.
Solomon L. Frumson, M. D. Thomas R. Littleton, M. D.
Thomas L. Greason, M. D. Donald S. McCann, M. D.

APPOINTMENTS TO CONSULTING STAFF

Lucy E. Bourn, M. D. Wilfred Pickles, M. D.
John T. Monahan, M. D. Edmund J. Sydlowski, M. D.
Daniel D. Young, M. D.

RESIGNATION

Arthur E. Hardy, M. D.

The Commissioners appreciate the excellent work of the Superintendent and his assistants, the Nursing Staff and attendants, the heads of the various departments, and all the workers in the hospital, including the Volunteer workers, who have shown interest in the welfare of the hospital and patients.

We can assure the members of the Council that the Hospital Commission is working to conduct the hospital in an efficient but economical manner with the sole purpose of serving well the patients who come to us for hospital care.

Respectfully submitted,

HON. WALTER H. REYNOLDS, *Mayor*
JOSEPH SMITH, M. D., *Supt. of Health*
JAMES H. FAGAN, M. D.
HERMAN A. LAWSON, M. D.
JOSEPH C. O'CONNELL, M. D., *Sec.*

James H. Fagan

Superintendent's Report

To the Board of Hospital Commissioners:

I herewith submit the annual report of the hospital, including both statistical and financial data, for the year ending September 30, 1952. The following tables, in condensed form, furnish information concerning the activities of the hospital.

STATISTICS FOR ALL PATIENTS

	1952			1951		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1952	150	103	47	91	53	38
Number of patients admitted during the year	3,310	1,812	1,498	3,035	1,613	1,422
Live births	1	1		0		
Number of patients in hospital October 1, 1951	90	51	39	109	51	58
Total number of patients under treatment	3,400	1,863	1,537	3,144	1,654	1,480
Number of patients discharged	3,251	1,763	1,488	3,057	1,611	1,446
Average daily population	121.1			117.1		
Average residence	13.6			14.0		
Largest number in any one day	170			157		
Smallest number in any one day	82			79		
Total days' treatment	44,337			42,740		
Total number of deaths	48			73		
Number of deaths within 48 hours	13			23		
Fatality for all cases	1.5			2.4		
Total visits to Out-Patient Dept.	10,769			11,163		

COMMUNICABLE, PEDIATRIC AND OTHER DISEASES

	1952			1951		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1952	74	48	26	38	22	16
Number of patients admitted during the year	1,693	944	749	1,435	810	625
Number of patients in hospital Oct. 1, 1951	39	21	18	53	26	27
Total number of patients under treatment	1,732	965	767	1,488	836	652
Number of patients discharged	1,657	920	737	1,455	815	640
Average daily population	52.9			53.1		
Average residence	11.6			13.3		
Number of deaths	24			40		
Number of deaths within 48 hours	11			16		
Fatality rate	1.4			2.7		
Days' treatment	19,363			19,369		

TUBERCULOSIS, ALL FORMS

	1952			1951		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1952	26	24	2	20	17	3
Number of patients admitted during the year	110	88	22	178	128	50
Number of patients in hospital October 1, 1951	20	17	3	20	15	5
Total number of patients under treatment	130	105	25	198	143	55
Number of patients discharged	105	83	22	180	124	56
Average daily population	23.7			26.1		
Average residence	82.6			53.0		
Number of deaths	10			21		
Number of deaths within 48 hours	0			3		
Fatality rate	9.5			11.2		
Days' treatment	8,672			9,539		

NEURO-PSYCHIATRY

	1952			1951		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1952	43	25	18	25	9	16
Number of patients admitted during the year	829	442	387	822	397	425
Number of patients in hospital Oct 1, 1951	25	9	16	29	5	24
Total number of patients under treatment	854	451	403	851	402	449
Number of patients discharged	808	423	385	828	396	432
Average daily population	34.1			29.0		
Average residence	15.5			12.8		
Number of deaths	12			9		
Number of deaths within 48 hours	2			4		
Fatality rate	1.5			1.1		
Days' treatment	12,496			10,570		

SURGICAL

	1952			1951		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1952	7	6	1	8	5	3
Number of patients admitted during the year	678	338	340	600	278	322
Number of patients in hospital Oct. 1, 1951	5	3	2	7	5	2
Total number of patients under treatment	683	341	342	607	283	324
Number of patients discharged	681	337	344	594	276	318
Average daily population	10.4			8.2		
Average residence	5.6			5.5		
Total number of deaths	2			3		
Number of deaths within 48 hours	0			0		
Fatality rate	0.3			0.5		
Days' treatment	3,806			3,262		

During the period from October 1, 1951 through September 30, 1952, the average daily population was 121.1 compared to 117.1 in 1951. The largest number of patients in the hospital on any one day was 170 compared with 157 in 1951. The smallest number was 82 compared to 79 in 1951. The total number of patients under treatment in 1952 was 3,400 and in the previous year it was 3,144. The total days' treatment was 44,337 in 1952 compared to 42,740 in 1951. This increase was divided fairly equally between the larger number of patients in the group of communicable, pediatric, and other diseases, and surgical cases, and the larger number of days' treatment for neuro-psychiatric cases. Up to October 1, 1952, there were 65 new cases of poliomyelitis admitted compared to 9 during the same period last year.

The hospital has continued to perform certain services for the Department of Health and the Department of Public Wel-

fare. These include the compounding of prescriptions, examination of a limited number of laboratory specimens, examination of food handlers, and the providing of facilities for examination and treatment, including X-ray examinations, for the Division of Tuberculosis of the Health Department. During the period from October 1, 1950 through September 30, 1951, 3,698 food handlers received physical examinations, including chest X-rays. During the past year, 3,237 food handlers were examined. These figures show a moderate decrease in the number of examinations.

The total operating expense for the year was \$820,635.58. The previous year it was \$751,229.66, which is an increase of \$69,405.92. On October 1, 1951, all city employees were given an increase in salary of 10 per cent, which accounts for this increase in operating expense.

Income from all sources amounted to \$391,380.20 in 1952, compared to \$398,096.35 for the previous year. The per capita cost for the fiscal year for all in-patients was \$17.14 and for the year 1951 it was \$16.32. The salary increase of 10 per cent is responsible for the increase in the per capita cost.

The hospital continues to operate efficiently. During the past year, the planning and carrying out of improvements to the physical plant of the hospital have continued to a lesser degree as the major necessities of the hospital have been practically completed.

Again, I would like to mention the excellence of work and the earnest, determined efforts of our resident staff, who are untiring in their duties. Physicians on the visiting staff, as always have been most faithful.

RESEARCH FELLOWSHIP

The study on the experimental grouping and typing of hemolytic streptococci, under the fellowship created by the will of Mrs. Chapin in memory of her husband, Dr. Charles V. Chapin, was completed by Mr. John M. McKenna and will be published in the Rhode Island Medical Journal issue of November, 1952.

BUSINESS ADMINISTRATION

Under the administration of Mr. Ambrose J. Toner, this department functions well.

The reader is referred to his report and to the financial statistics for detailed information.

COMMUNICABLE, PEDIATRIC, AND OTHER DISEASES

The total number of these patients during the last fiscal year was 1,732 compared to 1,488 for the year 1951. The average daily population was 52.9 (53.1 in 1951). The total number of days' treatment (19,363) is practically the same as it was in 1951 (19,369). The average daily residence in 1952 was 11.6 compared to 13.3 in 1951. The shorter stay of these patients continues to show the effect of our new antibiotics.

TUBERCULOSIS

There were 110 patients admitted in 1952 compared to 178 in 1951. The number of days' treatment was 8,672 compared to 9,539. These figures show a marked decrease in the number of new patients admitted during the year but the longer average residence (82.6 compared to 53 in 1951) lessens the decrease in the number of days' treatment.

NEURO-PSYCHIATRY

The number of patients admitted during the last fiscal year was 829 compared to 822 in 1951. The average daily population

during the year was 34.1 compared to 29 the year before. The total number of patient days was 12,496 in 1952 compared to 10,570 in 1951. The larger number of days' treatment is accounted for by the longer average patient stay in the hospital.

SURGERY

There were 678 patients admitted to this service in 1952 compared to 600 in 1951. The average daily population during the past year was 10.4 compared to 8.2 in 1951. Patient days numbered 3,806 compared to 3,262 in 1951. These figures show a moderate increase in the number of patients and days' treatment.

OUT-PATIENT DEPARTMENT

The total number of visits during the past fiscal year was 10,769. During 1951 the total number was 11,163, a decrease of 394. This decrease is mainly in the syphilis clinic, which showed a 33 per cent decrease in total visits, and the minor accident and surgical clinic which showed a 50 per cent decrease in total visits. The pediatric and dermatological clinics showed a distinct increase.

Miss Catherine J. Tobin, medical social service worker, who had charge of admissions to the out-patient clinics, resigned July 31, 1952. She was a diligent and steadfast worker with an ardent interest in her profession. During the many years she was at the hospital, she became well known to many families who had need of her advice and guidance.

NURSING DEPARTMENT

The quota of nurses was at a high level during the past year. For further information, the reader is referred to the report of the Superintendent of Nurses.

LABORATORY

The number of examinations (55,133) made in the past year compared to 54,108 done the previous year shows little change. Of these tests, 1,716 were performed for the City Health Department.

The number of deaths, 48, sets a new record for low number of fatalities, the lowest previous number being 64 in 1950.

Details of the laboratory activities are given in the report of the Director.

X-RAY DEPARTMENT

The number of parts of the body X-rayed in 1952 was 5,244 compared to 5,165 in 1951. The number of individuals was 4,917 compared to 4,655 the year before.

For further information, the reader is referred to the report of the Roentgenologist.

PHARMACY

The hospital pharmacy has continued to function satisfactorily.

PRESCRIPTIONS FILLED

Out-patient clinics	3,253
Employee clinic	1,928
City poor physicians.....	407
Total.....	5,588

REVENUE

Out-patient clinics	\$1,137.33
Health Department	105.45
City poor physicians	206.57
Total.....	\$1,569.35

DIETARY DEPARTMENT

Equipment in this department continues to be replaced when necessary. The cost of food per meal has increased 7½¢ over the previous year.

For further information, the reader is referred to the report of the dietitian.

LAUNDRY

A total of 532,199 pounds of linen was processed during the past year compared to 528,536 in 1951. This shows little change from the previous year.

A new laundry mangle has been purchased and installation should be completed in December, 1952. With the addition of this new mangle, practically all of our equipment is now modern and up-to-date.

AMBULANCE SERVICE

This service has continued to function adequately. The figures below show the number of trips and mileage:

	1952		1951	
	Trips	Mileage	Trips	Mileage
Ambulance No. 1	326	2,856	314	2,538
Ambulance No. 2	157	1,428	172	2,809
Station Wagon	800	5,167	1,264	6,157
Truck		1,738		2,178

During the year, a new station wagon was purchased, which adds to the efficiency of the department.

Mr. Frank L. Seaver, one of our oldest employees, who was in this department since the opening of the hospital in 1910, reached the retirement age and resigned. He was always most faithful and diligent in the performance of his work and his loss will be felt keenly.

PLANT MAINTENANCE

A contract for the installation of a red quarry tile floor for the main kitchen and adjacent rooms has been awarded. A contract has been awarded for a new laundry mangle. Additional heating equipment has been provided in the ward and several individual rooms of the surgical floor.

For more complete information, the reader is referred to the report of Mr. Kelly, plant engineer.

RESIDENT STAFF

Dr. Thomas L. Greason, director of the psychiatric department since November 1, 1947, resigned on January 20, 1952 in order to enter private practice. Dr. Greason stands very high in his specialty. His loss will be felt not only in his department but as a consultant in other divisions of the hospital, where his services were always available.

Dr. Sidney S. Goldstein was selected by the Board of Hospital Commissioners to succeed Dr. Greason, his appointment becoming effective May 28, 1952. He received his medical degree from the Geneva Medical School in Switzerland, and is a diplomate in psychiatry of the American Board of Psychiatry and Neurology. He interned at the St. Thomas Hospital in Akron, Ohio, and served a residency at the State Hospital for Mental Diseases in Rhode Island. He was formerly assistant superintendent at the Exeter School and prior to his appointment here, was psychiatrist at the Mental Hygiene Clinic of the Veterans' Administration in Providence.

Dr. John E. Farley, Jr. completed his service as second assistant superintendent on March 31, 1952 and Dr. Stephen F. Lehman was moved up from third assistant to fill the vacancy.

Dr. Gerald Solomons, senior resident physician since July 1, 1951, was appointed third assistant superintendent on April 1. On June 30, 1952 he resigned to enter private practice. He

had previously affiliated here while a resident in pediatrics at St. Clare's Hospital.

On July 1, Dr. Solomons was succeeded by Dr. Joseph T. Barrett. He attended Providence College, Albany Medical College, and served a rotating internship at St. Joseph's Hospital.

The residents in pediatrics and in psychiatry, also the interns, are listed elsewhere in this report. Several of our affiliating hospitals were unable to refer their interns or pediatric residents here during the past year because of shortage of personnel. It does not appear that this situation will be remedied for some time to come, and it is becoming increasingly difficult to maintain our own quota of residents.

Eleven fourth-year students from Tufts College Medical School were assigned here for training in pediatrics.

RECOMMENDATIONS

1. New equipment for the various departments as the need arises.
2. Extensive painting in the various hospital buildings, as needed.

In closing, I wish to express my appreciation to the Board of Hospital Commissioners for their intense interest in the welfare of the hospital, and the city officials for their willingness and cooperation in improving the hospital as a whole.

Respectfully submitted;

HILARY J. CONNOR, M. D.

Financial Report

FOR YEAR ENDING SEPTEMBER 30, 1952

EXHIBIT 1

REVENUE RECEIPTS

In-Patient Department:			
Infectious, Pediatric and Other.....	\$134,687.85		
Tuberculosis.....	11,627.00		
Neuro-Psychiatric Diseases.....	87,456.95		
Surgical.....	41,548.50		
Operating Room.....	9,704.00		
X-ray.....	4,040.67		
Laboratory.....	21,179.18		
Drugs.....	35,530.57		
Ambulance.....	393.00		
Shock Treatments.....	11,690.85		
Sundries.....	648.55		
Telephone.....	35 27		
		\$358,542.39	
Out-patient Department:			
Fees.....	\$ 988.35		
Examinations—Food Handlers.....	1,700.00		
		2,688.35	
Laboratory:			
Wasserman Tests	}	\$ 648.71	
Examination			
Sheep Cells, Gold Curves, etc.].....			
		648.71	
X-ray Service.....	\$ 195.24		195.24
Drug Room Service.....	\$ 1,583.68		1,583.68
Miscellaneous Earnings:			
Accident Room.....	\$ 96.50		
Refunds.....	1,871.29		
Telephone.....	302.43		
Abstracts.....	191.00		
Materials.....	469.90		
Meals.....	32.50		
		2,963 62	
Gross Revenue Receipts.....		\$366,621.99	
Deduct:			
Refunds on Advance Payments.....		2,081.15	
Net Revenue Receipts.....		\$364,540.84	
Add:			
Revenue from Meals and Lodgings.....		26,839.36	
		\$391,380.20	

EXHIBIT 2

DEPARTMENTAL EXPENDITURES

Opening Inventories		\$ 33,838.75	
Meals and Lodgings.....	\$ 26,839.36		
Expenditures (Schedule A).....	797,850.48		
			<u>\$858,528.59</u>
Closing Inventories		\$ 37,893.01	
Communicable, Pediatric & Other.....	\$400,138.07		
Tuberculosis.....	90,693.21		
Neuro-Psychiatric.....	208,932.34		
Surgery.....	59,998.74		
Out-Patient.....	35,281.67		
City Health—Pulmonary Clinic.....	14,167.30		
City Health—Inspector of Milk.....	2,213.95		
City Health—Laboratory Examinations.....	3,269.31		
State Cardiac Clinic.....	1,372.11		
Other Non-Patient Cost.....	4,476.17		
(Schedule B)		820,542.87	
Add:			
Uncleared Balance of Cost.....		92.71	
			<u>\$858,528.59</u>

EXHIBIT 3

STATEMENT OF INCOME AND EXPENSE

Income:			
Services Rendered:			
In-Patients.....	\$568,704.08		
Other.....	37,135.58		
Total Services		\$605,839.66	
Deductions:			
Contract Adjustments	\$ 3,932.57		
Tuberculosis Health Problems.....	27,152.09		
General Public Assistance.....	140,872.66		
Service to Employees and Trainees.....	9,114.95		
X-ray (Incident to Shock Therapy).....	84.00		
Courtesy Services	1,207.00		
Total Services		182,363.27	
Net Services Rendered.....		\$423,476.39	
Add Other Income:			
Meals.....	\$ 19,906.04		
Lodgings.....	6,933.32		
Total Other Income.....		26,839.36	
Gross Income		\$450,315.75	
Expenses:			
Salaries.....	\$528,582.67		
Supplies Used	292,052.91		
Total Expense		820,635.58	
Net Operating Deficit.....		\$370,319.83	
Deduct:			
State of Rhode Island Grant.....		200,000.00	
Net Deficit for Period.....		<u>\$170,319.83</u>	

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*	4,040.81	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	.....

* 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 5

OUT-PATIENT DEPARTMENT.

	Operating Cost.	Receipts.	Net Expense.	Visits.	Cost Per Visit.
1918.....	\$9,287.46	\$6,695.53	\$2,591.93	17,415	\$0.53
1919.....	5,161.79	5,523.27	{ Surplus 361.48	24,497	.21
1920.....	11,318.41	11,335.60	{ Surplus 17.19	25,712	.44
1921.....	13,067.30	8,522.81	4,544.49	29,536	.44
1922.....	14,182.60	8,140.62	6,041.98	28,228	.50
1923.....	11,574.02	7,239.32	4,334.70	18,384	.62
1924.....	12,226.10	7,107.67	5,118.43	19,289	.63
1925.....	14,085.75	7,628.34	6,457.41	20,175	.70
1926.....	14,206.88	7,031.00	7,175.88	19,891	.71
1927.....	12,764.46	7,369.90	5,394.56	20,755	.62
1928.....	12,718.02	6,121.33	6,596.69	22,787	.56
1929.....	13,793.69	6,869.11	6,924.58	25,971	.53
1930.....	16,394.36	7,877.23	8,517.13	30,788	.53
1931.....	17,194.95	8,051.12	9,143.83	34,195	.50
1932.....	16,707.88	6,260.19	10,447.69	39,275	.43
1933.....	15,990.54	7,373.55	8,616.99	44,871	.36
1934.....	16,654.07	5,136.96	11,517.11	41,766	.40
1935.....	17,687.47	5,354.44	12,333.03	37,785	.47
1936*	17,640.41	4,120.73	13,519.68	35,345	.50
1937*	23,420.63	4,051.12	19,369.51	37,817	.66
1938*	18,976.65	3,762.08	15,214.57	37,700	.55
1939*	18,275.93	2,921.57	15,354.36	34,796	.53
1940*	16,686.74	3,031.58	13,655.16	29,828	.56
1941.....	16,701.66	4,001.93	12,699.73	27,716	.60
1942.....	19,188.09	3,733.60	15,454.49	26,439	.73
1943.....	13,252.79	3,522.35	11,752.79	18,273	.73
1944.....	17,150.57	3,367.10	13,783.47	14,622	1.17
1945.....	18,989.48	5,096.97	13,892.51	13,922	1.36
1946.....	17,723.45	4,154.50	13,568.95	13,401	1.32
1947.....	28,028.70	.....	.....	13,701	2.05
1948.....	27,810.89	.....	.....	12,239	2.27
1949.....	29,212.69	.....	.....	12,955	2.26
1950.....	28,476.41	.....	.....	13,131	2.17
1951.....	28,975.65	.....	.....	11,163	2.60
1952.....	35,281.67	.....	.....	10,769	3.28

* Does not include receipts from Health Department or Department of Public Aid 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)

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.....	2010,495.41	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	.....

EXHIBIT 8
MAINTENANCE COST OF NEURO-PSYCHIATRIC PATIENTS

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1932.....	\$98,161.67	.....	.....	15,537	\$6.32	.....
1933.....	83,064.08	\$5,971.48	\$77,092.16	15,003	5.54	\$5.14
1934.....	92,080.10	11,622.90	80,457.20	15,285	6.42	5.65
1935.....	96,702.73	11,428.28	85,274.45	17,407	5.55	4.89
1936.....	110,529.77	12,256.51	98,355.51	20,763	4.36	3.75
1937.....	111,832.99	12,174.26	99,658.72	19,834	5.64	5.03
1938.....	118,201.75	17,371.32	100,830.43	19,426	6.09	5.19
1939.....	118,593.10	20,324.63	98,268.47	17,476	6.79	5.62
1940.....	119,889.67	23,153.21	96,736.46	19,720	6.08	4.91
1941.....	122,895.70	27,474.83	95,420.87	19,195	6.40	4.97
1942.....	136,779.74	32,277.69	104,502.05	17,151	7.98	5.44
1943.....	137,493.78	32,814.23	104,679.55	16,172	8.50	6.47
1944.....	85,483.94	40,950.47	44,533.47	14,309	5.97	3.11
1945.....	82,613.58	20,185.92	62,427.66	7,757	10.65	8.05
1946.....	149,365.82	41,568.54	107,797.28	11,284	13.24	9.55
1947.....	146,469.58	.....	.....	13,901	10.54	.....
1948.....	164,666.47	.....	.....	12,197	13.50	.....
1949.....	161,590.76	.....	.....	11,928	13.55	.....
1950.....	173,135.07	.....	.....	10,754	16.10	.....
1951.....	175,268.81	.....	.....	10,570	16.58	.....
1952.....	208,932.34	.....	.....	12,496	16.72	.....

EXHIBIT 9
MAINTENANCE COST OF SURGICAL PATIENTS

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1946*.....	\$20,102.46	\$9,322.50	\$10,779.96	1,366	\$14.72	\$7.89
1947.....	41,125.73	.....	.....	3,140	13.10	.....
1948.....	38,323.71	.....	.....	3,558	10.77	.....
1949.....	37,836.49	.....	.....	3,479	10.88	.....
1950.....	41,691.42	.....	.....	3,333	12.51	.....
1951.....	45,227.45	.....	.....	3,262	13.86	.....
1952.....	59,998.74	.....	.....	3,806	15.76	.....

*New Department opened April 1, 1946.

EXHIBIT 10

MAINTENANCE COST OF CITY HEALTH DEPARTMENT ACTIVITIES

	Pulmonary Tuberculosis Clinic	Inspector of Milk	Laboratory Examinations	Total City Health Activities
1947.....	\$7,022.43	\$1,860.42	\$7,736.63	\$16,619.48
1948.....	10,604.10	2,104.12	3,008.65	15,716.87
1949.....	11,842.66	1,956.14	2,831.63	16,630.43
1950.....	12,584.44	1,884.03	1,446.88	15,915.35
1951.....	14,033.38	2,296.88	2,988.54	19,318.80
1952.....	14,467.30	2,213.95	3,269.31	19,950.56

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

SCHEDULE A

ANALYSIS OF APPROPRIATIONS AND EXPENDITURES

Item	Description	Appropriations	Expenditures	Unencumbered Balances
0	Personal Services	\$508,984.87	\$501,743.31	\$ 7,241.56
1	Services Other Than Personal.....	43,502.00	43,176.53	325.47
2	Materials and Supplies.....	241,225.00	235,773.36	5,451.64
5	Equipment Replacements and Additions	18,100.00	17,157.28	942.72
		<u>\$811,811.87</u>	<u>\$797,850.48*</u>	<u>\$13,961.39</u>

*Does not include \$26,839.36 covering payroll deductions for meals and lodgings.

SCHEDULE B

DEPARTMENTAL COST DISTRIBUTIONS

NEURO-PSYCHIATRIC DEPARTMENT:

Professional Care:

Medical	\$15,951.93
Nursing	25,625.45
Other (Soc. Wkrs. Psychom. Ther.).....	12,347.80
Laboratory	6,718.34
Pharmaceuticals	5,732.41
X-ray	797.45
	<u>\$ 67,173.38</u>

Non-Professional Care:

Ambulance	\$ 4,470.45
Dietary	25,490.04
Laundry	4,773.25
Medical Records	1,851.19
Attendant Service	23,934.14
General Administration	46,510.37

Housing:

Utility Services	2,471.37
Maintenance	5,477.09
Heat, Hot Water and Steam	5,571.56
Housekeeping	16,743.62
Materials and Supplies	3,768.50
Equipment Replacement	697.38

\$141,758.96 \$208,932.34

TUBERCULOSIS DEPARTMENT:

Professional Care:			
Medical	\$ 4,687.62		
Nursing	22,733.83		
Laboratory	3,121.43		
Pharmaceuticals	7,249.37		
X-ray	1,408.16		
			\$39,200.41
Non-Professional Care:			
Ambulance	\$ 371.69		
Dietary	14,085.84		
Laundry	5,768.99		
Medical Records	489.87		
Attendant Service	325.30		
General Administration	15,576.74		
Housing:			
Utility Services	699.86		
Maintenance	2,088.96		
Heat, Hot Water and Steam	3,076.74		
Housekeeping	6,112.85		
Materials and Supplies	2,847.67		
Equipment Replacement	48.29		
		51,492.80	90,693.21

COMMUNICABLE, PEDIATRIC AND OTHER:

Professional Care:			
Medical	\$ 31,003.88		
Nursing	128,528.46		
Anesthesia and Operating Room	383.84		
Laboratory	37,666.36		
Pharmaceuticals	28,039.99		
X-ray	2,729.96		
		\$228,552.49	
Non-Professional Care:			
Ambulance	\$ 2,097.76		
Dietary	34,788.51		
Laundry	27,021.21		
Medical Records	3,793.88		
Attendant Service	3,241.73		
General Administration	27,315.52		
Housing:			
Utility Services	3,553.24		
Maintenance	11,550.37		
Heat, Hot Water and Steam	12,587.73		
Housekeeping	29,765.53		
Materials and Supplies	15,347.88		
Equipment Replacement	522.22		
		171,585.58	\$400,138.07

SURGICAL DEPARTMENT:

Professional Care:			
Nursing	\$10,856.13		
Anesthesia and Operating Room	10,889.76		
Laboratory	1,883.89		
Pharmacy	4,902.68		
X-ray	147.01		
		\$ 28,679.47	
Non-Professional Care:			
Dietary	\$ 4,308.75		
Laundry	9,642.19		
Medical Records	1,086.43		
Attendant Service	1,945.81		
General Administration	4,690.99		
Housing:			
Utility Service	564.05		
Maintenance	1,479.16		
Heat, Hot Water and Steam	1,276.30		
Housekeeping	5,092.42		
Materials and Supplies	1,103.24		
Equipment Replacement	129.93		
		31,319.27	59,998.74

SCHEDULE B--Continued

OUT-PATIENT DEPARTMENT:

Professional Care:			
Medical	\$ 2,376.92		
Nursing	4,661.29		
Other (Social Worker)	2,068.00		
Laboratory	11,875.91		
Pharmaceuticals	871.54		
X-ray	1,067.52		
		\$ 22,921.18	
Non-Professional Care:			
Laundry	\$ 304.98		
General Administration	6,537.07		
Housing:			
Utility Services	1,045.11		
Maintenance	828.21		
Heat, Hot Water and Steam	1,114.32		
Housekeeping	1,370.00		
Materials and Supplies	920.80		
Equipment Replacement	240.00		
		12,360.49	
			35,281.67

CITY OF PROVIDENCE HEALTH DEPARTMENT

PULMONARY TUBERCULOSIS CLINIC:

Professional Care:			
Other	\$ 156.00		
Laboratory	105.65		
Pharmacy	141.43		
X-ray	12,162.36		
		\$ 12,565.46	
Non-Professional Care:			
Laundry	\$ 26.32		
Housing:			
Utility Services	271.34		
Maintenance	535.70		
Heat, Hot Water and Steam	742.89		
Materials and Supplies	25.59		
		1,601.84	
			14,167.30

CITY OF PROVIDENCE HEALTH DEPARTMENT

INSPECTION OF MILK:

Non-Professional Care:			
Housing:			
Utility Services	\$ 265.47		
Maintenance	812.98		
Heat, Hot Water and Steam	1,134.07		
Materials and Supplies	1.43		
		\$ 2,213.95	
			2,213.95

CITY OF PROVIDENCE HEALTH DEPARTMENT

LABORATORY EXAMINATIONS:

Laboratory	\$ 3,269.31		3,269.31
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STATE DEPARTMENT OF HEALTH

CARDIAC CLINIC:

Professional Care:			
X-ray	\$ 643.56	\$ 643.56	
Non-Professional:			
Utility Services	\$ 165.78		
Maintenance	266.28		
Heat, Hot Water and Steam	296.49		
		\$ 728.55	
Cost of Other Non-Patients Pharmaceuticals	\$ 4,476.17		1,372.11
			4,476.17

TOTAL DEPARTMENTAL COST DISTRIBUTIONS \$820,542.87

B. General Statistics

(October 1, 1951-September 30, 1952)

Table B 1. Population, March 1, 1910-Sept. 30, 1952

Year	Total Discharges	Days' Treatment	Average Daily Pop.	Average Stay				Non-Resident Patients (Fiscal Year)	Out-Patient Dept. Visits	Ambulance Calls
				Contagious Diseases	Tuberculosis	*Psychiatric Diseases	**Surgical			
1910.....	522	26,170	71.7	.....	.....	.....	.....	19	.....	544
1911.....	746	37,585	102.9	37.9	82.4	.....	.....	21	.....	702
1912.....	1,004	44,770	122.3	34.1	131.8	.....	.....	48	.....	846
1913.....	1,010	44,245	120.6	28.7	109.4	.....	.....	64	.....	790
1914.....	1,632	44,097	120.8	39.9	94.8	.....	.....	78	.....	864
1915.....	1,875	51,976	142.4	27.1	117.6	.....	.....	68	.....	991
1916.....	1,865	52,364	143.4	20.8	99.9	.....	.....	110	3,592	1,081
1917.....	1,368	46,123	126.3	20.7	90.2	.....	.....	145	12,903	957
1918.....	1,882	46,675	127.8	27.7	52.0	.....	.....	188	17,413	1,392
1919.....	1,484	47,988	131.5	29.3	71.6	.....	.....	141	24,197	974
1920.....	1,537	48,120	131.8	32.3	92.0	.....	.....	100	23,712	1,459
1921.....	1,274	43,097	118.0	24.0	102.1	.....	.....	122	28,621	1,573
1922.....	1,194	39,636	108.6	22.9	123.8	.....	.....	142	24,551	1,058
1923.....	1,448	46,544	127.5	21.5	94.2	.....	.....	184	18,384	1,161
1924.....	1,659	44,619	121.9	20.5	80.9	.....	.....	155	19,289	1,383
1925.....	1,411	39,905	109.3	19.6	102.6	.....	.....	159	22,344	1,052
1926.....	1,657	45,458	124.0	19.0	94.4	.....	.....	141	20,569	1,162
1927.....	1,578	47,894	131.2	19.2	143.3	.....	.....	130	22,208	1,186
1928.....	1,709	47,509	127.1	19.8	96.3	.....	.....	134	22,821	1,455
1929.....	1,752	44,864	122.9	18.6	82.5	.....	.....	146	23,971	1,267
1930.....	2,039	58,086	153.6	21.5	64.9	18.6	.....	263	30,788	1,388
1931.....	2,727	71,669	196.4	18.5	84.8	25.9	.....	340	34,193	1,779
1932.....	2,556	73,983	202.0	19.8	116.9	24.0	.....	291	39,278	1,747
1933.....	2,310	74,862	205.1	22.8	155.7	25.2	.....	166	43,789	1,660
1934.....	1,918	67,974	186.2	25.7	161.3	28.3	.....	259	31,832	1,318
1935 (9 Mos.)	1,807	55,770	204.2	20.3	121.1	29.2	.....	310	28,884	1,334
1936.....	2,251	75,514	206.8	24.0	140.3	35.7	.....	262	35,345	1,492
1937.....	2,285	78,923	216.2	24.4	113.5	43.2	.....	208	35,817	1,638
1938.....	2,001	68,357	187.2	24.4	163.2	33.8	.....	282	27,700	1,777
1939.....	1,969	67,328	184.5	25.0	160.5	30.2	.....	224	34,796	1,168
1940.....	2,047	67,182	184.1	23.0	146.3	31.1	.....	270	29,828	1,214
1941.....	1,994	63,077	172.8	20.6	128.2	28.4	.....	351	27,716	1,257
1942.....	2,167	57,197	156.7	19.5	106.4	24.0	.....	439	26,439	1,267
1943.....	2,342	57,066	156.3	18.6	107.0	23.5	.....	713	17,273	1,184
1944.....	2,365	55,154	151.1	18.2	99.0	23.3	.....	798	14,622	887
1945.....	2,168	45,585	124.8	16.3	103.2	15.8	.....	709	13,922	792
1946.....	2,629	48,628	133.2	14.9	91.9	16.4	7.0	965	13,401	657
1947.....	3,253	55,774	152.8	14.4	99.1	17.2	6.6	1,282	13,701	730
1948.....	3,305	48,872	133.5	14.0	64.5	14.9	5.0	1,173	12,239	524
1949.....	3,445	48,542	132.9	13.1	67.8	14.4	4.8	1,436	12,955	538
1950.....	3,155	47,858	131.1	15.3	58.8	13.8	5.4	1,313	13,131	506
1951.....	3,057	42,740	117.1	13.3	53.0	12.8	5.5	1,254	11,163	544
1952.....	3,251	44,337	121.1	16.9	82.6	15.5	5.6	1,342	10,769	483

*Wards for Psychiatric Diseases were opened June 1, 1930.
 **Surgical ward opened April 1, 1946.

C. Report on All Diseases

Table C 1. Diseases Treated, March 1, 1910-Sept. 30, 1952

DISEASES	Oct. 1, 1951- Sept. 30, 1952			Oct. 1, 1950- Sept. 30, 1951			March 1, 1910 Sept. 30, 1952		
	Cases.	Deaths.	Fatality	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.
Chickenpox.	22			52			884	14	1.6
Diphtheria.	1			3			5,741	688	12.0
Diphtheria Carrier.	0			0			729		
Encephalitis, acute, all forms.	8			2			177	51	28.8
Erysipelas.	2			2			926	86	9.3
Gonorrhea.	1			0			2,229	6	0.3
Gonorrheal conjunctivitis.	0			0			180	5	2.8
Impetigo.	6			10			533		
Influenza.	1			9			1,046	81	7.7
Laryngitis, negative cultures.	1			4			566	13	2.3
Leprosy.	0			0			2		
Measles.	149	3	2.0	63	1	1.6	3,933	232	5.9
Meningitis, cerebrospinal, men- ingococcus.	26			6	2	33.3	790	141	17.8
**Meningitis, tuberculous.	4	3	75.0	10	6	60.0	100	85	85.0
Meningitis, other forms.	20	1	5.0	17	2	11.8	322	120	37.2
Mumps.	38			1			560		
Pneumonia, all forms.	128	2	1.6	97	4	4.1	2,314	265	11.5
Poliomyelitis, acute.	31	3	6.4	41	3	7.3	1,266	84	6.6
Rabies.	0			0			3	3	100.0
Rubella.	63			4			747	1	0.1
Scabies.	2			1			327		
Scarlet Fever.	197			116			9,911	218	2.2
Syphilis, congenital.	0			0			165	18	11.0
Syphilis, all other forms.	5			3	1	33.3	3,413	32	0.9
*Tonsillitis.	236			267			4,149	11	0.3
*Tonsillitis, hemolytic strepto- coccus.	8			12			516	4	0.8
Tuberculosis, pulmonary.	108	10	9.3	169	19	11.2	5,630	2,190	38.9
Tuberculosis, all other forms.	1			5	2	40.0	300	105	35.0
Typhoid Fever.	3			2			169	20	11.8
Vincent's Infection.	0			0			244	10	4.9
Whooping Cough.	14			97			2,541	179	7.0
No diagnosis.	16			13			792	12	1.5
Other diseases.	671	12	1.8	629	21	3.3	14,239	969	6.8
†Diseases of the nervous sys- tem.	878	12	1.5	878	9	1.1	15,088	557	3.8
‡Surgery.	681	2	0.3	594	3	0.5	4,070	16	0.4
Total.	3,251	48	1.5	3,057	73	2.4	84,602	6,216	7.3

*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.

(Other Diseases: In Table C 1. Specified:)

Living Dead		Living Dead	
Abscess, alveolar	1	Encephalopathy, due to remote trauma	1
Abscess, Bartholin's gland	1	Enteritis, acute	2
Abscess, cervical lymph node	1	Epilepsy	2
Abscess, epiglottis	1	Epistaxis, due to unknown cause	1
Abscess, peritonsillar	2	Erythema guttae	1
Abscess, skin	2	Erythema multiforme	1
Adenitis of abdominal lymph node	1	Erythema toxicum	1
Anemia, due to undetermined cause	1	Erythema subitum	11
Anemia, hypochromic, microcytic	2	Feeding, improper, in child under two years	14
Aneurysm, ruptured, congenital, of brain	1	Fever of unknown origin	2
Appendicitis, acute, with perforation	1	Fibrocystic disease of pancreas	1
Asthma	15	Foreign body in bronchus	1
Avitaminosis	2	Fracture of clavicle	1
Bacteremia, due to undetermined cause	1	Fracture, compression, of dorsal vertebrae	1
Balanitis, acute	1	Fracture, epiphysis, humerus	1
Brain syndrome, chronic, associated with birth trauma	1	Fracture of parietal bone	1
Brain syndrome, chronic, following H. Influenzae meningitis	2	Furuncle of nose	2
Bronchiolitis, acute	4	Furunculosis	2
Bronchitis, acute	36	Ganglionitis	2
Burns of skin	1	Gastric indigestion, due to unknown cause	1
Cardiovascular disease, hypertensive	1	Gastritis, simple	1
Celiac disease	2	Gastroenteritis, acute	46
Celulitis	5	Gingivitis, acute	2
Cerebral defect, congenital, due to undetermined cause	1	Glomerulonephritis, acute	20
Cerebral spastic infantile paralysis	21	Heart disease, congenital, incompletely diagnosed	1
Cerebral thrombosis, due to arteriosclerosis	1	Hematoma, subdural	1
Cervicitis, acute	1	Hemophilia	3
Colitis, ulcerative, universal	1	Hemorrhage, cerebral	1
Concussion of brain	1	Hemorrhage, epididymitis, due to torsion	1
Conduct disturbance	1	Hemorrhage, following adenoidectomy	1
Conjunctivitis, acute	2	Hemorrhage, subarachnoid	2
Contusions	1	Hepatitis, infectious	1
Convulsions, due to infection	3	Hernia, inguinal, incarcerated	1
Convulsive disorder, due to unknown cause	5	Hydrocephalus, congenital	1
Convulsive disorder, due to cerebral palsy	1	Impacted feces	1
Cystitis, acute	5	Infected insect bites	1
Dermatitis, due to undetermined cause	5	Intertrigo	1
Dermatitis, exfoliative	2	Lacerations	2
Dermatitis, medicamentosa	7	Laryngotracheitis, acute	123
Dermatitis, venenata	14	Leukemia, granulocytic, myelogenous	1
Dermatophytosis	1	Leukemia, lymphogenous	1
Diabetes mellitus	2	Lymphadenitis, cervical	15
Diarrhoea, due to undetermined cause	3	Lymphadenitis, mesenteric	1
Diarrhoea, due to P.Morganii	1	Malnutrition	2
Diarrhoea, parenteral	2	Marasmus	1
Disease none	6	Meningococemia	1
Dislocation of cervical vertebra	1	Metastatic neoplasm of brain	1
Dislocation of hip joint	1	Miliaria rubra	1
Dysentery, bacillary	4	Mononucleosis, infectious	10
Eczema	13	Myasthenia gravis	1
Edema, angioneurotic	2	Myelitis, transverse	1
Encephalomyelitis, virus	6	Myocardial infarction, due to arteriosclerotic coronary thrombosis	1
Encephalopathy, due to cerebral anoxia	1	Myositis, acute	9
Encephalopathy, due to lead poisoning	1	Neoplasm of brain	1
		Nephritis, acute	1
		Nephrosis, due to infection	1
		Neuritis, multiple, acute	1
		Neurodermatitis disseminata	2
		Neuropathy of facial nerve	1

	Living	Dead		Living	Dead
Neuropathy, toxic, due to serum injection	1	0	Rheumatic heart disease	2	0
Observation	7	0	Rhinitis, acute	1	0
Otitis media, non-suppurative	23	0	Sciatica	2	0
Otitis media, suppurative	19	0	Septicemia, unassociated with bacteremia	0	1
Pancarditis, subacute, bacterial	1	0	Sialadenitis, acute	1	0
Pansinusitis, acute	2	0	Sinusitis, acute	4	0
Peritonitis, acute	1	0	Status following herniorrhaphy	1	0
Phlebitis, due to trauma	1	0	Stomatitis	19	0
Pleurisy, serous	2	0	Strain of knee	2	0
Pneumonitis, acute	4	0	Subluxation, congenital, of vertebrae	1	0
Pneumothorax, spontaneous	1	0	Synovitis, acute	3	0
Poisoning, datura stramonium	1	0	Tests only	2	0
Poisoning, salicylate	1	0	Thrush	2	0
Premature infant	1	0	Tracheitis, acute	2	0
Purpura	2	0	Trichinosis	1	0
Pyelitis, acute	3	0	Tuberculosis, pulmonary, suspected	7	0
Pyelitis, acute, due to E. Coli	1	0	Ulcer, hypostaticum, skin of leg	1	0
Pyelonephritis, acute	6	0	Urticaria	4	0
Pyelonephritis, acute, due to E. Coli	1	0	Vaccinia	1	0
Pyoderma gangrenosum	1	0	Vaginitis, acute	4	0
Radiculoneuritis, due to unknown cause	1	0	Virus infection, due to unknown etiology	4	0
Respiratory infection, acute, diffuse	16	0	Vomiting, cyclic	5	0
Rheumatic fever	7	0			

Table C 2. Operations: October 1, 1951-September 30, 1952.

BRAIN:			
	Drn. of subdural space	3	
	Excision of membrane	1	
	Excision of scar of brain, local	1	
	Torkildsen's operation	1	
EYE:			
	Discission	1	
	Excision of cataract	5	
NOSE			
MOUTH, PHARYNX			
LARYNX:			
	Adenoidectomy	2	
	Bronchoscopy	9	
	Exc. nasal polyp.	1	
	Inc. and drn. of infected glands	1	
	Laryngoscopy	1	
	Teeth extractions	5	
	Thyroidectomy, subtotal	3	
	Tonsillectomy	4	
	Tonsillectomy and Adenoidectomy	149	
CHEST:			
	Amputation of breast	4	
	Exc. of breast tumor	20	
	Inc. and drn. of branchial abscess	1	
	Inc. and drn. of breast abscess	1	
	Thoracentesis	4	
ABDOMINAL:			
	Cholecystectomy	36	
	Cholecystoduodenostomy	1	
	Cholecystostomy	1	
	Choledocholithotomy	1	
	Choledochostomy	1	
	Choledochotomy	3	
	Exploratory laparotomy	4	
	Freeing of adhesions	4	
	Inc. and drn. of abdominal abscess	1	
	Paracentesis	1	
GASTROINTESTINAL:			
	Appendectomy	64	
	Closure of colostomy	1	
	Colectomy	1	
	Colostomy	2	
	Gastrectomy, subtotal	3	
	Ileocolostomy	1	
	Plastic repair of colostomy	1	
	Resection of ileum	1	
HERNIOTOMY:			
	Epigastric	3	
	Femoral	4	
	Inguinal	87	
	Umbilical	4	
	Ventral	6	
GENITOURINARY:			
	Circumcision	6	
	Cystoscopy	5	
	Hydrocelectomy	7	
	Ligation of vas deferens	2	
	Orchidectomy	9	
	Prostatotomy	3	
	Varicocelectomy	5	

GYNECOLOGICAL:

Amputation of cervix.....	1
Colpoperineoplasty.....	1
Colporrhaphy, anterior.....	12
Colporrhaphy, posterior.....	9
Curettage.....	19
Dilatation.....	18
Exc. of Bartholin's gland.....	3
Exc. of cervical polyp.....	5
Hymenectomy.....	1
Hysterectomy, supra-cervical.....	1
Hysterectomy, vaginal.....	11
Insertion of pessary.....	1
Oophorectomy.....	5
Oophoropexy.....	6
Panhysterectomy.....	34
Perineorrhaphy.....	4
Salpingectomy.....	1
Salpingo-oophorectomy.....	33
Salpingoplasty.....	1
Suspension.....	2
Trachelorrhaphy.....	2
Vulvectomy, partial.....	1

RECTAL:

Exc. anal polyp.....	2
Exc. fissure in ano.....	1
Exc. fistula in ano.....	17
Exc. rectal polyp.....	3
Hemorrhoidectomy.....	28
Inc. and drn. ischio-rectal abscess.....	2
Inc. and drn. peri-rectal abscess.....	2
Resection of transverse colon.....	1

ORTHOPEDIC:

Sympathectomy.....	5
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MISCELLANEOUS:

Amputations: Toe.....	1
Biopsy.....	1
Exc. of axillary lymph node.....	1
Exc. of benign growths.....	70
Exc. of cervical glands.....	2
Exc. of dermoid cyst.....	1
Exc. of foreign body.....	2
Exc. of ganglion.....	9
Exc. of inguinal lymph node.....	2
Exc. of malignant growths.....	7
Exc. of pilonidal cyst.....	14
Exc. of toenail.....	3
Exc. of vaginal ulcer.....	1
Fasciotomy.....	3
Inc. and drn. of cervical abscess.....	7
Inc. and drn. of infected finger.....	2
Inc. and drn. of leg abscess.....	2
Inc. and drn. of submaxillary glands.....	1
Ligation of veins.....	26
Lipectomy.....	1
Phlebectomy.....	8
Plastic repair of chin.....	1
Resuture of wound.....	1
Tenoplasty.....	1
Tenosynovectomy.....	3

Table C 4. Diphtheria: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1952:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910
	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952
Under 1	99	.....	.....	45	.....	.....	45.5
1	233	.....	.....	90	.....	.....	38.6
2	1 370	.....	.....	90	.....	.....	24.3
3	449	.....	.....	70	.....	.....	15.6
4	459	.....	.....	80	.....	.....	17.4
5	403	.....	.....	66	.....	.....	16.4
6	1 422	.....	.....	60	.....	.....	14.2
7	368	.....	.....	37	.....	.....	10.1
8	318	.....	.....	30	.....	.....	9.4
9	200	.....	.....	18	.....	.....	9.0
10-14	644	.....	.....	45	.....	.....	7.0
15-19	1 226	.....	.....	5	.....	.....	2.2
20-29	453	.....	.....	6	.....	.....	1.3
30-39	1 154	.....	.....	8	.....	.....	5.2
40-49	38	.....	.....	5	.....	.....	13.2
50-59	19	.....	.....	2	.....	.....	10.5
Over 60	5	.....	.....	.....	.....	.....	.....
Total	1 3 4,860	.....	.....	657	.....	.....	13.5

Table C 10. Scarlet Fever: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1952:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910
	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952
Under 1	56	.....	.....	6	.....	.....	10.7
1	178	.....	.....	1	.....	.....	5.6
2	6 415	.....	.....	18	.....	.....	4.3
3	20 13 640	.....	.....	14	.....	.....	2.2
4	28 17 680	.....	.....	30	.....	.....	4.4
5	31 16 683	.....	.....	20	.....	.....	2.9
6	29 18 840	.....	.....	9	.....	.....	1.1
7	13 4 764	.....	.....	13	.....	.....	1.7
8	11 4 716	.....	.....	10	.....	.....	1.4
9	5 9 521	.....	.....	9	.....	.....	1.7
10-14	9 7 1,428	.....	.....	12	.....	.....	0.8
15-19	3 2 557	.....	.....	9	.....	.....	1.6
20-29	2 818	.....	.....	15	.....	.....	1.8
30-39	1 276	.....	.....	7	.....	.....	2.5
40-49	71	.....	.....	4	.....	.....	5.6
50-59	14	.....	.....	.....	.....	.....	.....
Over 60	2	.....	.....	1	.....	.....	30.0
Total	177 101 8,659	.....	.....	188	.....	.....	2.2

Table C 12. Scarlet Fever: Average length of stay in days of cases uncomplicated by any other disease, March 1, 1910-September 30, 1952:

Year	Duration of Isolation.	Living Cases	Fatal Cases.	All Cases.
1910.....	5 weeks	40.4	9.4	39.2
1911.....	5 "	49.6	16.9	47.0
1912.....	5 "	45.9	5.8	43.5
1913.....	5 "	41.0	12.5	40.1
1914.....	4 "	36.6	13.0	35.4
1915.....	4 "	36.4	6.9	35.2
1916.....	5 "	32.2	5.0	31.1
1917.....	5 "	40.5	4.4	38.5
1918.....	5 "	36.0	2.2	35.2
1919.....	5 "	40.9	6.2	39.9
1920.....	5 "	38.4	5.4	33.1
1921.....	5 "	37.9	2.0	37.5
1922.....	5 "	37.4	2.0	36.8
1923.....	5 weeks until Dec. 6th, then 4 weeks.	32.2	5.0	31.7
1924.....	4 weeks	31.2	6.0	31.1
1925.....	4 "	30.4	17.5	31.1
1926.....	4 "	29.9	18.5	29.7
1927.....	4 "	32.0	13.5	31.5
1928.....	4 "	30.1	5.1	29.6
1929.....	4 "	29.4	10.5	28.8
1930.....	4 "	30.7	17.0	30.8
1931.....	4 "	30.4	3.3	30.2
1932.....	4 "	30.9	8.9	30.5
1933.....	4 "	33.5	5.3	33.2
1934.....	4 "	34.3	2.0	34.2
1935 (9 months).....	4 weeks in usual cases and 3 weeks in very mild selected cases.	33.2	7.5	32.8
1936.....	4 weeks	30.2	14.6	30.0
1937.....	4 weeks	30.2	21.7	30.0
1938.....	4 weeks	27.8	....	27.8
1939.....	4 weeks	29.6	....	29.6
1940.....	4 weeks	31.1	....	31.1
1941.....	4 weeks	25.3	....	25.3
1942.....	4 weeks	25.9	....	25.9
1943.....	4 weeks	27.8	....	27.8
1944.....	4 weeks	30.6	....	30.6
1945.....	4 weeks	25.3	....	25.3
1946.....	4 weeks	21.7	....	21.7
1947.....	3 weeks	25.3	....	25.3
1948.....	3 weeks	26.7	....	26.7
1949.....	3 weeks	19.7	....	19.7
1950.....	2-3 weeks	21.0	....	21.0
1951.....	2-3 weeks	18.2	....	18.2
1952.....	2-3 weeks	18.4	....	18.4

Table C 15. Scarlet Fever: Duration of stay in hospital of patients having Scarlet Fever alone with relation to infecting and return cases, March 1, 1910-September 30, 1952:

Year.	Average stay of living cases.	Average stay of all infecting cases.	Infecting Cases.		Return Cases.	
			Number.	Per Cent.	Number.	Per Cent.
1910.....	40.4	40.0	3	2.3	3	2.3
1911.....	49.6	58.6	5	2.4	8	3.8
1912.....	45.9	36.3	14	5.4	15	5.8
1913.....	41.0	42.3	13	5.5	15	6.4
1914.....	36.6	30.5	10	3.9	13	5.1
1915.....	36.4	37.4	33	8.7	42	11.1
1916.....	32.2	35.6	19	5.4	34	9.0
1917.....	40.5	32.2	4	2.1	7	3.3
1918.....	36.0	33.0	11	6.7	17	8.0
1919.....	40.9	48.5	7	4.1	13	7.2
1920.....	38.4	42.2	10	4.1	14	5.0
1921.....	37.9	39.3	11	5.9	16	8.4
1922.....	37.4	36.0	1	.1	1	.1
1923.....	32.2	32.8	10	5.9	7	4.1
1924.....	31.2	30.3	14	2.3	15	2.5
1925.....	30.4	27.0	1	0.7	1	0.7
1926.....	29.9	28.3	3	2.9	4	3.9
1927.....	32.0	35.1	14	5.8	22	9.2
1928.....	30.1	36.0	11	3.7	20	6.7
1929.....	29.4	27.5	6	2.7	8	3.6
1930.....	30.7	32.1	11	5.1	17	7.9
1931.....	30.4	29.8	22	5.2	30	7.1
1932.....	30.9	31.2	15	3.4	20	4.6
1933.....	33.5	32.2	12	4.1	25	8.8
1934.....	34.3	28.7	3	1.7	7	4.0
1935 (9 months).....	33.2	26.3	8	6.7	8	6.7
1936.....	30.2	26.0	8	2.8	10	3.5
1937.....	30.2	26.9	16	2.9	26	4.8
1938.....	27.8	26.5	5	2.4	8	3.5
1939.....	29.6	30.0	2	1.4	3	2.1
1940.....	31.1	0	0	0	0	0
1941.....	25.3	22.8	5	8.2	6	9.9
1942.....	25.9	30.2	5	5.5	9	9.9
1943.....	27.8	30.5	2	1.5	2	1.5
1944.....	30.6	43.0	2	1.7	6	5.2
1945.....	32.3	30.5	2	.9	4	2.6
1946.....	21.7	0	0	0	0	0
1947.....	25.3	0	0	0	0	0
1948.....	26.7	0	0	0	0	0
1949.....	19.7	0	0	0	0	0
1950.....	21.0	21.0	1	.7	1	.7
1951.....	18.2	0	0	0	0	0
1952.....	18.4	0	0	0	0	0

Table C 16. Measles: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1952:

Ages	Living Cases.			Dead Cases.			Fatality.		
	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910
	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952
	1952	1951	1952	1952	1951	1952	1952	1951	1952
Under 1.....	4	1	162	.....	.....	36	.....	.....	22.8
1.....	3	4	294	.....	.....	59	.....	.....	20.0
2.....	5	10	348	.....	.....	31	.....	.....	8.9
3.....	5	3	316	.....	.....	14	.....	.....	4.4
4.....	9	4	321	.....	.....	9	.....	.....	2.8
5.....	16	4	303	.....	.....	2	.....	.....	0.7
6.....	10	2	311	.....	.....	5	.....	.....	1.6
7.....	11	1	222	.....	.....	5	.....	.....	1.4
8.....	5	1	169	.....	.....	.....	.....	.....	.....
9.....	2	.....	87	.....	.....	.....	.....	.....	.....
10-14.....	2	.....	173	.....	.....	4	.....	.....	2.3
15-19.....	4	20	142	.....	.....	.....	.....	.....	.....
20-29.....	1	4	236	.....	.....	1	.....	.....	0.4
30-39.....	.....	1	42	.....	.....	1	.....	.....	2.4
40-49.....	.....	.....	9	.....	.....	3	.....	.....	33.3
50-59.....	1	.....	7	.....	.....	.....	.....	.....	.....
Over 60.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	78	55	3,142	.....	.....	168	.....	.....	5.3

Table C 17. Whooping Cough: Number of cases and fatality by ages, March 1, 1910-September 30, 1952:

Ages	Living Cases.			Dead Cases.			Fatality.		
	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910	Oct.1, 1951	Oct.1, 1950	Mar.1, 1910
	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952	Sep.30, 1952	Sep.30, 1951	Sep.30, 1952
	1952	1951	1952	1952	1951	1952	1952	1951	1952
Under 1.....	9	65	701	.....	.....	88	.....	.....	12.6
1.....	1	9	436	.....	.....	45	.....	.....	10.3
2.....	.....	11	330	.....	.....	21	.....	.....	6.4
3.....	1	8	242	.....	.....	7	.....	.....	2.9
4.....	5	1	190	.....	.....	8	.....	.....	4.0
5.....	.....	1	137	.....	.....	2	.....	.....	1.5
6.....	.....	.....	90	.....	.....	2	.....	.....	2.2
7.....	.....	1	81	.....	.....	1	.....	.....	1.2
8.....	.....	1	40	.....	.....	.....	.....	.....	.....
9.....	.....	.....	22	.....	.....	1	.....	.....	4.5
10-14.....	.....	.....	17	.....	.....	.....	.....	.....	.....
15-19.....	.....	.....	4	.....	.....	1	.....	.....	25.0
20-29.....	.....	.....	8	.....	.....	.....	.....	.....	.....
30-39.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
40-49.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
50-59.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Over 60.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Total.....	14	97	2,301	.....	.....	176	.....	.....	7.6

Secondary Diseases Among Patients: Oct. 1, 1951-Sept. 30, 1952

By the term "secondary diseases" is meant diseases developing in the hospital after admission or soon after the discharge of the patient with the period of the incubation of the disease in question. They are further divided into two groups: Group I, comprising all those cases which were apparently contracted in the hospital and called cross-infections, and Group II, including diseases which develop in the hospital but which were contracted before admission.

The group to which a case is assigned depends upon two factors: first, a consideration of the incubation period, that is, whether the patient was in the hospital long enough to have contracted the disease in the hospital and whether he was home long enough after discharge to have contracted it after leaving the hospital. Secondly, consideration is given to the possibility of exposure before admission or after discharge and the possibility of exposure in the hospital wards. Usually an accurate conclusion can be drawn when all the circumstances are considered.

In the study of the sources of secondary diseases, the following incubation periods have been adopted. They are stated in maximum terms:

- Chickenpox, three weeks
- Diphtheria, one week
- Measles, two weeks
- Mumps, three weeks
- Rubella, three weeks
- Scarlet fever, one week
- Variola, two weeks
- Whooping cough, three weeks

While variations occur in the length of incubation periods in most infectious diseases, the above are adopted as a working basis.

The rooms are designated by ward and number, as C13 is Room 13 in Ward C. There are side rooms and small wards in each of the Wards B, C, D, E, and F. When patients are

in the same room but suffering from different diseases, the beds are marked by a barrier card with or without numbers attached. When numbers are used, as in the larger wards on each floor, unit is indicated by C2 Unit 1, D1 Unit 4. These units are clearly marked to show to what units or groups they belong, in order to prevent infection being carried from one unit to another by the rigid technique employed.

CROSS-INFECTIONS

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

During the year, 1,732 patients were cared for in the wards for acute communicable diseases. Patients cared for in wards for neuro-psychiatry and tuberculosis are not included in estimating cross-infection rates. It includes patients discharged from the infectious disease wards during the year and the number of patients in these wards at the end of the year.

There were five cross-infections, as follows:

GROUP I.

Chickenpox

A two-year-old girl, #83324, was admitted to Ward F, Room 15, Door R. C., on January 11, 1952 with a diagnosis of convalescent chickenpox and nephritis. Although there were no signs of chickenpox, the history was that she had had the disease ten days previously, so she was put on Ward F, the chickenpox ward. On February 9, she was transferred to Ward B, Unit 6, B. B. Two days later, on February 11, she developed lesions of chickenpox and was returned to Ward F. This is a cross-infection, the source being any one of the active cases on Ward F at the time she was there.

A female child, three years old, #84813, was admitted on May 31, 1952 to Ward C, Room 14, Bed R. C. She was moved to Ward B, Unit 2, B. B., on June 21 and developed chickenpox on July 1. The source of this cross-infection was #84916, reported in Group II.

A boy five years old, #84204, was admitted on March 2, 1952 to Ward B, Room 8, Door R. C., with pulmonary tuberculosis. On July 16, he developed chickenpox. The source of this cross-infection was #84813, reported above.

A four-year-old male, #83857, was admitted to Ward B, Room 14, Door R. C., on March 6, 1952 with tuberculosis of the lung. On March 17, he was transferred to Ward B, Room 8, Door R. C. He developed chickenpox on July 27, a cross-infection from #84204.

Measles

A two-year-old girl, #83505, was admitted to Ward E on February 1, 1952 with an upper respiratory infection and a question of prodromal measles. She received 2½ cc. of immune globulin and was discharged February 10 with a diagnosis of acute bronchitis. It was reported that a modified measles developed at home, the rash occurring February 25. This could be a cross-infection, the source being any one of the cases on Ward E at the time.

GROUP II

Measles

A male three and one-half years old, #82928, was admitted on November 29, 1951 to Ward C with a diagnosis of bronchitis and discharged December 4. A measles rash developed at home on December 9. Considering the above dates, it is obvious this is not a cross-infection. Furthermore, there were no measles cases on Ward C.

A male infant, aged eleven months, #83153, was admitted on December 24, 1951 to Ward D with a diagnosis of whooping cough. A measles rash appeared on January 4. As the coryzal symptoms apparently started on January 1, or the ninth hospital day, it is evident this is not a cross-infection.

A three-year-old boy, #84126, was admitted on March 27, 1951 with chickenpox to Ward F. He developed measles on April 2. As this was only the seventh hospital day, this is obviously not a cross-infection.

A boy six years old, #84151, was admitted on March 29, 1952 to Ward C with scarlet fever and on April 4 he developed a measles rash, obviously not a cross-infection.

Chickenpox

A male child eighteen months old, #83275, was admitted to Ward F on January 6, 1952 with laryngotracheitis and a history of exposure to chickenpox at home. He developed chickenpox on the sixth hospital day, January 11. This is obviously not a cross-infection.

A four-year-old girl, #83744, was admitted to Ward F on February 23, 1952 with scarlet fever and a history of exposure to chickenpox. As chickenpox developed on March 2, the ninth hospital day, it is not a cross-infection.

A girl five years old, #84916, entered the hospital on June 12, 1952. She was admitted to Ward C for observation of a rash. On June 16, chickenpox became apparent. This is, of course, not a cross-infection.

Patients developing measles on another ward were promptly transferred to Ward E, and those with chickenpox to Ward F.

Mumps

A six-year-old female, #83815, was admitted March 10, 1952 to Ward F with scarlet fever and developed mumps on the seventh hospital day, March 16. It is clearly apparent that this is not a cross-infection.

Table C 19. Infectious Diseases Among Employees, October 1, 1951-September 30, 1952:

EMPLOYEES.	Number of Individual Employees.	Scarlet Fever.		Measles.		Vincent's Gingivitis.		Mumps.		Rubella.		Epidemic Cerebro-spinal Meningitis.		Chicken Pox.		Whooping Cough.		Diphtheria.		Total Number.		Per Cent.		Warded for Other Diseases.	Infectious Diseases Contracted Mar. 1, 1910-Sept. 30, 1952	
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Number.			
Student Nurses . . .	497																								21	1,268
Graduate Nurses . . .	39																								7	81
Attendants & Aides . . .	24																								3	49
Physicians	9																								0	46
Utility Workers and Dietary Staff . . .	71																								2	107
Office Employees, Psychometrist, X-Ray Technicians & Social Workers . . .	38																								0	31
Laundry Workers . . .	25																								2	0
Housekeeping Staff . . .	5																								0	0
Laboratory Staff . . .	11																								1	21
Engineer's Staff . . .	20																								0	11
Ambulance Staff . . .	5																								0	12
Druggists	4																								0	4
Total	748									5	.67				2	.27					7	.94		36	1,701	

Report of Business Administration

Revenue Receipts

Receipts from all sources for the fiscal year ending September 30, 1952 amounted to \$391,380.20 (Exhibit 1) showing a decrease in receipts of \$6,716.15 from the previous year.

From October 1, 1951 to December, 1951 there occurred a decided drop in our census. During that particular period, the hospital ran as low as 82 patients daily. If the census had remained at the same level as of the previous year, our receipts would have shown a marked increase.

Operating Cost

To operate the hospital for this period, the cost amounted to \$820,635.58 (Exhibit 2), including a \$26,839.36 deduction from salaries of personnel during the fiscal year for meals and lodgings. This amount was distributed to each cost center throughout the hospital.

Income and Expense

Gross income amounted to \$450,315.75 (Exhibit 3). This amount, deducted from the operating expenditures of \$820,635.58 (Exhibit 2), left a deficit of \$370,319.83. However, a grant of \$200,000.00 from the State of Rhode Island reduced this deficit to \$170,319.83.

As of previous years, we again were harrassed with abnormal prices. Increased wages, as of October 1, 1951, and the cost of materials, supplies and capital outlay for new equipment were responsible for increase in the cost of expense.

Welfare Cases

General Public Assistance cases for free service amounted to \$133,265.44. This accounted for 38% of our deficit.

Free Service to Employees and Trainees

Services rendered to employees and trainees amounted to \$9,114.95.

Outside Agencies

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

1. City Health Pulmonary Clinic\$14,167.30
2. City Health Inspection of Milk..... 2,213.95
3. City Health Laboratory Examination 3,269.31
4. State Cardiac Clinic..... 1,372.11

Respectfully submitted,

AMBROSE J. TONER,

Business Manager

Report of the Neuro-Psychiatric Department

During the last year the Neuro-Psychiatric Department was as busy as ever and the number of admissions was approximately the same as that of last year. The policy of short term observation and treatment of suitable cases has been continued, and our patients have received a thorough medical, neurological and psychiatric study. We have continued the use of all modern accepted forms of psychiatric treatment, and it is highly gratifying to see that a considerable number of our patients were able to return to their homes and to the community.

In studying and treating our patients we have endeavored and were successful in a combined approach to their problems by the psychiatrist, the psychologist and the social worker. The work of the Social Service Department was especially valuable to us in our plans for returning our patients to the family and in making plans for their rehabilitation.

The department has had a loss in accepting the resignation of its director, Dr. Thomas L. Greason, on January 20, 1952. Following his resignation the members of the visiting staff generously contributed their time and efforts in directing the work of the Neuro-Psychiatric Department until the appointment of a new director. I wish to take this time to thank Dr. William Newton Hughes and the other members of the visiting staff for their continued interest and cooperation.

On May 28, 1952, Dr. Sidney S. Goldstein was appointed Director. Dr. Arno Kiiss left this hospital on June 2, 1952, and Dr. Jaroslaw Koropej completed his residency on June 30, 1952. We were fortunate to obtain the services of two new residents, Dr. Taras Hanuszewskyj, a graduate of Friedrich-Alexander University, Medical School in Erlangen, Bavaria, Germany, and Dr. Mario Nicotra, a graduate of Rome University, Rome, Italy, for the year 1952-1953.

Our residents were able to attend conferences at other psychiatric institutions and hospitals of the State.

We were able to maintain our nursing and attendant staff at a high level of activity during the year.

SOCIAL SERVICE DEPARTMENT

There have been little changes during the past year in the duties and the responsibilities of the Social Service Department. As always we have given our first attention to obtaining essential and most needed social histories. With the continued high rate of admissions and rapid turnover of patients, this has become increasingly difficult. To meet this situation a new short form history was compiled which gives brief, essential data. Determination of type of history needed is done at the bi-weekly staff conferences.

Abstracts and summaries as well as the monthly, annual and Bureau of the Census statistics were prepared. Attendance at and participation in staff conferences, agency meetings and community committees was continued, as well as coverage of Neuro-Psychiatric Out-Patient Clinics and in-patient wards. We have continued our association with the Boston University School of Social Work who sent us two first year students.

Mrs. Lillian Klitzner, a member of the department for five years, was granted a summer's leave of absence. Mr. James Morrissey, one of the Boston University students joined our staff for the season, and proved a competent and valued worker.

The following is a statistical report for the year (House and Clinic):

Complete histories	268
Interval histories	26
Abstracts	429
Summaries	156
Letters	91

Sixty social service calls were made. Four new cases were opened to social service, none re-opened and none closed. Sixty-two new patients were admitted to the Neuro-Psychiatric Out-Patient Clinic.

Psychological service reports 90 tests administered:

In-patient	84
Out-patient	5
Special	1

ANNUAL STATISTICS

There have been 17 juveniles (18 years and under) admitted, 12 males and 5 females.

Years of age.....18.....17.....15	
Number admitted	7.....8.....2

Admissions by Months

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Totals*
Admissions	77	56	71	57	70	68	76	66	73	64	76	76	830
Discharges	69	67	61	63	65	65	74	68	64	67	79	70	812

First Admissions	617
Second Admissions	130
Third Admissions	47
Fourth Admissions	19
Fifth Admissions	7
Sixth Admissions	3
Seventh Admissions	3
Ninth Admissions	1
Eleventh Admissions	1
Seventeenth Admissions	1
Eighteenth Admissions	1

Total

CONDITION

Unimproved.	484	Recovered.	38
Improved.	278	Dead.	12
		Total.....	812

DISPOSITION

Home.	338	Rhode Island Hospital.....	9
Home, Against Advice.....	65	State Infirmary	2
State Hospital (D.S.W.).....	316	General Hospitals	2
Butler Hospital	22	Army Hospital	1
Fuller Memorial Sanatorium... ..	5	Other Wards of C.V.C.H.....	4
Worcester State Hospital.....	1	Convalescent Homes	3
Institute of Living.....	1	R. I. Veterans' Home.....	1
V. A. Hospitals:		R. I. Training School for Boys.	1
Bedford, Massachusetts	1	Own Custody	25
Davis Park, Providence, R. I.	2	Dead.	12
Framingham, Massachusetts..	1		

Total.....

*These figures are greater than shown in the general statistics because they include cases admitted as transfers from other wards of the hospital.

DISCHARGE DIAGNOSES

Schizophrenic Reaction	312
Manic Depressive Reaction, manic type.....	12
“ “ “ depressive type	33
“ “ “ other.....	2
Paranoid Reaction	12
Involitional Psychotic Reaction.....	24
Psychotic Depressive Reaction.....	4
Psychotic Reaction without clearly defined structural change.....	3
Mental Deficiency with psychotic reaction.....	4
Chronic Brain Syndrome.....	
associated with cerebral arteriosclerosis.....	27
“ “ central nervous system syphilis.....	8
“ “ alcohol intoxication	5
“ “ brain trauma	1
“ “ circulatory disturbance other than cerebral arteri- osclerosis.....	29
“ “ convulsive disorder	14
“ “ senile brain disease.....	17
“ “ intercranial infection other than syphilis.....	2
“ “ congenital cranial anomaly.....	1
“ “ other disturbance of nutrition, pellegra.....	1
“ “ diseases of unknown or uncertain causes.....	4
Chronic Brain Syndrome, Mental Deficiency.....	1
Chronic Brain Syndrome of unknown cause.....	15
Acute Brain Syndrome.....	
associated with systemic infection.....	7
“ “ circulatory disturbance	1
“ “ convulsive disorder	1
“ “ hemoglobin metabolism, uremia.....	1
drug or poison intoxication.....	13
alcohol intoxication	66
with metabolic disturbance.....	3
of unknown cause.....	40
Psychoneurotic Disorders:	
Anxiety reaction	16
Dissociative reaction	1
Conversion reaction	3
Phobic reaction	2
Obsessive compulsive reaction.....	6
Depressive reaction	41
Psychoneurotic reaction, other.....	8
Personality Pattern Disturbance:	
Inadequate personality	6
Personality Trait Disturbance:.....	2
Emotionally unstable personality.....	5
Passive aggressive personality.....	2
Addiction:	1
Alcoholism.....	25
Drug addiction	1
Transient situational personality disturbance.....	3
Mental deficiency, idiopathic, mild.....	2

Mental deficiency, idiopathic, moderate.....	2
Psychophysiologic gastrointestinal reaction.....	1
Without Psychosis:	
Epilepsy.....	1
Myeloma.....	1
Encephalomalacia.....	1
Motor aphasia.....	1
Acute interstitial pancreatitis.....	1
Syphilis cerebrospinal.....	1
Focal motor cortical seizure of unknown origin.....	1
Poisoning general, carbon monoxide.....	1
Poisoning, illuminating gas.....	1
Paroxysmal disorder of the nervous system due to unknown cause..	1
Diagnosis deferred.....	12
Total.....	812

CAUSES OF DEATH

Myeloma.....	1
Encephalitis acute (organism undetermined).....	2
Cerebral hemorrhage.....	1
Encephalomalacia (rt. parietal lobe) due to cerebral hemorrhage....	1
Perforated duodenal ulcer.....	1
Arteriosclerotic heart disease.....	2
Cerebral hemorrhage due to hypertension.....	1
Asphyxiation due to cause other than trauma (suffocation).....	1
Poisoning, illuminating gas.....	1
Cerebral syphilitic arteritis.....	1
Total.....	12

I wish to express my appreciation to all personnel of the Neuro-Psychiatric Department and the hospital for their cooperation and loyalty in making our work successful during the past year.

Respectfully submitted,

SIDNEY S. GOLDSTEIN, M. D.,

Director

Report of the Superintendent of Nurses

At the end of the fiscal year, the staff of the Nursing Department was as follows:

SUPERINTENDENT OF NURSES

Miss Carmela Salvatore, R. N.

ASSISTANT SUPERINTENDENTS OF NURSES

COMMUNICABLE DISEASE DIVISION	PSYCHIATRIC DIVISION
Miss Elizabeth G. Regan, R. N.*	Miss Susan Tanzi, R. N.

INSTRUCTOR (COMMUNICABLE DISEASES)

Miss Roberta J. Malley, R. N., B. S.

SUPERVISORS

Miss Anna Zammarelli, R. N., Night Supervisor
Mrs. Marion Brown, R. N., Operating Room Supervisor
Mrs. Barbara Harrington, R. N., Ward Supervisor
Miss Patricia McCarthy, R. N., Evening Supervisor**
Miss Barbara Ferguson, R. N., Acting Evening Supervisor
Miss Dorothy Bienkowski, R. N., Tuberculosis Supervisor
Mrs. Grace Cannon, R. N., Out-Patient Supervisor

GRADUATE NURSE PERSONNEL

COMMUNICABLE DISEASE DIVISION

Miss Josephine Gemma, R. N.	Miss Mary Marcantonio, R. N.
Miss Muriel Guillette, R. N.	Miss Kathleen Potter, R. N.
Miss Theresa Kane, R. N.	Miss Barbara Radican, R. N.
Miss Barbara Moriarty, R. N., B. S.	Miss Theresa Zuchowski, R. N.

SURGICAL DEPARTMENT

Mrs. Antonette Calabro, R. N.	Mrs. Vivian Well, R. N.
Mrs. Ethel DiGrado, R. N.	Mrs. Anna Mann, R. N.
Miss Joan Crowley, R. N.	Mrs. Meredith Raymond, R. N.
Mrs. Sally Hopkins, R. N.	Miss Theresa De Gullio, R. N.
	Mrs. Ruth Leo, R. N.

OUT-PATIENT DEPARTMENT

Mrs. Angelita Colacci, R. N. (Part Time)

*Appointed March 4, 1952.

**Resigned August 4, 1952.

PSYCHIATRIC DIVISION

Mrs. Josephine Aldrich, R. N.	Miss Lorraine Estes, R. N.
Mrs. Mayre Carpenter, R. N.	Mrs. Bretta Davitt, R. N.
Miss Barbara Rose, R. N.	Mrs. Ella Henhair, R. N.
Miss Katherine Smith, R. N.	Mrs. Margaret Rostron, R. N.
	Miss Irene Sowa, R. N.

APPOINTMENTS

RESIGNATIONS

COMMUNICABLE DISEASE DIVISION

Miss Mary Marcantonio	Miss Joyce Hammond
Miss Joyce Hammond	Miss Phyllis Jonek
Miss Kathleen Potter	Mrs. Eusebius Kelley
Miss Muriel Guillette	Miss Esther McArthur
Miss Barbara Moriarty	Miss Dorothy Joyce
	Miss Patricia McCarthy
	Miss Margaret Mournighan

APPOINTMENTS

RESIGNATIONS

PSYCHIATRIC DIVISION

Miss Barbara Rose	Miss Margaret Smith
Miss Mary Murray	Miss Theresa Pezzi
Mrs. Bretta Davitt	Mrs. Dorothy Alexander
Miss Nina Kolon	Miss Catherine De Cubellis
Mrs. Virginia Cook	Miss Nina Kolon
Mrs. Ella Henhair	Mrs. Virginia Cook
Mrs. Josephine Aldrich	
Miss Lorraine Estes	

SURGICAL DIVISION

Mrs. Mary Pariseau	Miss Joan Crowley
Mrs. Dorothy Costanza	Mrs. Vivian Wells
Miss Theresa De Giulio	Miss Vilma Coia
Mrs. Ruth Leo	Mrs. Mary Pariseau

STUDENT NURSE PERSONNEL AND GEOGRAPHICAL DISTRIBUTION

In the School of Nursing October 1, 1951.....	97
Henry Heywood Hospital, Gardner, Massachusetts.....	13
St. Luke's Hospital, Pittsfield, Massachusetts.....	23
New England Baptist Hospital, Boston, Massachusetts.....	5
Sacred Heart Hospital, Manchester, New Hampshire.....	20
Framingham Union Hospital, Framingham, Massachusetts.....	17
Sturdy Memorial Hospital, Attleboro, Massachusetts.....	5
Coolley Dickinson Hospital, Northampton, Massachusetts.....	5
St. Joseph's Hospital, Providence, Rhode Island.....	18
Elliot Hospital, Manchester, New Hampshire.....	26
Union Hospital, Fall River, Massachusetts.....	20
**Wentworth Hospital, Dover, New Hampshire.....	11
Bishop de Goesbriand Hospital, Burlington, Vermont.....	27
Central Maine General Hospital, Lewiston, Maine.....	35

**Affiliation discontinued—September 1952.

Maine General Hospital, Portland, Maine	51
Salve Regina College, Newport, Rhode Island.....	5
St. Luke's Hospital, New Bedford, Massachusetts.....	34
St. Vincent's Hospital, Worcester, Massachusetts.....	28
St. Ann's Hospital, Fall River, Massachusetts.....	25
Mercy Hospital, Springfield, Massachusetts.....	35
*Morton Hospital, Taunton, Massachusetts.....	11
St. Mary's Hospital, Lewiston, Maine.....	15
Laconia Hospital, Laconia, New Hampshire.....	15
Boston College, Boston, Massachusetts.....	27
Milford Hospital, Milford, Massachusetts.....	11
Pawtucket Memorial Hospital, Pawtucket, Rhode Island.....	21
Total.....	600
Post Graduates	1
Total.....	601
Diplomas Awarded	497
In the School of Nursing, October 1, 1952.....	95
Total number of students since 1910.....	10,607

*Affiliation discontinued—July 1952.

Although, nationally, we are continuing to face the grave problems which develop from the ever present shortage of graduate personnel, we have been able to maintain a full staff. At the close of the year, 37 of our 38 available positions are filled. In January 1952, the entire nursing staff was placed on a 40 hour—5 day work week with no reduction in salary.

Because soundness of purpose develops from re-evaluation of one's goal, we, who are directly concerned with the education of students and administration of nursing service, are constantly challenged. Self-evaluation in terms of inadequacies and strengths is sometimes most difficult to achieve. However, under the supervision of Miss Elizabeth G. Regan, my assistant in the Communicable Diseases Division, several changes have taken place for the improvement of nursing service. Because we have had a full complement of graduates, we have been able to use a member of the staff in a relieving capacity for the evening and night supervisors, thus stabilizing our day personnel. This has provided for continuity of teaching and better administration in the ward situation. A student "Personal Record" is given to each head nurse, along with the rotation plan, class schedule, and anecdotal record, two weeks before the student's arrival on the

respective ward. The "Personal Record" is used as an aid for evaluation. The "Order Book" and "Memo Book" have assured proper dissemination of information.

Emergency drug cabinets were placed on several of the wards. These drugs are used only for evening admissions and are replaced immediately the following morning. This procedure has eliminated a certain amount of loss through oversight and it has facilitated the proper checking of drugs.

In the educational division of this department, our instructor has made some changes to meet the needs of the students. It became apparent that we should include in our orientation program a lecture and demonstration on the nursing care of a child. Many of our pupils have not had their unit in pediatrics before reporting for this affiliation, so that our objective for this addition is directed toward helping the student to understand the fundamental differences between nursing of children and adults with a communicable disease. This program has been in effect for one year and has proven its value. We have added to our medical and nursing classes, lectures on Infectious Mononucleosis, Typhoid Fever, and Undulant Fever.

The Sarah Barry Library has been moved from the basement to the first floor south of the nurses' home. The room which now houses the library is well lighted and is situated in a quiet section of the home. We have added fifteen books and thirteen bulletins which have been most beneficial.

In the department of Neuro-psychiatry, we have made some revisions also. My assistant, Miss Susan Tanzi, who is the nursing supervisor in this division has been working closely with Dr. Sidney S. Goldstein, the department medical director, for the advancement of nursing service. Under his direction an orientation program for the graduate personnel has been inaugurated. It not only includes lectures on the dynamics of the neuro-psychiatric patient, but it is complemented by the use of audio-

visual aids. We hope that in the near future this program can be enlarged so that it will include the attendant staff.

We deeply regret the fact that we are no longer receiving students from the Morton Hospital and the Wentworth Hospital, since they no longer have nursing schools.

In closing, may I take this opportunity to thank my assistants and the graduate staff for their efforts throughout the year. I would also like to wish our pupil nurses every success. On behalf of my assistants as well as myself, I would like to thank the heads of all the departments and their personnel for their cooperation.

The medical staff for giving so freely of their valuable time by participating in the educational programs of the communicable and neuro-psychiatric divisions.

The Board of Hospital Commissioners for their continued interest in the welfare of the nursing department.

Doctor Connor for his unfailing interest, wise counseling, and never ending patience.

Respectfully submitted,

CARMELA SALVATORE, R.N.,
Superintendent of Nurses

Report of the Laboratory

At the conclusion of the fiscal year ending September 30, 1952, the laboratory had carried out a grand total of 55,133 examinations. Of these 1,716 were done for the Health Department and 53,417 were done for the C. V. Chapin Hospital proper. Table I illustrates the variety of tests done.

Table II shows the necropsy percentage, number of necropsies and deaths for every year since opening the hospital. We are glad to report that this hospital set a record in low number of fatalities last year. Last year there were 48 deaths with 23 autopsies, giving an autopsy percentage of 47.9%.

Table III demonstrates principal cause of death and ages of subjects coming to autopsy this year. Causes of death were rather evenly spread throughout the various systems, conditions of the central nervous system predominating somewhat. The rarer type of case included one of hepar lobatum, and a case of pheachromocytoma of the right adrenal.

I wish to take this opportunity to thank the Superintendent, Dr. H. Connor, for his helpful interest in our problems. In addition, I should like to thank the Hospital Staff, the Officers of the City Health Department, and the Technical Staff of the laboratory for their help and support.

Respectfully submitted,

LEROY W. FALKINBURG, M. D.
Director of Laboratories

Table I

	+	C. V. C. H. 0	?	+	H. D. 0	?	C. V. C. H. 0	?	+	H. D. 0	?	C. V. C. H.	H. D.	Total
Bacteriology:														
Cultures for hemolytic strep.....	488	10,282	..	49	163	..	10,770	..	212	10,982	..	10,770	212	10,982
Cultures for diphtheria.....	15	11,176	26	..	209	..	11,217	209	..	11,426	..	11,217	209	11,426
Blood and Spinal fluid cultures.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feces and Urine cultures.....	105	204	..	4	14	..	309	..	..	327	..	309	18	327
Eye Cultures.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ear Cultures.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sputum Cultures.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
G. C. Cultures.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Spinal fluid sediments and cultures.....	40	362	13	..	17	..	415	..	..	432	..	415	17	432
Smears of spura for tubercle bacilli.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smears for gonococci (G. U.).....	197	707	6	3	48	..	910	..	..	741	..	910	51	961
Smears for ophthalmia (G. C.).....	56	217	11	..	5	..	284	..	..	289	..	284	5	289
Smears for Vincent's Angina.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smears for Treponema pallidum.....	1	3	..	..	..	..	4	..	..	5	..	4	..	5
Stools; ova and parasites; occult blood.....	7	159	..	1	1	..	11	..	..	12	..	11	1	12
Hang. drop for Trichomonas vaginalis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Virulence tests for diphtheria.....	1	10	..	..	..	..	10	..	..	10	..	10	..	10
Animal inoculations for "T. B.".....	2	28	..	..	..	..	8	..	..	8	..	8	..	8
Vaccines.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sensitivity Tests.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
N. P. Cultures.....	2	12	..	..	..	..	137	..	..	141	..	137	14	151
Miscellaneous examinations.....	..	..	..	..	..	..	146	..	..	153	..	146	7	153
Total Bacteriology.....							25,461			546		25,461	546	26,007
Serology:														
Wassermann tests.....	94	2,129	34	15	496	..	2,257	..	..	445	..	2,257	445	2,702
Hinton's.....	235	2,519	132	25	460	..	2,886	..	..	503	..	2,886	503	3,391
Agglutination tests for typhoid.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Agglutin. tests for undulant fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Agglutin. tests for proteus Ox-19.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sheep cell agglutination.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Serology.....							5,498			954		5,498	954	6,452

Hematology:

Spinal fluid cell counts.....	160	160
Cell counts and differential counts.....	9,821	9,857
Blood Grouping.....	125	1
Sedimentation rate.....	296	296
Hematocrit.....	303	303
Special Hematology.....	218	48
Total Hematology.....	10,923	85 11,008

Chemistry:

Sugar (Blood and spinal fluid).....	1,308	1,308
Non-protein Nitrogen.....	556	556
Creatinine.....	141	141
Sulfonamides.....	11	11
Cholesterol.....	55	55
Serum calcium.....	12	12
Serum phosphorus.....	6	6
Uric acid.....	6	6
Icteric index.....	21	21
Carbon Dioxide Combining Power.....	91	91
Protein (Quan. and Qual.).....	818	818
Gold curves.....	82	2
Chlorides.....	235	235
Cephalin Chol. Flocculation.....	40	40
Bilirubin.....	28	28
A/G Ratio.....	27	27
Miscellaneous.....	144	144
Urinalyses.....	5,698	129 5,827
Total Chemistry.....	9,279	131 9,410

Pathology:

Necropsy sections.....	1,137	1,137
Surgical sections.....	1,119	1,119
Total Pathology.....	2,256	2,256
Total number of examinations.....	53,417	1,716 55,133

+ = positive.
 0 = negative.
 ? = indicates a borderline result.

Table II

NECROPSIES, 1910—SEPTEMBER, 1952

Year	Number of Deaths	Number of Necropsies	Percentage
1910.....	86	16	18.6
1911.....	121	14	11.5
1912.....	152	20	13.1
1913.....	154	44	28.5
1914.....	157	40	25.4
1915.....	176	51	28.9
1916.....	249	60	24.0
1917.....	243	17	26.9
1918.....	297	9	3.0
1919.....	208	6	2.8
1920.....	171	13	7.6
1921.....	136	25	18.3
1922.....	125	13	10.4
1923.....	200	71	35.5
1924.....	122	29	23.7
1925.....	130	57	43.8
1926.....	141	72	51.0
1927.....	125	87	69.6
1928.....	163	92	56.4
1929.....	168	114	57.8
1930.....	159	81	50.9
1931.....	193	90	46.6
1932.....	179	91	50.8
1933.....	148	55	37.1
1934.....	118	61	51.6
1935.....	132	48	36.3
1936.....	163	61	37.4
1937.....	172	67	38.9
1938.....	124	56	45.2
1939.....	131	66	50.3
1940.....	134	84	62.6
1941.....	139	85	61.1
1942.....	126	65	51.6
1943.....	174	91	52.3
1944.....	140	66	47.1
1945.....	132	51	38.6
1946.....	106	53	50.0
1947.....	100	61	61.0
1948.....	89	41	46.1
1949.....	65	33	50.8
1950.....	64	39	60.9
1951.....	73	40	54.0
1952.....	48	23	47.9
Total.....	7,233	2,258	31.2

Table III

PRINCIPAL CAUSES OF DEATH AS DETERMINED AT
POSTMORTEM EXAMINATION

Autopsy Number	Causes of Death	Age
	<i>Pulmonary</i>	
A-32-51	Pulmonary Embolism	56 years
A-13-52	Acute Interstitial Pneumonitis	5 years
A-3-52	Chronic Bilateral Pulmonary Ulcerocaseous Tuberculosis with Miliary Spread and Myocardial Abscess	24 years
A-12-52	Chronic Bilateral Ulcerocaseous Pulmonary Tuberculosis	50 years
A-16-52	Chronic Fibrous Tuberculosis	49 years
	<i>Cardiovascular Renal System</i>	
A-29-51	Arteriolonephrosclerosis	49 years
A-2-52	Acute Bilateral Pyelonephritis	54 years
A-4-52	Arteriolonephrosclerosis	78 years
A-5-52	Subacute Bacterial Endocarditis	72 years
A-7-52	Arteriolonephrosclerosis	60 years
A-10-52	Subendothelial Hemorrhage into Right Coronary Artery	54 years
	<i>Gastro-intestinal System</i>	
A-9-52	Acute Gastro-Entero-Colitis	1 year
A-11-52	Acute Gastro-Enteritis	3 years
	<i>Nervous System</i>	
A-29-51	Massive Cerebral Hemorrhage	49 years
A-33-51	Chronic Leptomeningitis with Internal Hydrocephalus	50 years
A-34-51	Measles Encephalitis	15 mos.
A-1-52	Metabolic Encephalopathy	7 mos.
A-4-52	Thrombosis of Right Internal Carotid Artery	78 years
A-6-52	Acute Disseminated Focal Encephalitis	13 years
A-7-52	Massive Cerebral Hemorrhage	60 years
A-8-52	Toxic Encephalitis	44 years
A-14-52	Toxic Encephalitis	40 years
A-15-52	Acute Anterior Poliomyelitis	16 years
A-17-52	Chronic Tuberculous Meningitis	6 years
	<i>Hematopoetic System</i>	
A-30-51	Chronic Granulocytic Leukemia	58 years
	<i>Cutaneous System</i>	
A-31-51	Acute Exfoliative Dermatitis	48 years
	<i>Endocrine System</i>	
A-30-51	Pheochromocytoma of Right Adrenal	58 years
A-7-52	Neurofibroma Involving Head of Pancreas	60 years
	<i>Miscellaneous</i>	
A-30-51	Portal Cirrhosis of Liver	58 years
A-10-52	Hepar Lobatum	54 years

Report of the X-Ray Department

Comparison with the previous year shows the case load and number of patients coming to the X-ray Department have been essentially the same. There has been some increase in the fluoroscopic work. A new coat of paint by the maintenance department has brightened the appearance of the X-ray Department and is appreciated.

A film library of interesting cases is being slowly developed.

Grateful appreciation for their cooperation is given to the technicians, Miss Margaret Keenan and Miss Betty Goldsmith, and Miss Ellen Guertin, secretary-typist.

Respectfully submitted,

MANUEL HORWITZ, M. D.
Roentgenologist

NUMBER OF CASES			PARTS OF BODY X-RAYED		
	1952	1951		1952	1951
Ward Patients	971	1,009	Lungs, Pulmonary Dept.	2,918	2,807
Out-patients.	216	189	Lungs.	1,523	1,427
Pulmonary patients	2,909	2,779	Bones.	430	533
Student Nurses	563	438	Cardiac	110	198
Employees.	133	147	Gall Bladder	15	14
State Rheumatic Fever Pro-gram.	125	93	Cholangiograms.	7	6
Total	4,917	4,655	Abdomen.	30	23
Electrocardiograms	88	111	I. V. Pyelogram.	16	18
			Gastrointestinal.	35	28
			Barium enema	24	9
			Sinuses.	24	16
			Mastoids.	17	25
			Encephalograms.	3	5
			Dental.	2	14
			Fluoroscopy.	90	32
			Miscellaneous.	10	10
			Total	5,244	5,165
			Cystograms	4	4

Report of the Out-Patient Department

The total number of visits in the Out-Patient Department during the past fiscal year was 10,769, a decrease of 394 from last year. However, there was an increase of 153 in the number of individuals seen. In addition, 3,237 food handlers health cards were issued after physical examinations.

The greatest decrease was shown in Surgical cases with a fifty percent decline in total visits. The Syphilis clinic showed a thirty-three percent decrease in total visits. The most significant increases were in the Pediatric and Dermatology clinics.

The following changes in personnel took place during the year. The physician in charge of the Out-Patient Department from August 1, 1951 to January 1, 1952 was Stephen F. Lehman, M. D. Gerald Solomons, M. D. assumed this position until July 1, 1952 at which time Joseph T. Barrett, M. D. became physician in charge of the Out-Patient Department.

The nursing staff remains the same with Mrs. Grace Cannon as supervisor, assisted by Mrs. Colacci. Miss Ellen Guertin continues as secretary. Miss Catherine J. Tobin retired from her position as Social Worker on August 1, 1952.

I wish to express my appreciation to the visiting staff, nurses, secretary and laboratory workers for their cooperation in making the past year successful.

Respectfully submitted,

JOSEPH T. BARRETT, M. D.,
Assistant Superintendent
in charge of Out-Patient Department

Out-Patient Department

1952

MAIN HOSPITAL.	New Patients	First Visit (1951) Old Patients	Total Individuals	Revisits	Total Visits 1952	Total Visits 1951
Dept. of Syphilis	16	54	70	411	481	740
Dept. of Neuro-Syphilis	1	1	2	71	73	82
Dept. of Dermatology	246	50	296	626	922	612
Dept. of Gynecology	62	23	85	148	233	216
Dept. of Urology	75	30	105	115	220	257
Dept. of Neuro-Psychiatry	62	13	75	341	416	514
Dept. of Ophthalmology	4	0	4	1	5	21
Dept. of Pediatrics	286	59	345	593	938	772
Pedia. Allergy	0	0	0	0	0	0
Dept. of Tuberculosis	964	1,377	2,341	2,770	5,111	5,055
Dept. of Pneumothorax	3	1	4	403	407	427
Dept. of Medicine	242	74	316	671	987	1,142
Dept. of Orthopedics	51	6	57	137	194	172
Examination for V. D.	160	0	160	0	160	180
V. D. Penicillin Rx.	159	0	159	0	159	176
State Rheumatic Fever Clinic	24	0	24	173	197	213
Minor Accident and Surgical Cases	69	23	92	153	245	584
Dept. of Ear, Nose and Throat	18	1	19	2	21	0
Total	2,442	1,712	4,154	6,615	10,769	11,163

Report of Dietary Department

A total of 352,055 meals were served during the year ending September 30, 1952. The cost of raw food was 34¢ per meal, an increase over last year's cost of 7.5¢.

The following table shows the distribution of the meals served:

	MEAL COUNT							Total
	Dining Rooms				Wards			
	Doctors'	Nurses'	Employees'	Surgical	Tuber- culous	Psychi- atric	Commun- icable	
October 1951	1,163	10,530	6,148	627	2,026	3,393	3,690	27,577
November	1,121	10,072	5,713	1,203	1,881	3,490	4,380	27,860
December	1,187	11,163	5,886	1,197	1,647	3,054	5,025	29,156
January 1952	1,171	10,343	5,874	1,101	1,962	3,294	5,660	29,407
February	1,049	9,974	5,646	950	2,172	3,411	6,186	29,388
March	1,022	10,624	6,121	1,014	2,627	3,846	7,470	32,724
April	837	9,881	5,970	1,122	2,760	3,799	5,804	30,175
May	877	10,282	5,882	1,388	2,741	4,048	5,229	30,447
June	829	10,439	5,463	1,043	2,181	3,753	3,742	27,470
July	1,032	10,737	5,538	998	1,872	6,546	3,576	30,296
August	1,035	10,248	5,530	648	2,574	4,248	4,217	28,500
September	956	9,666	5,632	1,098	2,313	4,418	4,968	29,051
Totals	12,279	123,961	69,423	12,389	26,756	47,300	59,947	352,055

General replacements of equipment were made as necessary throughout the year. An additional electrically heated food conveyor was purchased for use on the children's ward. A new Hobart coffee grinder was purchased to replace a very old one. Much time is being saved in the preparation of vegetables and salads with the use of new slicing and shredding attachments for the Hobart mixer in the main kitchen. An electric food slicer has proved economical in the saving of time and food.

My appreciation goes to Dr. Connor and the hospital staff for their cooperation and assistance. Also to my assistant and to the dietary department employees, I would like to extend my sincere thanks for their loyalty.

Respectfully submitted,

RUTH E. DAVIDSON,
Dietitian

Report of the Maintenance Department

The installation of air conditioning in the operating room and the improving of the heating system on the surgical ward were the most important improvements made to the hospital physical plant this year. These improvements bring our surgical unit to the maximum in safety and comfort.

A red quarry tile floor is in the process of being installed in the main kitchen and adjacent rooms. This will add considerably to the cleanliness and efficiency of the unit.

A new laundry mangle was purchased to replace a second-hand, obsolete mangle which was installed some twenty-five years ago. This new mangle will cut maintenance cost and bring our laundry to a higher level of efficiency.

The grounds are well kept and many compliments have been received on their appearance.

Following is a list of some of the repairs and improvements made:

PAINTED

Wards H and I, all beds, stands, etc.
Ward B
Ward E, eight rooms
Administration building corridor, four offices, waiting room, and two lavatories
All outside doors stripped and refinished.
X-ray department
Employees' serving kitchen
Douglas Ave. dormitory
All street light poles

NEW EQUIPMENT

Unit heater for Ward A elevator
1 Station wagon
1 Electric food conveyor
1 Laundry mangle with canopy

-
- 1 Steam sterilizer
 - 5 Typewriters
 - 1 Adding machine
 - 10 Arm chairs for Nurses' Home
 - 6 Glass desk tops
 - 1 Mimeograph machine
 - 2 Time clocks (Ward H and I)
 - 3 Painters' ladders
 - 1 Office chair (Supt. of Nurses)
 - 6 Small ice containers (ward kitchens)
 - 30 Chairs (Wards H and I)
 - 1 Electric stove (Ward G)
 - 1 Wall clock (office)
 - 3 Electric fans
 - 1 Meat slicing machine
 - 1 Coffee mill
 - 1 Steel table (operating room)
 - 1 X-ray illuminator
 - 1 Wheel chair
 - 1 Croupette with attachments
 - 1 Collins metabolox
 - 1 Cautery with pistols and tips
 - 1 Fritz drainage apparatus
 - 4 Wooden cabinets (for wards)
 - 2 Tankless hot water heaters (12-gallon, 5-gallon)
 - Tile floor, main kitchen
 - Floor covering, office
 - Air conditioning (Ward A)

I wish to express my appreciation to Dr. Connor for his cooperation. To the personnel of the maintenance department, my sincere thanks for their cooperation throughout the year.

Respectfully submitted,

JAMES E. KELLY



Story-time



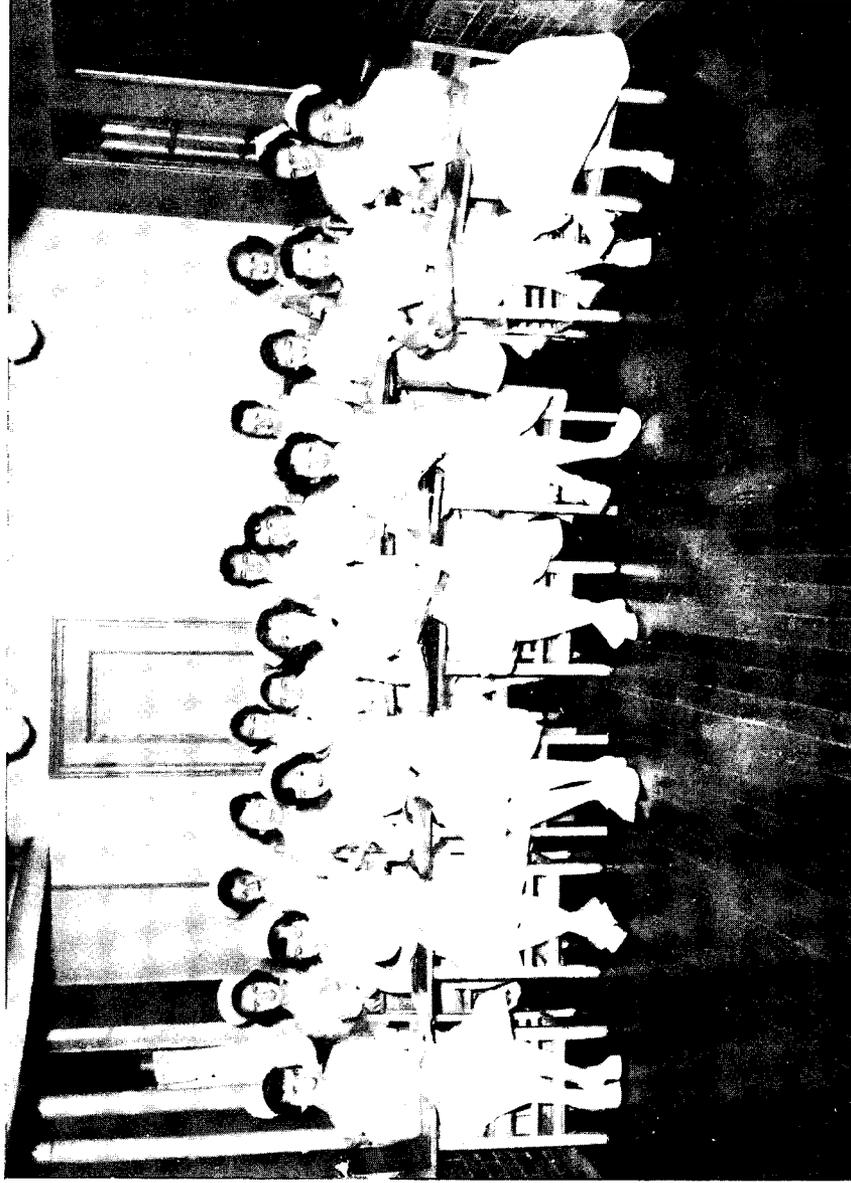
The Chief Pharmacist Compounds a Prescription



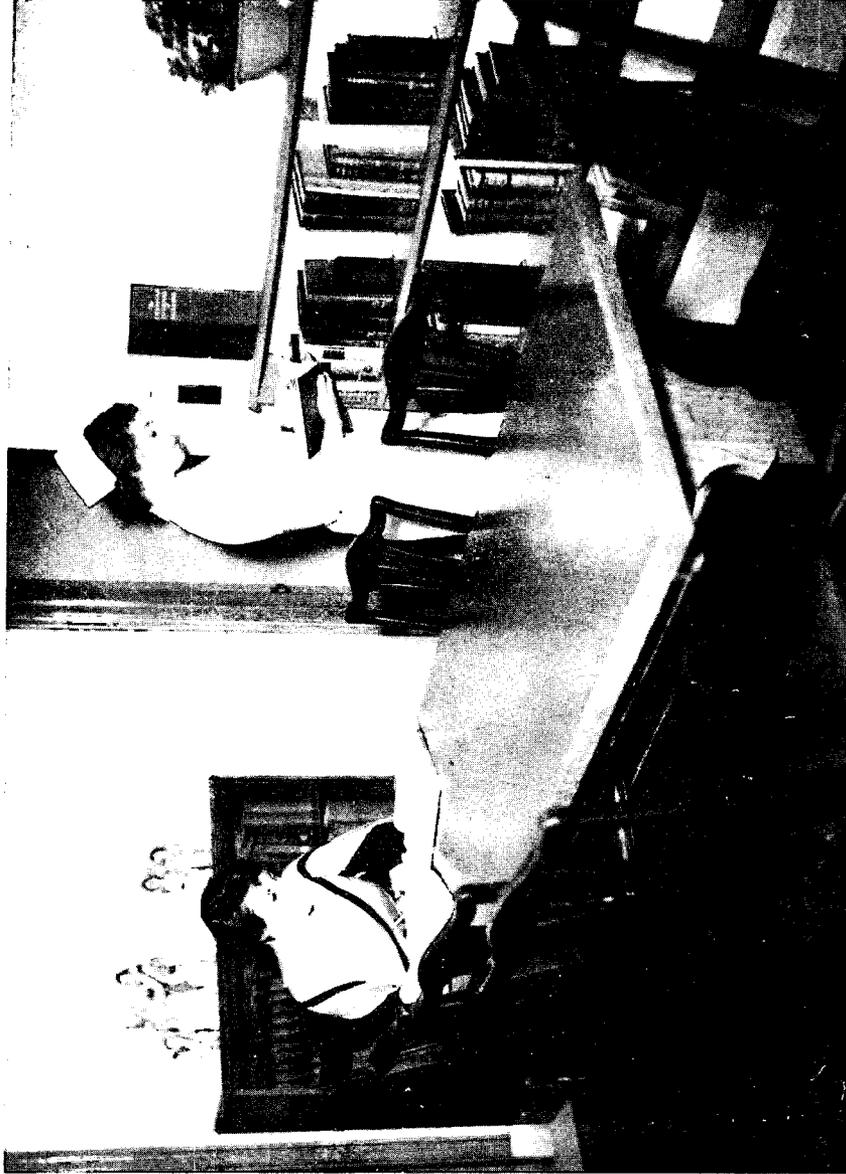
A Happy Patient



Arrival of New Students at Nurses' Home



Representatives from Eighteen of Our Affiliating Schools of Nursing



A Corner of the Nurses' Library



Time for Relaxation

MAR 5 2 56 PM '53

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