

Forty-Ninth Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1958



PROVIDENCE
THE OXFORD PRESS
1959

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Providence, R. I.

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IN CITY COUNCIL
APR 2 - 1959

PROVIDENCE
THE OXFORD PRESS
1959

READ:
WHEREUPON IT IS ORDERED THAT
THE SAME BE RECEIVED.

W. Everett Whelan
CLERK

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BOARD OF HOSPITAL COMMISSIONERS

Chairman Ex-Officio

MAYOR WALTER H. REYNOLDS

HERMAN A. LAWSON, M. D.	Term expires 1959
JAMES H. FAGAN, M. D.	Term expires 1960
ROBERT E. CARROLL, M. D.	Term expires 1961
JOSEPH SMITH, M. D., <i>Supt. of Health, Ex-Officio</i>	

Secretary

HERMAN A. LAWSON, M. D.

Committee on Organization

James H. Fagan, M. D. Herman A. Lawson, M. D.
Joseph Smith, M. D.

Visiting Committee

James H. Fagan, M. D. Robert E. Carroll, M. D.
Joseph Smith, M. D.

Nurses' Committee

James H. Fagan, M. D. Herman A. Lawson, M. D.
Joseph Smith, M. D.

ADMINISTRATIVE STAFF**October 1, 1957—September 30, 1958****Superintendent**

Hilary J. Connor, M. D.

Assistant Superintendent and Clinical Director

Edward J. West, M. D.

Assistant Superintendents

*Urbano K. Guarin, M. D.

†Conrado M. Recio, M. D.

Senior Resident Physicians

*‡§Rodolfo S. Mercader, M. D. **Conrado M. Recio, M. D.

‡Araceli S. Lapidario, M. D.

Psychiatric Department**DIRECTOR**

Sidney S. Goldstein, M. D.

RESIDENT PHYSICIANS

Remigio C. Villarico, M. D.

***Piyale Cerman, M. D.

*†Arturo Aranas, M. D.

Pathologist

LeRoy W. Falkinburg, M. D.

Roentgenologist

Manuel Horwitz, M. D.

Director of Laboratories

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

Director of Nursing Service and School of Nursing

Carmela Salvatore, R. N.

†Appointed February, 1958

‡Appointed September, 1958

*†Appointed July, 1958

*†Appointed August, 1958

*Resigned January, 1958

**Resigned February, 1958

***Resigned July, 1958

§Resigned August, 1958

Assistant Directors of Nursing Service

Communicable Disease Division

Elizabeth Regan McKenna, R. N.

Psychiatric Division

Susan Tanzi Marcello, R. N.

Instructor

Catherine L. Grady, R. N.

Assistant Instructor

Sally Foster Hopkins, R. N.

Business Manager

William A. Manning

Social Workers

*Rita A. Trainor

Ruth F. Levy

**Rosemary B. Levreault

***S. Ruth Vaughn

Clinical Psychologist

Charles Devine

Matron

Mary H. Farrell

Dietitians

†Ruth Davidson

*Dorothy Kelly

Pharmacist

Frank Colacci, Ph. G.

Engineer

James E. Kelley

Housemother—Nurses' Home

Albina R. Merrill

*Appointed June, 1958

**Appointed November, 1957

***Resigned January, 1958

†Resigned June, 1958

HOUSE-OFFICERS WHO SERVED DURING YEAR
ENDING SEPTEMBER 30, 1958

Residents in Pediatrics

(Service Completed)

Florosa A. Bautista, M. D.	July 14, 1958
Luz G. Palattao, M. D.	July 31, 1958
Costas Psarakis, M. D.	June 30, 1958
Julius Horvath, M. D.	June 30, 1958
Rodolfo S. Mercader, M. D.	August 31, 1958
Fioravante N. Nora, M. D.	
Leovigildo Cokingtin, M. D.	
Estela O. Ching, M. D.	

*Affiliate Residents in
Pediatrics for Communicable
Disease Training*

(From St. Clare's Hospital)

Illuminada P. Borja, M. D.
Mercedes B. Pine, M. D.

**(From St. Francis
Hospital)**

Irene Kyriakopulu, M. D.

**(From Rhode Island
Hospital)**

Joseph R. Peltier, M. D.
Normand E. Gauvin, M. D.

Affiliate Interns

**(From Beth-Israel
Hospital)**

Bernard Bihari, M. D.
Anna Kris Wolff, M. D.
Lewis M. Karas, M. D.
Joel Rankin, M. D.
Sidney H. Widrow, M. D.
Paul R. Minton, M. D.

CONSULTING STAFF**PHYSICIANS**

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

SURGEONS

John J. Gilbert, M. D.	Alfred L. Potter, M. D.
William A. Mahoney, M. D.	Francis B. Sargent, M. D.
Frank J. McCabe, M. D.	Ralph Stolworthy, D. M. D.
Michael J. O'Connor, M. D.	Benjamin S. Sharp, M. D.
John W. Sweeney, M. D.	Anthony V. Migliaccio, M. D.
Vincent J. Oddo, M. D.	Nathan A. Bolotow, M. D.
Francis V. Garside, M. D.	George F. Conde, M. D.
Joseph C. Johnston, M. D.	Mark Rittner, M. D.
James A. McCann, M. D.	James H. Fagan, M. D.
Henry McCusker, M. D.	Joseph B. Webber, 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.
Eliot A. Shaw, M. D.	Lee G. Sannella, M. D.
John G. Walsh, M. D.	Craig S. Houston, M. D.
Daniel V. Troppoli, M. D.	Frank I. Matteo, M. D.
Rudolph W. Pearson, M. D.	H. Frederick Stephens, M. D.
Edward S. Cameron, M. D.	Herman Winkler, M. D.
Mihran A. Chapian, M. D.	Linley C. Happ. M. D.

COURTESY STAFF—Private Surgical Unit

Edmund Billings, M. D.	Waldo O. Hoey, M. D.
Charles W. Cashman, Jr., M. D.	Albert H. Jackvony, M. D.
Edmund B. Curran, M. D.	Paul B. Metcalf, Jr., M. D.
Jesse P. Eddy, 3rd, M. D.	John C. Myrick, M. D.
Edward V. Famiglietti, M. D.	Vahey M. Pahigian, M. D.
Charles L. Farrell, M. D.	Robert W. Riemer, M. D.
Orland F. Smith, 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 1958 and incorporated in it are changes made prior to October 1958.)

VISITING STAFF DEPARTMENT OF MEDICINE

In-Patient Department

PHYSICIAN-IN-CHIEF

Louis I. Kramer, M. D.

VISITING PHYSICIANS

Earle H. Brennen, M. D.	Russell S. Bray, M. D.
Ezra A. Sharp, M. D.	Frank D. Fratantuono, M. D.
Jacob Greenstein, M. D.	David Litchman, M. D.
William L. Leet, M. D.	John T. Keohane, M. D.
Irving A. Beck, M. D.	William Fain, M. D.

ASSISTANT VISITING PHYSICIANS

Joseph G. McWilliams, M. D.	Herbert F. Hager, M. D.
William J. O'Connell, M. D.	Michael DiMaio, M. D.
Laurence A. Mori, M. D.	Erwin O. Hirsch, M. D.
George E. Kirk, M. D.	Oswald D. Cinquegrana, M. D.
Gustaf Sweet, M. D.	Robert Maiello, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Louis I. Kramer, M. D.

VISITING PHYSICIANS

Edwin B. O'Reilly, M. D.	James F. Hardiman, M. D.
Nathan J. Kiven, M. D.	Jaroslav Koropecy, M. D.
John J. Lury, M. D.	James J. Scanlan, M. D.
*Walter F. Fitzpatrick, Jr., M. D.	Erwin O. Hirsch, M. D.
Robert E. Carroll, M. D.	Raymond E. Moffitt, M. D.
*Richard J. Martin, M. D.	Oswald D. Cinquegrana, M. D.
Jacob Stone, M. D.	Max Bloom, M. D.
James J. Sheridan, M. D.	Paulo A. Botelho, M. D.
Juergen Nicolas, M. D.	

*Leave of absence

DEPARTMENT OF PULMONARY DISEASES

In-Patient Department

PHYSICIAN-IN-CHIEF

Peter F. Harrington, M. D.

VISITING PHYSICIANS

James B. Moran, M. D.

Thomas H. Murphy, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Peter F. Harrington, M. D.

VISITING PHYSICIANS

James B. Moran, M. D.

Thomas H. Murphy, M. D.

**DEPARTMENT OF DERMATOLOGY AND
SYPHILOLOGY**

In-Patient Department

PHYSICIAN-IN-CHIEF

Vincent J. Ryan, M. D.

VISITING PHYSICIANS

Bencel L. Schiff, M. D.

Carl S. Sawyer, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Vincent J. Ryan, M. D.

VISITING PHYSICIANS

Bencel L. Schiff, M. D.

Carl S. Sawyer, M. D.

DEPARTMENT OF PEDIATRICS

In-Patient Department

PHYSICIAN-IN-CHIEF

Maurice Adelman, M. D.

VISITING PHYSICIANS

Reuben C. Bates, M. D. Isadore Gershman, M. D.
Reginald A. Allen, M. D. D. William J. Bell, M. D.

ASSISTANT VISITING PHYSICIANS

William P. Shields, M. D. Maurice N. Kay, M. D.
Eric Denhoff, M. D. John P. Grady, M. D.
Herman B. Marks, M. D. Hilary H. Connor, M. D.
Clara Loitman-Smith, M. D. Frank Giunta, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Maurice Adelman, M. D.

VISITING PHYSICIANS

Bruno G. DeFusco, M. D. Harold B. Lang, M. D.
Earle F. Cohen, M. D. Ruth Appleton, M. D.
Vincent P. Rossignoli, M. D. John E. Farley, Jr., M. D.
Rudolf A. Jaworski, M. D. Alexander A. Jaworski, M. D.
Briand N. Beaudin, M. D. John F. Hogan, M. D.
George H. Taft, M. D. Joseph T. Barrett, M. D.
John T. Barrett, M. D. Robert M. Lord, Jr., M. D.
Leonard B. Bellin, M. D. Sophie N. Wlassich, M. D.
Gilbert Houston, M. D. William L. Mauran, Jr., M. D.
Gerald Solomons, M. D. Frederick A. Peirce, Jr., M. D.
Peter L. Mathieu, Jr., M. D. Ernest P. Mennillo, M. D.
Mario Vigliani, M. D. Wilson F. Utter, M. D.
Betty B. Mathieu, M. D. Thomas H. George, 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.	Hugh E. Kiene, M. D.
Kathleen M. Barr, M. D.	Barry B. Mongillo, M. D.
Himon Miller, M. D.	David J. Fish, M. D.
Ernest A. Burrows, M. D.	Thomas L. Greason, M. D.
Sarah M. Saklad, M. D.	*Sidney S. Goldstein, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

William N. Hughes, M. D.

VISITING PHYSICIANS

Raymond L. Willard, M. D.	Patrick F. O'Mahony, M. D.
Dominic L. Coppolino, M. D.	Bruno Franek, M. D.

DEPARTMENT OF UROLOGY

In-Patient Department

SURGEON-IN-CHIEF

Howard K. Turner, M. D.

VISITING SURGEON

John F. Streker, M. D.

ASSISTANT VISITING SURGEONS

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

Out-Patient Department

SURGEON-IN-CHARGE

Howard K. Turner, M. D.

*Leave of absence

VISITING SURGEONS

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

ASSISTANT VISITING SURGEON

Genarino R. Zinno, M. D.

DEPARTMENT OF GYNECOLOGY

In-Patient Department

SURGEON-IN-CHIEF

George W. Waterman, M. D.

VISITING SURGEONS

Ralph DiLeone, M. D.	George E. Bowles, M. D.
J. Merrill Gibson, M. D.	James P. McCaffrey, M. D.

ASSISTANT VISITING SURGEONS

Thomas F. Fogarty, M. D.	Frederic W. Ripley, Jr., M. D.
Calvin M. Gordon, M. D.	

Out-Patient Department

SURGEON-IN-CHARGE

George W. Waterman, M. D.

VISITING SURGEONS

Jarvis D. Case, M. D.	Edward Cardillo, M. D.
John J. Sheehan, M. D.	Calvin M. Gordon, M. D.
Thomas F. Fogarty, M. D.	Robert C. Hayes, M. D.
Frederic W. Ripley, Jr., M. D.	Vito L. Coppa, M. D.
Gene A. Croce, M. D.	Henry C. McDuff, Jr., M. D.
Robert E. Martin, M. D.	

DEPARTMENT OF SURGERY**In-Patient Department****SURGEON-IN-CHIEF**

J. Murray Beardsley, M. D.

VISITING SURGEONS

Charles J. Ashworth, M. D.	David Freedman, M. D.
Adolph W. Eckstein, M. D.	Ralph D. Richardson, M. D.

ASSISTANT VISITING SURGEONS

Seebert J. Goldowsky, M. D.	Leland W. Jones, M. D.
Wilfred I. Carney, M. D.	Robert Gorfine, M. D.
Thomas C. McOsker, M. D.	J. Robert Bowen, M. D.
Arnold Porter, M. D.	Richard P. Sexton, M. D.
Thomas Perry, Jr., M. D.	Joseph E. Caruolo, M. D.

DEPARTMENT OF NEUROSURGERY**In-Patient Department****SURGEON-IN-CHIEF**

Hannibal Hamlin, M. D.

VISITING SURGEON

Julius Stoll, Jr., M. D.

DEPARTMENT OF ORTHOPEDICS**In-Patient Department****SURGEON-IN-CHIEF**

William A. Horan, M. D.

VISITING SURGEONS

William V. Hindle, M. D.	Ralph F. Pike, M. D.
Vincent Zecchino, M. D.	Stanley D. Simon, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

William A. Horan, M. D.

VISITING SURGEONS

William V. Hindle, M. D. Ralph F. Pike, M. D.
Vincent Zecchino, M. D. Stanley D. Simon, M. D.

DEPARTMENT OF EAR, NOSE AND THROAT

In-Patient Department

SURGEON-IN-CHIEF

Thomas L. O'Connell, M. D.

VISITING SURGEON

Thomas R. Littleton, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

Thomas L. O'Connell, M. D.

VISITING SURGEONS

Thomas R. Littleton, M. D. Richard Rice, M. D.

DEPARTMENT OF OPHTHALMOLOGY

In-Patient Department

SURGEON-IN-CHIEF

F. Charles Hanson, M. D.

VISITING SURGEONS

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

Out-Patient Department

SURGEON-IN-CHARGE

F. Charles Hanson, M. D.

VISITING SURGEONS

Morris Botvin, M. D.	Milton G. Ross, M. D.
Linus A. Sheehan, M. D.	Nathaniel D. Robinson, M. D.
James H. Cox, M. D.	Donald S. McCann, M. D.
Charles W. Does, 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.	Charles F. Cannon, D. M. D.
Nicholas G. Migliaccio, D. M. D.	Francis M. Hackett, D. D. S.
Harry Goldberg, D. D. S.	Leo Kantorowitz, D. D. S.

DEPARTMENT OF ANESTHESIA**In-Patient Department**

PHYSICIAN-IN-CHIEF

Samuel Pritzker, M. D.

VISITING ANESTHETISTS

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

Consulting Bacteriologist

Professor Charles A. Stuart

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 its Annual Report for the fiscal year ending September 30, 1958.

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

No action was taken by the executive or legislative authorities of the State to effect transfer of the Chapin Hospital to the State of Rhode Island, as had been recommended by a special consultant to the Governor.

There remains the problem of making optimum use of the Chapin Hospital facilities under the changing conditions created by advances in medical science, to which reference has been made in previous reports. During the past year, this problem has been studied by an outstanding expert in the field of public health, Dr. Theodore H. Ingalls, Professor of Preventive Medicine and Epidemiology in the medical school of the University of Pennsylvania, who surveyed the Chapin Hospital facilities and its function in relation to the general health situation of the community. For the excellent and helpful survey by Dr. Ingalls, the community is indebted to the special committee appointed by the House of Delegates of the Rhode Island Medical Society and to the Rhode Island Foundation for generous financial assistance.

Dr. Ingalls found that there is still a definite need for a hospital equipped to provide effective isolation and treatment of communicable diseases and recommended that this service by Chapin Hospital be continued. Other recommendations by Dr. Ingalls regarding use of those facilities of the Chapin Hospital not ordinarily required for care of contagious disease have been put into effect where feasible, and other recommendations will be carried out from time to time as circumstances permit.

The Board regrets the marked decline in the demand for training of nurses and other personnel in the isolation technique which has been so successfully employed at Chapin Hospital for nearly half a century. The need for such training still remains, and its vital importance has become increasingly apparent during the past year as hundreds of hospitals in the United States have been faced with the extremely serious problem of hospital-acquired infections, particularly infections due to staphylococci. Many strains of this organism have become resistant to most antibiotics, and some are totally resistant to all antibiotics. The problem has been most serious in nurseries where there have been tragic outbreaks of infections, sometimes with high fatality rates. The need for sound knowledge and dependable competence in isolation technique in such circumstances is obvious, since half-way measures will provide only a false and dangerous sense of security. The importance and seriousness of the problem of staphylococcal infections is of such magnitude that it has received earnest and intensive consideration by the American Hospital Association, the United States Public Health Service, and the National Research Council.

Changes in the hospital staff during the year were as follows:

Appointed to Visiting Staff

Thomas H. George, M. D.
Juergen Nicolas, M. D.
Wilson F. Utter, M. D.

Resignation

R. Thomas Stevens, M. D.

The Board of Hospital Commissioners is happy once again to express its sincere appreciation of the faithful and efficient service of workers in all departments of the hospital, and to acknowledge the debt which it and all citizens of the community owe to the faithful and devoted physicians and surgeons of the hospital's visiting and consulting staffs who have continued to render, without charge, their invaluable service to the people of Providence and the state of Rhode Island.

Respectfully submitted,

HONORABLE WALTER H. REYNOLDS, *Mayor*

JOSEPH SMITH, M. D., *Supt. of Health*

JAMES H. FAGAN, M. D.

ROBERT E. CARROLL, M. D.

HERMAN A. LAWSON, M. D., *Secretary*

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, 1958. The following tables, in condensed form, furnish information concerning the activities of the hospital. A small number of resultant discrepancies may be noted which are due to departmental transfers. For example: During the year an admission to the Neuro-Psychiatric service who was discharged as a communicable disease case, would appear in the admissions under Neuro-Psychiatry but in the discharges under communicable.

STATISTICS FOR ALL PATIENTS

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	98	45	53	80	38	42
Total number of patients admitted during the year	2,470	1,312	1,158	2,292	1,225	1,067
Live births	1	1	0			
Number of patients in hospital at beginning of fiscal year	80	38	42	80	32	48
Total number of patients under treatment	2,551	1,351	1,200	2,372	1,257	1,115
Total number of patients discharged	2,452	1,305	1,147	2,292	1,219	1,073
Average daily population	100.4			97.2		
Average residence	14.9			15.5		
Largest number in any one day	133			143		
Smallest number in any one day	73			66		
Total days' treatment	36,650			35,484		
Total number of deaths	26			33		
Number of deaths within 48 hours	13			8		
Fatality for all cases	1.1			1.4		
Total visits to Out-Patient Department	7,042			8,471		

PEDIATRIC, NON-COMMUNICABLE

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	29	16	13	19	9	10
Number of patients admitted during the year	646	372	274	567	328	239
Number of patients in hospital at beginning of fiscal year	19	9	10	14	7	7
Total number of patients under treatment	665	381	284	581	335	246
Number of patients discharged	636	365	271	561	326	235
Average daily population	26.8			20.6		
Average residence	15.4			13.4		
Number of deaths	5			9		
Number of deaths within 48 hours	1			1		
Fatality rate	0.8			1.6		
Days' treatment	9,790			7,511		

PEDIATRIC COMMUNICABLE*

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	19	9	10	8	5	3
Number of patients admitted during the year.	670	382	288	546	312	234
Number of patients in hospital at beginning of fiscal year.....	8	5	3	12	4	8
Total number of patients under treatment.	678	387	291	558	316	242
Number of patients discharged.....	659	378	281	550	311	239
Average daily population.....	24.7			26.3		
Average residence	13.7			17.4		
Number of deaths.....	6			2		
Number of deaths within 48 hours...	4			2		
Fatality rate	0.9			0.4		
Days' treatment	9,032			9,586		

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

COMMUNICABLE, ALL AGES*

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	25	10	15	12	8	4
Number of patients admitted during the year.	734	413	321	616	357	259
Number of patients in hospital at beginning of fiscal year.....	12	8	4	17	6	11
Total number of patients under treatment.	746	421	325	633	363	270
Number of patients discharged.....	721	411	310	622	355	267
Average daily population.....	27.8			31.4		
Average residence	14.1			18.4		
Number of deaths.....	8			4		
Number of deaths within 48 hours...	5			3		
Fatality rate	1.1			0.6		
Days' treatment	10,155			11,464		

*This table includes the schedule "Pediatric Communicable."

PEDIATRIC

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	48	25	23	27	14	13
Number of patients admitted during the year.	1,316	754	562	1,113	640	473
Number of patients in hospital at beginning of fiscal year.....	27	14	13	26	11	15
Total number of patients under treatment.	1,343	768	575	1,139	651	488
Number of patients discharged.....	1,295	743	552	1,111	637	474
Average daily population.....	51.6			46.8		
Average residence	14.5			15.4		
Number of deaths.....	11			11		
Number of deaths within 48 hours...	5			3		
Fatality rate	0.8			1.0		
Days' treatment	18,822			17,097		

MEDICAL

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	1	0	1	7	6	1
Number of patients admitted during the year	80	38	42	106	55	51
Number of patients in hospital at beginning of fiscal year	7	6	1	7	1	6
Total number of patients under treatment	87	44	43	113	56	57
Number of patients discharged	87	45	42	108	50	58
Average daily population	2.8			4.1		
Average residence	11.8			13.8		
Number of deaths	6			9		
Number of deaths within 48 hours	3			2		
Fatality rate	6.9			8.3		
Days' treatment	1,026			1,485		

NEURO-PSYCHIATRY

	1958			1957		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	43	19	24	42	15	27
Number of patients admitted during the year	1,011	490	521	1,003	485	518
Number of patients in hospital at beginning of fiscal year	42	15	27	42	18	24
Total number of patients under treatment	1,053	505	548	1,045	503	542
Number of patients discharged	1,008	484	524	1,001	488	513
Average daily population	43.0			41.2		
Average residence	15.6			15.0		
Number of deaths	7			11		
Number of deaths within 48 hours	4			2		
Fatality rate	0.7			1.1		
Days' treatment	15,679			15,024		

During the period from October 1, 1957 through September 30, 1958, the average daily population was 100.4 compared to 97.2 in 1957. The largest number of patients in the hospital on any one day was 133 compared to 143 in 1957. The total number of patients under treatment in 1958 was 2,551 and in the previous year it was 2,372. The total days' treatment was 36,650 compared to 35,484 in 1957.

An analysis of the figures in the different tables shows a decided increase in the number of communicable disease cases compared to the previous year. There is little change otherwise.

Poliomyelitis continues to show a low incidence in Rhode Island. In 1957, there were no cases admitted to the hospital and during the last fiscal year, there were only two cases admitted from Rhode Island. A third case was admitted from Massachusetts.

The Rhode Island Health Department and the Providence Health Department have continued their immunizing program against poliomyelitis. In general, the response of the public has been good although there is some weakness in the protection of the older age group.

As stated in our last report, considerable time and effort were devoted to preparing for a full scale epidemic of influenza which was anticipated in the fall and winter of 1957. Fortunately for our community, the type of influenza prevalent here was of moderate to low virulence.

Recommendations made by Dr. Anthony J. J. Rourke, hospital consultant, as a result of his study concerning the future utilization of the Charles V. Chapin Hospital facilities, did not meet with the approval of the entire medical profession in our state. A further study was carried out by Dr. Theodore H. Ingalls under the direction of the Rhode Island Medical Society, and his recommendations appeared much more acceptable, in general, to the medical profession, the Board of Hospital Commissioners, and other interested agencies.

A summary of the report of Dr. Ingalls' study follows:

SUMMARY

The four major problems that confront the consultant asked to advise about future activities at Chapin Hospital are:

1. Whether or not to continue the infectious disease service?
2. What use should be made of space and facilities released by medical advances of the past 25 years?
3. What should be the respective roles of state and city government in the operation of Chapin Hospital?
4. How can indicated changes in function be brought about economically?

The solutions to these problems lie, in my opinion, in the following four decisions:

1. To continue, but on a consolidated level (in the Richardson and East wings), contagious disease services as well as pediatric services for allied conditions—nephritis, nephrosis, pneumonia.

2. To utilize the North, West and Hindle units respectively for mental problems, geriatric disorders and chronic conditions of infancy and childhood.

3. To effect a closer working relation between city and state agencies in order to coordinate their respective health-hospital center functions effectively and economically. The North Building might be taken over to mutual advantage by the state and become part of an expanded service in mental health at Chapin. For this purpose I would envisage making the northwest corner section available for the construction of new facilities. The south central area, on the other hand, contains valuable property that could be used to house a new and imperatively-needed city health center. For such kinds of construction, federal funds are available. Further study and planning is indicated.

4. By using the West unit for geriatric disorders, no added investment would be needed and the medical expenses of indigent patients would be compensable through state and federal funds. An attractive service in a well ordered ward would appeal not only to patients eligible for public assistance but also private patients. The additional income (probably well over \$100,000) from this source; the additional income (perhaps \$30,000) to be expected following the decision of the Blue Cross to honor claims of policy holders hospitalized for mental illness in a general hospital; and the appropriate allocation to the state of costs of non-residents of Providence hospitalized for neuro-psychiatric disorders should result in something approaching a balanced budget. Further study of costs and budgetary items is indicated.

During the summer months, meetings were held with various state agencies, to discuss the use that could be made

of available Charles V. Chapin Hospital facilities by the state. Although several tentative plans were made, up to date no new state units have been established in the hospital.

The Board of Hospital Commissioners approved the expansion of our facilities for psychiatric care. As a result, on October 6, 1958 a new unit for the care and treatment of convalescent and mild psychiatric cases will be opened. This building, previously used for the care of children, has been completely renovated and refurnished, providing excellent facilities and an ideal atmosphere for the rehabilitation of our patients. This expansion is in agreement with the recommendations outlined in Dr. Ingalls' report.

There has been little demand for communicable disease training of nurses in recent years. I feel this is indeed unfortunate as there has never been such a need for infectious disease training in the general hospitals as at the present time. In my opinion, the attempt to teach nurses the proper method to control the spread of infections in hospitals by lectures, films and demonstrations, will never take the place of real, supervised practical training in a course such as offered at the Charles V. Chapin Hospital.

I am not unmindful of my responsibility to the public to notify authorities concerned that this infectious training is available at the Charles V. Chapin Hospital. The United States Public Health Service was notified, as well as more than three hundred general hospitals with nursing training schools in the eastern section of the United States. These letters were sent out over six months ago. The response was entirely negative.

The hospital continued to perform certain services for the Department of Health and the Department of Public Welfare. These include the compounding of prescriptions, examination and treatment, including X-ray examinations, for the Division of Tuberculosis of the Health Department. During the year, 3,211 food handlers received physical examinations. During the previous year, the number was 2,639.

The total operating expense for the year was \$1,160,247.62 compared to \$1,087,050.56 for the fiscal year ending September 30, 1957. The gross income amounted to \$963,536.58, which included the \$400,000.00 grant from the State of Rhode Island. The per capita cost for the fiscal year for all in-patients was \$30.04 compared to \$28.94 in 1957.

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

NURSING DEPARTMENT

This department has functioned satisfactorily during the year. For further information, the reader is referred to the report of the Director of Nursing Service.

LABORATORY

The laboratory performed a total of 47,557 tests, compared to 45,103 during the previous year. Full details of the work performed is given in the report of Dr. Falkinburg.

X-RAY DEPARTMENT

X-ray examinations during the past year numbered 3,810 compared to 4,354 in 1957. For further information, the reader is referred to the report of the Roentgenologist.

PHARMACY

The number of prescriptions filled and the revenue are shown below:

Out-Patient clinics	2,866	\$350.75
Employees' clinic	1,218	.....
Nurses' clinic	589	.....
City poor physicians	347	485.05
Health Department .....	.....	123.90
	<u>5,020</u>	<u>\$959.70</u>

DIETARY DEPARTMENT

There were 214,152 meals served during the last fiscal year compared to 233,969 the previous year. The cost of raw

food rose from 39 cents to 43 cents per meal. The report of the Dietitian gives further information.

LAUNDRY

Last year 476,324 pounds of linen were processed as compared to 512,943 in 1957.

AMBULANCE SERVICE

The following figures are self-explanatory:

	1957		1958	
	Trips	Mileage	Trips	Mileage
Ambulance No. 1	487	2,968	433	2,506
Ambulance No. 2	528	3,163	384	1,869
Station wagon	1,132	5,188	1,194	6,495
Truck .....	.....	4,002	.....	4,239
Sedan	672	1,172	752	4,753

PLANT MAINTENANCE

A full report of this division of the hospital is given by the Engineer, Mr. Kelley, and appears elsewhere in this report.

RESEARCH FELLOWSHIP

Dr. Rodolfo S. Mercader, a resident in pediatrics here since July 1, 1957, was awarded the Charles V. Chapin Fellowship for Research in Contagious Diseases beginning September 1, 1958. He is working on measles and its complications, also on influenzal meningitis.

MEDICAL PERSONNEL

Dr. Urbano K. Guarin, second assistant clinical director, resigned on January 31 to return to the Philippines. The vacancy was filled on February 10, 1958 by Dr. Conrado M. Recio, formerly the senior resident physician.

Just before the close of the fiscal year, Dr. Araceli S. Lapidario, who had completed her two-year pediatric residency in another hospital, was appointed senior resident physician.

The residents in pediatrics and psychiatry, also the affiliate residents and interns, are listed elsewhere in this report.

CONCLUSION

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.

Superintendent

Financial Report

FOR YEAR ENDING SEPTEMBER 30, 1958

EXHIBIT 1

REVENUE RECEIPTS

In-Patient Department:		
Communicable, Pediatric and Other.....	\$180,372.06	
Neuro-Psychiatric Diseases	131,687.26	
Operating Room	98.00	
X-Ray	7,987.45	
Laboratory	21,164.39	
Drugs	36,626.03	
Ambulance	52.00	
Shock Treatments	9,259.51	
Sundries	1,057.70	
Telephone .....	.67	
	<u> </u>	\$388,305.07
 Out-Patient Department:		
Fees	\$ 360.95	
Examinations—Food Handlers	1,700.00	
	<u> </u>	2,060.95
Laboratory:		
Wassermann Tests		
Examinations		
Sheep Cells, Gold Curves. Etc. }	\$ 49.50	
	<u> </u>	49.50
X-Ray Service	\$ 834.06	
	<u> </u>	834.06
Drug Room Service.....	\$ 916.00	
	<u> </u>	916.00
 Miscellaneous Earnings:		
Donations	\$ 306.00	
Salary Checks Redeposited.....	750.00	
Rent	1,886.67	
Abstracts	116.00	
Materials	550.41	
Telephone	577.28	
Refunds	1,495.14	
Meals	299.50	
	<u> </u>	5,981.00
Gross Revenue Receipts		\$398,146.58
Deduct:		
Refunds on Advance Payments		822.50
		<u> </u>
Net Revenue Receipts		\$397,324.28
Add:		
Revenue from Meals and Lodgings		21,274.92
		<u> </u>
Total Revenue Receipts		<u>\$418,599.20</u>

EXHIBIT 2

DEPARTMENTAL EXPENDITURES

Open Inventories	\$ 71,337.03	
Meals and Lodgings	21,274.92	
Expenditures (Schedule A)	1,144,477.22	
Total	\$1,237,089.17	
Less:		
Closing Inventories	76,841.55	
Total Costs		\$1,160,247.62
Neuro-Psychiatric	\$ 350,959.98	
Pediatric (Hindle Building)	102,736.53	
Communicable, Pediatric and Other	647,285.74	
Out-Patient	28,686.36	
City Health Department:		
Pulmonary Clinic	14,789.79	
Inspection of Milk	4,455.27	
Laboratory Examinations	54.63	
State Cardiac Clinic	1,873.19	
Other Non-Patient Costs	9,515.55	
Total (Schedule B)	\$1,160,357.04	
Minus:		
Overdistributed Balance of Costs	109.42	
Total Departmental Expenditures		\$1,160,247.62

EXHIBIT 3

STATEMENT OF INCOME AND EXPENSE

Income:		
Services Rendered:		
In-Patients	\$ 694,715.80	
Other	41,803.24	
Total Services		\$ 736,519.04
Deductions:		
Contract Adjustments	\$ 1,292.90	
Tuberculosis Health Problem	9,740.00	
General Public Assistance	176,066.68	
Services to Employees and Trainees	6,088.90	
X-Ray (Incident to Shock Therapy)	308.00	
Courtesy Services	583.90	
Research	177.00	
Total Deductions		194,257.38
Net Services Rendered		\$ 542,261.66
Add Other Income:		
Meals	\$ 16,856.92	
Lodgings	4,418.00	
Total Other Income		21,274.92
Gross Income		\$ 563,536.58
Expenses:		
Salaries	\$ 875,954.86	
Supplies Used	284,292.76	
Total Expenses		1,160,247.62
Net Operating Deficit		\$ 596,711.04
Deduct:		
State of Rhode Island Grant		400,000.00
Net Deficit for Period		\$ 196,711.04

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	732,392.53	22,052	\$1.52	\$1.47
1911.....	62,549.01*	3,271.66	59,277.35	35,939	1.74	1.65
1912.....	82,005.29*	5,270.95	76,734.34	43,320	1.89	1.77
1913.....	83,337.56*	4,040.71	79,296.75	44,974	1.85	1.76
1914.....	86,879.81	5,109.77	81,770.04	42,235	2.06	1.93
1915.....	92,401.57†	5,570.10	86,831.47	52,029	1.78	1.67
1916.....	99,483.85	8,121.27	91,362.58	52,364	1.89	1.74
1917.....	112,779.75	11,006.05	101,773.70	46,123	2.44	2.22
1918.....	119,685.05	10,577.13	109,107.92	46,675	2.56	2.34
1919.....	136,915.76‡	19,129.18	117,786.58	54,937	2.49	2.14
1920.....	171,700.14	18,096.85	153,603.29	49,516	3.47	3.10
1921.....	160,068.46	16,060.24	144,008.22	44,253	3.61	3.25
1922.....	152,749.51§	13,215.49	139,534.02	38,302	3.99	3.64
1923.....	162,682.64¶	17,567.56	145,115.07	44,505	3.65	3.26
1924.....	192,766.84	29,542.42	163,224.42	47,087	4.09	3.46
1925.....	189,294.45	19,806.11	169,488.34	39,771	4.76	4.26
1926.....	197,911.43	19,157.22	178,754.21	44,538	4.44	4.01
1927.....	209,427.48	25,997.75	183,429.73	46,076	4.55	3.98
1928.....	221,123.50	32,940.33	188,183.17	48,250	4.58	3.90
1929.....	237,062.99	34,368.34	202,694.65	46,213	5.13	4.39
1930.....	289,237.97	29,608.34	259,629.63	47,482	6.09	5.47
1931.....	328,464.09	44,470.78	283,993.31	70,045	4.69	4.05
1932.....	329,393.09	44,817.92	284,575.17	73,137	4.50	3.89
1933.....	289,002.01	29,736.84	259,265.17	73,595	3.93	3.52
1934.....	293,635.61	34,721.51	258,914.10	70,745	4.15	3.66
1935.....	299,648.73	37,600.20	262,048.53	71,245	4.21	3.68
1936**..	300,566.47	45,241.46	255,325.01	75,514	3.98	3.38
1937**..	291,595.01	52,618.02	238,976.99	78,923	4.01	3.69
1938**..	314,049.60	53,170.83	262,731.21	68,357	4.59	3.84
1939**..	331,284.40	61,042.10	272,307.21	67,328	4.92	4.04
1940**..	360,772.06	80,906.21	279,865.85	67,182	5.37	4.17
1941.....	362,369.82	81,147.38	281,222.44	63,077	5.74	4.46
1942.....	347,275.15	101,495.73	245,779.42	57,197	6.07	4.92
1943.....	377,379.52	120,581.55	256,797.97	57,066	6.61	4.50
1944.....	371,786.26	158,902.31	212,883.95	55,154	6.74	3.86
1945.....	451,026.53	113,358.43	337,668.10	45,585	9.89	6.12
1946.....	517,988.52	145,793.47	372,195.05	48,608	10.66	7.66
1947.....	544,021.93	.....	.....	55,774	9.75	.....
1948.....	627,797.89	.....	.....	48,872	12.85	.....
1949.....	627,884.08	.....	.....	48,542	12.93	.....
1950.....	684,064.02	.....	.....	47,858	14.29	.....
1951.....	697,606.95	.....	.....	42,740	16.32	.....
1952.....	759,762.36	.....	.....	44,337	17.14	.....
1953.....	792,645.89	.....	.....	56,667	13.99	.....
1954.....	869,372.00	.....	.....	48,872	17.79	.....
1955.....	988,571.92	.....	.....	48,249	20.49	.....
1956... 1,048,665.43	.....	.....	.....	41,569	25.23	.....
1957... 1,026,975.00	.....	.....	.....	35,484	28.94	.....
1958... 1,100,982.25	.....	.....	.....	36,650	30.04	.....

* 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
1953.....	26,907.96	.....	.....	9,819	2.74
1954.....	31,730.03	.....	.....	8,512	3.73
1955.....	32,299.83	.....	.....	8,810	3.66
1956.....	28,381.80	.....	.....	9,482	2.99
1957.....	30,540.05	.....	.....	8,471	3.61
1958.....	28,686.36	.....	.....	7,042	4.07

* 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)
1953.....	3,768.21	(Schedule B)
1954.....	4,320.98	(Schedule B)
1955.....	6,502.25	(Schedule B)
1956.....	6,135.86	(Schedule B)
1957.....	6,372.76	(Schedule B)
1958.....	9,515.55	(Schedule B)

EXHIBIT 7

MAINTENANCE COST OF INFECTIOUS, PEDIATRIC AND OTHER DISEASES

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1932.....	\$231,231.42	.....	.....	57,600	\$4.01	....
1933.....	205,937.93	\$23,765.36	\$182,172.57	58,592	3.51	\$3.11
1934.....	201,555.51	23,098.61	178,456.90	55,460	3.63	3.22
1935.....	202,946.00	26,171.92	176,774.08	53,838	3.77	3.28
1936.....	192,756.12	32,984.95	159,771.17	54,751	3.52	2.92
1937.....	187,762.02	40,443.76	149,318.26	59,089	3.21	2.53
1938.....	195,847.85	33,947.07	161,900.78	48,931	4.00	3.31
1939.....	212,690.47	37,977.19	174,713.28	49,852	4.26	3.50
1940.....	202,047.64	30,111.91	171,935.73	47,462	4.27	3.62
1941.....	205,109.66	27,499.83	177,609.83	43,882	4.67	4.05
1942.....	210,495.41	49,805.18	160,690.23	40,046	5.26	4.01
1943.....	239,885.74	75,631.89	164,253.85	40,894	5.87	4.02
1944.....	286,302.32	104,446.63	181,855.69	40,845	7.01	4.45
1945.....	368,412.95	93,172.51	275,240.44	37,828	9.74	7.28
1946.....	348,520.24	94,902.43	253,617.81	35,958	9.69	7.05
1947.....	356,426.62	.....	.....	38,733	9.20	....
1948.....	424,807.71	.....	.....	33,117	12.83	....
1949.....	428,456.83	.....	.....	33,135	12.93	....
1950.....	469,237.48	.....	.....	33,771	13.89	....
1951.....	477,110.69	.....	.....	28,908	16.50	....
1952.....	490,831.28	.....	.....	28,035	17.51	....
1953.....	499,023.40	.....	.....	40,215	12.41	....
1954.....	631,431.99	.....	.....	34,454	18.33	....
1955.....	672,973.38	.....	.....	32,332	20.81	....
1956.....	758,255.75	.....	.....	27,534	27.54	....
1957.....	712,753.45	.....	.....	20,460	34.84	....
1958.....	750,022.27	.....	.....	20,971	35.76	....

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	
1953	204,077.88			13,536	15.08	
1954	237,940.01			14,418	16.50	
1955	266,624.46			15,325	17.40	
1956	290,409.68			14,035	20.69	
1957	314,221.55			15,024	20.91	
1958	350,959.98			15,679	22.38	

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	
1953	89,544.52			2,916	30.71	
1954						
1955	48,974.08			592	82.73	
1956**						
1957**						
1958**						

*New Department opened April 1, 1946.

**Inactive.

EXHIBIT 10

MAINTENANCE COST OF CITY HEALTH DEPARTMENT ACTIVITIES

	Pulmonary Tuberculosis Clinic	Inspector of Milk	Laboratory Examinations	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	1,844.03	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	19,650.56
1953	16,296.21	2,075.55	1,609.77	19,981.53
1954	16,996.70	2,458.39	1,079.51	20,534.60
1955	17,519.89	2,539.23	699.90	20,759.07
1956	16,520.53	2,676.38	379.77	19,576.68
1957	17,850.90	2,823.36	877.93	21,552.19
1958	14,789.79	4,455.27	54.63	19,299.69

EXHIBIT 11

MAINTENANCE COST OF STATE HEALTH DEPARTMENT ACTIVITIES

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

SCHEDULE A

ANALYSIS OF APPROPRIATIONS AND EXPENDITURES

Item	Description	Appropriations	Expenditures	Unencumbered Balances
0*	Personal Services	\$1,036,448.90	\$ 854,679.94	\$181,768.96
1	Services Other Than Personal	82,642.00	60,984.23	21,657.77
2	Materials and Supplies	237,950.00	226,136.58	11,813.42
5	Equipment Replacement	15,850.00	2,676.47	13,173.53
	Totals	\$1,372,890.90	\$1,144,477.22	\$228,413.68

*Does not include \$21,274.92 covering payroll deductions for Meals and Lodgings.

SCHEDULE B

DEPARTMENTAL COST DISTRIBUTIONS
NEURO-PSYCHIATRIC DEPARTMENT:

Professional Care:

Medical	\$ 22,992.86
Nursing	45,422.22
Other (Sec. Wkrs., Psychom. Ther.)	24,412.62
Laboratory	10,579.43
Pharmaceuticals	18,597.69
X-Ray	3,695.50
Central Supply (Med. and Surg. Sup.)	3,664.65
Total	\$129,364.97

Non-Professional Care:

Ambulance	\$ 4,862.87
Dietary	51,048.43
Laundry	11,234.53
Medical Records	4,629.91
Attendant Service	45,294.98
General Administration	45,366.39
Housing:	
Utility Service	3,093.14
Maintenance	15,489.32
Hot Water and Steam	7,149.98
Housekeeping	24,222.54
Materials and Supplies	7,449.76
Equipment Replacement	1,753.16
Total	221,595.01

Gross Cost of Patients Housed in Psychopathic Department \$ 350,959.98

PROVIDENCE, R. I.

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PEDIATRIC DEPARTMENT (HINDLE BLDG.):

Professional Care:

Medical	\$ 10,024.00	
Nursing	24,952.36	
Other	5,973.39	
Laboratory	3,720.60	
Pharmaceuticals	5,293.03	
X-Ray	839.76	
Central Supply (Med. and Surg. Sup.)....	3,664.65	
Total		\$ 54,467.79

Non-Professional Care:

Ambulance	\$ 29.40	
Dietary	10,877.98	
Laundry	10,271.08	
Medical Records	2,836.17	
General Administration	6,759.31	
Housing:		
Utility Service	810.61	
Maintenance	3,842.95	
Heat, Hot Water, and Steam	3,691.73	
Housekeeping	6,867.42	
Materials and Supplies	2,263.61	
Equipment Replacement	18.48	
Total		48,268.74

Gross Cost of Patients Housed in Pediatric Department 102,736.53

COMMUNICABLE, PEDIATRIC AND OTHER:

Professional Care:

Medical	\$ 42,619.38	
Nursing	186,333.96	
Other Professional Care	76,111.09	
Laboratory	45,713.48	
Pharmaceuticals	32,488.43	
X-Ray	6,962.15	
Central Supply (Med. and Surg. Sup.)....	17,101.76	
Total		\$407,330.25

Non-Professional Care:

Ambulance	\$ 1,460.67	
Dietary	36,129.45	
Laundry	39,898.22	
Medical Records	3,474.69	
Attendant Service	5,277.33	
General Administration	54,115.70	
Housing:		
Utility Service	5,304.83	
Maintenance	17,281.14	
Heat, Hot Water, and Steam	18,883.64	
Housekeeping	48,610.91	
Materials and Supplies	9,447.59	
Equipment Replacement	121.32	
Total		239,955.49

Gross Cost of Patients Housed in Communicable, Pediatric and Other.... 647,285.74

OUT-PATIENT DEPARTMENT:

Professional Care:

Medical	\$ 3,414.46	
Nursing	7,095.64	
Laboratory	4,380.55	
Pharmaceuticals	385.41	
X-Ray	1,307.99	
Total		\$ 16,584.05

Non-Professional Care:		
Laundry	\$ 917.87	
General Administration	5,943.51	
Housing:		
Utility Service	956.08	
Maintenance	544.20	
Heat, Hot Water, and Steam	715.00	
Housekeeping	2,833.33	
Materials and Supplies	192.32	
Equipment Replacement		
Total	12,102.31	
Total Cost of All Patients Treated in Out-Patient Clinic		28,686.36
PULMONARY TUBERCULOSIS CLINIC:		
Professional Care:		
Other (Tech. Clinic Serv.)	\$ 156.00	
Pharmacy	125.57	
X-Ray	12,469.60	
Total	\$ 12,751.17	
Non-Professional Care:		
Housing:		
Utility Service	\$ 363.33	
Maintenance	657.63	
Heat, Hot Water, and Steam	953.28	
Materials and Supplies	64.38	
Total	2,038.62	
Gross Cost of Hospital for City Pulmonary Tuberculosis Clinic		14,789.79
INSPECTION OF MILK:		
Non-Professional Care:		
Housing:		
Utility Service	\$ 404.74	
Maintenance	2,595.17	
Heat, Hot Water, and Steam	1,455.36	
Gross Hospital Cost for City Inspection of Milk		\$ 4,455.27
LABORATORY EXAMINATIONS:		
Laboratory	\$ 54.63	
Gross Hospital Cost for City Laboratory Examinations		54.63
COST OF CARDIAC CLINIC:		
Professional Care:		
X-Ray	\$ 855.50	
Total	\$ 855.50	
Non-Professional Care:		
Housing:		
Utility Service	\$ 212.42	
Maintenance	328.63	
Heat, Hot Water, and Steam	476.64	
Total	1,017.69	
Gross Hospital Cost for State Cardiac Clinic		1,873.19
COST OF OTHER NON-PATIENTS:		
Pharmaceuticals	\$ 9,515.55	
Gross Cost of Other Non-Patients		9,515.55
Total Department Expenditures		\$1,160,357.04
Minus:		
Overdistributed Balance of Costs		109.42
Total Departmental Expenditures		<u>\$1,160,247.62</u>

B. General Statistics

(October 1, 1957-September 30, 1958)

Table B 1. Population, March 1, 1910-September 30, 1958

Year	Total Discharges	Days' Treatment	Average Daily Pop.	Average Stay						Non-Resident Patients (Fiscal Year)	Out-Patient Dept. Visits	Ambulance Calls
				Contagious Diseases	Pediatrics	Medical	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	12,902	957
1918.....	1,882	46,675	127.8	27.7	.....	.....	52.0	.....	.....	188	17,415	1,392
1919.....	1,484	47,988	131.5	29.3	.....	.....	71.6	.....	.....	141	24,497	974
1920.....	1,537	48,120	131.8	32.3	.....	.....	92.0	.....	.....	100	25,712	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	25,971	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	34,195	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	48,608	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.....	3,443	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	11.6	.....	.....	82.6	15.5	5.6	1,342	10,769	483
1953.....	3,084	56,667	158.0	28.1	16.7	8.7	76.9	16.1	6.2	1,320	9,819	596
1954.....	2,295	48,872	133.8	28.9	21.3	10.0	57.2	17.9	.....	1,020	8,512	645
1955.....	2,839	48,249	132.2	24.4	19.1	8.6	.....	15.8	3.5	1,491	8,810	827
1956.....	2,027	41,569	113.6	32.8	24.8	11.7	.....	15.2	.....	967	9,482	892
1957.....	2,292	35,484	97.2	18.4	15.4	13.8	.....	15.0	.....	1,127	8,471	1,187
1958.....	2,452	36,650	100.4	14.1	14.5	11.8	.....	15.6	.....	1,130	7,042	2,296

*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-September 30, 1958

DISEASES	Oct. 1, 1957 Sept. 30, 1958			Oct. 1, 1956 Sept. 30, 1957			March 1, 1910 Sept. 30, 1958		
	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.
Chickenpox	31			38			1,049	14	1.3
Diarrhea, due to infection	13			8			62***		
Diarrhea, due to unknown cause	5			10			66***		
Diphtheria	0			0			5,743	688	12.1
Diphtheria carrier	0			0			729		
Dysentery bacillary	1			7			63***		
Encephalitis, acute, all forms	47	1	2.1	21	1	4.8	329	54	16.4
Epidemic parotitis (mumps)	8			26			686		
Erysipelas	1			0			930	86	9.2
Gonorrhea	1			4			2,235	6	0.3
Gonorrheal conjunctivitis	0			0			180	5	2.8
Hepatitis, infectious (epidemic)	24			23			384***		
H. S. Carrier	4			0			12***		
Impetigo	14			4			570		
Influenza	32			0			1,079	81	7.5
Leprosy	0			0			2		
Measles	222			17			4,331	232	5.4
Meningitis, cerebrospinal, epidemic, meningococcic	7	1	14.3	1			835	145	17.4
**Meningitis, tuberculous	1	1	100.0	1	1	100.0	113	90	79.6
Meningitis, other forms	16	4	25.0	28			468	131	28.1
Meningococcemia	1			0			10***	2	20.0
Mononucleosis, infectious	12			11			53***		
Pneumonia, all forms	86	6	7.1	46	3	6.5	2,678	277	10.3
Polioomyelitis, acute, all forms	1			7			2,209	127	5.7
Rabies	0			0			3	3	100.0
Rubella	10			0			780	1	0.1
Scabies	0			0			328		
Scarlet Fever	173			314			11,299	218	1.9
Syphilis, congenital	0			0			166	18	10.8
Syphilis, other forms	1			4			3,422	32	0.9
Tinea capitis	0			7			10***		
*Tonsillitis	53			46			4,654	11	0.2
Tonsillitis, due to hemolytic streptococcus	42			16			587	4	0.7
Tuberculosis, pulmonary	5			23			5,918	2,206	37.3
Tuberculosis, other forms	1			0			313	107	34.2
Typhoid fever	5			9			188	20	10.6
Vincent's infection	0			0			244	10	4.1
Whooping Cough	19			19			2,825	180	6.4
No diagnosis	18			18			886	12	1.4
Other diseases	590	6	1.0	583	17	2.9	17,805	1,036	5.8
†Diseases of the nervous system	1,008	7	0.7	1,001	11	1.1	20,643	600	2.9
‡Surgery	0			0			4,704	26	0.6
Total	2,452	26	1.1	2,292	33	1.4	99,591	6,422	6.4

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

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

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

‡Surgical ward was opened April 1, 1946.

***Beginning October 1, 1952.

(Other Diseases: In Table C 1. Specified)

Living Dead		Living Dead	
Abscess, neck	1	Feeding, improper, of child under 2 years	4
Abscess, peritonsillar tissue	1	Feeding problem in children	3
Adenitis, axillary	1	Fever of unknown origin	7
Adjustment reaction of childhood	1	Fracture of skull	1
Albuminuria, orthostatic	3	Furuncle of nose	1
Anemia, hypochromic, microcytic	2	Furuncle of scalp	1
Anemia, normocytic, metabolic	1	Furunculosis	2
Appendicitis, acute	2	Gastritis, acute	2
Appendicitis, chronic recurrent	1	Gastroenteritis, acute	61
Arrhythmia, generally and unspecified	1	Gastrointestinal allergy	2
Arteriosclerosis, generalized	1	Gingivitis	6
Arteriosclerotic heart disease	1	Glomerulonephritis, acute	6
Arthritis, type undetermined	1	Glomerulonephritis, chronic	3
Ascariasis, intestinal	1	Head injury	1
Asthma	33	Heart disease, congenital, incompletely diagnosed	2
Birth injury of brain, unlocalized	1	Hematoma of thigh	1
Brain Syndrome, chronic, associated with convulsive disorder	1	Hemophilia	1
Brain tumor, cerebellum, astrocytoma	1	Hereditary leptocytosis (Cooley's anemia)	1
Bronchiolitis, acute	11	Herpes simplex	1
Bronchitis, acute	17	Hydrocephalus (congenital) with meningocele	1
Bronchitis, chronic	1	Hypertension, essential vascular	1
Carcinoma, metastatic, of lymph glands	1	Hypopituitary cachexia (Simmond's disease)	3
Cardiac arrest	2	Hypothyroidism, juvenile, due to unknown cause	1
Cardiospasm reflex	1	Impacted feces	1
Carotemia	2	Infarction of myocardium	1
Carrier state (Proteus Mirabilis)	1	Ingestion of Mazon	1
Cellulitis	5	Jaundice, catarrhal, due to undetermined cause	3
Cerebral palsy	4	Jaundice, due to Thorazine ingestion	1
Concussion (commotion) of brain	1	Laceration, right knee	1
Contusions, multiple	1	Laryngotracheitis, acute	69
Convulsions, generalized	1	Leukemia	2
Cortical atrophy	1	Loeffler's syndrome (Eosinophilic pneumonitis)	1
Cystitis, acute	1	Ludwig's angina	1
Cystitis, chronic	1	Lymphadenitis, cervical	5
Dermatitis, atopic	2	Lymphadenitis, submaxillary	1
Dermatitis, contact	4	Lymphadenopathy, general, due to undetermined cause	1
Dermatitis, due to undetermined cause	8	Macroglossia	3
Dermatitis, due to Staphylococcus Aureus	2	Malnutrition in person over 2 years	1
Dermatitis exfoliativa neonatorum	1	Meningomyelocele	1
Dermatitis medicamentosa	5	Mental deficiency	6
Dermatitis seborrheica	3	Micrognathia	1
Dermatitis venenata	5	Mongolism	1
Dermatophytosis pedis	1	Myositis, acute	2
Diabetes mellitus	2	Nephrotic syndrome, due to undetermined cause	5
Diagnosis deferred	11	Neuritis, acute	1
Diarrhea, due to milk allergy	1	Neurodermatitis disseminata (atopic eczema)	3
Dislocation, complete (humerus)	1	Obesity	4
Eczema	8	Observation	1
Eczema vaccinatum	1	Observation for rheumatic fever	1
Emphysema (Streptococcic)	1	Observation for subdural hematoma	1
Enteritis, acute	1	Osteochondrosis of tuberosity of tibia (Osgood Schlatter Disease)	1
Enuresis	1	Ochitis, acute, due to mumps	4
Epididymo-orchitis, acute due to trauma	1	Otitis media, non-suppurative, acute	8
Epilepsy, grand mal	3	Otitis media, non-suppurative, chronic	1
Erythema gluteale	1	Otitis media, suppurative, acute	7
Erythema multiforme exudativum	1		
Erythema toxicum	2		
Exanthema subitum	7		
Exposure to chickenpox	1		
Exposure to measles	1		
Feeding, improper, in person over 2 years	3		

Otitis media, suppurative, chronic	2	Septicemia	3	1
Ovulation pain	2	Sinusitis, maxillary, chronic	1	
Pediculosis capitis	3	Stomatitis	7	
Phlebitis, popliteal vein	1	Subarachnoid hemorrhage	1	
Pityriasis rosea	1	Thrush	3	
Pleurisy with effusion	1	Torticollis, acute, due to trauma	1	
Pleurodynia, epidemic	2	Tracheitis, acute	1	
Poisoning, (Compazine)	1	Transverse myelitis	1	
Poisoning, (Dilantin)	1	Trichinosis	1	
Post poliomyelitis deformity	1	Tuberculosis of middle ear	1	
Purpura, capillary, due to allergy	1	Ulcer, duodenal	1	
Purpura, idiopathic, thrombocytopenic	1	Ulcer, gastric	1	
Pyelitis, acute	5	Unspecified tumor of pancreas	1	
Pyelonephritis, acute	3	Urticaria	3	
Pyloric stenosis, congenital	1	Vaccinia	1	
Respiratory infection, acute diffuse	91	Virus encephalomyelitis (Guilain-Barre Syndrome)	2	
Respiratory infection, chronic	1	Virus infection of undetermined origin	1	
Rheumatic fever	1	Vulvitis, acute	1	
Rhinitis, acute	2	Wound of foot	1	
		Wound of forearm	1	

Table C 4. Diphtheria: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1958:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910
	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958
Under 1.....			99				45		31.3
1.....			233				90		27.9
2.....			370				90		19.6
3.....			449				70		13.5
4.....			459				80		14.8
5.....			403				66		14.1
6.....			422				50		10.6
7.....			368				37		9.1
8.....			318				30		8.4
9.....			200				18		8.3
10-14.....			644				45		6.5
15-19.....			226				5		2.2
20-29.....			453				6		1.3
30-39.....			155				8		4.9
40-49.....			39				5		11.4
50-59.....			19				2		9.5
Over 60.....			5						
Total.....			4,862				647		11.7

Table C 10. Scarlet Fever: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1958:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910
	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958
Under 1.....	1	0	59				6		10.2
1.....	1	6	197				1		0.5
2.....	9	16	504				18		3.6
3.....	17	28	793				14		1.8
4.....	23	20	830				30		3.6
5.....	20	35	859				20		2.3
6.....	21	39	1,028				9		0.9
7.....	12	35	904				13		1.4
8.....	10	29	812				10		1.2
9.....	16	26	610				9		1.5
10-14.....	18	52	1,605				12		0.7
15-19.....	3	5	579				9		1.6
20-29.....	3	1	831				15		1.8
30-39.....		3	280				7		2.5
40-49.....			72				4		5.6
50-59.....			14						
Over 60.....			2				1		30.0
Total.....	154	295	9,979				178		1.8

Table C 12. Scarlet Fever: Average length of stay in days of cases uncomplicated by any other disease, March 1, 1910-September 30, 1958:

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 "	30.2	21.7	30.0
1938.....	4 "	27.8	....	27.8
1939.....	4 "	29.6	....	29.6
1940.....	4 "	31.1	....	31.1
1941.....	4 "	25.3	....	25.3
1942.....	4 "	25.9	....	25.9
1943.....	4 "	27.8	....	27.8
1944.....	4 "	30.6	....	30.6
1945.....	4 "	25.3	....	25.3
1946.....	4 "	21.7	....	21.7
1947.....	3 "	25.3	....	25.3
1948.....	3 "	26.7	....	26.7
1949.....	3 "	19.7	....	19.7
1950.....	2-3 "	21.0	....	21.0
1951.....	2-3 "	18.2	....	18.2
1952.....	2-3 "	18.4	....	18.4
1953.....	2-3 "	17.5	....	17.5
1954.....	2-3 "	17.3	....	17.3
1955.....	2-3 "	15.2	....	15.2
1956.....	2-3 "	15.2	....	15.2
1957.....	2-3 "	13.7	....	13.7
1958.....	1-2 "	12.9	....	12.9

Table C 16. Measles: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1958:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910
	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958
Under 1.....	5	....	172	....	....	....	36	....	20.9
1.....	14	1	315	....	....	....	59	....	18.7
2.....	10	4	379	....	....	....	31	....	8.2
3.....	3	2	335	....	....	....	14	....	4.2
4.....	10	....	349	....	....	....	9	....	2.6
5.....	5	2	321	....	....	....	2	....	0.6
6.....	18	....	340	....	....	....	5	....	1.5
7.....	5	1	242	....	....	....	3	....	1.2
8.....	7	....	183	....	....	....	....	....	....
9.....	5	1	97	....	....	....	....	....	....
10-14.....	2	....	178	....	....	....	4	....	2.2
15-19.....	....	....	143	....	....	....	....	....	....
20-29.....	....	....	238	....	....	....	1	....	0.4
30-39.....	1	....	45	....	....	....	1	....	2.2
40-49.....	....	....	9	....	....	....	3	....	33.3
50-59.....	....	....	7	....	....	....	....	....	....
Over 60.....	....	....	....	....	....	....	....	....	....
Total.....	85	11	3,353	....	....	168	....	....	5.0

Table C 17. Whooping Cough: Number of cases and fatality by ages, March 1, 1910-September 30, 1958:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910	Oct.1, 1957	Oct.1, 1956	Mar.1, 1910
	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958	Sep.30, 1958	Sep.30, 1957	Sep.30, 1958
Under 1.....	6	5	850	....	....	....	89	....	10.5
1.....	7	3	486	....	....	....	45	....	9.3
2.....	1	3	349	....	....	....	21	....	6.0
3.....	3	2	257	....	....	....	7	....	2.7
4.....	1	3	201	....	....	....	8	....	4.0
5.....	1	2	146	....	....	....	2	....	1.4
6.....	....	1	101	....	....	....	2	....	2.0
7.....	....	....	90	....	....	....	1	....	1.1
8.....	....	....	44	....	....	....	....	....	....
9.....	....	....	24	....	....	....	1	....	4.2
10-14.....	....	....	19	....	....	....	....	....	....
15-19.....	....	....	4	....	....	....	1	....	25.0
20-29.....	....	....	10	....	....	....	....	....	....
30-39.....	....	....	....	....	....	....	....	....	....
40-49.....	....	....	....	....	....	....	....	....	....
50-59.....	....	....	2	....	....	....	....	....	....
Over 60.....	....	....	1	....	....	....	....	....	....
Total.....	19	19	2,584	....	....	177	....	....	6.8

Secondary Diseases Among Patients: Oct. 1, 1957-Sept. 30, 1958

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.

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

CROSS-INFECTIONS

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

During the year, 1,456 patients were cared for in the wards for acute communicable diseases. Patients cared for in other wards are not included in estimating cross-infection rates. Patients discharged from the infectious disease wards during the year and the number of patients in these wards at the end of the year are included. A small number of resultant discrepancies may be noted which are due to departmental transfers.

There were three cross-infections, as follows:

GROUP I

CHICKENPOX—EAST II

On December 10, 1957, a five-year-old female, #98676, was admitted with whooping cough and on January 5, 1958, developed chickenpox. Her eleven-month-old brother, # 98677, was also admitted on December 10, 1957 with whooping cough. He developed chickenpox on January 15, 1958.

There was a history of these two patients having had chickenpox and they were, therefore, admitted to East II. The source of the infection could have been any of several chickenpox cases treated on this ward.

MEASLES—EAST I

A six-year-old boy, #98280, was admitted with infectious hepatitis on October 8, 1957. He was discharged November 21, 1957 and developed measles eleven days later. There was a history of this child having had measles at age four.

The source of this cross-infection was #98560, a six-year-old female who entered the ward on November 18, 1957 with measles.

GROUP II

During the year, four children were admitted for other diseases while in the incubation period of chickenpox and developed the disease during hospitalization. There were also four cases of measles and one of epidemic parotitis which occurred in patients admitted for other diseases. Details concerning these instances appear below:

A girl eleven years old, #99467, was admitted on March 30, 1958 to East II with scarlet fever. On the third hospital day, she developed measles.

A male of five years, #99818, entered East II on May 10, 1958 because of chickenpox. He developed measles on his second hospital day, the result of exposure before admission.

On June 2, 1958, a male of six years, #100011, was admitted to East I with scarlet fever and on his fourth hospital day developed measles.

A male of nine years, #100080, entered West II on June 11, 1958 with scarlet fever. On June 15, 1958 he developed measles, the result of exposure prior to admission.

Chickenpox

A seven-year-old male, #99540, entered East II on April 7, 1958 because of tonsillitis and exposure to chickenpox two

weeks prior to admission. On April 9, 1958 he developed measles and on April 13, 1958 the chickenpox developed.

On March 31, 1958, a five-year-old female, #99474 entered East II with scarlet fever. As a result of exposure to a sibling at home, she developed chickenpox on her third hospital day.

A six-year-old male, #99498, entered East I on April 2, 1958 with measles and developed chickenpox on the ninth hospital day.

On June 24, 1958, a two-year-old male, #100171, was admitted to East II with scarlet fever and developed chickenpox on his twelfth hospital day, the result of exposure to the disease prior to admission.

Mumps

A male of four years, #99557, entered East I on April 10, 1958 because of measles. Mumps occurred on his fourth hospital day, resulting from exposure to his sister.

Report of Business Administration

Revenue Receipts

Receipts from all sources for the fiscal year ending September 30, 1958 amount to \$418,599.20 (Exhibit 1)*. This was a decrease of \$87,744.61 from the previous fiscal report.

Operating Cost

Total cost of operation was \$1,160,247.62 (Exhibit 2) including a salary deduction of \$21,274.92 from personnel for meals and lodgings. This amount was distributed to the cost centers of the hospital.

Income and Expense

The gross income for the year amounted to \$963,536.58 (Exhibit 3)** which included the State of Rhode Island grant of \$400,000.00. The deficit for the period amounted to \$196,711.04. (Expenditures \$1,160,247.62, Exhibit 2, Income \$963,536.58, Exhibit 3).

A general salary increase to all personnel October 1, 1957 helped to keep operating expenses high. Also, the shortage of student nurses as reported in last year's report still prevails. Materials and supplies still remain very high.

Welfare Cases

General Public Assistance cases for free service amounted to \$176,066.68.

Free Service to Employees and Trainees

Services rendered to employees and trainees amounted to \$6,088.90.

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.....	\$14,789.79
2. City Health Inspection of Milk.....	4,455.27
3. City Health Laboratory Examinations.....	54.63
4. State Cardiac Clinic.....	1,873.19

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

Respectfully submitted,

WILLIAM A. MANNING

Business Manager

*See Page 32
**See Page 33

Report of the Neuro-Psychiatric Department

The activity of this department during the past year is, perhaps, well reflected in the statistical tables which are included in this report. An analysis confirms the anticipated fact that there was a continuation of certain trends which were evident during the past few years.

First, there was a continued increase in the yearly admission and discharge rate, which now averages about 3 patients admitted and 3 patients discharged a day. It is felt that this is the maximum capacity of the department and that any further increase in admissions would, of necessity, cause a decrease in the present quality of service to the patients.

Second, we are even more aware that, on many occasions, because of the existing lack of selectivity of admission, we have had to transfer patients very quickly to the State Hospital or discharge patients home when sometimes it was felt that they might have benefited from a little longer period of hospitalization. If we are to continue to treat the patient to his best possible advantage, then an ambulatory convalescent ward would appear to be the ideal solution.

Third, we are continuing to admit a large number of patients over 65 years of age. Of the 109 admitted in this category, 61 were transferred to the State Hospital and 5 died here. It is interesting to note that the 5 deaths represent over two-thirds of the total 7 deaths.

Fourth, the number of patients referred by legally licensed physicians in the State of Rhode Island and by police officers and the number of juveniles admitted continued approximately the same.

Fifth, there are still not many overly active patients being admitted and our seclusion rooms have had few, if any, occupants. This is felt to be due to the early recognition of mental

illness by the family doctors, the willingness by the family and patients to accept hospitalization at an earlier date, and the use of tranquilizing drugs by the private practitioners.

Last, we are still continuing to return to the community a greater portion of the patients admitted than are being transferred to other mental hospitals.

We have continued to keep up-to-date with all the latest accepted treatments. Patients receive complete medical and neurological examinations on admission, as well as drug therapy, organo-therapy, and individual psychotherapy as indicated. Patients admitted for the first time and considered by age and diagnosis to have a favorable prognosis for response to short-term therapy are still being given primary consideration for treatment here, while those whose known prognosis indicates relatively long-term treatment, or who have had many admissions to this department, or who have irreversible brain changes, are moved to other facilities.

Members of the visiting staff meet with the resident staff twice weekly when they make rounds and assist in decisions for treatment, disposition and diagnosis. They have been most cooperative in being readily available for additional consulting services. We are most grateful for and appreciative of their helpfulness. We have continued to use the team approach of psychiatrist, psychologist and social worker, which we find the most effective method of sharing information for a better understanding and wiser treatment and discharge planning for the patient.

PATIENTS TRANSFERRED TO CHARLES V. CHAPIN
HOSPITAL FROM OTHER HOSPITALS

Kent County Hospital.....	1
Miriam Hospital	2
Pawtucket Memorial Hospital.....	4
Rhode Island Hospital	44
Our Lady of Fatima Hospital.....	4
St. Joseph's Hospital.....	5
Roger Williams Hospital.....	6
Quonset Naval Air Station Hospital.....	1
Newport Naval Hospital.....	1
Davis Park, V. A. Hospital.....	4

Sixteen patients were transferred to general hospitals. We would like to thank these hospitals for their promptness and cooperation in accepting our referrals. It has facilitated markedly the problem of treating acutely physically ill patients.

There has been no appreciable change noted in the type or age of patient admitted. They continue to vary from the acutely to the chronically ill; from 16 years of age to 97 years of age. There also has been no appreciable change in the type of problems these patients present for psychiatric treatment and medical care. As previously indicated, the older patient frequently presents a picture complicated by physical illness, which requires complete evaluation and considerable dispositional planning.

THERE HAVE BEEN 109 PATIENTS ADMITTED WHO
WERE 65 YEARS OF AGE AND OLDER

<i>Years of Age</i>	<i>Number Admitted</i>
65	5
66	8
67	16
68	9
69	6
70	8
71	5
72	8
73	5
74	4
75	1
76	5
78	6
79	5
80	4
81	1
82	2
83	2
84	2
85	2
86	1
87	1
88	1
96	1
97	1

DISPOSITION OF PATIENTS AGE 65 AND OVER

Home	30
Home, Against Advice.....	5
State Hospital	61
Butler Health Center	3
Rhode Island Hospital.....	2
Our Lady of Fatima Hospital.....	1
Convalescent Home	2
Dead	5

109

We are happy to say that now, for the sixth consecutive year, we have discharged home as improved or recovered a greater number of patients than were transferred to other mental hospitals.

CONDITION ON DISCHARGE

<i>Year</i>	<i>Improved and Recovered</i>	<i>Unimproved</i>	<i>Dead</i>	<i>Total</i>
1951	282	529	9	810
1952	316	484	12	812
1953	436	396	11	843
1954	461	348	0	809
1955	549	417	7	973
1956	507	412	7	926
1957	549	445	11	1,005
1958	563	440	7	1,010

For clarity and interpretation, as in our previous report, it is to be noted that the terms "Improved" and "Recovered" are used to indicate the feeling that the patients were able at the time of discharge to adjust satisfactorily in the community. This criterion, in spite of the fact that the need for quicker discharges was ever present, has proved satisfactory for practical purposes and is supported by the fact that there was no real increase in the number of readmissions.

The Neuro-Psychiatric Department continued its monthly lecture series. New services and pertinent subjects were presented to an audience composed of representatives of health and welfare organizations together with our hospital staff by outstanding citizens. The ever increasing attendance makes us proud of this community service. The residents participated in

a formal weekly training lecture program which covered many phases of neurology and psychiatry. These lectures were given by prominent Rhode Island doctors, whose willingness to participate and give of their valuable time and knowledge in this phase of our training program was most welcome and appreciated.

For the first time since World War II, a volunteer program was initiated. We were most fortunate in having 7 Pembroke College students, who came for one-half day per week per student for recreational pursuits with the patients. This was indeed a most welcome addition and a continuation of this service is anticipated.

There have been several changes in personnel. On July 20, 1958, Dr. Piyale Cerman resigned to accept a residency at the Harlem Valley State Hospital, Harlem Valley, New York. On July 1, 1958, Dr. Arturo Aranas, a graduate of the University of Santo Tomas, who had completed a year's residency at the Memorial Hospital in Worcester, Massachusetts, joined the staff.

SOCIAL SERVICE DEPARTMENT

During the past year, the Social Service Department continued to give emphasis to interviews with many relatives for the purpose of dispositional planning and history taking. These interviews were made mandatory by the pressure of 1,011 admissions to the hospital and the necessity of obtaining information quickly and of making plans speedily. We continued to offer the same services. We took social histories; held consulting conferences with representatives of other health and welfare organizations to assist in the hospital's knowledge of the patient and in making future plans for him and his relatives; provided case work services to the patient and his family, with priority being given to ward patients; prepared abstracts, summaries and letters; provided personal services to the patients; prepared the annual and monthly departmental statistics as well as the annual report for the Department of Health, Education and Welfare.

We participated in the residents' training program; attended the monthly lecture series; made daily ward rounds; took part in the bi-weekly staff rounds and conferences, as well as represented the hospital on various health and welfare agency boards and committees.

There was one change in personnel. In January, 1958, Mrs. S. Ruth Vaughn, a member of the department since October, 1956, resigned and on January 27, 1958, Mrs. Rosemary B. Levreault, a graduate of Southern Illinois University, with a Masters degree in Human Relations from Ohio University, joined our staff. Mrs. Lillian Klitzner, a former member of our department, continued to volunteer her services on a part-time basis until June, 1958.

The following is a statistical report of the year:

Histories	218
Interval Histories	12
Abstracts	380
Summaries	297
Letters	50

PSYCHOLOGY DEPARTMENT

As in the past, services of this department were rendered primarily to our ward patients considered to be likely candidates for short-term treatment, and to those patients who offered a particular problem diagnostically.

Psychological tests were utilized as one means of obtaining a more sensitive, diagnostic understanding of the patient and his problems. Collaboration with other members of the psychiatric team and integration of test findings with these findings was continued, as in the past. Integration was oriented toward clarification of problems of diagnosis, prognosis, personality dynamics, intellectual functioning and treatment possibilities.

The usual functions of this department were also carried on which consisted of active participation in daily ward rounds, bi-weekly staff conferences and lectures.

Screening tests were administered to the Providence Police Department recruits again this year as one aid in their selection process.

The following is a statistical report on the services of this department:

Psychological tests were administered to	
In-Patient	91
Special (Police)	33
Total	124

Tests Administered

Rorschach Psychodiagnostic Record	54
Wechsler-Bellevue Intelligence Scale	41
Sentence Completion Test	10
Thematic Apperception Test	56
Cornell-Index	33
Miscellaneous (Wechsler, Memory Scale, Sorting Tests, Bender-Gestalt, Etc.)	32
	226

October 1, 1957 through September 30, 1958

There have been 27 juveniles (18 years and under) admitted, 8 males, 19 females.

Years of age.....	18					17					16			
Number admitted.....	11					8					8			
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	
Admissions	95	68	87	87	68	106	49	98	80	82	82	89	1,011	
Discharges	89	77	83	86	72	92	86	86	83	82	89	85	1,010	
First Admissions													723	
Second Admissions													165	
Third Admissions													69	
Fourth Admissions													27	
Fifth Admissions													12	
Sixth Admissions													7	
Seventh Admissions													4	
Eighth Admissions													2	
Ninth Admissions													2	
													1,011	

CONDITION

Unimproved	440
Improved	434
Recovered	129
Dead	7
	1,010

DISCHARGE DIAGNOSIS

Schizophrenic Reaction	291
Manic Depressive Reaction, manic type.....	40
Manic Depressive Reaction, depressive type.....	26
Psychotic Depressive Reaction.....	63
Paranoid State	26
Involucional Psychotic Reaction.....	43
Psychotic Reaction, unclassified.....	3

Chronic Brain Syndrome

Associated with congenital spastic paraplegia.....	1
Associated with mongolism	2
Associated with central nervous system syphilis.....	2
Drug or poison intoxication	1
Alcohol intoxication	6
Associated with brain trauma.....	3
Associated with cerebral arteriosclerosis.....	29
Associated with circulatory disturbance other than cerebral arteriosclerosis	12
Associated with convulsive disorder.....	21
Associated with senile brain disease.....	26
Associated with other disturbance of metabolism, growth or nutrition	3
Associated with intracranial neoplasm.....	3
Associated with disease of unknown or uncertain cause.....	2
Of unknown cause	6

Acute Brain Syndrome

Associated with intracranial infection	1
Associated with systemic infection.....	2
Drug or poison intoxication.....	12
Alcohol intoxication	95
Acute hallucinosis	10
Delirium tremens	19
Associated with circulatory disturbance.....	2
Associated with convulsive disorder.....	2
Associated with metabolic disturbance.....	2
Associated with intracranial neoplasm.....	1
Of unknown cause	7

Psychoneurotic Disorders

Anxiety Reaction	16
Dissociative Reaction	10
Conversion Reaction	8
Obsessive Compulsive Reaction	3
Depressive Reaction	143
Psychoneurotic Reactions, other	1

Personality Disorders

Inadequate Personality	2
Schizoid Personality	1
Paranoid Personality	1
Emotionally Unstable Personality	2

Passive-Aggressive Personality	3
Sociopathic Personality Disturbance	4
Antisocial Reaction	2
Dyssocial Reaction	2
Addiction	1
Alcoholism	4
Drug Addiction	2
Alcohol Intoxication (simple drunkenness).....	11
<i>Transient Situational Personality Disorders</i>	
Adult Situational Reaction	3
Adjustment Reaction of Adolescence	1
Adjustment Reaction of Late Life	2
Psychophysiological Nervous System Reaction.....	6
Psychophysilogic Genito-Urinary Reaction	1
Psychophysilogic Skin Reaction	1
Question of Chronic Brain Syndrome with Central Nervous Sys- tem Syphilis	1
Question of Psychotic Depressive Reaction	1
Mental Deficiency, idiopathic mild	4
Mental Deficiency, idiopathic moderate.....	1
Mental Deficiency, idiopathic severe.....	1
Observation Psychiatric	9
Observation Neurological	1

DISPOSITION

Home	510
Home—Against Advice	60
State Hospital (Department of Social Welfare)	373
Butler Health Center	12
Veterans Administration Hospitals	
Brockton	19
Bedford	5
Davis Park	3
Other Wards of Charles V. Chapin Hospital	2
Rhode Island Hospital	11
Our Lady of Fatima Hospital.....	2
Convalescent Home	2
Wrentham State School	1
Juvenile Court	1
Tenth District Court	1
A. W. O. L.	1
Dead	7

1,010

CAUSES OF DEATH

Cerebral Hemorrhage due to Hypertension.....	1
Lymphocytic Leukemia, chronic	1
Pulmonary Edema	1
Cardiac Arrest	2
Rupture of Heart due to Infarction	1
Embolism of Artery (pulmonary).....	1

7

The past year has been a very busy one. It has been a year in which all members of the staff have had to work under heavy pressure and where decisions had to be made more quickly than ever.

I am extremely grateful and indebted to all the members of my staff—residents, nurses, psychiatric aides, psychologist, social workers and secretaries for their cooperation, loyalty and tireless efforts. I am deeply indebted to the members of the visiting staff without whose help and guidance the department could not have functioned half so effectively. I am particularly grateful to Dr. Hilary J. Connor for his continued interest and wonderful support.

Respectfully submitted,

SIDNEY S. GOLDSTEIN, M. D.

Report of Director of Nursing Service and School of Nursing

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

DIRECTOR OF NURSING SERVICE AND

SCHOOL OF NURSING

Carmela Salvatore, R. N.

ASSISTANT DIRECTORS OF NURSING SERVICE

COMMUNICABLE DISEASE DIVISION
Elizabeth G. McKenna, R. N.

PSYCHIATRIC DIVISION
Susan Marcello, R. N.

INSTRUCTOR

Katherine DeCubellis Grady, R. N., B. S.

ASSISTANT INSTRUCTOR

Sally Foster Hopkins, R. N.

SUPERVISORS

Mona DeSimone, R. N.
Rosaleen O'Rourke, R. N.
Georgie Brown, R. N.

ASSISTANT SUPERVISOR

Joyce Gatzke Tavares, R. N.

GRADUATE NURSE PERSONNEL

COMMUNICABLE DISEASE DIVISION

Margaret Ballard
Isabel Gilman
Maureen Remarski Goodrich
Magdalen Jakubowicz
Barbara Mignault

Rose Montecalvo McElroy
Alice Przystrejski
Lucille Sinesi
Carolyn Kilmartin Tortolani

PART-TIME

Mary Gravel
Leona Izzi
Ann Martin

Priscilla Murphy
Helen McNamara

PEDIATRIC DIVISION

Mary Abrahamson
Jane Friel

Gloria Riley
Lucille Parrillo

PSYCHIATRIC DIVISION

Richard Cushman
Ann Hall
Agnes MacLean
Phyllis McDonnell

Margaret Rostron
John Tencher
Carol Wetzel

OUT-PATIENT DEPARTMENT

Grace Cannon, R.N.

PART-TIME

Angelita Colacci, R.N.

As usual the Nursing Department tries to maintain its high standards of nursing care. Thirty-six of the sixty graduate nurse positions are filled. Because the number of affiliates has decreased, our reservoir for potential staff nurses has also decreased. This has made it more difficult to fill our needs in the Communicable Division.

Efforts have been made to stimulate interest in Communicable Disease Nursing. During the past year over three hundred letters were mailed to schools of nursing in eastern United States. These letters stressed the importance for the need of real practical experience in communicable nursing in addition to lectures and demonstrations which are being offered in the basic programs. Many recommendations have been made to try to control staphylococcus infections in hospitals. One important factor has been overlooked. Too few nurses know communicable disease technique which would be invaluable in the control of infectious diseases in our general hospitals. Twelve schools requested detailed information regarding affiliation. To date no schools have started affiliation.

There has been only one change in the educational program in the past year. Students are now on a forty-hour week. The Instructors and Director of Nursing participated in the survey for full accreditation at Memorial Hospital in Pawtucket and

St. Joseph's Hospital in Providence. During the week of August 25, 1958, we were visited by two members of the accrediting board.

At the present time the nursing supervisors are teaching a new group of aides. These aides will be assigned to Hindle Building which is being prepared for use as a convalescent female psychiatric ward.

In closing, may I take this opportunity to thank my assistants and all members of the nursing department for their efforts and cooperation throughout the year and to wish our students every success.

On behalf of my assistants as well as myself I would like to thank the heads of all 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 Nursing Advisory Board, Dr. Connor, and the Board of Hospital Commissioners for their continued interest in the welfare of the Nursing Department.

Respectfully submitted,

CARMELA SALVATORE, R.N.
*Director of Nursing Service and
 School of Nursing*

STUDENT NURSE PERSONNEL AND GEOGRAPHICAL DISTRIBUTION

Milford Hospital, Milford, Massachusetts.....	9
Memorial Hospital, Pawtucket, Rhode Island.....	19
New England Baptist Hospital, Boston, Massachusetts.....	6
Saint Joseph's Hospital, Providence, Rhode Island.....	49
Nashua Memorial Hospital, Nashua, New Hampshire.....	3
Salve Regina College, Newport, Rhode Island.....	0
Post Graduate Practical Nurses.....	5
Post Graduate Professional Nurses.....	1
Total	92
Diplomas awarded	81
In the School of Nursing October 1, 1958.....	9
Total number of students since 1910.....	11,961

Report of the Laboratory

During the fiscal year ending September 30, 1958 the laboratory performed a total of 47,557 tests, of which 120 were requested by the Health Department. There were 47,437 tests done for the hospital, the distribution of which can be seen in Table I.

Sixteen autopsies were performed from twenty-six deaths, making a percentage of 61.5%. A comparison with earlier years may be seen in Table II.

Table III shows the distribution of these autopsies as to organic symptoms. No extremely unusual case was encountered at autopsy.

However, an unusual surgical case was encountered, that of a boy with a bilateral eosinophilic granulomas of the mastoids, which we hope to publish in time.

I wish to thank the Superintendent, Dr. Connor, for his interest in laboratory problems. I also desire to thank the medical staff, the officers of the City Health Department, and the technical staff of the laboratory for their cooperation 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.	H.D.	Total
Bacteriology:									
Cultures for hemolytic strep.	506	7,456	.....	9	31	.....	7,962	40	8,002
Cultures for diphtheria	.....	7,962	.....	.....	18	.....	7,962	18	7,980
Blood Cultures	.....	.....	.....	.....	.....	.....	212	.....	212
Stool and Urine Cultures	360	335	.....	12	7	.....	695	19	714
Stools for Ova and Parasites	93	159	.....	5	29	.....	252	34	286
Ear Cultures	.....	.....	.....	.....	.....	.....	63	.....	63
Eye Cultures	.....	.....	.....	.....	.....	.....	17	.....	17
Sputum Cultures	4	11	.....	.....	.....	.....	15	.....	15
G. C. Cultures	50	681	.....	.....	.....	.....	731	.....	731
Smears for gonococci (G. U.)	42	906	.....	.....	.....	.....	948	.....	948
Smears for sputa for tubercle bacilli	.....	73	.....	.....	9	.....	73	9	82
Smears for Vincent's Angina	.....	.....	.....	.....	.....	.....	3	.....	3
Smears for Treponema Pallidum	.....	.....	.....	.....	.....	.....	5	.....	5
Spinal Fluid Sediments and Cultures	.....	.....	.....	.....	.....	.....	590	.....	590
Hang. Drop for Trichomonas Vaginal s.	2	6	.....	.....	.....	.....	8	.....	8
Animal inoculations for "T.B."	.....	12	.....	.....	.....	.....	12	.....	12
Vaccines	.....	.....	.....	.....	.....	.....	1	.....	1
Sensitivity Tests	.....	.....	.....	.....	.....	.....	370	.....	370
N. P. Cultures	.....	4	.....	.....	.....	.....	4	.....	4
Miscellaneous Cultures	.....	.....	.....	.....	.....	.....	167	.....	167
Miscellaneous Examinations	.....	.....	.....	.....	.....	.....	282	.....	282
Total Bacteriology	105	1,977	.....	.....	.....	.....	20,372	120	20,492
Serology:									
Veneral Disease Research Laboratory	.....	.....	.....	.....	.....	.....	2,082	.....	2,082
Agglutination tests for typhoid	.....	.....	.....	.....	.....	.....	43	.....	43
Agglutin. tests for undulant fever	.....	.....	.....	.....	.....	.....	43	.....	43
Agglutin. tests for Proteus Ox-19	.....	.....	.....	.....	.....	.....	43	.....	43
Sheep cell agglutination	.....	.....	.....	.....	.....	.....	173	.....	173
Total Serology	.....	.....	.....	.....	.....	.....	2,384	.....	2,384
Hematology:									
Spinal fluid cell counts	.....	.....	.....	.....	.....	.....	322	.....	322
Cell counts and differential counts	.....	.....	.....	.....	.....	.....	10,429	.....	10,429
Blood Grouping	.....	.....	.....	.....	.....	.....	49	.....	49
Sedimentation Rate	.....	.....	.....	.....	.....	.....	231	.....	231
Hematocrit	.....	.....	.....	.....	.....	.....	296	.....	296
Special Hematology	.....	.....	.....	.....	.....	.....	336	.....	336
Total Hematology	.....	.....	.....	.....	.....	.....	11,663	.....	11,663

Table II

NECROPSIES, 1910 TO SEPTEMBER 1958

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
1953.....	59	27	45.7
1954.....	18	11	61.1
1955.....	39	18	46.1
1956.....	31	15	48.3
1957.....	33	19	57.5
1958.....	26	16	61.5
Total.....	6,439	2,364	36.6

Table III

PRINCIPAL CAUSES OF DEATH AS DETERMINED AT
POSTMORTEM EXAMINATION

Causes of Death

Autopsy Number		Age
<i>Nervous System</i>		
A-3-58	Acute Non-suppurative Meningoencephalitis	4 years
A-5-58	Internal Hydrocephalus	6 years
A-6-58	Acute Purulent Leptomeningitis	18 years
A-7-58	Lumbo-Sacral Meningo-myelocoele	2 weeks
A-9-58	Acute Purulent Leptomeningitis	10 years
A-11-58	Acute Purulent Leptomeningitis	83 years
<i>Cardiovascular Disease</i>		
A-10-58	Ruptured Myocardial Infarct	60 years
<i>Respiratory System</i>		
A-15-57	Acute Interstitial Pneumonitis	18 months
A-16-57	Bilateral Lobar Pneumonia	68 years
A-17-57	Bilateral Confluent Bronchopneumonia	31 years
A-1-58	Bilateral Bronchopneumonia	60 years
A-4-58	Bilateral Bronchopneumonia	78 years
<i>Miscellaneous</i>		
A-18-58	Congenital Lues	11 days
A-2-58	Carcinomatosis	50 years
A-8-58	Diffuse Hepatic Necrosis	2 years
A-12-57	Pulmonary Embolism and Infarction	43 years

Report of the X-ray Department

The past year showed an overall decrease in the number of X-ray examinations made but basically this decrease is limited to the Pulmonary Department chest examinations which have decreased from 2,491 to 1,790. Actual hospital X-rays have increased slightly from the previous year. This is indicated in the attached tables.

After some delay due to the study concerning the future of the hospital, plans are again being formulated for the replacement of the present X-ray equipment by the most modern available.

A cross index filing system of pathological and normal cases is being expanded.

A film badge monitoring system for possible radiation hazards is being instituted instead of the previous ionization chamber method because of greater convenience. In line with new concepts on radiation hazards, new techniques and shielding methods are being used in the department, especially for children and young adults.

Mrs. Jeanne Hagenow and Mrs. Margaret Brown continue to do good work in the department. The rotating trio of secretaries (Helen Iasimone, Frima Krasner and Anne Zeppa) has been very helpful.

Respectfully submitted,

MANUEL HORWITZ, M.D.

Roentgenologist

PARTS OF THE BODY X-RAYED			NUMBER OF CASES		
	1957	1958			
Lungs, Pulmonary Dept. . . .	2,491	1,790	Ward Patients:		
Lungs	894	910	Neuro-psychiatric	307	330
Bones:			Others	805	949
Spines	137	105	Out-Patients	171	129
Skulls	159	259	Pulmonary Patients	2,491	1,790
Extremities	278	233	Student Nurses	122	84
Cardiac	115	85	Employees	205	138
Gall Bladder	13	12	State Rheumatic Fever Pro-		
Abdomen	42	41	gram	86	63
Intravenous Pyelogram	22	27	State Mental Retardation Pro-		
Gastrointestinal Tract	39	33	gram	27	64
Barium Enema	11	12	Total	4,214	3,547
Sinuses	22	33	Electrocardiograms	242	178
Mastoids	24	29	Portable Examinations	87	146
Encephalograms	3	0			
Dental	2	1			
Fluoroscopy	67	73			
Miscellaneous	35	20			
Total	4,354	3,663			

Report of the Out-Patient Department

The total number of visits in the Out-Patient Department during the fiscal year was 7,042, representing a decrease of 1,415 from the preceding year.

The decrease was distributed among the various departments but was most marked in the Pulmonary Clinic. Also, there was a noticeable decrease in venereal disease examinations and treatments. Exceptions to the general decrease were Neuro-Psychiatry and Pediatrics.

The number of food handlers examined (3,211) shows a marked increase from the number (2,639) examined last year.

It is through the efficiency of our nurses, Mrs. Grace Cannon and Mrs. Angelita Colacci, that our department is running smoothly. Miss Margaret Barry replaced the former Miss Patricia Genaitis who resigned as office secretary.

I wish to express my deep appreciation for the splendid help that the nurses, secretaries and laboratory workers gave.

Respectfully submitted,

CONRADO M. RECIO, M.D.
Physician-In-Charge

Out-Patient Department

1958

DEPARTMENTS	New Patients	First Visits of Old Patients	Total Individuals	Revisits	Total Visits 1958	Total Visits 1957
Syphilis.	7	10	17	112	129	208
Neuro-Syphilis.	0	6	6	16	22	6
Dermatology.	68	30	98	233	331	359
Gynecology.	28	8	36	50	86	140
Urology.	46	11	57	118	175	150
Neuro-Psychiatry.	65	48	113	318	431	379
Pediatrics.	153	70	223	354	577	485
Pulmonary	588	978	1,566	1,841	3,407	4,519
Medicine.	47	72	119	557	676	668
Orthopedic	0	9	9	23	32	78
Ear, Nose, and Throat.	0	0	0	0	0	0
V. D. Examination	64	15	79	129	208	456
V. D. Penicillin Rx.	117	5	122	239	361	635
State Rheumatic Fever Clinic.	41	19	60	298	358	281
Minor Accidents	249	0	249	0	249	93
Total.	1,473	1,281	2,754	4,288	7,042	8,457

Report of Dietary Department

A total of 214,152 meals were served during the year ending September 30, 1958, which is 19,817 less than the number of meals served in 1957. This year the cost of raw food was 43¢ compared to 39¢ per meal last year.

The following table shows the distribution of meals served to the patients and in the dining rooms.

Miss Ruth E. Davidson, who was head dietitian for the past eight years, resigned in June and Miss Dorothy Kelly was advanced to that position. In July, Mrs. Margaret Desjarlais, a graduate of Regis College, joined the staff as assistant dietitian.

The only major repair work in the department was the painting of the main kitchen and the adjoining rooms. A new hot plate was purchased for the doctors' dining room.

To Dr. Connor and my assistant, as well as the dietary employees, I would like to express my appreciation for their assistance and cooperation.

Respectfully submitted,

DOROTHY KELLY,

Dietitian

MEAL COUNT

Month	Dining Rooms			Patients			Total
	Doctors	Nurses	Employee's	Pediatric	Psycho.	Commun-icable	
October 1957	991	5,309	3,425	741	4,948	3,947	19,361
November	927	4,351	3,922	916	4,782	3,774	18,672
December	976	4,338	4,404	894	4,911	2,673	18,196
January 1958	812	4,378	4,074	1,104	4,932	2,456	17,756
February	929	4,821	4,053	1,181	5,010	2,581	18,575
March	913	4,901	4,068	1,203	5,100	2,634	18,819
April	775	3,764	3,696	981	3,630	4,194	17,040
May	793	4,012	4,031	1,002	4,975	3,892	18,705
June	798	3,975	3,821	994	4,025	3,751	17,364
July	654	3,902	3,615	873	4,121	2,992	16,157
August	631	3,891	3,610	968	4,195	2,886	16,181
September	701	3,889	3,815	972	4,931	3,018	17,326
Total	9,990	51,531	46,534	11,829	55,560	38,798	214,152

Report of the Maintenance

Department

The installation of new steam reduction stations throughout the hospital, retubing of #2 boiler, and the replacing of the front walls on #1 and #2 boilers were the most important improvements made to the plant this year.

Painting of the various hospital departments continues. The Neuro-Psychiatric department and the Hindle unit present a very cheerful appearance and many compliments have been received on the workmanship of our men.

Following is a list of projects other than routine work:

INSTALLATIONS

- New bathtub, West II
- 1 Water closet, West II
- 2 Water closets, Hindle Building
- 2 Water closets, Richardson I
- Rubber tile floor, North I
- Rubber tile floor, Milk Department
- Asphalt tile floor, Hindle Building sun porches
- Formica top, Administration Building information desk
- Formica top, Milk Department
- Formica top, North I and II, all tables
- Shower baths, North I and II
- Steam exhaust pipe, Main Kitchen
- All steam lines under north side of North Building
- Roof gutters, Service Building
- Roof, boiler room
- Soot blower, #1 boiler
- 146 Tubes, #2 boiler
- Front wall, #1 and #2 boilers
- 36 Steam leaks repaired
- 125 Window shades installed
- 58 Window screens installed

PAINT.

- All elevators
- Tunnel, Nurses' Home
- 7 Rooms, Nurses' Home

North I and II
Milk Department
Nurses' Home basement, 2nd and 3rd floors
Hindle Building
West II and all furniture refinished
Main kitchen
X-ray Department
Richardson I and all furniture refinished

NEW EQUIPMENT

Vacuum cleaner
4 drawer files
Stainless steel utility truck
2 22 cubic foot refrigerators
2 drawer steel files
Adult croupette
Philco radio
Electric hot plate
Commode chair
6 5 drawer steel files
Radio
4 Clothes lockers
Play pen

To Dr. Connor I wish to express my appreciation, and to the maintenance staff my sincere thanks for their cooperation throughout the year.

Respectfully submitted,

JAMES E. KELLEY,
Engineer

Acknowledgments

BOOKS, MAGAZINES, SCRAPBOOKS, TOYS, CARDS, ETC.

Grace Church Periodical Club
Mr. C. E. Kennedy
Miss Angela Grasso
Miss Maria Togneri
Warwick Girl Scouts
Pawtucket-Blackstone Valley Council of Girl Scouts, Inc.
Hassenfeld Brothers, Inc.
Mrs. Louis J. Bauer
Mrs. Ervin G. Bissell
Mr. Walter H. Robinson
Mrs. A. DiMichele
Grade 6, St. Pius School
Mrs. Gibson's Card Shop
Mrs. Robert M. Drew
Jr. Red Cross, Hope High School
Laura and Michael Felici
Scout Troop #23, Cranston
Brownie Troop #106
The B. B. Club
Mrs. Elizabeth Dyson
Mrs. George McIntire

MISCELLANEOUS

Brownie Troop 167, Halloween tray favors
Brownie Troop 120, Warwick, Halloween tray favors
American Jr. Red Cross, favors at Halloween, Thanksgiving, Christmas, Valentine Day, St. Patrick's Day, Easter, May Day
East Greenwich Rainbow Assembly, Halloween favors, candy baskets at Thanksgiving, Christmas, and Valentine Day
Cranston Rainbow Alumnae, favors at Valentine Day, St. Patrick's Day, Easter, Fourth of July, Thanksgiving, Christmas
Jr. Class II, St. Mary's Academy, Halloween candy
Brownie Troop 12, Halloween favors
Mr. Martin F. Noonan, flowers on several occasions
Brownie Troop 117, Central Congregational Church, Thanksgiving favors and Christmas gifts

Miss Maria Togneri, tray covers
Beneficent Church Sunday School, decorated candles
Brownie Troop 47, Christmas favors
Mrs. Samuel Hershey, Christmas gifts
Mrs. Burgess Green, Christmas gifts
Mrs. Mae Clark, Christmas gifts
Miss Judith McPhearson, Christmas gifts
Dr. Maurice Adelman, candy
Troops 22 and 40, St. Cecilia's Church, candy favors
Mrs. Vincent Treubig, candy
Ten at Eight Club, Valentine tray favors
Cranston Jr. Red Cross, Easter favors
Girl Scout Troop 194, Easter favors
Girl Scout Troop 86, Easter candy
Mininweto Camp Fire Girls, Graniteville, plants
Ed Drew Orchestra, music at Christmas

Mar 26 4 40 PM '59

CITY CLERK'S OFFICE
PROVIDENCE, R. I.
