

CITY OF PROVIDENCE

RHODE ISLAND

LAW DEPARTMENT

May 13, 1960.

WILLIAM E. MCCABE

CITY SOLICITOR

JAMES J. CORRIGAN

HARRY GOLDSTEIN

VINCENT A. RAGOSTA

EDWARD F. BURKE

ASSISTANTS

GUERRINO A. BROSCO

INVESTIGATOR

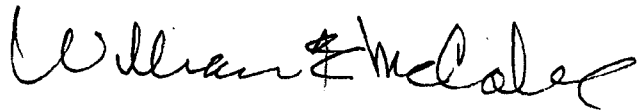
The Honorable the Members of the
City Council,
City Hall,
Providence, Rhode Island.

Gentlemen:

I have the honor to inform you of my reappointment of
the following Assistant City Solicitors:

James J. Corrigan, First Assistant,
Harry Goldstein, Second Assistant,
Vincent A. Ragosta, Third Assistant,
Edward F. Burke, Fourth Assistant.

Very truly yours,



CITY SOLICITOR

WEM:RAF

IN CITY COUNCIL

MAY 19 1960

READ:

WHEREUPON IT IS ORDERED THAT
THE SAME BE RECEIVED.

Vincent Vespia
ACTING CLERK

FILED

MAY 16 9 16 AM '60

CITY CLERK'S OFFICE
PROVIDENCE, R.I.



CITY OF PROVIDENCE - RHODE ISLAND - Walter H. Reynolds, Mayor

The Public Service Engineer

Peter J. Hicks, Jr.
Public Service Engineer

112 Union St., Providence 3, R. I.

May 10, 1960

Mr. D. Everett Whelan
City Clerk
City Hall
Providence, Rhode Island

Dear Mr. Whelan:

I enclose herewith the bill of the Narragansett Electric Company for the street lighting of the City of Providence for the month of April, 1960.

The total net amount of the bill is \$40,579.56.

Very truly yours,


Peter J. Hicks, Jr.
PUBLIC SERVICE ENGINEER

PJH, JR: jc
Enclosure

IN CITY COUNCIL
MAY 19 1960

APPROVED:


ACTING CLERK

Sent to City Contraliner 5/20/60

FILED

MAY 11 9 13 AM '60

CITY CLERK'S OFFICE
PROVIDENCE, R. I.

Democratic State Committee

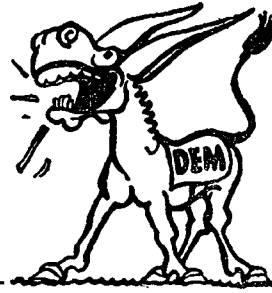
44 Washington Street, Room 305

Providence 3, R. I.

GAspee 1-0592

★

GAspee 1-4424



John G McWeeney

~~FRANK RAO~~
Chairman

MRS. ELEANOR F. SLATER
Vice Chairman

JOHN G. COFFEY
Secretary

Treasurer

May 6, 1960

Mr D Everett Whelan
City Clerk of Providence
City Hall
Providence, Rhode Island

Dear Everett:

It pleased me very much to receive your letter of April 12, 1960 together with Resolution which was adopted by the City Council following my election as Democratic State Chairman.

You can rest assured that I shall work hard to bring victory to the Democratic Party on the State, Local and National level in November. I can well appreciate and believe in the two-party system and I shall exert every effort together with my fellow men to have the Democratic Party at the top of the two-party system.

Please extend my thanks to the members of the City Council for their thoughtfulness. Also, apologize for the delay in my reply. It was unavoidable due to the deluge of mail which came in to our office when I took over.

Sincerely,

John G McWeeney
Chairman

JGM/vj

IN CITY COUNCIL
MAY 19 1960

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

Vincent Vespa
ACTING CLERK

FILED

MAY 9 9 30 AM '60

CITY CLERK'S OFFICE
PROVIDENCE, R.I.

Fiftieth Annual Report

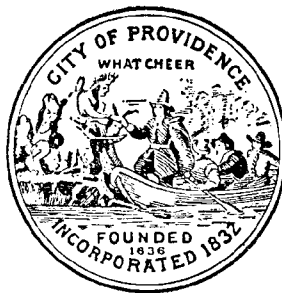
OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1959



PROVIDENCE
THE OXFORD PRESS
1960

CORRECTION

Page 24, 4th paragraph should read as follows:

The number of food handlers examined totaled 3,382. During the previous year, 3,211 were examined.

Fiftieth Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1959



IN CITY COUNCIL

MAY 19 1960

READ:

WHEREUPON IT IS ORDERED THAT
THE SAME BE RECEIVED.

PROVIDENCE
THE OXFORD PRESS
1960

Vincent Vespia
ACTING CLERK

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BOARD OF HOSPITAL COMMISSIONERS

Chairman Ex-Officio

MAYOR WALTER H. REYNOLDS

JAMES H. FAGAN, M. D.Term expires 1960

ROBERT E. CARROLL, M. D.Term expires 1961

HERMAN A. LAWSON, M. D.....Term expires 1962

JOSEPH SMITH, M. D., *Supt. of Health, Ex-Officio*

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, 1958—September 30, 1959****Superintendent**

Hilary J. Connor, M. D.

Assistant Superintendent and Clinical Director

Edward J. West, M. D.

Assistant Superintendents

Conrado M. Recio, M. D.

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

Senior Resident Physician

‡Araceli S. Lapidario, M. D.

Psychiatric Department**DIRECTOR**

Sidney S. Goldstein, 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.

**Elizabeth Regan McKenna, R. N. (Acting)

**Appointed May, 1959
***Appointed July, 1959
†Resigned May, 1959
‡Resigned August, 1959

Assistant Directors of Nursing Service

Communicable Disease Division

‡Elizabeth Regan McKenna, R. N. **Mona DiSimone, 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

*Maureen C. Gill

Clinical Psychologist

Charles Devine

Matron

Mary H. Farrell

Dietitians

Dorothy Kelly

Margaret Desjarlais

Pharmacist

Frank Colacci, Ph. G.

Engineer

James E. Kelley

Housemother—Nurses' Home

§Albina R. Merrill

***Mary Gannon

*Appointed March, 1959
 **Appointed May, 1959
 ***Appointed July, 1959
 †Resigned February, 1959
 ‡Resigned May, 1959
 §Resigned June, 1959
 §§Resigned July, 1959

**HOUSE-OFFICERS WHO SERVED DURING YEAR
ENDING SEPTEMBER 30, 1959**

Residents in Pediatrics

Leovigildo Cokingtin, M. D.	Service completed June 30, 1959
Fioravante N. Nora, M. D.	Began service July 1, 1958
Estela O. Ching, M. D.	Began service July 14, 1958
Ramon L. Marquez, M. D.	Began service July 1, 1959
Mustafa Tavaslioglu, M. D.	Began service July 1, 1959

*Affiliate Residents in
Pediatrics for Communicable
Disease Training*

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

Sofia Salomon, M. D.

**(From Rhode Island
Hospital)**

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

Valentino R. Simone, M. D.

Fouad E. Yazbak, M. D.

Alfred Toselli, M. D.

George K. Boyd, M. D.

Residents in Psychiatry

Remigio Villarico, M. D.	Service completed June 30, 1959
George G. Cekas, M. D.	Service completed September 30, 1959
Arturo L. Aranas, M. D.	Began service July 1, 1958
Geronimo S. Torres, M. D.	Began service July 10, 1959

CONSULTING STAFF**PHYSICIANS**

John E. Donley, M. D.	Carl D. Sawyer, M. D.
Frank T. Fulton, M. D.	Earl F. Kelly, M. D.
Halsey DeWolf, M. D.	Herman A. Lawson, M. D.
James F. Boyd, M. D.	Banice Feinberg, M. D.
William P. Buffum, M. D.	Ira C. Nichols, M. D.
Hilary J. Connor, M. D.	Pasquale V. Indeglia, M. D.
Paul C. Cook, M. D.	Edward A. McLaughlin, M. D.
Frank H. Mathews, M. D.	Norman A. Johnson, M. D.
Roswell S. Wilcox, M. D.	Richard E. Haverly, M. D.
Elihu S. Wing, M. D.	William H. Foley, M. D.
Henry E. Utter, M. D.	Alfred C. Conte, M. D.
Arthur H. Ruggles, M. D.	John T. Monahan, M. D.
Charles A. McDonald, M. D.	Lucy E. Bourn, M. D.
A. Roland Newsam, M. D.	Edmund J. Sydlowski, M. D.
Julius G. Kelley, M. D.	Daniel D. Young, M. D.
James Hamilton, M. D.	Clarence J. Riley, M. D.
Robert M. Lord, M. D.	John C. Ham, M. D.
Meyer Saklad, M. D.	Francesco Ronchese, M. D.
Alex M. Burgess, M. D.	William B. Cohen, M. D.
Cecil C. Dustin, M. D.	Harold G. Calder, M. D.
Edward T. Streker, M. D.	Gustavo A. Motta, M. D.
Francis H. Chafee, M. D.	Malcolm Winkler, M. D.
Francis V. Corrigan, M. D.	Frank J. Honan, M. D.
Morgan Cutts, M. D.	Elihu Saklad, M. D.
Frank A. Merlino, M. D.	Jacob Greenstein, M. D.
William H. Roberts, M. D.	William J. O'Connell, M. D.
Kalei K. Gregory, M. D.	Vincent P. Rossignoli, M. D.
Nora P. Gillis, M. D.	

SURGEONS

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

COURTESY SURGICAL STAFF

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.	

CONSULTANTS ON CALL**January 1, 1960****Medicine**

Chief, Louis I. Kramer, M. D.

VISITING PHYSICIANS

Earle H. Brennen, M. D.	Joseph G. McWilliams, M. D.
Ezra A. Sharp, M. D.	Laurence A. Mori, M. D.
William L. Leet, M. D.	George E. Kirk, M. D.
Irving A. Beck, M. D.	Gustaf Sweet, M. D.
Russell S. Bray, M. D.	Herbert F. Hager, M. D.
Frank D. Fratantuono, M. D.	Michael DiMaio, M. D.
David Litchman, M. D.	Erwin O. Hirsch, M. D.
John T. Keohane, M. D.	Oswald D. Cinquegrana, M. D.
William Fain, M. D.	Robert Maiello, M. D.

ASSISTANT 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.	Raymond E. Moffitt, M. D.
Robert E. Carroll, M. D.	Max Bloom, M. D.
*Richard J. Martin, M. D.	Paulo A. Botelho, M. D.
Jacob Stone, M. D.	Juergen Nicolas, M. D.
James J. Sheridan, M. D.	Mark A. Yessian, M. D.

Pulmonary Diseases

Chief, Peter F. Harrington, M. D.

VISITING PHYSICIANS

James B. Moran, M. D.	Thomas H. Murphy, M. D.
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Dermatology and Syphilology

Chief, Vincent J. Ryan, M. D.

VISITING PHYSICIANS

Bencel L. Schiff, M. D.	Carl S. Sawyer, M. D.
Louis Levine, M. D.	

*Leave of absence.

Urology

Chief, Howard K. Turner, M. D.

VISITING SURGEONS

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

ASSISTANT VISITING SURGEON

Genarino R. Zinno, M. D.

Gynecology

Chief, George W. Waterman, M. D.

VISITING SURGEONS

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

ASSISTANT VISITING SURGEONS

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

Surgery

Chief, J. Murray Beardsley, M. D.

VISITING SURGEONS

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

Neurosurgery

Chief, Hannibal Hamlin, M. D.

VISITING SURGEONS

Julius Stoll, Jr., M. D.

Walter C. Cotter, M. D.

Orthopedics

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.

Ear, Nose and Throat

Chief, Thomas L. O'Connell, M. D.

VISITING SURGEON

Thomas R. Littleton, M. D.

ASSISTANT VISITING SURGEONS

Richard Rice, M. D.

Mendell Robinson, M. D.

Ophthalmology

Chief, F. Charles Hanson, M. D.

VISITING SURGEONS

Morris Botvin, M. D.

James E. Cox, M. D.

Linus A. Sheehan, M. D.

Milton G. Ross, M. D.

Nathaniel D. Robinson, M. D.

ASSISTANT VISITING SURGEON

Charles W. Does, M. D.

Dentistry

Chief, Walter C. Robertson, D. M. D.

VISITING DENTISTS

Nicholas G. Migliaccio, D. M. D. Charles F. Cannon, D. M. D.

Harry Goldberg, D. D. S.

Frances M. Hackett, D. D. S.

Leo Kantorowitz, D. D. S.

Anesthesia

Chief, Samuel Pritzker, M. D.

VISITING ANESTHETISTS

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

Bacteriology

Charles A. Stuart, Ph. D.

VISITING STAFF

January 1, 1960

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.	Hilary H. Connor, M. D.
Eric Denhoff, M. D.	Frank Giunta, M. D.
Herman B. Marks, M. D.	Rudolf A. Jaworski, M. D.
Clara Loitman-Smith, M. D.	Briand N. Beaudin, M. D.
Maurice N. Kay, M. D.	John T. Barrett, M. D.
John P. Grady, M. D.	Leonard B. Bellin, M. D.
Gerald Solomons, M. D.	

Out-Patient Department

PHYSICIAN-IN-CHARGE

Maurice Adelman, M. D.

VISITING PHYSICIANS

Bruno G. DeFusco, M. D.	John F. Hogan, M. D.
Earle F. Cohen, M. D.	Joseph T. Barrett, M. D.
George H. Taft, M. D.	Robert M. Lord, Jr., M. D.
Gilbert Houston, M. D.	Sophie N. Wlassich, M. D.
Peter L. Mathieu, Jr., M. D.	William L. Mauran, M. D.
Mario Vigliani, M. D.	Frederick A. Peirce, Jr., M. D.
Betty B. Mathieu, M. D.	Ernest P. Mennillo, M. D.
Harold B. Lang, M. D.	Wilson F. Utter, M. D.
Ruth Appleton, M. D.	Thomas H. George, M. D.
John E. Farley, Jr., M. D.	Norman E. Gauvin, M. D.
Alexander A. Jaworski, M. D.	Jay M. Orson, 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

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.
Hugh E. Kiene, M. D.	John O. Strom, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

William N. Hughes, M. D.

VISITING PHYSICIANS

Dominic L. Coppolini, M. D.	Bruno Franek, M. D.
Patrick F. O'Mahony, M. D.	Oscar E. Stapans, M. D.
Louis V. Sorrentino, M. D.	

*Leave of absence.

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 (later named the Hindle Building), reducing the number of beds there to 41.

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

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

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

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

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

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

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, 1959.

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

Statistics for the last fiscal year show no indication of a lessened demand for hospitalization of patients with infectious and contagious diseases. In spite of the well-known accomplishments of medicine in the control and prevention of infectious diseases, there still remains the need to provide adequate facilities for treatment and isolation of patients with communicable diseases, the original purpose for which the Chapin Hospital was built.

During recent years, when the future role of the Chapin Hospital has been studied by experts in public health and hospital administration, and seriously considered by public officials of the city and state, the Board of Hospital Commissioners has remained firmly convinced that no change in the services to be rendered by the Chapin Hospital could be considered acceptable unless continued availability of adequate facilities for communicable disease treatment be guaranteed, whether at the Chapin or other hospitals in the community. Some community hospitals are unable or reluctant to admit patients with contagious diseases. Moreover, the facilities of general hospitals have recently been taxed to such an extent that it has been necessary to restrict or control very carefully, the admission of patients. This experience serves to emphasize the clearly evident fact that provision for care of patients with contagious diseases at the Chapin Hospital cannot be safely discontinued at the present

time. This has been the principal concern of the Board of Hospital Commissioners during all the public and official discussion of possible changes to be made in the control and function of the Chapin Hospital.

The expansion of our facilities for care of psychiatric patients by opening a new unit in October, 1958, has provided the opportunity for more extensive treatment of certain patients with correspondingly beneficial results. Expansion of service to psychiatric patients was one of the major recommendations by Dr. Theodore H. Ingalls, Professor of Preventive Medicine and Epidemiology in the medical school of the University of Pennsylvania, following his survey of Chapin Hospital in 1958.

During the past year, the organization of the hospital visiting staff was changed to conform to a more realistic and practical grouping. The Active Staff is now composed of physicians of the Pediatric and Neuro-psychiatric Services which provide care for the two major groups of patients who comprise the great majority of individuals admitted to the hospital. Physicians and surgeons in other specialties, whose services are required infrequently or irregularly, have been appointed to a newly designated division of the hospital staff as Active Consultants, who visit the hospital as the need arises.

The hospital report lists the staff as elected for the year starting January 1, 1960. New appointments and resignations were as follows:

<i>Appointed</i>	<i>Resigned</i>
Walter C. Cotter, M. D.	Donald S. McCann, M. D.
Harry E. Darrah, M. D.	Jacob P. Warren, M. D.
Normand E. Gauvin, M. D.	Raymond D. Willard, M. D.
Louis Levine, M. D.	
Jay M. Orson, M. D.	
Mendell Robinson, M. D.	
Louis V. Sorrentino, M. D.	
Oscar E. Stapans, M. D.	
John O. Strom, M. D.	
Mark A. Yessian, M. D.	

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

Respectfully submitted,

HONORABLE WALTER H. REYNOLDS, *Mayor*

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, 1959. 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

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	127	55	72	98	45	53
Total number of patients admitted during the year	2,621	1,405	1,216	2,470	1,312	1,158
Live births	0	0	0	1	1	0
Number of patients in hospital at beginning of fiscal year	98	45	53	80	38	42
Total number of patients under treatment	2,719	1,450	1,269	2,551	1,351	1,200
Total number of patients discharged ..	2,592	1,395	1,197	2,452	1,305	1,147
Average daily population	115.1			100.4		
Average residence	16.2			14.9		
Largest number in any one day.....	151			133		
Smallest number in any one day.....	79			73		
Total days' treatment	42,012			36,650		
Total number of deaths	26			26		
Number of deaths within 48 hours....	11			13		
Fatality for all cases	1.0			1.1		
Total visits to Out-Patient Department	5,915			7,042		

PEDIATRIC, NON-COMMUNICABLE

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	32	17	15	29	16	13
Number of patients admitted during the year	771	461	310	646	372	274
Number of patients in hospital at beginning of fiscal year	29	16	13	19	9	10
Total number of patients under treatment	800	477	323	665	381	284
Number of patients discharged	768	460	308	636	365	271
Average daily population.....	30.2			26.8		
Average residence	14.4			15.4		
Number of deaths	5			5		
Number of deaths within 48 hours....	2			1		
Fatality rate	0.7			0.8		
Days' treatment	11,022			9,790		

PEDIATRIC COMMUNICABLE*

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	22	12	10	19	9	10
Number of patients admitted during the year.....	657	352	305	670	382	288
Number of patients in hospital at beginning of fiscal year.....	19	9	10	8	5	3
Total number of patients under treatment.....	676	361	315	678	387	291
Number of patients discharged.....	654	349	305	659	378	281
Average daily population.....	28.7			25.0		
Average residence.....	16.0			13.7		
Number of deaths.....	1			6		
Number of deaths within 48 hours....	0			4		
Fatality rate.....	0.2			0.9		
Days' treatment.....	10,467			9,032		

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

COMMUNICABLE, ALL AGES*

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	26	14	12	25	10	15
Number of patients admitted during the year.....	698	375	323	734	413	321
Number of patients in hospital at beginning of fiscal year.....	25	10	15	12	8	4
Total number of patients under treatment.....	723	385	338	746	421	325
Number of patients discharged.....	697	371	326	721	411	310
Average daily population.....	30.7			27.8		
Average residence.....	16.1			14.1		
Number of deaths.....	4			8		
Number of deaths within 48 hours....	2			5		
Fatality rate.....	0.6			1.1		
Days' treatment.....	11,211			10,155		

*This table includes the schedule "Pediatric Communicable."

PEDIATRIC

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	54	29	25	48	25	23
Number of patients admitted during the year.....	1,428	813	615	1,316	754	562
Number of patients in hospital at beginning of fiscal year.....	48	25	23	27	14	13
Total number of patients under treatment.....	1,476	838	638	1,343	768	575
Number of patients discharged.....	1,422	809	613	1,295	743	552
Average daily population.....	58.9			51.6		
Average residence.....	15.1			14.5		
Number of deaths.....	5			11		
Number of deaths within 48 hours....	2			5		
Fatality rate.....	0.4			0.8		
Days' treatment.....	21,489			18,822		

MEDICAL

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	6	3	3	1	0	1
Number of patients admitted during the year	67	31	36	80	38	42
Number of patients in hospital at beginning of fiscal year	1	0	1	7	6	1
Total number of patients under treatment	68	31	37	87	44	43
Number of patients discharged	61	27	34	87	45	42
Average daily population	1.6			2.8		
Average residence	9.7			11.8		
Number of deaths	4			6		
Number of deaths within 48 hours...	1			3		
Fatality rate	6.6			6.9		
Days' treatment	593			1,026		

NEURO-PSYCHIATRY

	1959			1958		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year	63	21	42	43	19	24
Number of patients admitted during the year	1,085	538	547	1,011	490	521
Number of patients in hospital at beginning of fiscal year	43	19	24	42	15	27
Total number of patients under treatment	1,128	557	571	1,053	505	548
Number of patients discharged	1,066	537	529	1,008	484	524
Average daily population	52.6			43.0		
Average residence	18.0			15.6		
Number of deaths	13			7		
Number of deaths within 48 hours...	6			4		
Fatality rate	1.2			0.7		
Days' treatment	19,186			15,679		

During the period from October 1, 1958 through September 30, 1959, the average daily population was 115.1 compared to 100.4 in 1958. The largest number of patients in the hospital on any one day was 151 compared to 133 in 1958. The total days' treatment was 42,012 compared to 36,650 in 1958.

In the preceding table for the neuro-psychiatric service, a decided increase in the number of days' treatment is apparent, an increase from 15,679 to 19,186.

Although there was little change in the figures for the communicable disease department, it should be noted there is no indication of a lessened demand for infectious disease care in our community.

There was a total of 11 cases of poliomyelitis treated at the hospital in 1959. Two cases were from out of the State and

nine from Rhode Island. Of the Rhode Island cases, only one was from Providence, our largest city. Needless to say, this low incidence of poliomyelitis in our State reflects the excellent job which has been done in immunizing our population. Throughout the nation, however, poliomyelitis continues a serious threat that cannot be ignored. The year 1959 has not only shown an increase in the number of cases reported from the previous year but also a marked increase in the percentage of paralytic cases.

The association of the hospital with the Providence Department of Health is of considerable value to our community. The Division of Tuberculosis provides examinations and treatment, including X-rays, and makes the necessary arrangements for the compounding of prescriptions in the hospital pharmacy.

The Milk Department, which is located in the hospital's East Building, performs all the necessary laboratory procedures in the examination of milk and directs all other activities concerned with the protection of the public's health against contamination of milk.

The number of food handlers examined totaled 5,915. During the previous year, 7,042 were examined.

The facilities of the Out-Patient Building have been of great value to the various immunization programs such as smallpox vaccinations and poliomyelitis immunizations. In some of the poliomyelitis clinics, within two hours, over a thousand patients received immunizing injections expeditiously, efficiently, and with little confusion, due in part to the multiple entrances and exits which are available.

Mention should be made of the hospital's traffic division which handles the many hundreds of cars entering the grounds on clinic days in such a way as to prevent any traffic jam or problem associated with the parking of a large number of cars and the maintenance of an open highway.

The total operating expense for the year was \$1,206,035.89 compared to \$1,160,247.62 for the fiscal year ending September 30, 1958. The revenue received amounted to \$944,499.11, which included the \$400,000 State of Rhode Island grant. The per capita cost for all in-patients was \$27.06 compared to \$30.04 in 1958.

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

NURSING DEPARTMENT

The resignation of Mrs. Carmela Salvatore Williams, Director of Nursing Service, was received with great regret. She was appointed to that position in September 1951, and until her resignation in May 1959, performed her duties competently and with considerable zeal and diligence. We wish to express our best wishes for her future career.

Mrs. Elizabeth McKenna, who had had considerable experience here as assistant director of nurses, was appointed acting director in May 1959. For further information, the reader is referred to her report.

LABORATORY

The affiliation of the St. Joseph's Hospital with our laboratory, which was instituted several years ago, continues to function satisfactorily. This training program consists of a three-month course in bacteriology.

A one-year laboratory technician training course will be established by this hospital in October 1959. The various types of laboratory work which are performed here should furnish a good laboratory training. At the present time the demand for trained technicians is far greater than the personnel available. Our own training program should be of some assistance in obtaining trained personnel in the future.

The laboratory performed a total of 55,191 tests, compared to 47,557 during the previous year. Full details of the work performed are given in the report of Dr. Falkinburg.

X-RAY DEPARTMENT

At the close of the year, the installation of new X-ray equipment was nearly completed. New protective lead walls were installed in the X-ray room as well as a new floor, new ceiling, and wall paneling.

X-ray examinations during the year numbered 4,158 compared to 3,663 in 1958. For further information, the reader is referred to the report of the Roentgenologist.

OUT-PATIENT DEPARTMENT

Following the reorganization of the visiting staff, out-patient clinics were discontinued on March 31, 1959 with the exception of the pediatric and neuro-psychiatric clinics, which are integrated with the pediatric and neuro-psychiatric in-patient departments. They are covered by the active visiting staff, which schedules a definite visiting service for both in-patients and out-patients. All other divisions of the hospital visiting staff were transferred to the active consulting staff, and are on call when needed.

The total number of visits during the past fiscal year was 5,915 compared to 7,042 in 1958. The table in the report of the Out-Patient Department shows how the visits were distributed.

PHARMACY

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

Out-Patient clinics.....	2,946	\$ 213.20
Employees' clinic.....	1,005	.....
Nurses' clinic.....	520	.....
City poor physicians.....	393	735.55
Health Department.....	....	104.35
	<u>4,864</u>	<u>\$1,053.10</u>

DIETARY DEPARTMENT

The meals served this year (203,841) numbered 10,311 less than in 1958. The cost of raw food was 46¢ per meal, an increase of 3¢ over last year. The Dietitian's report gives further information.

AMBULANCE SERVICE

The following figures are self-explanatory:

	1958		1959	
	Trips	Mileage	Trips	Mileage
Ambulance #1.....	433	2,506	457	2,635
Ambulance #2.....	384	1,869	414	2,498
Station wagon.....	1,194	6,495	1,232	7,569
Sedan	752	4,753	946	5,693
Truck .....	....	4,239	....	5,071

PLANT MAINTENANCE

The most important improvements during the past year were the partial installation of new X-ray equipment and the modernization of the operating room suite and adjacent corridor. For further details, see the report of the Maintenance Department.

RESEARCH FELLOWSHIP

The work of Dr. Rodolfo S. Mercader on measles and influenza meningitis was completed on June 30, 1959.

MEDICAL PERSONNEL

In July, Dr. Conrado M. Recio was advanced to the position of first assistant clinical director and Dr. Fouad E. Yazbak was appointed second assistant clinical director. He formerly affiliated here from St. Clare's Hospital in New York.

Dr. Araceli S. Lapidario completed her service as senior resident physician in August.

The residents in pediatrics and psychiatry, also the affiliate residents in pediatrics, 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 THE YEAR ENDED SEPTEMBER 30, 1959

EXHIBIT 1

REVENUE RECEIPTS

In-Patient Department:		
Communicable, Pediatric and Other.....	\$227,676.25	
Neuro-Psychiatric	196,440.57	
X-Ray	9,496.03	
Laboratory	27,913.46	
Drugs	43,856.95	
Ambulance	25.00	
Telephone .....	.50	
Shock Treatments	10,792.24	
Sundries (EKG & EEG).....	1,384.50	
Total In-Patient		\$517,585.50
Out-Patient Department:		
Fees	\$ 299.00	
Examinations—Food Handlers	1,700.00	
Total Out-Patient		1,999.00
X-Ray Service		431.86
Drug Room Service		965.85
Miscellaneous Earnings:		
Meals	\$ 331.25	
Rent	250.00	
Refunds	2,040.60	
Materials	834.25	
Abstracts	79.00	
Telephone	724.39	
Donations	21.00	
Reimbursements	375.00	4,655.49
Gross Revenue Receipts.....		\$525,637.70
Deduct:		
Refunds on Advance Payments.....		1,177.45
Net Revenue Receipts.....		\$524,460.25
Add:		
Revenue from Meals and Lodgings.....		20,038.86
State of R. I. Grant.....		400,000.00
Total Revenue Receipts.....		\$944,499.11

EXHIBIT 2

DEPARTMENTAL EXPENDITURES

Opening Inventories	\$ 76,841.55	
Meals and Lodgings.....	20,038.86	
Expenditures (Schedule A).....	1,181,103.21	
Total		\$1,277,983.62
Less:		
Closing Inventories		71,947.73
Total Costs		\$1,206,035.89

Neuro-Psychiatric	\$ 421,072.37	
Pediatric (West 1)	114,203.49	
Communicable, Pediatric and Other.....	601,667.53	
Out-Patient	27,561.88	
City Health Department:		
Pulmonary Clinic	23,173.58	
Inspection of Milk.....	2,598.39	
Laboratory Examinations	139.78	
State Cardiac Clinic.....	2,461.02	
Other Non-Patient Costs.....	13,347.35	
Total (Schedule B).....	\$1,206,225.39	
Minus:		
Overdistributed Balance of Costs.....	189.50	
Total Departmental Expenditures.....		<u>\$1,206,035.89</u>

EXHIBIT 3

STATEMENT OF INCOME AND EXPENSE

Income:

Services Rendered:		
In-Patient	\$ 877,377.99	
Other	38,984.09	
Total Services		\$ 916,362.08
Deductions:		
Contract Adjustments	\$ 393.66	
Tuberculosis Health Problem.....	9,103.00	
Free Care	228,624.64	
Services to Employees and Trainees.....	6,832.35	
X-Ray (Incident to Shock Therapy).....	556.00	
Courtesy Services	812.75	
Research	239.00	
Total Deductions		<u>246,561.40</u>
Net Services Rendered.....		\$ 669,800.68
Add Other Income:		
Meals	\$ 16,255.42	
Lodgings	3,783.44	
Refunds	1,119.75	
Total Other Income.....		<u>21,158.61</u>
Gross Income		\$ 690,959.29
Expenses:		
Salaries	\$ 901,628.39	
Supplies Used	304,407.50	
Total Expenses (Exhibit 2).....		<u>1,206,035.89</u>
Operating Deficit (Based on Services Rendered).....		\$ 515,076.60
Add:		
(1958-1959) Services Rendered But Not Paid.....		<u>146,460.18</u>
Gross Operating Deficit.....		\$ 661,536.78
Less:		
Grant from State of R. I.....		<u>400,000.00</u>
Net Operating Deficit.....		<u>\$ 261,536.78</u>

EXHIBIT 4

MAINTENANCE COSTS FOR ALL IN-PATIENTS

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1910....	\$33,720.66	\$1,328.13	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	2.31
1919....	136,915.76‡	19,129.18	117,786.58	54,937	2.49	2.14
1920....	171,700.14	18,096.85	153,603.29	49,516	3.47	3.10
1921....	160,068.46	16,060.24	144,008.22	44,253	3.61	3.25
1922....	152,749.51§	13,215.49	139,534.02	38,302	3.99	3.64
1923....	162,682.64¶	17,567.56	145,115.07	44,505	3.65	3.26
1924....	192,766.84	29,542.42	163,224.42	47,087	4.09	3.46
1925....	189,294.45	19,806.11	169,488.34	39,771	4.76	4.26
1926....	197,911.43	19,157.22	178,754.21	44,538	4.44	4.01
1927....	209,427.48	25,997.75	183,429.73	46,076	4.55	3.98
1928....	221,123.50	32,940.33	188,183.17	48,250	4.58	3.90
1929....	237,062.99	34,368.34	202,694.65	46,213	5.13	4.39
1930....	289,237.97	29,608.34	259,629.63	47,482	6.09	5.47
1931....	328,464.09	44,470.78	283,993.31	70,045	4.69	4.05
1932....	329,393.09	44,817.92	284,575.17	73,137	4.50	3.89
1933....	289,002.01	29,736.84	259,265.17	73,595	3.93	3.52
1934....	293,635.61	34,721.51	258,914.10	70,745	4.15	3.66
1935....	299,648.73	37,600.20	262,048.53	71,245	4.21	3.68
1936**...	300,566.47	45,241.46	255,325.01	75,514	3.98	3.38
1937**...	291,595.01	52,618.02	238,976.99	78,923	4.01	3.69
1938**...	314,049.60	53,170.83	262,731.21	68,357	4.59	3.84
1939**...	331,284.40	61,042.10	272,307.21	67,328	4.92	4.04
1940**...	360,772.06	80,906.21	279,865.85	67,182	5.37	4.17
1941....	362,369.82	81,147.38	281,222.44	63,077	5.74	4.46
1942....	347,275.15	101,495.73	245,779.42	57,197	6.07	4.92
1943....	377,379.52	120,581.55	256,797.97	57,066	6.61	4.50
1944....	371,786.26	158,902.31	212,883.95	55,154	6.74	3.86
1945....	451,026.53	113,358.43	337,668.10	45,585	9.89	6.12
1946....	517,988.52	145,793.47	372,195.05	48,608	10.66	7.66
1947....	544,021.93	.....	.....	55,774	9.75	....
1948....	627,797.89	.....	.....	48,872	12.85	....
1949....	627,884.08	.....	.....	48,542	12.93	....
1950....	684,064.02	.....	.....	47,858	14.29	....
1951....	697,606.95	.....	.....	42,740	16.32	....
1952....	759,762.36	.....	.....	44,337	17.14	....
1953....	792,645.89	.....	.....	56,667	13.99	....
1954....	869,372.00	.....	.....	48,872	17.79	....
1955....	988,571.92	.....	.....	48,249	20.49	....
1956....	1,048,665.43	.....	.....	41,569	25.23	....
1957....	1,026,975.00	.....	.....	35,484	28.94	....
1958....	1,100,982.25	.....	.....	36,650	30.04	....
1959....	1,136,943.39	.....	.....	42,012	27.06	....

* 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
1959.....	27,561.88	.....	.....	5,915	4.66

* 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)
1959.....	13,347.35	(Schedule B)

EXHIBIT 7

MAINTENANCE COST OF INFECTIOUS, PEDIATRIC AND OTHER DISEASES

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

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	.....
1959.....	421,072.37	.....	.....	19,186	21.95	.....

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**.....	.....	.....	.....	.....	.....	.....
1959**.....	.....	.....	.....	.....	.....	.....

*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	2,539.28	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
1959.....	23,173.58	2,598.39	139.78	25,911.75

EXHIBIT 11

MAINTENANCE COST OF STATE HEALTH DEPARTMENT ACTIVITIES

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

SCHEDULE A

ANALYSIS OF APPROPRIATIONS AND EXPENDITURES

Item	Description	Appropriations	Expenditures	Unencumbered Balances
0	Personal Services	\$ 888,067.94	\$ 881,589.53	\$ 6,478.41
1	Services Other Than Personal	48,650.00	47,845.88	804.12
2	Materials and Supplies	236,150.00	227,439.09	8,710.91
3	Special Items	200.00	101.25	98.75
5	Equipment Replacement	24,600.00	24,127.46	472.54
	Totals	\$1,197,667.94	\$1,181,103.21*	\$ 16,564.73

*Does not include \$20,038.86 covering payroll deductions for Meals and Lodgings.

SCHEDULE B

DEPARTMENTAL COST DISTRIBUTIONS
NEURO-PSYCHIATRIC DEPARTMENT:

Professional Care:

Medical	\$ 28,029.86
Nursing	47,648.91
Other (Soc. Wkrs., Psychom. Ther.)	20,484.33
Laboratory	15,248.71
Pharmaceuticals	25,379.63
X-Ray	6,185.38
Central Supply (Med. and Surg. Sup.)	3,183.80

Total \$146,156.62

Non-Professional Care:

Ambulance	\$ 4,671.34
Dietary	59,514.45
Laundry	14,308.11
Medical Records	4,513.74
Attendant Service	76,651.12
General Administration	50,330.35
Housing:	
Utility Service	3,793.32
Maintenance	13,657.70
Heat, Hot Water, and Steam	8,153.72
Housekeeping	31,362.38
Materials and Supplies	7,530.95
Equipment Replacement	428.57

Total 274,915.75

Gross Cost of Patients Housed in Psychopathic Department..... \$ 421,072.37

PEDIATRIC DEPARTMENT (WEST I):

Professional Care:

Medical	\$ 11,335.86
Nursing	27,501.08
Other	917.12
Laboratory	690.45
Pharmaceuticals	3,987.11
X-Ray	459.93
Central Supply (Med. and Surg. Sup.)....	3,183.80
Total	\$ 48,075.35

Non-Professional Care:

Dietary	\$ 15,399.78
Laundry	8,784.62
Medical Records	3,159.63
Attendant Service	16,552.89
General Administration	9,587.43
Housing:	
Utility Service	723.43
Maintenance	3,394.00
Heat, Hot Water, and Steam.....	2,366.94
Housekeeping	4,760.96
Materials and Supplies	1,375.81
Equipment Replacement	22.65
Total	66,128.14

Gross Cost of Patients Housed in Pediatric Department..... 114,203.49

COMMUNICABLE, PEDIATRIC AND OTHER:

Professional Care:

Medical	\$ 39,865.85
Nursing	143,439.67
Other Professional Care	8,089.32
Laboratory	45,126.63
Pharmaceuticals	34,570.41
X-Ray	17,217.28
Central Supply (Med. and Surg. Sup.)....	14,857.95
Total	\$303,167.11

Non-Professional Care:

Ambulance	\$ 1,827.90
Dietary	32,789.92
Laundry	42,289.59
Medical Records	3,117.80
Attendant Service	80,610.61
General Administration	43,054.73
Housing:	
Utility Service	4,419.65
Maintenance	18,960.36
Heat, Hot Water, and Steam.....	11,834.83
Housekeeping	48,157.04
Materials and Supplies	10,546.78
Equipment Replacement	891.21
Total	298,500.42

Gross Cost of Patients Housed in Communicable, Pediatric and Other... 601,667.53

OUT-PATIENT DEPARTMENT:

Professional Care:

Medical	\$ 4,008.00
Nursing	7,014.45
Laboratory	3,051.45
Pharmaceuticals	222.54
X-Ray	699.52
Total	\$ 14,995.96

Non-Professional Care:		
Laundry	\$ 1,348.46	
General Administration	6,129.56	
Housing:		
Utility Service	946.94	
Maintenance	728.30	
Heat, Hot Water, and Steam	537.72	
Housekeeping	2,606.00	
Materials and Supplies	268.94	
Total	12,565.92	
Total Cost of All Patients Treated in Out-Patient Clinic		27,561.88
PULMONARY TUBERCULOSIS CLINIC:		
Professional Care:		
Other (Tech. Clinic Serv.)	\$ 156.00	
Pharmacy	266.27	
X-Ray	20,699.03	
Total	\$ 21,121.30	
Non-Professional Care:		
Housing:		
Utility Service	\$ 368.43	
Maintenance	945.89	
Heat, Hot Water, and Steam	716.99	
Materials and Supplies	20.97	
Total	2,052.28	
Gross Cost of Hospital for City Pulmonary Tuberculosis Clinic		23,173.58
INSPECTION OF MILK:		
Non-Professional Care:		
Housing:		
Utility Service	\$ 405.07	
Maintenance	1,098.83	
Heat, Hot Water, and Steam	1,094.49	
Gross Hospital Cost for City Inspection of Milk		2,598.39
LABORATORY EXAMINATIONS:		
Laboratory	\$ 139.78	
Gross Hospital Cost for City Laboratory Examinations		139.78
COST OF CARDIAC CLINIC:		
Professional Care:		
X-Ray	\$ 1,533.77	
Total	\$ 1,533.77	
Non-Professional Care:		
Housing:		
Utility Service	\$ 208.95	
Maintenance	359.85	
Heat, Hot Water, and Steam	358.45	
Total	927.25	
Gross Hospital Cost for State Cardiac Clinic		2,461.02
COST OF OTHER NON-PATIENTS:		
Pharmaceuticals	\$ 13,347.35	
Gross Cost of Other Non-Patients		13,347.35
Total Department Expenditures		\$1,206,225.39
Minus:		
Overdistributed Balance of Costs		189.50
Total Departmental Expenditures		\$1,206,035.89

B. General Statistics

(October 1, 1958-September 30, 1959)

Table B 1. Population, March 1, 1910-September 30, 1959

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
1959.....	2,592	42,012	115.1	16.1	15.1	9.7	.....	18.0	.....	1,306	5,915	2,103

*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, 1959

DISEASES	Oct. 1, 1958 Sept. 30, 1959			Oct. 1, 1957 Sept. 30, 1958			March 1, 1910 Sept. 30, 1959		
	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.
Chickenpox	44			31			1,093	14	1.3
Diarrhea, due to infection	1			13			63***		
Diarrhea, due to unknown cause	3			5			69***		
Diphtheria	0			0			5,743	688	12.0
Diphtheria carrier	0			0			729		
Dysentery bacillary	0			1			63***		
Encephalitis, acute, all forms	33			47	1	2.1	362	54	14.9
Epidemic parotitis (mumps)	25			8			711		
Erysipelas	1			1			931	86	9.2
Gonorrhea	2			1			2,237	6	0.3
Gonorrheal conjunctivitis	0			0			180	5	2.8
Hepatitis, infectious (epidemic)	23			24			407***		
H. S. Carrier	9			4			21***		
Impetigo	20	1	5.0	14			590	1	0.2
Influenza	0			32			1,079	81	7.5
Leprosy	0			0			2		
Measles	6			222			4,337	232	5.3
Meningitis, cerebrospinal, epidemic, (Meningococcic)	4			7	1	14.3	839	145	17.3
**Meningitis, tuberculous	0			1	1	100.0	113	90	79.6
Meningitis, other forms	28	1	3.6	16	4	25.0	496	132	26.6
Meningococcemia	1			1			11***	2	18.2
Mononucleosis, infectious	6			12			59***		
Pneumonia, all forms	111	5	4.5	86	6	7.1	2,789	282	10.1
Poliomyelitis, acute, all forms	8	1	12.5	1			2,217	128	5.8
Rabies	0			0			3	3	100.0
Rubella	5			10			785	1	0.1
Scabies	0			0			328		
Scarlet Fever	237			173			11,536	218	1.9
Syphilis, congenital	0			0			166	18	10.8
Syphilis, other forms	0			1			3,422	32	0.9
Tinea capitis	0			0			10***		
*Tonsillitis	81			53			4,735	11	0.2
Tonsillitis, due to Hemolytic Streptococcus	47			42			634	4	0.6
Tuberculosis, pulmonary	1			5			5,919	2,206	37.3
Tuberculosis, other forms	0			1			313	107	34.2
Typhoid fever	2			5			190	20	10.5
Vincent's infection	1			0			245	10	4.1
Whooping Cough	154			19			2,979	180	6.0
No diagnosis	10			18			896	12	1.3
Other diseases	663	5	0.8	590	6	1.0	18,468	1,041	5.6
†Diseases of the nervous system	1,066	13	1.2	1,008	7	0.7	21,709	613	2.8
‡Surgery	0			0			4,704	26	0.6
Total	2,592	26	1.0	2,452	26	1.1	102,183	6,448	6.3

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

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

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

‡Surgical ward was opened April 1, 1946.

***Beginning October 1, 1952.

(Other Diseases: In Table C 1. Specified)

Living Dead		Living Dead	
Abscess, parotid	1	Gastric indigestion, chronic.....	1
Abscess, submandibular	1	Gastritis, acute	4
Acidosis	2	Gastroenteritis, acute	115
Amyotrophic lateral sclerosis....	1	Gingivitis	4
Anemia, macrocytic, of pernicious	1	Glomerulonephritis, acute	9
type	1	Hematuria, renal	1
Arthritis, allergic	1	Hereditary leptocytosis (Cooley's	1
Asthma	39	anemia)	1
Bacteremia, due to Staphylococ-	1	Herpes simplex	2
cus Aureus	1	Herpes zoster	2
Bronchiectasis, due to infection..	1	Hydrocephalus, congenital	1
Bronchiolitis, acute	3	Hypertensive cardiovascular dis-	1
Bronchitis, acute	47	ease	1
Burn of chest, second degree.....	1	Infection of small intestine with	1
Burn of leg, first degree.....	1	Taenia Saginata	1
Calculus in ureter	1	Ingestion of Phenol	1
Carcinoma, metastatic, of lung..	1	Injury of gum	1
Carcinoma of esophagus	1	Labyrinthitis, acute	1
Carcinoma of pancreas	1	Laryngitis, acute	1
Cellulitis	4	Laryngotracheitis, acute	65
Cerebral defects, congenital.....	2	Lymphadenitis, cervical	13
Cerebral palsy	4	Lymphadenitis, inguinal	1
Cholecystitis, catarrhal	1	Lymphangitis, acute	1
Concussion (commotion) of brain	2	Malnutrition in child under 2	1
Colitis, ulcerative	1	years	1
Conjunctivitis, acute	4	Malnutrition in person over 2	3
Convulsions, generalized	1	years	1
Convulsive disorder, due to un-	1	Mastitis, acute	1
known cause	1	Mental deficiency	1
Cystitis, chronic	1	Myalgia, left hip	1
Deformity of spine, congenital..	1	Myelomeningocele	1
Dermatitis, atopic	1	Myositis, acute	4
Dermatitis, due to Staphylococ-	1	Nephrotic syndrome, due to un-	2
cus Aureus	1	determined cause	1
Dermatitis, due to undetermined	6	Neuritis, multiple, acute.....	1
cause	4	Neurodermatitis disseminata (atop-	4
Dermatitis medicamentosa	1	ic eczema)	1
Dermatitis seborrheica	6	Neuropathy of facial nerve.....	3
Dermatitis venenata	1	Obesity	1
Diabetes mellitus	3	Observation for heavy metal poi-	1
Diagnosis deferred	2	soning	1
Diathesis, allergic	1	Observation for migraine.....	1
Drug intoxication, Salicylates....	1	Observation for psychomotor epi-	1
Drug reaction, Atropine.....	2	lepsy	1
Drug reaction, Compazine.....	2	Otitis media, non-suppurative,	13
Eczema	1	acute	10
Emotionally unstable personality..	1	Otitis media, suppurative, acute..	1
Enteritis, acute	1	Otitis media, suppurative, chronic	1
Epiglottitis	3	Pansinusitis, acute	1
Epilepsy, grand mal	1	Pemphigus foliaceus	1
Epilepsy, petit mal	1	Pleurodynia, epidemic	1
Epistaxis, due to unknown cause	1	Pneumothorax, spontaneous	1
Erysipelas, face	4	Poisoning, Benzoin	3
Erythema gluteale	2	Poisoning, lead	1
Erythema multiforme exudativum	1	Poisoning, Methadone	1
Erythema toxicum	2	Polyneuritis, multiple	1
Exanthema subitum	3	Premature birth, living child....	1
Feeding, improper, in person over	8	Psychophysiologic respiratory re-	1
2 years	3	action	1
Feeding, improper, of child under	3	Ptois of lid, congenital.....	1
2 years	8	Purpura, capillary, due to infec-	1
Fever of unknown origin.....	3	tion	1
Fibrocystic disease of the pan-	1	Purpura, thrombocytopenic	2
creas	1	Pyelitis, acute	3
Flatfeet due to posture.....	1	Pyelonephritis, acute	5
Fragilitas ossium	1	Question of infectious hepatitis..	1
Furuncles of scalp	1	Respiratory infection, acute dif-	109
Furunculosis	5	fuse	

Living Dead		Living Dead	
Rheumatic fever	5	Thrush of mouth	2
Rhinitis, allergic	1	Torticollis, acute, due to trauma ..	1
Septicemia, acute	1 1	Tracheitis, acute	3
Sinusitis, acute	4	Trichinosis	1
Sinusitis, chronic	4	Ulceration of penis	1
Spherocytosis, hereditary	2	Ulcers, decubitus, of legs	1
Stomatitis	1	Urticaria	4
Strain of back	1	Vaccinia	1
Subarachnoid hemorrhage	1	Virus encephalomyelitis (Guillain- Barré Syndrome)	2
Successful vaccination	1	Virus infection of undetermined origin	14
Synovitis of knee	1		
Tenosynovitis of hip	1		
Tests only	2		

Table C 4. Diphtheria: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1959:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910
	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959
	1959	1958	1959	1958	1959	1959	1959	1958	1959
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, 1959:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910
	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959
	1959	1958	1959	1959	1958	1959	1959	1958	1959
Under 1.....	1	59	....	....	6	....	10.2
1.....	4	1	201	....	....	1	....	0.5
2.....	13	9	517	....	....	18	....	3.5
3.....	32	17	825	....	....	14	....	1.7
4.....	19	23	849	....	....	30	....	3.5
5.....	28	20	887	....	....	20	....	2.3
6.....	30	21	1,058	....	....	9	....	0.9
7.....	25	12	929	....	....	13	....	1.4
8.....	14	10	826	....	....	10	....	1.2
9.....	14	16	624	....	....	9	....	1.4
10-14.....	36	18	1,641	....	....	12	....	0.7
15-19.....	3	3	582	....	....	9	....	1.5
20-29.....	3	831	....	....	15	....	1.8
30-39.....	280	....	....	7	....	2.5
40-49.....	1	....	73	....	....	4	....	5.6
50-59.....	14	....	....	....	....	....
Over 60.....	2	....	....	1	....	50.0
Total.....	219	154	10,198	....	....	178	....	....	1.7

Table C 12. Scarlet Fever: Average length of stay in days of cases uncomplicated by any other disease, March 1, 1910-September 30, 1959:

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
1959.....	1-2 "	12.4	....	12.4

Table C 16. Measles: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1959:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910
	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959
Under 1.....	0	5	172	....	....	....	36	....	20.9
1.....	1	14	316	....	....	....	59	....	18.7
2.....	0	10	379	....	....	....	31	....	8.2
3.....	0	3	335	....	....	....	14	....	4.2
4.....	0	10	349	....	....	....	9	....	2.6
5.....	1	5	322	....	....	....	2	....	0.6
6.....	0	18	340	....	....	....	5	....	1.5
7.....	0	5	242	....	....	....	3	....	1.2
8.....	0	7	183	....	....	....	....	....	....
9.....	0	5	97	....	....	....	....	....	....
10-14.....	1	2	179	....	....	....	4	....	2.2
15-19.....	0	....	143	....	....	....	....	....	....
20-29.....	0	....	238	....	....	....	1	....	0.4
30-39.....	0	1	45	....	....	....	1	....	2.2
40-49.....	0	....	9	....	....	....	3	....	33.3
50-59.....	0	....	7	....	....	....	....	....	....
Over 60.....	0	....	....	....	....	....	....	....	....
Total.....	3	85	3,356	....	....	168	....	....	5.0

Table C 17. Whooping Cough: Number of cases and fatality by ages, March 1, 1910-September 30, 1959:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910	Oct.1, 1958	Oct.1, 1957	Mar.1, 1910
	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959	Sep.30, 1959	Sep.30, 1958	Sep.30, 1959
Under 1.....	69	6	919	....	....	....	89	....	9.7
1.....	25	7	511	....	....	....	45	....	8.8
2.....	15	1	364	....	....	....	21	....	5.8
3.....	14	3	271	....	....	....	7	....	2.6
4.....	10	1	211	....	....	....	8	....	3.8
5.....	6	1	152	....	....	....	2	....	1.3
6.....	1	....	102	....	....	....	2	....	2.0
7.....	6	....	96	....	....	....	1	....	1.0
8.....	1	....	45	....	....	....	....	....	....
9.....	3	....	27	....	....	....	1	....	3.7
10-14.....	2	....	21	....	....	....	....	....	....
15-19.....	1	....	5	....	....	....	1	....	20.0
20-29.....	....	....	10	....	....	....	....	....	....
30-39.....	....	....	....	....	....	....	....	....	....
40-49.....	1	....	1	....	....	....	....	....	....
50-59.....	....	....	2	....	....	....	....	....	....
Over 60.....	....	....	1	....	....	....	....	....	....
Total.....	154	19	2,738	....	....	177	....	....	6.5

Secondary Diseases Among Patients: Oct. 1, 1958—Sept. 30, 1959.

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, 1,527 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 two cross-infections, as follows:

GROUP I

CHICKENPOX—EAST I

On November 16, 1958, a five-year-old male, #100962, was admitted with cerebral palsy and convulsions and was discharged home on November 20, 1958. On December 5, 1958 he developed chickenpox at home.

The source of this cross-infection was #100934, a seven-year-old male who entered the ward on November 12, 1958 with cervical lymphadenitis and who developed chickenpox on November 20, 1958, the obvious result of exposure prior to admission.

CHICKENPOX—EAST II

A five-month-old female, #102494, was admitted on April 26, 1959 to Richardson II with eczema. She was transferred to East II two days later because of lesions suggestive of chickenpox, but this diagnosis was ruled out the following day and she was discharged May 11, 1959. However, she was re-admitted on May 20, 1959 because of cervical lymphadenitis and eczema and she did develop chickenpox two days later. The source could have been either of two cases which were on East II at the time of first admission.

GROUP II

During the year, three children were admitted for other diseases while in the incubation period of chickenpox and developed the disease during hospitalization. There was also one case of rubella which occurred in a patient admitted for another disease. Details concerning these instances appear below:

A male, seven years old, #100934, was admitted to East I on November 12, 1958 with cervical lymphadenitis. On the ninth hospital day he developed chickenpox, the result of exposure to the disease before admission.

On May 5, 1959, a six-month-old female, #102359, entered East II with whooping cough and on May 18, 1959 developed chickenpox, the result of exposure to two siblings.

Another case in which there was a history of exposure to chickenpox before admission, was that of a seven-month-old boy admitted on March 24, 1959, #102035, to East II with eczema. Chickenpox occurred on his second hospital day.

Rubella

A six-year-old female, #102399, was admitted to East I on May 10, 1959 with infectious hepatitis and one week later developed rubella, the result of exposure prior to admission.

Report of Business Administration

Revenue Receipts

Receipts from all sources for the fiscal year ending September 30, 1959 amounted to \$944,499.11 (Exhibit 1)* which included the State of Rhode Island grant of \$400,000.00. This was an increase in revenue of \$125,899.91 over the previous report.

Operating Cost

The total cost of operation was \$1,206,035.89 (Exhibit 2)**. This amount was distributed to the cost centers of the hospital.

Operating Deficit

The deficit for the fiscal year amounted to \$261,536.78 (Exhibit 3)***.

The prevailing high cost of materials and supplies along with the scale of wages necessary to operate a modern hospital kept the operating cost high.

Free Service

Free care for the year amounted to \$228,624.64. Determination of eligibility is made through an investigation into the patients' income and expenditures. The cost of living scale issued by the Bureau of Labor Statistics is used as a guide.

Free Service to Employees and Trainees

Services rendered to employees and trainees amounted to \$6,832.35.

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	\$23,173.58
2. City Health Inspection of Milk	2,598.39
3. City Health Laboratory Examinations	139.78
4. State Cardiac Clinic	2,461.02

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 29.

**See Page 29.

***See Page 30.

Report of the Neuro-Psychiatric Department

The trends which were noted in the previous Annual Report were still evident during the past fiscal year. The rate of admissions continued to increase. In 1958, 1,011 patients were admitted. In 1959, 1,087 were admitted. This certainly would appear indicative that in spite of increased facilities for treatment of the mentally ill in the State of Rhode Island, the community continued to depend on the facilities offered at the Charles V. Chapin Hospital.

The number of patients referred by legally licensed physicians in the State of Rhode Island and police officers remained about the same.

The number of juveniles (16 years and over) increased from 27 to 41. This would seem to indicate the growing awareness of the need for psychiatric evaluation of youths who find themselves in social difficulties.

The number of patients admitted over 65 years of age also increased. In 1958, 109 patients in this age bracket were admitted; in 1959, 137. Of those admitted 87 were transferred to the State Hospital; 27 went home; 6 died, and, 21 were transferred to other hospitals or sanatoriums.

Last year we mentioned that because of the heavy admission rate, patients were, of necessity, moved more quickly than desired to the State Hospital and recommended the addition of an ambulatory, convalescent ward. We are delighted to report that on October 6, 1958, Hindle Building was opened as a psychiatric facility for private, ambulatory, convalescent female patients. This is a one-story, thirty-seven bed facility whose

doors are always unlocked. It is accessible by stairs, elevator, and a ramp. All psychiatric services in the hospital are available to these patients, as well as an increased amount of diversional therapy. The staff has derived great satisfaction from seeing the benefits offered by this type of service. The relatives of the patients have reacted most favorably to the free and friendly atmosphere which permeates this open ward service. It is hoped that a similar facility for male patients will be forthcoming in the future.

From October 6, 1958, through September 30, 1959, ten doctors on the psychiatric staff of this hospital treated their patients in the Hindle Building. A total of 178 patients were admitted.

It is interesting to note that with the addition of this service, the average length of stay per patient was 18 days as compared with 15.6 days in 1958, and the average daily population in the psychiatric service was 52.6, as compared with 43 in 1958.

While in the hospital, patients have continued to receive the latest accepted forms of psychiatric treatment. On admission all patients received a complete physical, neurological, and laboratory workup, then individual psychotherapy, drug therapy, or organo-therapy, as indicated. Primary consideration was still given to those patients whose age and diagnosis showed the most favorable prognosis for recovery following a short-term period of hospitalization.

Physicians on the visiting staff have continued to meet twice weekly with the resident staff for rounds and conferences. They were always available for consulting services and their cooperation was indeed most valuable and appreciated. The psychiatric team of psychiatrist, psychologist, and social worker continued, as it has proven itself to be the most effective and comprehensive approach for the patients' benefit.

PATIENTS TRANSFERRED TO CHARLES V. CHAPIN
HOSPITAL FROM OTHER HOSPITALS

Butler Health Center.....	2
Davis Park Veterans Hospital.....	12
Kent County Hospital.....	3
Lying-in-Hospital	1
Miriam Hospital.....	9
Newport Hospital.....	2
Newport Naval Hospital.....	4
Our Lady of Fatima Hospital.....	9
Pawtucket Memorial Hospital.....	5
Quonset Point Station Hospital.....	2
Rhode Island Hospital.....	89
Roger Williams Hospital.....	3
St. Joseph's Hospital.....	15
Woonsocket Hospital.....	3
	159

It was interesting to note that in spite of the fact that general hospitals in this state have opened more facilities and relaxed their admission policies regarding the admission of mental patients, there has been a great increase in transfers from the in-patient departments and accident rooms of such hospitals to our service. For example:

	1958	1959
Rhode Island Hospital.....	44	89
St. Joseph's Hospital.....	5	15
Miriam Hospital.....	2	9
Our Lady of Fatima Hospital.....	4	9

Twenty patients were transferred from North I and II of this hospital to general hospitals, indicating an increase of only 3 patients over the previous year. The general hospitals have been most cooperative in readily accepting our referrals, and for this we continue to be appreciative.

Although there was an increase in the number of patients admitted, the same pattern of age distribution, severity of illness, and variety of diagnoses continued as in the past.

There have been 137 patients admitted who were 65 years of age and older.

<i>Years of Age</i>	<i>Number Admitted</i>	<i>Years of Age</i>	<i>Number Admitted</i>
65	14	79	4
66	7	80	7
67	10	81	5
68	5	82	3
69	8	83	1
70	10	84	2
71	3	85	2
72	9	86	2
73	4	87	2
74	6	89	1
75	9	91	1
76	6	95	1
77	6	98	1
78	8		
			137

DISPOSITION OF PATIENTS AGE 65 AND OVER

Home	22
Home, Against Advice.....	7
State Hospital.....	87
Butler Health Center.....	1
Rhode Island Hospital.....	7
Brockton Veterans Administration Hospital.....	1
Fuller Sanatorium.....	1
Convalescent Home.....	5
Dead	6
	137

We were again happy to note that we were following the national trend of discharging home as recovered or improved more patients than we were transferring to other mental hospitals. This was particularly gratifying in view of the necessity, in some instances, for rather rapid transfers to the State Hospital and the ever foremost concern for the security of the community.

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
1959	564	490	13	1,067

The monthly lecture series given by experts in services and in fields allied to mental health was continued with increasing audiences. We are most grateful to our guest speakers for giving us their time and thoughts, and to the community agencies for sending their representatives. We have continued the formal teaching lectures for the residents. At this time, I wish to express my gratitude to the members of the visiting staff and the other prominent Rhode Island doctors who so willingly participated in this teaching program.

There have been several changes in personnel. On June 30, 1959, Dr. Remigio C. Villarico resigned to accept a residency at the New England Deaconess Hospital in Boston. On July 10, 1959, Dr. Geronimo S. Torres, a graduate of the University of Santo Tomas, Manila, who had completed a year's residency at the Newport Hospital in Newport, Rhode Island, joined the staff. On October 18, 1959, Dr. George G. Cekas resigned to accept a residency at the Emma Pendleton Bradley Hospital in Riverside, Rhode Island. On October 5, 1959, Dr. Lupercio L. Duluc, a graduate of the University of Santo Domingo, Dominican Republic, who had completed internship at St. Francis Hospital, Bronx, New York, joined the staff.

SOCIAL SERVICE DEPARTMENT

Essentially the same functions and services were continued during the past year. Emphasis still, of necessity, has been on short interviews with many relatives primarily concerning precipitating factors of a patient's hospitalization and arrangements at the time of his discharge. We have worked very closely with other social agencies, hospital social service departments, and rehabilitation services to make the most effective and frequently quickest social evaluation and planning.

The continued increase in the admission rate plus the yearly addition of patients already known to the Neuro-Psychiatric Department placed a heavy load upon the Social Service Department. We were not only concerned with those patients in the hospital at a given time, but also those who had

been here. Each year we have seen an increase in telephone calls, written requests for summaries and abstracts, requests to participate in agency conferences now dealing with our former patients, and even court appearances concerning our former patients. We have also seen a marked increase in the so-called paper work of completing forms, applications, and questionnaires. The opening of the Hindle Building, with its increased capacity for patients, also increased the demands for service upon the Social Service Department.

Social histories were taken when requested by the resident staff. Conferences were held with relatives and agencies for dispositional planning. Casework services were given on a limited scale to patients and their relatives during their hospitalization and following their discharge from the hospital. Abstracts and summaries were prepared. Social Service continued to prepare the monthly and annual hospital statistics, as well as the Annual Report for the Department of Health, Education, and Welfare.

We participated in the monthly community lecture series, the resident training program, took part in the bi-weekly staff rounds and conferences, and represented the hospital on various community committees and association boards.

PSYCHOLOGY DEPARTMENT

This department rendered services to our ward patients and, upon request, to patients under the care of private physicians on our staff. Emphasis was placed upon those cases considered by the staff to be likely candidates for short term treatment or those who offered a particular diagnostic problem.

Collaboration with other members of the staff, psychiatrists, and social workers was continued, with the psychological test findings integrated with the findings of the other members of the psychiatric team. Test results were utilized and oriented towards clarification of personality dynamics, diagnosis, prognosis, and treatment choice.

Other routine functions consisting of active participation in daily ward rounds, admission interviews, bi-weekly staff conferences, and lectures were carried out as in the past years.

Psychiatric screening tests were again administered to a group of Providence Police Department recruits. As the department was functioning near its maximum level, the number of candidates this year showed a marked decrease over the past few years.

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

Psychological tests were administered to	
In-Patient	90
Special	27
	<hr/> 117

Tests Administered

Rorschach Psychodiagnostic Record.....	56
Wechsler-Bellevue Intelligence Scale.....	30
Sentence Completion Test.....	42
Thematic Apperception Test.....	12
Cornell Index.....	27
Miscellaneous (Memory Scale, Bender-Gestalt, etc.).....	40
	<hr/> 207

October 1, 1958 through September 30, 1959

There have been 41 juveniles (18 years and under) admitted, 18 males, 23 females.

	Years of age:.....	18	17	16	15								
	Number admitted:.....	13	9	18	1								
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total
Admissions	.....90	83	85	100	86	92	94	106	88	77	84	102	—1,087
Discharges	.....80	91	76	98	94	81	98	112	80	85	76	96	—1,067
First Admissions.....													754
Second Admissions.....													192
Third Admissions.....													79
Fourth Admissions.....													30
Fifth Admissions.....													16
Sixth Admissions.....													7
Seventh Admissions.....													8
Eighth Admissions.....													1
													1087

CONDITION

Unimproved	490
Improved	398
Recovered	166
Dead	13
	<hr/>
	1067

DISCHARGE DIAGNOSIS

Schizophrenic Reaction.....	344
Manic Depressive Reaction, manic type.....	26
Manic Depressive Reaction, depressive type.....	27
Manic Depressive Reaction, other.....	5
Psychotic Depressive Reaction.....	53
Paranoid State.....	21
Involitional Psychotic Reaction.....	63

Chronic Brain Syndrome

Associated with senile brain disease.....	19
Associated with central nervous system syphilis.....	1
Drug or poison intoxication.....	1
Alcohol intoxication.....	11
Associated with birth trauma.....	1
Associated with brain trauma.....	2
Associated with cerebral arteriosclerosis.....	71
Associated with intracranial infection other than syphilis.....	2
Associated with circulatory disturbance other than cerebral arteriosclerosis	8
Associated with convulsive disorder.....	10
Associated with disease of unknown or uncertain cause.....	2
Of unknown cause.....	12

Acute Brain Syndrome

Associated with systemic infection.....	2
Drug or poison intoxication.....	12
Alcohol intoxication.....	99
Acute hallucinosis.....	33
Acute delirium tremens.....	22
Associated with trauma.....	2
Associated with convulsive disorder.....	7
With disease of unknown or uncertain cause.....	1
With metabolic disturbance.....	4
Of unknown cause.....	1

Psychoneurotic Disorders

Anxiety Reaction.....	12
Dissociative Reaction.....	3
Conversion Reaction.....	8
Phobic Reaction.....	3
Obsessive Compulsive Reaction.....	6
Depressive Reaction.....	110

Personality Disorders

Emotionally Unstable Personality.....	1
Passive Aggressive Personality.....	1
Sociopathic Personality Disturbance.....	5
Antisocial Reaction.....	2
Dyssocial Reaction.....	4
Addiction	1
Alcoholism	10
Drug Addiction.....	1
Alcohol Intoxication (simple drunkenness).....	14

Transient Situational Personality Disorders

Transient Situational Personality Disturbance.....	2
Adult Situational Reaction.....	1
Adjustment Reaction of Adolescence.....	1
Adjustment Reaction of Late Life.....	3
Psychophysiological Nervous System Reaction.....	6
Psychophysiologic Gastro-Intestinal Reaction.....	1
Question of Depressive Reaction.....	1
Convulsive Disorder due to unknown origin.....	1
Observation psychiatric.....	4
Observation neurological.....	4

DISPOSITION

Home	482
Home — Against Advice.....	50
State Hospital (Department of Social Welfare).....	446
Butler Health Center.....	10
Fuller Memorial Sanitarium, Attleboro, Mass.....	2
Veterans Administration Hospitals	
Brockton	28
Davis Park.....	1
Jamaica Plains.....	2
Rhode Island Hospital.....	17
Our Lady of Fatima Hospital.....	1
Newport Naval Hospital.....	2
Convalescent Home.....	7
Y.M.C.A.	1
Custody of the Police.....	2
A.W.O.L.	3
Dead	13

1067

CAUSES OF DEATH

Cardiac arrest.....	1
Passive congestion of heart.....	1
Passive congestion of heart and uremia.....	1
Bronchial pneumonia.....	4
Cerebral hemorrhage due to hypertension.....	1
Arteriosclerotic heart disease.....	1
Poisoning by barbiturates.....	1
Cerebral hemorrhage.....	1
Delirium tremens.....	1
Edema, pulmonary, due to infarction and bronchopneumonia.....	1

13

It is always pleasant to look back upon a busy, active year when you can honestly feel that definite progress has been made. The challenge of the opening of the first open ward was stimulating, rewarding, and I feel a reflection of progress.

May I, at this time, express my gratitude to Dr. Hilary J. Connor for his never failing help, patience, and foresight; to the members of my staff—residents, nurses, psychiatric aides, psychologist, social workers, and secretaries—for their cooperation and diligence; and to the members of the visiting staff for their encouragement and loyalty.

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

Elizabeth R. McKenna, R. N.*

ASSISTANT DIRECTORS OF NURSING SERVICE

COMMUNICABLE DISEASE DIVISION
Mona K. DeSimone, R.N.*

NEURO-PSYCHIATRIC DIVISION
Susie Marcello, R.N.

INSTRUCTOR

Sally F. Hopkins, R.N.*

SUPERVISORS

Georgie B. Kahler, R.N.
Rosaleen O'Rourke, R.N.
Ann M. Hall, R.N.

GRADUATE NURSING PERSONNEL

COMMUNICABLE DISEASE DIVISION

Magdelan Buckley
Veronica Callan
Jane Casey
Rose McElory

Isabel Pedulla
Lillian Reynolds
Carole Sassi
Laurel Scorpio

PART-TIME

Marion Drummond
Arlyne Harrower
Ann Martin

Barbara Mignault
Beverly Wisman

*Acting

PEDIATRIC DIVISION

Alice Perkins

Mary Picard

PART-TIME

Gloria Riley

NEURO-PSYCHIATRIC DIVISION

Richard Cushman

Elizabeth Pono

Rose Howard

Margaret Rostron

Agnes MacLean

John W. Tencher

Phyllis McDonnell

OUT-PATIENT DEPARTMENT

Grace Cannon

PART-TIME

Angelita Colacci

Mrs. Carmela Salvatore Williams, R. N., following seven and a half years as the director of nursing service and the school of nursing, resigned on May 3, 1959 to take up residence in California.

Due to the continued decrease in the number of basic schools of nursing offering a communicable disease nursing affiliation, the past year has increased the problem of acquiring trained personnel to staff these wards. Through the cooperation of nursing service and education, however, we were able to offer a course in the technical skills to interested professional persons who did not have communicable disease nursing during their training period. In the past year, I am happy to say, ten practical nurses and five registered nurses were qualified in this manner to work under supervision in the communicable areas. We are re-evaluating this program constantly to strengthen its weaknesses as it will be a major source of supply in our ultimate aim of giving good nursing care. Many review classes in technical skills have been given in the past year to the auxiliary help which have proven most helpful. It is our desire to continue and emphasize these classes in the future.

A revision of the manual of Aseptic Technique was published this year, through the cooperation of the administrative, medical and nursing staffs.

Plans have been formulated to offer a six-week program to the affiliating schools of nursing to become effective in 1960.

I am pleased to announce that the Rhode Island Society for Mental Hygiene's award to the outstanding male and female psychiatric attendants, were given to Mr. Robert Nichols and Mrs. Glovina Blade of our neuro-psychiatric division.

In closing, I wish to thank the nursing personnel for their cooperation throughout the past year. On behalf of myself and my assistants, I should like to thank Dr. Connor for his interest and counsel, and to express our appreciation of the help and encouragement we have received from the Board of Hospital Commissioners, the medical staff and the many other departments who have collaborated in our effort to care for each patient.

Respectfully submitted,

ELIZABETH R. MCKENNA, R. N.
*Acting Director of Nursing Service
and the School of Nursing*

STUDENT NURSE PERSONNEL AND GEOGRAPHICAL DISTRIBUTION

*Milford Hospital, Milford, Massachusetts.....	13
The Memorial Hospital, Pawtucket, Rhode Island.....	17
New England Baptist Hospital, Boston, Massachusetts.....	3
Saint Joseph's Hospital, Providence, Rhode Island.....	36
**Nashua Memorial Hospital, Nashua, New Hampshire.....	10
Salve Regina College, Newport, Rhode Island.....	0
Total	79
Diplomas Awarded.....	78
In the School of Nursing October 1, 1959.....	5

Total number of students since 1910.....11,961

*July 1, 1959 School of Nursing Closed.

**July 15, 1959 Terminated the Affiliation.

Report of the Laboratory

During the fiscal year ending September 30, 1959, the laboratory performed a total of 55,191 tests, of which 143 were done at the request of the Health Department. The breakdown of this work can be seen in Table I.

Fifteen autopsies were done during this year and the hospital attained an autopsy percentage of 57.6%. A comparison with earlier years may be made by reference to Table II.

Table III indicates the causes of death by systems in the autopsied cases.

No very unusual case was encountered at post mortem. However, the case of bilateral eosinophilic granulomata of the mastoid processes in a young boy, mentioned a year ago, was published by the Departments of Pathology and Radiology, in collaboration with an otologist and radiologist from a neighboring hospital.

I wish to extend thanks to the Superintendent, Dr. Connor, for his interest in the laboratory. I also want to thank the medical staff, the officers of the City Health Department, as well as the technical staff of the laboratory for their cooperation and support.

Respectfully submitted,

LEROY W. FALKINBURG, M. D.

Pathologist

Table I

	C.V.C.H. + 0 ?	H.D. 0 ?	C.V.C.H.	H.D.	Total
Bacteriology:					
Cultures for hemolytic strep.	573	40	8,017	40	8,057
Cultures for diphtheria	207	36	8,017	40	8,057
Cultures for staphylococcus	270	2	139	2	404
Blood Cultures	63	2	452	2	517
Stool and Urine Cultures	182	2	229	2	413
Stools for Ova and Parasites	166	2	229	2	413
Ear Cultures	13	2	65	2	80
Eye Cultures	3	2	8	2	13
Sputum Cultures	13	2	39	2	54
G. C. Cultures	11	2	39	2	52
Smears for gonococci (G. U.)	28	2	42	2	72
Smears for sputa for tubercle bacilli	42	2	3	2	47
Smears for Treponema Pallidum	1	2	584	2	587
Spinal Fluid Sediments and Cultures	1	2	1	2	4
Vaccines	13	2	13	2	28
Animal inoculations for "T.B."	1	2	369	2	372
Sensitivity Tests	1	2	252	2	255
N. P. Cultures	1	2	273	2	276
Miscellaneous Cultures	1	2	273	2	276
Miscellaneous Examinations	1	2	273	2	276
Total Bacteriology	75	2,298	26,562	143	26,705
Serology:					
Veneral Disease Research Laboratory	75	2,298	2,373	143	2,516
Agglutination tests for typhoid	36	36	36	36	144
Agglutination tests for undulant fever	36	36	36	36	144
Agglutination tests for Proteus Ox-19	36	36	36	36	144
Sheep cell agglutination	94	94	94	94	376
Total Serology	2,575	2,575	2,575	159	5,709
Hematology:					
Spinal fluid cell counts	317	317	317	317	1,268
Cell counts and differential counts	11,168	11,168	11,168	11,168	44,672
Blood Grouping	30	30	30	30	120
Sedimentation Rate	277	277	277	277	1,108
Hematocrit	308	308	308	308	1,232
Special Hematology	159	159	159	159	636
Total Hematology	12,269	12,269	12,269	1,269	49,072

Table II
 NECROPSIES, 1910 TO SEPTEMBER 1959

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
1959.....	26	15	57.6
Total.....	6,465	2,379	36.7

Table III

PRINCIPAL CAUSES OF DEATH AS DETERMINED AT
POSTMORTEM EXAMINATION

Causes of Death

Autopsy Number		Age
<i>Nervous System</i>		
A-13-58	Subacute Purulent Meningitis and Metastatic Malignant Disease..	56 years
A-1-59	Intraventricular Hemorrhage	15 days
A-4-59	Acute Anterior Poliomyelitis	19 years
A-5-59	Pontine Hemorrhage	65 years
A-8-59	Acute Toxic Encephalitis	48 years
A-10-59	Astrocytoma Grade II (Astroblastoma)	63 years
A-11-59	Cerebral Birth Injury	22 months
<i>Respiratory System</i>		
A-1-59	Acute Bilateral Bronchopneumonia	15 days
A-6-59	Acute Bilateral Necrotizing Bronchopneumonia	78 years
A-9-59	Agenesis of Right Lung	6 weeks
A-15-58	Acute Bilateral Hemorrhagic Bronchopneumonia	7 days
A-16-58	Bronchogenic Carcinoma with Metastases	55 years
<i>Cardiovascular System</i>		
A-2-59	Cardiovascular Renal Disease	65 years
A-9-59	Corpulmonale Patent Foramen Ovale	6 weeks
<i>Genitourinary System</i>		
A-7-59	Genitourinary Disease	67 years
<i>Miscellaneous</i>		
A-14-58	Acute Hepatitis	42 years
A-1-59	Acute Diffuse Desquamative Dermatitis	15 days
A-3-59	Diffuse Cellulitis of Right Arm	54 years

Report of the X-ray Department

There has been a slight increase in the number of cases and the parts of the body X-rayed during 1959 as compared to 1958. The increase in the number of chest examinations accounts for most of this change. The other examinations are basically at the same level as previously.

The installation of new X-ray equipment has been completed with the exception of the image amplifier and ordograph attachments, which should be in operation soon.

In addition, there has been a remodeling of the X-ray room itself with marked improvement of appearance.

The cross-index filing system of cases is being continued. A program of reducing radiation hazards is being continued.

Mrs. Jeanne Hagenow continues her excellent work in this department. Mrs. Margaret Brown has resigned and is replaced by Miss Rose Smile. Our secretaries, Miss Frima Krasner, Miss Helen Iasimone and Miss Anne Zeppa, continue their good work.

Respectfully submitted,

MANUEL HORWITZ, M. D.

Roentgenologist

PARTS OF THE BODY X-RAYED			NUMBER OF CASES		
	1958	1959		1958	1959
Lungs, Pulmonary Dept.....	1,790	1,854	Ward Patients:		
Lungs	910	1,200	Neuro-psychiatric	330	394
Bones:			Others	949	1,037
Spines	105	116	Out. Patients	129	67
Skulls	259	205	Pulmonary Patients	1,790	1,854
Extremities	233	276	Student Nurses	84	71
Cardiac	85	84	Employees	138	195
Gall Bladder	12	10	State Rheumatic Fever Pro-		
Abdomen	41	29	gram	63	60
Intravenous Pyelogram	27	26	State Mental Retardation...	64	45
G. I. Series	33	17	Total	3,547	3,743
Barium Enema	12	12	Electrocardiograms	178	190
Sinuses	33	53	Portable Examinations	146	64
Mastoids	29	23			
Encephalograms	0	1			
Dental	1	2			
Fluoroscopy	73	48			
Miscellaneous	20	14			
Total (including portables)	3,663	4,158			

Report of the Out-Patient Department

The total number of visits in the Out-Patient Department during the fiscal year was 5,915, representing a decrease of 1,127 from the preceding year. The decrease was mainly due to the recent hospital policy of discontinuing all clinics conducted by the hospital staff except the pediatric and the neuro-psychiatric.

The number of food handlers examined (3,382) shows a moderate increase from those examined (3,211) last year.

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

I wish to express my sincere appreciation to other hospital personnel for their cooperation during the year.

Respectfully submitted,

CONRADO M. RECIO, M. D.

Physician-In-Charge

Out-Patient Department

1959

DEPARTMENTS	New Patients	First Visits Old Patients	Total Individuals	Revisits	Total Visits 1959	Total Visits 1958
Syphilis.	2	—	2	19	21	129
Neuro-Syphilis.	—	5	5	5	10	22
Dermatology.	30	5	35	111	146	331
Gynecology.	3	1	4	8	12	86
Urology.	5	4	9	25	34	175
Neuro-Psychiatry.	107	10	117	682	799	431
Pediatrics.	155	17	172	391	563	577
*Pulmonary	597	1,005	1,602	1,853	3,455	3,407
Medicine.	10	9	19	143	162	676
Orthopedic	—	—	—	—	—	32
V. D. Examination	11	5	16	26	42	208
V. D. Penicillin Rx.	9	—	9	54	63	361
**Rheumatic Fever	30	—	30	233	263	358
Minor Accidents	345	—	345	—	345	249
Total.	1,304	1,061	2,365	3,550	5,915	7,042

*Pulmonary Clinic of the Providence Health Department.

**Rheumatic Fever Program of the State Health Department.

Report of Dietary Department

A total of 203,841 meals were served during the year ending September 30, 1959, which is 10,311 less than the number served in 1958. This year the cost of raw food was 46¢ per meal compared to 43¢ per meal last year.

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

MEAL COUNT							
	Dining Rooms			Patients			Total
	Doctors	Nurses	Employee's	Pedi- atrics	Psycho.	Commun- icable	
Month							
October 1958	605	3,791	3,601	854	4,921	2,984	16,756
November	616	3,685	3,691	910	4,958	3,121	16,981
December	621	3,951	3,418	983	5,010	3,041	17,024
January 1959	642	4,010	3,819	1,012	5,072	3,090	17,645
February	651	4,102	3,824	1,113	5,089	3,136	17,915
March	672	5,015	3,988	1,241	5,131	3,110	19,157
April	701	5,861	3,993	1,421	5,167	3,105	20,248
May	503	3,557	2,352	1,263	6,220	3,002	16,897
June	402	3,482	1,856	1,045	5,156	2,976	14,917
July	585	4,992		1,953	4,590	1,023	13,143
August	639	5,391		2,014	5,216	2,953	16,213
September	610	5,693		2,008	5,612	3,017	16,940
Total	7,247	53,535	30,542	15,817	62,142	34,558	203,841

The appearance of the doctors' dining room was much improved by having it repainted and new draperies hung at the windows.

For a trial period during the summer, all hospital personnel other than the doctors were served meals in one dining room. This facilitated matters for the dietary workers and as it proved to be a practical and satisfactory arrangement for all concerned, it was decided to keep the other dining room closed.

I would like to express my appreciation to Dr. Connor, Mrs. Desjarlais, my assistant, the dietary employees, also the Nursing and Maintenance Departments for their help and co-operation throughout the year.

Respectfully submitted,

DOROTHY KELLY
Dietitian

Report of the Maintenance Department

The most important improvements made this year were the partial installation of a new X-ray unit consisting of combination radiographic-fluoroscopic table, ceiling suspended tube hanger, image intensification system, and a horizontal-vertical ordograph. This unit was also improved by installing new lead walls for protection against radio-active rays. The new tile ceiling, tile floors, and cherry wall paneling make this unit very attractive.

Modernization of the operating room suite and adjacent corridor was also done this year. This included installation of isolating transformers together with ground indicator lights and testing unit, and isolation of all existing electrical branch circuits serving the operating room suite. Installation of a new semi-conductive floor brings this unit up to conformity with all safety standards, as approved by the National Board of Underwriters.

Improvements to the hospital plant continue, as shown in the following list of projects:

INSTALLATIONS

- Clinic room, Administration Building
- Foundation, east side, Hindle Building
- Fire escape, east side, Hindle Building
- Aluminum jalousie doors on north end of West I and II, Richardson I and II, East I and II, west side of Richardson I, south and west sides of Hindle Building
- Floor racks, drug room
- Overhead tube travel beams, X-ray room
- Counter-weight assembly, X-ray room
- Tile ceiling, X-ray room
- Tile flooring, X-ray room
- Cherry V grooved paneling, X-ray room
- Control booth, X-ray room

- Electric lines and lights, X-ray room
- Doors and door casing, X-ray room
- Aluminum jalousie panels, Administration Building
- Steam reduction valve, Hindle Building
- 35 Window screens
- 108 Window shades
- 26 Electric lights
- Formica counter tops, East I and II, Richardson I and II, laundry and drug room
- 4 Casement windows, Huxley Avenue house
- Temperature gauges on all sterilizers and laundry washers
- 6 Water closets
- 2 Blow-off safety valves, #1 and #3 boilers
- Masonite walls, East II sterilizer room
- Record cabinets, North and Administration Buildings

PAINTED

Drug rooms and furniture
 Laundry and equipment
 Bathroom and sitting rooms, doctors' quarters
 Operating rooms and all furniture
 Doctors' dining room
 Main kitchen
 East II, and refinished all floors and furniture
 West II and furniture
 North Building, 8 rooms and all door casings
 Nurses' Home, 32 rooms
 Formula room
 Superintendent's office and 5 administration offices

NEW EQUIPMENT

- 4 Letter-size files
- 1 Desk and chair
- 1 Adding machine
- 2 Floor-type fans
- 10 Lawn chairs
- 2 doz. Folding chairs
- 1 Mist-O₂-Gen nebulizer
- 1 Wheel stretcher
- 3 Televisions
- 2 Power lawn mowers
- 1 Steam reducing valve, Hindle Building
- X-ray equipment
- Operating room equipment

I am grateful to the maintenance staff for their cooperation, and to Dr. Connor my sincere thanks for his help throughout the year.

Respectfully submitted,

JAMES E. KELLEY
Engineer

Acknowledgments

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

Mrs. Mae Johnson
Brownie Troop 183
Grace Church Periodical Club
Dr. Frank Giunta
Mr. C. L. Harden
Mrs. Fred Volpe
Mrs. Ervin G. Bissell
Hassenfeld Bros.
Lt. Leonard Bloom Ladies Auxiliary #284
Girl Scout Troops 21, 255
Cranston Red Cross Chapter
Mr. Royal Brouillard
Mrs. Annie L. Dyer
Cranston Rainbow Alumnae
Mrs. L. Cosentino
Cub Scout Pack 46
Beneficent Congregational Church
Miss Claire Tella
Mrs. Roland Vigeant
Mrs. Louis Cosentino

MISCELLANEOUS

Mr. Martin F. Noonan, flowers on several occasions
American Jr. Red Cross, favors at Halloween, Christmas, Valentine Day, St. Patrick's Day, Easter, also May baskets
Cranston Rainbow Alumnae, favors at Halloween, Thanksgiving, St. Patrick's Day, Easter, and other times
Dillon Council, Knights of Columbus, two communion sets
Vineyard St. School, candy cups
St. Paul's Women's Club, books, toys, clothing, also gifts for adults, at Christmas
Dr. M. Adelman, candy
Ed Drew Orchestra, music at Christmas
In memory of Mr. James J. Manning, piano and stool
Girl Scout Troop 220, candy baskets and cookies at St. Valentine Day and Easter
Beneficent Congregational Church, Easter baskets
Brownie Troops 146 and 187, Easter favors
Girl Scout Troop 95, cans of cookies
Mr. Reinhardt Battcher, TV set

FILED

MAY 16 3 47 PM '60

CITY CLERK'S OFFICE
PROVIDENCE, R. I.