

Forty-Fifth Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1954

229



PROVIDENCE  
THE OXFORD PRESS  
1955

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## BOARD OF HOSPITAL COMMISSIONERS

*Chairman Ex-Officio*

MAYOR WALTER H. REYNOLDS

JOSEPH C. O'CONNELL, M. D. ....Term expires 1955  
HERMAN A. LAWSON, M. D. ....Term expires 1956  
JAMES H. FAGAN, M. D. ....Term expires 1957  
JOSEPH SMITH, M. D., *Supt. of Health, Ex-Officio*

*Secretary*

JOSEPH C. O'CONNELL, M. D.

## Committee on Organization

Joseph C. O'Connell, M. D.                      James H. Fagan, M. D.  
Herman A. Lawson, M. D.

### Visiting Committee

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

## Nursing Committee

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

**ADMINISTRATIVE STAFF**

**October 1, 1953—September 30, 1954**

**Superintendent**

Hilary J. Connor, M. D.

**Assistant Superintendent and Clinical Director**

Edward J. West, M. D.

**Assistant Superintendent**

Stephen F. Lehman, M. D.

**Business Manager**

Ambrose J. Toner

**Psychiatric Department**

**DIRECTOR**

Sidney S. Goldstein, M. D.

**RESIDENT PHYSICIANS**

\*Taras Hanuszewskyj, M. D.      Giulio di Furia, M. D.

\*\*Juanito A. Crisologo, M. D.      Jefim Weremczuk, M. D.

**Pathologist**

LeRoy W. Falkinburg, M. D.

**Roentgenologist**

Manuel Horwitz, M. D.

**Assistant Director of Laboratories**

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

**Superintendent of Nurses**

Carmela Salvatore, R. N.

---

\*Resigned June 30, 1954.

\*\*Resigned June 30, 1954.

**Assistant Superintendents of Nurses**

Elizabeth G. Regan, R. N.  
Susan Tanzi Marcello, R. N.

**Instructor of Nurses—Communicable Diseases**

\*Evelyn T. Mummert, R. N., B. S.  
Mary N. Nikodem, R. N., B. S.

**Clinical Instructor**

Sally F. Hopkins, R. N.

**Social Workers**

**Barbara B. Josephson	Ruth F. Levy
Eileen A. O'Connor	Ann Maguire

**Clinical Psychologist**

Charles Devine

**Matron**

Mary H. Farrell

**Dietitian**

Ruth Davidson

**Pharmacist**

Frank Colacci, Ph. G.

**Engineer**

James E. Kelly

**Housemother—Nurses' Home**

Albina R. Merrill

---

\*Resigned September 20, 1954.

\*\*Resigned January 16, 1954.

**HOUSE-OFFICERS WHO SERVED DURING YEAR  
ENDING SEPTEMBER 30, 1954**

**Residents in Pediatrics**

*(Service Completed)*

Simona C. Alikpala, M. D.	October 31, 1953
Bertha W. Wainerman, M. D.	January 31, 1954
Alfredo Ayala, M. D.	June 30, 1954
Shafik Khoja, M. D.	June 30, 1954
Juergen Nicolas, M. D.	
Sophie N. Wlassich, M. D.	
Paulo A. Botelho, M. D.	

*Affiliate Residents in  
Pediatrics for Communicable  
Disease Training*

**(From Rhode Island  
Hospital)**

Frederick A. Peirce, Jr., M. D.

**(From Lenox Hill Hospital)**

June R. Flory, M. D.

*Affiliate Interns*

**(From Beth-Israel Hospital)**

Richard O. Bicks, M. D.  
Nathaniel Cohen, M. D.  
Jason E. Lucas, M. D.  
Jay I. Slosberg, M. D.  
Alan L. Kaitz, M. D.  
Herman Uhley, M. D.  
Ira G. Wool, M. D.  
Daniel K. Bloomfield, M. D.

**(From Rhode Island  
Hospital)**

Morgan F. Mahoney, M. D.  
John R. Marshall, M. D.  
Max Bloom, M. D.  
Robert D. Harrington, M. D.  
Harold A. Wilkinson, M. D.  
William A. Damon, M. D.  
Marvin Silk, M. D.

---

**CONSULTING STAFF****PHYSICIANS**

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

**SURGEONS**

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



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

(The Board of Hospital Commissioners elects, at its October meeting, the staff which is to serve commencing the next January. Following is the staff elected to serve during 1954 and incorporated in it are changes made prior to October 1954.)

## **VISITING STAFF**

### **DEPARTMENT OF MEDICINE**

#### **In-Patient Department**

##### **PHYSICIAN-IN-CHIEF**

**Louis I. Kramer, M. D.**

##### **VISITING PHYSICIANS**

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

##### **ASSISTANT VISITING PHYSICIANS**

Russell S. Bray, M. D.	Joseph G. McWilliams, M. D.
Frank D. Fratantuono, M. D.	William J. O'Connell, M. D.
David Litchman, M. D.	Laurence A. Mori, M. D.
John T. Keohane, M. D.	George E. Kirk, M. D.
William Fain, M. D.	Gustaf Sweet, M. D.

#### **Out-Patient Department**

##### **PHYSICIAN-IN-CHARGE**

**Louis I. Kramer, M. D.**

##### **VISITING PHYSICIANS**

Richard Femino, M. D.	Robert E. Carroll, M. D.
Gustavo A. Motta, M. D.	Michael DiMaio, M. D.
Robert Maiello, M. D.	*Richard J. Martin, M. D.
Edwin B. O'Reilly, M. D.	Jacob Stone, M. D.
Nathan J. Kiven, M. D.	Nicholas A. Pournaras, M. D.
John J. Lury, M. D.	Martin J. O'Brien, M. D.
Herbert F. Hager, M. D.	James J. Sheridan, M. D.
*Walter F. Fitzpatrick, Jr., M. D.	James F. Hardiman, M. D.
Bernard Rapoport, M. D.	Pasquale J. Pesare, M. D.
Jaroslaw Koropej, M. D.	

\*Leave of absence

**DEPARTMENT OF TUBERCULOSIS**

**In-Patient Department**

**DIRECTOR**

Peter F. Harrington, M. D.

**VISITING PHYSICIANS**

James B. Moran, M. D.

Thomas H. Murphy, M. D.

**Out-Patient Department**

**DIRECTOR**

Peter F. Harrington, M. D.

**VISITING PHYSICIANS**

James B. Moran, M. D.

Thomas H. Murphy, M. D.

**DEPARTMENT OF DERMATOLOGY AND  
SYPHILOLOGY**

**In-Patient Department**

**PHYSICIAN-IN-CHIEF**

Vincent J. Ryan, M. D.

**VISITING PHYSICIANS**

William B. Cohen, M. D.

Bancel L. Schiff, M. D.

Francesco Ronchese, M. D.

Carl S. Sawyer, M. D.

Malcolm Winkler, M. D.

Arthur B. Kern, M. D.

**Out-Patient Department**

**PHYSICIAN-IN-CHARGE**

Vincent J. Ryan, M. D.

**VISITING PHYSICIANS**

William B. Cohen, M. D.

Bancel L. Schiff, M. D.

Francesco Ronchese, M. D.

Carl S. Sawyer, M. D.

Malcolm Winkler, M. D.

Arthur B. Kern, M. D.

**DEPARTMENT OF PEDIATRICS****In-Patient Department**

## PHYSICIAN-IN-CHIEF

Harold G. Calder, M. D.

## VISITING PHYSICIANS

Maurice Adelman, M. D. Frank J. Jacobson, M. D.

Reuben C. Bates, M. D. Reginald A. Allen, M. D.

**Assistant Visiting Physicians**

William P. Shields, M. D. Eric Denhoff, M. D.

D. William J. Bell, M. D. Herman B. Marks, M. D.

Isadore Gershman, M. D. Clara Loitman-Smith, M. D.

Maurice N. Kay, M. D.

**Out-Patient Department**

## PHYSICIAN-IN-CHARGE

Harold G. Calder, M. D.

## VISITING PHYSICIANS

Bruno G. DeFusco, M. D. George H. Taft, M. D.

Richard K. Whipple, M. D. John T. Barrett, M. D.

Earle F. Cohen, M. D. Leonard B. Bellin, M. D.

Frank Giunta, M. D. Hilary H. Connor, M. D.

Vincent P. Rossignoli, M. D. Gilbert Houston, M. D.

Rudolf A. Jaworski, M. D. Gerald Solomons, M. D.

John P. Grady, M. D. \*Peter L. Mathieu, Jr., M. D.

Briand N. Beaudin, M. D. Mario Vigliani, M. D.

**Allergist**

Stanley S. Freedman, M. D.

**DEPARTMENT OF NEURO-PSYCHIATRY****In-Patient Department**

## PHYSICIAN-IN-CHIEF

William N. Hughes, M. D.

## VISITING PHYSICIANS

Nora P. Gillis, M. D. Himon Miller, M. D.

Kathleen M. Barr, M. D. Ernest A. Burrows, M. D.

Sarah M. Saklad, M. D.

\*Leave of absence

**Out-Patient Department**

**PHYSICIAN-IN-CHARGE**

William N. Hughes, M. D.

**VISITING PHYSICIANS**

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

**DEPARTMENT OF UROLOGY**

**In-Patient Department**

**SURGEON-IN-CHIEF**

Howard K. Turner, M. D.

**VISITING SURGEON**

John F. Streker, M. D.

**ASSISTANT VISITING SURGEONS**

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

**Out-Patient Department**

**SURGEON-IN-CHARGE**

Howard K. Turner, M. D.

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\*Leave of absence

VISITING SURGEONS

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

ASSISTANT VISITING SURGEONS

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

DEPARTMENT OF GYNECOLOGY

In-Patient Department

SURGEON-IN-CHIEF

George W. Waterman, M. D.

VISITING SURGEONS

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

ASSISTANT VISITING SURGEONS

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

Out-Patient Department

SURGEON-IN-CHARGE

George W. Waterman, M. D.

VISITING SURGEONS

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

## **DEPARTMENT OF SURGERY**

### **In-Patient Department**

#### **SURGEON-IN-CHIEF**

J. Murray Beardsley, M. D.

#### **VISITING SURGEONS**

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

#### **ASSISTANT VISITING SURGEONS**

Seebert J. Goldowsky, M. D.	Hannibal Hamlin, M. D.
Wilfred I. Carney, M. D.	Arnold Potter, M. D.
Thomas C. McOsker, M. D.	Thomas Perry, Jr., M. D.

## **DEPARTMENT OF ORTHOPEDICS**

### **In-Patient Department**

#### **SURGEON-IN-CHIEF**

William A. Horan, M. D.

#### **VISITING SURGEONS**

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

### **Out-Patient Department**

#### **SURGEON-IN-CHARGE**

William A. Horan, M. D.

#### **VISITING SURGEONS**

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

**DEPARTMENT OF EAR, NOSE AND THROAT**

**In-Patient Department**

**SURGEON-IN-CHIEF**

Herman A. Winkler, M. D.

**VISITING SURGEONS**

Linley C. Happ, M. D.                      Thomas L. O'Connell, M. D.  
Thomas R. Littleton, M. D.

**Bronchoscopist**

Linley C. Happ, M. D.

**Out-Patient Department**

**SURGEON-IN-CHARGE**

Herman A. Winkler, M. D.

**VISITING SURGEONS**

Linley C. Happ, M. D.                      Thomas L. O'Connell, M. D.  
Thomas R. Littleton, M. D.

**DEPARTMENT OF OPHTHALMOLOGY**

**In-Patient Department**

**SURGEON-IN-CHIEF**

F. Charles Hanson, M. D.

**VISITING SURGEONS**

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



**Out-Patient Department**

**SURGEON-IN-CHARGE**

F. Charles Hanson, M. D.

**VISITING SURGEONS**

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

**DEPARTMENT OF DENTISTRY**

**In-Patient Department**

**DENTAL SURGEON-IN-CHIEF**

Walter C. Robertson, D. M. D.

**VISITING DENTISTS**

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

**DEPARTMENT OF ANESTHESIA**

**In-Patient Department**

**PHYSICIAN-IN-CHIEF**

Elihu Saklad, M. D.

**VISITING ANESTHETISTS**

Nathan S. Rakatansky, M. D.	Cecil J. Metcalf, M. D.
Priscilla Sellman, M. D.	Samuel Pritzker, M. D.
Americo J. Pedorella, M. D.	Thomas A. Egan, M. D.
Parker Mills M. D.	William A. McDonnell, M. D.

**Consulting Bacteriologist**

Professor Charles A. Stuart

---

**SERVING PROBATIONARY PERIOD**

**Department of Medicine**

VISITING PHYSICIAN

James J. Scanlan, M. D.

**Department of Pediatrics**

VISITING PHYSICIANS

Betty B. Mathieu, M. D.	John E. Farley, Jr., M. D.
Harold B. Lang, M. D.	Alexander A. Jaworski, M. D.
Ruth Appleton, M. D.	John F. Hogan, M. D.

**Department of Urology**

VISITING SURGEONS

Vincent I. MacAndrew, M. D.	Anthony J. Rotelli, M. D.
William S. Klutz, M. D.	

**Department of Gynecology**

VISITING SURGEONS

Robert C. Hayes, M. D.	Vito L. Coppa, M. D.
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**Department of Anesthesia**

VISITING ANESTHETIST

Herbert Ebner, M. D.

**Department of Surgery**

VISITING SURGEON

Leland W. Jones, M. D.

## Charles V. Chapin Hospital

### Historical

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

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

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

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

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

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

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

At a meeting of the Board of Hospital Commissioners on December 21, 1931, in accordance with a resolution passed by the City Council on December 7, 1931, the name of the Providence City Hospital was changed to the Charles V. Chapin Hospital. The purpose of this resolution was to respect and to pay homage to Dr. Charles V. Chapin, who was about to resign as Superintendent of Health, after a continuing service of forty-eight years and who, by virtue of holding this office had been a member of the Board of Hospital Commissioners since that body had been organized. It was largely through his efforts that the hospital had been built. Not only had he been given the responsibility of planning the construction, but during all the years which had followed he had frequently visited to observe the functioning of his endeavors. He was rewarded in this eminent manner for his faithful devotion to the welfare and health of this community which, through pride for his world-wide fame as a public health officer, esteemed no honor too great for the distinction he had brought on our city. He resigned as Superintendent of Health, January, 1932.

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

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

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

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

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

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## **Report of the Board of Hospital Commissioners**

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*To the Honorable City Council:*

The Board of Hospital Commissioners presents its Annual Report for the fiscal year ending September 30, 1954.

The reports of the Superintendent of the Charles V. Chapin Hospital and his administrative staff, as presented to the Commission, give a detailed account of the hospital activities for the last year.

The number of admissions and of hospital days' treatment were slightly less than in the previous year. Largely responsible for this decline in numbers was the fact that we had fewer cases of poliomyelitis during the last year. However, the number of cases was more than the average. We have had a good many cases of infectious hepatitis, a disease which has not been prevalent previously but which appears to be on the increase.

There have been fewer requests for admission to the Department of Pulmonary Tuberculosis and as the facilities of the Sanatorium at Wallum Lake are apparently ample to care for these cases, we are endeavoring to transfer our remaining cases to the Sanatorium, and are planning to renovate this unit and establish a Pediatric Clinic, for which there is a vital need. We hope to have this unit functioning in the very near future.

The Charles V. Chapin Fellowship is at present held by a student who is investigating the virulence of and the production of antibodies by intestinal bacteria. The administrative and clinical staffs feel that this is a worth while project.

The Department of Business Administration is functioning very well under the supervision of Mr. Ambrose Toner and our engineer, Mr. James Kelly, is doing an excellent job in hospital maintenance. Our hospital never looked better physically than at the present time.

Our Surgical Department, which has been in operation for the last few years, has been inactive for the past year because of the poliomyelitis epidemic of last year which has required continued care for many of the patients who are still in the hospital. We expect to reopen the Department in the near future.

The reports of all departments show that the hospital is doing excellent work. These reports need no amplification.

Changes in the staff during the year were as follows:

#### APPOINTMENTS TO PROBATIONARY SERVICE

Ruth Appleton, M. D.	John F. Hogan, M. D.
Vito L. Coppa, M. D.	Alexander A. Jaworski, Jr., M. D.
Herbert Ebner, M. D.	Leland W. Jones, M. D.
John E. Farley, Jr., M. D.	Harold B. Lang, M. D.
James J. Scanlan, M. D.	

#### APPOINTMENTS TO REGULAR STAFF

Jaroslav Koropej, M. D.	Peter L. Mathieu, Jr., M. D.
Thomas R. Littleton, M. D.	Pasquale J. Pesare, M. D.
Mario Vigliani, M. D.	

#### RESIGNATIONS

Clifton B. Leech, M. D.	William B. O'Brien, M. D.
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We wish to extend our thanks to the heads of all of the departments, to their assistants and to the workers in all departments for their excellent cooperation throughout the last fiscal year. We extend our sincere appreciation also to the volunteer

workers who have given of their time and energies to assist us in any way.

We wish to express in a particular way our appreciation of our medical and nursing staffs who have done so much for the alleviation of the suffering of our patients.

*Respectfully submitted,*

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

*Walter H Reynolds*  
*Joseph Smith M.D.*

*Herman A. Lawson, M.D.*

IN CITY COUNCIL  
MAR 24 1955

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

*H. Everett Whelan*  
CLERK



## 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, 1954. The following tables, in condensed form, furnish information concerning the activities of the hospital.

### STATISTICS FOR ALL PATIENTS

	1954			1953		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1954	121	60	61	194	116	78
Number of patients admitted during the year	2,222	1,194	1,028	3,128	1,710	1,418
Number of patients in hospital October 1, 1953	199	119	80	145	98	47
Total number of patients under treatment	2,421	1,313	1,108	3,273	1,808	1,465
Total number of patients discharged	2,293	1,249	1,046	3,084	1,695	1,389
Average daily population	133.8			158.0		
Average residence	21.3			18.4		
Largest number in any one day	202			197		
Smallest number in any one day	88			105		
Total days' treatment	48,872			56,667		
Total number of deaths	18			59		
Number of deaths within 48 hours	5			15		
Fatality for all cases	0.8			1.9		
Total visits to Out-Patient Dept.	8,512			9,819		

### COMMUNICABLE, ALL AGES

	1954			1953		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1954	78	41	37	130	82	48
Number of patients admitted during the year	853	453	400	916	518	398
Number of patients in hospital October 1, 1953	136	85	51	58	38	20
Total number of patients under treatment	989	538	451	974	556	418
Number of patients discharged	904	497	407	850	475	375
Average daily population	71.6			65.5		
Average residence	28.9			28.1		
Number of deaths	12			19		
Number of deaths within 48 hours	4			4		
Fatality rate	1.3			2.2		
Days' treatment	26,118			23,903		

### PEDIATRIC, NON-COMMUNICABLE

	1954		
	Total	Male	Female
Number of patients in hospital September 30, 1954	2	1	1
Number of patients admitted during the year	430	273	157
Number of patients in hospital October 1, 1953	3	2	1
Total number of patients under treatment	433	275	158
Number of patients discharged	435	273	162
Average daily population	9.4		
Average residence	7.9		
Number of deaths	1		
Number of deaths within 48 hours	1		
Fatality rate	0.2		
Days' treatment	3,446		

## PEDIATRIC COMMUNICABLE

	Total	1954	
		Male	Female
Number of patients in hospital September 30, 1954.....	66	32	34
Number of patients admitted during the year.....	754	398	356
Number of patients in hospital October 1, 1953.....	121	79	42
Total number of patients under treatment.....	875	477	398
Number of patients discharged.....	789	436	353
Average daily population.....	61.8		
Average residence.....	28.6		
Number of deaths.....	7		
Number of deaths within 48 hours.....	3		
Fatality rate.....	0.8		
Days' treatment.....	22,574		

## PEDIATRIC

	Total	1954	
		Male	Female
Number of patients in hospital September 30, 1954.....	68	33	35
Number of patients admitted during the year.....	1,184	671	513
Number of patients in hospital October 1, 1953.....	124	81	43
Total number of patients under treatment.....	1,308	752	556
Number of patients discharged.....	1,224	709	515
Average daily population.....	71.3		
Average residence.....	21.3		
Number of deaths.....	8		
Number of deaths within 48 hours.....	4		
Fatality rate.....	0.7		
Days' treatment.....	26,020		

## MEDICAL

	1954			1953		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1954.....	5	2	3	1	0	1
Number of patients admitted during the year.....	80	27	53	112	39	73
Number of patients in hospital October 1, 1953.....	1	0	1	3	2	1
Total number of patients under treatment.....	81	27	54	115	41	74
Number of patients discharged.....	77	26	51	117	44	73
Average daily population.....	2.1			2.8		
Average residence.....	10.0			8.7		
Number of deaths.....	4			8		
Number of deaths within 48 hours.....	0			3		
Fatality rate.....	5.2			6.8		
Days' treatment.....	770			1,021		

## TUBERCULOSIS, ALL FORMS

	1954			1953		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1954.....	0	0	0	17	14	3
Number of patients admitted during the year.....	56	44	12	121	99	22
Number of patients in hospital October 1, 1953.....	17	14	3	26	24	2
Total number of patients under treatment.....	73	58	15	147	123	24
Number of patients discharged.....	72	56	16	131	110	21
Average daily population.....	13.2			27.6		
Average residence.....	57.2			76.9		
Number of deaths.....	1			7		
Number of deaths within 48 hours.....	0			0		
Fatality rate.....	1.4			5.3		
Days' treatment.....	4,120			10,076		

## NEURO-PSYCHIATRY

	1954			1953		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital Sept. 30, 1954	36	16	20	42	18	24
Number of patients admitted during the year	803	397	406	841	414	427
Number of patients in hospital October 1, 1953	42	19	23	43	25	18
Total number of patients under treatment	845	416	429	884	439	445
Number of patients discharged	807	397	410	842	422	420
Average daily population	39.5			37.4		
Average residence	17.9			16.1		
Number of deaths	0			11		
Number of deaths within 48 hours	0			3		
Fatality rate	0.0			1.3		
Days' treatment	14,418			13,536		

During the period from October 1, 1953 through September 30, 1954, the average daily population was 133.8 compared to 158 in 1953. The largest number of patients in the hospital on any one day was 202 compared with 197 in 1953. The total number of patients under treatment in 1954 was 2,421 and in the previous year it was 3,273. The total days' treatment was 48,872 compared to 56,667 in 1953. All these figures are consistent with a lower patient population in 1954 compared to 1953. There are two principal reasons for the decrease; first and foremost, the unusually large poliomyelitis epidemic in 1953; second, the lessened demand for the use of tuberculosis facilities. At the end of our fiscal year, we had admitted 84 cases of poliomyelitis. At the same period in 1953, 203 cases had been admitted. However, with the number of severe cases still in the hospital from the 1953 epidemic, we have devoted considerable medical and nursing care to poliomyelitis. We are still in the midst of an extensive outbreak of whooping cough which began in 1954. Infectious hepatitis has become one of the most prevalent infectious diseases in our community. This disease is apparently on the increase.

The hospital has continued to perform certain services for the Department of Health and the Department of Public Welfare. These include the compounding of prescriptions, examination of a limited number of laboratory specimens, examination of food handlers, and the providing of facilities for examination and treatment, including X-ray examinations, for the Division of Tuberculosis of the Health Department. During the period from

October 1, 1952 through September 30, 1953, 3,203 food handlers received physical examinations, including X-rays, and during the past year, the number was 2,987.

The total operating expense for the year was \$927,525.71. The previous year it was \$844,673.16, an increase of \$82,852.55. This increase in operating expense is principally due to the salary increase which our employees received on August 10, 1953. Our fiscal year begins October first.

Income from all sources amounted to \$519,619.48 in 1954 compared to \$484,336.37 in 1953, an increase of \$35,283.11. The per capita cost for the fiscal year for all in-patients was \$17.79 compared to \$13.99 in 1953 and \$17.14 in 1952. The lower per capita cost in 1953 was due to the increased hospital population with poliomyelitis patients.

The hospital continues to operate efficiently. A constant endeavor is made to anticipate any hospital facility in our sphere of medical coverage which may be needed by our community. With the addition of our non-contagious pediatric unit, the hospital will be in a position to function as a complete children's hospital covering all phases of pediatric care. This addition will not only provide more extensive pediatric care to the community but will also provide better training opportunities for our residents who are specializing in the care of children.

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

#### RESEARCH FELLOWSHIP

A study is being made on the virulence of intestinal bacteria and the production of anti-bodies by intestinal bacteria. This research, begun in July, is being carried out by Mr. John E. Verna under the Charles V. Chapin Fellowship for Research in Contagious Diseases.

From January 1954 to May, the Fellowship was held by Mr. Lawrence J. Basile, who did statistical research on poliomyelitis. These statistics proved very valuable to our staff in writing up the poliomyelitis epidemic of 1953.

#### BUSINESS ADMINISTRATION

Under the administration of Mr. Ambrose J. Toner, this department continues to function well.

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

#### PEDIATRICS, EXCLUDING COMMUNICABLE

There were 430 patients admitted this past year. The number of days' treatment was 3,446, and the average daily population was 9.4. The average residence in 1954 was 7.9 days. No comparison is made with pediatric statistics of last year as those figures combined non-communicable and communicable statistics in one table. This year they are presented in two different tables.

Plans are under way for the use of an additional building as a pediatric unit. This unit will be opened October 15, 1954. Facilities will be provided to care for any type of pediatric problem ranging in age from infancy to sixteen years.

At the present time we are approved by the American Board of Pediatrics for a one-year residency. The enlargement of our pediatric service is part of our long range program to secure approval for a two-year program. We have already received notice from the Council on Medical Education and Hospitals of the American Medical Association that we must qualify for two-year approval by June 30, 1957, as no new approvals for one year will be granted.

#### PEDIATRICS, COMMUNICABLE

In 1954, the total number of patients admitted was 754. The average daily population was 61.8 and the days' treatment

numbered 22,574. No comparison can be made with the previous year statistics as this new division excludes all pediatric cases which are not communicable.

COMMUNICABLE, ALL AGES

(Including pediatric)

In 1953, the total number of patients was 916 and during the last year the number totaled 853. The average daily population was 65.5 in 1953 as compared to 71.6 in 1954. The days' treatment last year was 26,118 and in 1953 it was 23,903. The reason for the increased days' treatment in 1954, with a lower number of patients admitted compared to 1953, is the number of severe poliomyelitis cases in 1953 which remained in the hospital through the entire 1954 year.

MEDICINE

This group is small as it comprises those adult cases admitted either for observation or with a provisional diagnosis of communicable disease. They numbered 80 last year as compared to 112 in 1953, and the average daily population was 2.1 (2.8 in 1953.) During 1954, the total days' treatment amounted to 770 and in 1953 this figure was 1,021.

TUBERCULOSIS

At the close of the year, the Hindle Building, which formerly was used exclusively for patients with tuberculosis, was being completely renovated for use as a pediatric unit. Ample facilities have been provided at the State Sanatorium in Wallum Lake for the care and treatment of all patients with tuberculosis and in the future only emergency cases will be admitted to this hospital.

There were 56 patients admitted in 1954 compared to 121 in 1953. The number of days' treatment was 4,120 compared to 10,076 in 1953. These figures show a marked decrease in the number of patients admitted during the last year and is one reason we have discontinued the use of this building for tuberculosis.

#### NEURO-PSYCHIATRY

The patients admitted during the last fiscal year numbered 803 as compared to 841 in 1953 and the average daily population was 39.5 in 1954 compared to 37.4 in 1953. The days' treatment last year was 14,418 and in 1953 it was 13,536. These figures show little variation between the two years.

A full report of the activities of this department is presented elsewhere in this report.

#### SURGERY

In August 1953, the surgical unit was taken over for the care of poliomyelitis cases and was used for that purpose throughout the past year. With the additional pediatric beds which will become available in the Hindle Building, it is expected that the surgical unit can be reverted to its original purpose in the near future.

#### OUT-PATIENT DEPARTMENT

During the past fifteen years, there has been a gradual decline in the number of clinic visits. The total number of visits during the past fiscal year was 8,512. In 1953, there were 9,819 visits, which represents a decrease of 1,307 visits from the previous year. Nearly one-half of this decrease occurred in the Department of Tuberculosis.

#### NURSING DEPARTMENT

As you will note from the report of the Director of Nursing Service, considerable re-organization of this department was carried out in 1954. The classification system was revised with an increase of openings for graduate nurses, almost doubled. In addition, new classifications were made for ward secretaries, practical nurses, and nurses' aides. Included in the openings for graduate nurses were positions for additional supervisors and instructors.

For further information, the reader is referred to the report of the Director of Nursing Service.

#### LABORATORY

The number of examinations (44,923) made in the past year compared to 59,932 the previous year shows a decrease of 15,009. Of these tests, 592 were performed for the City Health Department. You will note in checking through the laboratory report that this decrease is mostly in the number of nose and throat cultures for diphtheria and hemolytic streptococcus, and the sputum examinations. There were 3,128 patients admitted in 1953 compared to 2,222 in 1954, a decrease of 906. This accounts for most of the change in laboratory examination figures.

Details of the laboratory activities will be found elsewhere in this report.

#### X-RAY DEPARTMENT

The X-ray examinations for 1954 were slightly less than for the preceding year and tend to parallel a decrease in the hospital census. The greatest decrease was in the number of pulmonary examinations. The number of parts of the body X-rayed in 1954 was 4,649 compared to 5,140 in 1953. The number of individuals was 5,130 compared to 5,140 the year before.

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

#### PHARMACY

The pharmacy has continued to function satisfactorily without much change from year to year in the demands made upon it. The following figures are for the past year.



## PRESCRIPTIONS FILLED

Out-patient clinics .....	2,708
Employee clinic .....	1,953
City poor physicians.....	468
Totals .....	5,129

## REVENUE

Out-patient clinics .....	\$442.61
Health department .....	86.40
City poor physicians.....	411.00
Total .....	\$940.01

## DIETARY DEPARTMENT

Meals served during the last fiscal year numbered 350,451 compared to 378,089 the year before. These figures show a moderate decrease. The cost of raw food per meal, 30¢, is the same as last year.

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

## LAUNDRY

Our laundry now is well modernized and can easily take care of our needs. Last year 523,088 pounds of linen were processed as compared to a total of 521,813 in 1953.

## AMBULANCE SERVICE

This department continues to function adequately. The equipment now in use is fairly new and has been maintained in good working condition. The following figures need no explanation:

	1952		1953		1954	
	Trips	Mileage	Trips	Mileage	Trips	Mileage
Ambulance No. 1.....	314	2,538	391	2,721	380	2,395
Ambulance No. 2.....	172	2,809	205	1,905	265	2,344
Station Wagon .....	1,264	6,157	960	7,383	1,142	6,083
Truck .....		2,178		3,487		5,221

## PLANT MAINTENANCE

A great deal of work was carried out by this department during the last year. The most outstanding was the complete renovation of the Hindle Building. This work was quite extensive, as a result of which we have practically a new building with all the necessary facilities.

For further details, the reader is referred to the report of Mr. Kelly, plant engineer.

There was no change in the administrative medical staff during the year. The residents in pediatrics, psychiatry, and affiliate residents and interns will be found listed elsewhere in this report.

Eleven fourth-year students from Tufts College Medical School were assigned to Chapin Hospital during the past year for training in pediatrics. One student from the University of Ottawa Faculty of Medicine worked as clinical clerk during the summer.

## RECOMMENDATION

New equipment for the various departments as the need arises.

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

*Respectfully submitted,*

HILARY J. CONNOR, M. D.

## Financial Report

FOR THE YEAR ENDING SEPTEMBER 30, 1954

EXHIBIT 1

### REVENUE RECEIPTS

<b>In-Patient Department:</b>	
Communicable, Pediatric and Other.....	\$309,858.55
Tuberculosis.....	9,241.00
Neuro-Psychiatric Diseases.....	100,926.48
Surgical.....	699.00
Operating Room.....	726.50
X-Ray.....	2,537.25
Laboratory.....	19,822.08
Drugs.....	25,105.81
Ambulance.....	102.50
Shock Treatments.....	11,767.25
Sundries.....	411.40
Telephone.....	4.70
	<u>\$481,202.52</u>
<b>Out-Patient Department:</b>	
Fees.....	\$ 367.75
Examinations—Food Handlers.....	1,700.00
	<u>\$ 2,067.75</u>
Wassermann Tests.....	\$ 320.49
Examinations.....	
Sheep Cells, Gold Curves. Etc.].....	
X-Ray Service.....	\$ 266.14
	<u>\$ 266.14</u>
Drug Room Service.....	\$ 953.96
	<u>\$ 953.96</u>
<b>Miscellaneous Earnings:</b>	
Accident Room.....	\$ 15.00
Refunds.....	1,572.17
Telephone.....	675.70
Abstracts.....	138.00
Materials.....	525.89
Meals.....	.50
Donations.....	31.00
Salary Checks—Redeposited.....	167.75
Property Damage.....	29.79
Polio. Nurses.....	9,651.02
	<u>\$ 12,806.82</u>
Gross Revenue Receipts.....	<u>\$497,617.68</u>
Deduct:	
Refunds on Advance Payments.....	<u>1,992.65</u>
Net Revenue Receipts.....	<u>\$495,625.03</u>
Add:	
Revenue from Meals and Lodgings.....	<u>23,994.45</u>
	<u><u>\$519,619.48</u></u>

## EXHIBIT 2

## DEPARTMENTAL EXPENDITURES

Opening Inventories .....		\$ 36,915.87	
Meals and Lodgings.....	\$ 23,994.45		
Expenditures (Schedule A).....	913,755.52		
			\$974,665.84
Closing Inventories .....		\$ 47,140.13	
Communicable, Pediatric and Other.....	\$567,161.31		
Tuberculosis.....	64,270.68		
Neuro-Psychiatric.....	237,940.01		
Out-Patient.....	31,730.03		
City Health—Pulmonary Clinic.....	16,996.70		
City Health—Inspector of Milk.....	2,458.39		
City Health—Laboratory Examinations.....	1,079.51		
State Cardiac Clinic.....	1,533.88		
Other Non-Patient Cost.....	4,320.98		
(Schedule B) .....		\$927,491.49	
Add:			
Uncleared Balance of Cost.....		34.22	
			\$974,665.84

## EXHIBIT 3

## STATEMENT OF INCOME AND EXPENSE

Income:			
Services Rendered:			
In-Patients.....	\$704,922.84		
Other.....	47,631.91		
Total Services .....			\$752,554.75
Deductions:			
Contract Adjustments .....	\$ 19,217.27		
Tuberculosis Health Problems.....	43,558.90		
General Public Assistance.....	154,997.53		
Service to Employees and Trainees.....	7,335.75		
X-Ray (Incident to Shock Therapy).....	57.00		
Courtesy Services .....	1,965.90		
Research.....	20.00		
Total Services .....		\$227,152.35	
Net Services Rendered.....			\$525,402.40
Add Other Income:			
Meals.....	\$ 17,632.66		
Lodgings.....	6,361.79		
Total Other Income.....			23,994.45
Gross Income .....			\$549,396.85
Expenses:			
Salaries.....	\$643,342.25		
Supplies Used .....	284,183.46		
Total Expenses .....		927,525.71	
Net Operating Deficit.....			\$378,128.86
Deduct:			
State of Rhode Island Grant.....			200,000.00
Net Deficit for Period.....			\$178,128.86

## EXHIBIT 4

## MAINTENANCE COSTS FOR ALL IN-PATIENTS.

	Operating Cost.	Receipts.	Net Expense.	Hospital Days.	Per Gross Capita Cost.	Per Net Capita Cost.
1910.....	\$33,720.66	\$1,328.13	\$32,392.53	22,052	\$1.52	\$1.47
1911.....	62,549.01*	3,271.66	59,277.35	35,939	1.74	1.65
1912.....	82,005.29*	5,270.95	76,734.34	43,320	1.89	1.77
1913.....	83,337.56*	4,040.81	79,296.75	44,974	1.85	1.76
1914.....	86,879.81	5,109.77	81,770.04	42,235	2.06	1.93
1915.....	92,401.57†	5,570.10	86,831.47	52,029	1.78	1.67
1916.....	99,483.85	8,121.27	91,362.58	52,364	1.89	1.74
1917.....	112,779.75	11,006.05	101,773.70	46,123	2.44	2.22
1918.....	119,685.05	10,577.13	109,107.92	46,675	2.56	2.34
1919.....	136,915.76‡	19,129.18	117,786.58	54,937	2.49	2.14
1920.....	171,700.14	18,096.85	153,603.29	49,516	3.47	3.10
1921.....	160,068.46	16,060.24	144,008.22	44,253	3.61	3.25
1922.....	152,749.51§	13,215.49	139,534.02	38,302	3.99	3.64
1923.....	162,682.64¶	17,567.56	145,115.07	44,505	3.65	3.26
1924.....	192,766.84	29,542.42	163,224.42	47,087	4.09	3.46
1925.....	189,294.45	19,806.11	169,488.34	39,771	4.76	4.26
1926.....	197,911.43	19,157.22	178,754.21	44,538	4.44	4.01
1927.....	209,427.48	25,997.75	183,429.73	46,076	4.55	3.98
1928.....	221,123.50	32,940.33	188,183.17	48,250	4.58	3.90
1929.....	237,062.99	34,368.34	202,694.65	46,213	5.13	4.39
1930.....	289,237.97	29,608.34	259,629.63	47,482	6.09	5.47
1931.....	328,464.09	44,470.78	283,993.31	70,045	4.69	4.05
1932.....	329,393.09	44,817.92	284,575.17	73,137	4.50	3.89
1933.....	289,002.01	29,736.84	259,265.17	73,595	3.93	3.52
1934.....	293,635.61	34,721.51	258,914.10	70,745	4.15	3.66
1935.....	299,648.73	37,600.20	262,048.53	71,245	4.21	3.68
1936**...	300,566.47	45,241.46	255,325.01	75,514	3.98	3.38
1937**...	291,595.01	52,618.02	238,976.99	78,923	4.01	3.69
1938**...	314,049.60	53,170.83	262,731.21	68,357	4.59	3.84
1939**...	331,284.40	61,042.10	272,307.21	67,328	4.92	4.04
1940**...	360,772.06	80,906.21	279,865.85	67,182	5.37	4.17
1941.....	362,369.82	81,147.38	281,222.44	63,077	5.74	4.46
1942.....	347,275.15	101,495.73	245,779.42	57,197	6.07	4.92
1943.....	377,379.52	120,581.55	256,797.97	57,066	6.61	4.50
1944.....	371,786.26	158,902.31	212,883.95	55,154	6.74	3.86
1945.....	451,026.53	113,358.43	337,668.10	45,585	9.89	6.12
1946.....	517,988.52	145,793.47	372,195.05	48,608	10.66	7.66
1947.....	544,021.93	.....	.....	55,774	9.75	.....
1948.....	627,797.89	.....	.....	48,872	12.85	.....
1949.....	627,884.08	.....	.....	48,542	12.93	.....
1950.....	684,064.02	.....	.....	47,858	14.29	.....
1951.....	697,606.95	.....	.....	42,740	16.32	.....
1952.....	759,762.36	.....	.....	44,337	17.14	.....
1953.....	792,645.89	.....	.....	56,667	13.99	.....
1954.....	869,372.00	.....	.....	48,872	17.79	.....

\* 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

\* 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)

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.....	203,937.93	\$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	.....

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	.....

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.....	.....	.....	.....	.....	.....	.....

\*New Department opened April 1, 1946.

## EXHIBIT 10

## MAINTENANCE COST OF CITY HEALTH DEPARTMENT ACTIVITIES

	Pulmonary Tuberculosis Clinic	Inspector of Milk	Laboratory Examinations	Total City Health Activities
1947.....	\$7,022.43	\$1,860.42	\$7,735.63	\$16,619.48
1948.....	10,604.10	2,104.12	3,008.65	15,716.87
1949.....	11,842.66	1,956.14	2,831.63	16,630.43
1950.....	12,584.44	1,884.03	1,446.88	15,915.35
1951.....	14,033.38	2,296.88	2,988.54	19,318.80
1952.....	14,467.30	2,213.95	3,269.31	19,950.56
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

## 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

## SCHEDULE A

## ANALYSIS OF APPROPRIATIONS AND EXPENDITURES

Item	Description	Appropriations	Expenditures	Unencumbered Balances
0	Personal Services .....	\$593,913.63	\$587,593.50	\$ 6,320.13
1	Services Other Than Personal.....	84,982.00	84,604.16	377.84
2	Materials and Supplies.....	230,850.00	225,548.64	5,301.36
5	Equipment Replacements and Additions .....	25,950.00	16,009.22	9,940.78
		\$935,695.63	\$913,755.52*	\$21,940.11

\*Does not include \$23,994.45 payroll deductions for meals and lodgings.

## SCHEDULE B

## DEPARTMENTAL COST DISTRIBUTIONS

## NEURO-PSYCHIATRIC DEPARTMENT:

## Professional Care:

Medical.....	\$ 19,566.61	
Nursing.....	31,441.49	
Other (Soc. Wks. Psychom. Ther.).....	16,359.57	
Laboratory.....	8,643.12	
Pharmaceuticals.....	9,665.94	
X-ray.....	1,435.75	
		\$ 87,112.48

## Non-Professional Care:

Ambulance.....	\$ 3,181.12	
Dietary.....	28,894.98	
Laundry.....	6,893.82	
Medical Records.....	3,779.42	
Attendant Service.....	28,645.91	
General Administration.....	39,691.76	
Housing:		
Utility Services.....	2,699.14	
Maintenance.....	5,831.80	
Heat, Hot Water, and Steam.....	5,776.25	
Housekeeping.....	22,221.81	
Materials and Supplies.....	2,768.43	
Equipment Replacement.....	443.09	
		\$150,827.53
		\$237,940.01



## TUBERCULOSIS DEPARTMENT:

Professional Care:		
Medical. . . . .	\$ 2,196.07	
Nursing. . . . .	20,227.08	
Laboratory. . . . .	2,673.71	
Pharmaceuticals. . . . .	3,958.10	
X-ray. . . . .	915.85	
	<u>          </u>	\$29,970.81
Non-Professional Care:		
Ambulance. . . . .	\$ 258.82	
Dietary. . . . .	8,317.22	
Laundry. . . . .	5,627.40	
Medical Records. . . . .	267.88	
Attendant Services. . . . .	1,747.76	
General Administration. . . . .	2,021.79	
Housing:		
Utility Services. . . . .	726.25	
Maintenance. . . . .	7,904.44	
Heat, Hot Water and Steam. . . . .	2,982.43	
Housekeeping. . . . .	3,088.33	
Materials and Supplies. . . . .	1,357.55	
	<u>          </u>	\$ 34,299.87
		<u>          </u> \$ 64,270.68

## COMMUNICABLE, PEDIATRIC AND OTHER:

Professional Care:		
Medical. . . . .	\$ 44,361.10	
Nursing. . . . .	171,731.26	
Other Professional Care. . . . .	5,455.39	
Laboratory. . . . .	45,749.85	
Pharmaceuticals. . . . .	37,266.52	
X-ray. . . . .	2,672.52	
	<u>          </u>	\$307,236.64
Non-Professional Care:		
Ambulance. . . . .	\$ 2,835.58	
Dietary. . . . .	51,117.80	
Laundry. . . . .	47,796.58	
Medical Records. . . . .	6,323.88	
Attendant Services. . . . .	6,811.19	
General Administration. . . . .	33,878.05	
Housing:		
Utility Services. . . . .	4,952.95	
Maintenance. . . . .	24,962.06	
Heat, Hot Water and Steam. . . . .	15,255.58	
Housekeeping. . . . .	45,669.78	
Materials and Supplies. . . . .	12,005.18	
Equipment Replacement. . . . .	8,316.04	
	<u>          </u>	\$259,924.67
		<u>          </u> \$567,161.31

## OUT-PATIENT DEPARTMENT:

Professional Care:		
Medical. . . . .	\$ 3,600.00	
Nursing. . . . .	5,510.52	
Laboratory. . . . .	10,981.41	
Pharmaceuticals. . . . .	587.59	
X-ray. . . . .	965.80	
	<u>          </u>	\$ 21,645.32
Non-Professional Care:		
Laundry. . . . .	\$ 373.34	
General Administration. . . . .	4,637.18	
Housing:		
Utility Services. . . . .	\$ 1,063.74	
Maintenance. . . . .	869.02	
Heat, Hot Water and Steam. . . . .	1,155.25	
Housekeeping. . . . .	1,811.35	
Materials and Supplies. . . . .	174.83	
	<u>          </u>	\$ 10,084.71
		<u>          </u> \$ 31,730.03

CITY OF PROVIDENCE HEALTH DEPARTMENT  
PULMONARY TUBERCULOSIS CLINIC:

Professional Care:			
Other. . . . .	\$ 156.00		
Laboratory. . . . .	38.43		
Pharmaceuticals. . . . .	127.16		
X-ray. . . . .	15,039.96		
		\$15,361.55	
Non-Professional Care:			
Housing:			
Utility Services . . . . .	\$ 279.89		
Maintenance. . . . .	579.34		
Heat, Hot Water and Steam. . . . .	770.16		
Materials and Supplies. . . . .	5.76		
		\$ 1,635.15	
			\$ 16,996.70

CITY OF PROVIDENCE HEALTH DEPARTMENT  
INSPECTION OF MILK:

Non-Professional Care:			
Housing:			
Utility Services . . . . .	\$ 393.84		
Maintenance. . . . .	884.43		
Heat, Hot Water and Steam. . . . .	1,175.73		
Materials and Supplies. . . . .	4.39		
		\$ 2,458.39	
			\$ 2,458.39

CITY OF PROVIDENCE HEALTH DEPARTMENT  
LABORATORY EXAMINATIONS:

Laboratory. . . . .	\$ 1,079.51		
		\$ 1,079.51	
			\$ 1,079.51

STATE DEPARTMENT OF HEALTH  
CARDIAC CLINIC:

Professional Care:			
X-ray. . . . .	\$ 680.94		
		\$ 680.94	
Non-Professional Care:			
Utility Services . . . . .	\$ 178.18		
Maintenance. . . . .	289.67		
Heat, Hot Water and Steam. . . . .	385.09		
		852.94	
Cost of Other Non-Patients Pharmaceuticals. . . . .	\$ 4,320.98		
			\$ 1,533.88
			4,320.98
TOTAL DEPARTMENTAL COST DISTRIBUTIONS. . . . .			<u>\$927,491.49</u>

## B. General Statistics

(October 1, 1953-September 30, 1954)

Table B 1. Population, March 1, 1910-September 30, 1954

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	.....	.....	.....	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.....	3,037	42,740	117.1	13.3	.....	.....	53.0	12.8	5.5	1,254	11,163	544
1952.....	3,231	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	7.7	8.7	76.9	16.1	6.2	1,320	9,819	596
1954.....	2,295	48,872	133.8	28.9	7.9	10.0	57.2	17.9	.....	1,020	8,512	645

\*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, 1954

DISEASES	Oct. 1, 1953 Sept. 30, 1954			Oct. 1, 1952 Sept. 30, 1953			March 1, 1910 Sept. 30, 1954		
	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.
Chickenpox . . . . .	18			25			927	14	1.5
Diarrhea, due to infection . . . . .	14			1			15***		
Diarrhea, due to unknown cause . . . . .	8			20			28***		
Dysentery bacillary . . . . .	18			32			50***		
Diphtheria . . . . .	0			0			5,741	688	12.0
Diphtheria carrier . . . . .	0			0			729		
Encephalitis, acute, all forms . . . . .	13	1	7.7	25			215	52	24.2
Epidemic parotitis (mumps) . . . . .	11			36			607		
Erysipelas . . . . .	2			1			929	86	9.3
Gonorrhea . . . . .	0			0			2,229	6	0.3
Gonorrheal conjunctivitis . . . . .	0			0			180	5	2.8
Hepatitis, infectious (epidemic) . . . . .	65			21			86***		
H. S. carrier . . . . .	1			5			6***		
Impetigo . . . . .	6			4			343		
Influenza . . . . .	0			0			1,046	81	7.7
Leprosy . . . . .	0			0			2		
Measles . . . . .	49			3			3,985	232	5.8
Meningitis, cerebrospinal, meningococcus . . . . .	9			9			808	141	17.5
**Meningitis, tuberculous . . . . .	7	2	28.6	3	1	33.3	110	88	80.0
Meningitis, other forms . . . . .	30	2	6.7	24			376	122	32.4
Meningococcemia . . . . .	1	1	100.0	2			3***	1	33.3
Mononucleosis, infectious . . . . .	11			9			20***		
Pneumonia, all forms . . . . .	43	1	2.3	96			2,453	266	10.8
Poliomyelitis, acute . . . . .	246	5	2.0	176	15	8.5	1,688	104	6.2
Rabies . . . . .	0			0			3	3	100.0
Rubella . . . . .	3			10			760	1	0.1
Scabies . . . . .	0			1			328		
Scarlet Fever . . . . .	269			422			10,602	218	2.1
Syphilis, congenital . . . . .	0			0			165	18	11.0
Syphilis, other forms . . . . .	1			1			3,415	32	0.9
Tinea capitis . . . . .	0			2			2***		
*Tonsillitis . . . . .	79			166			4,394	11	0.3
Tonsillitis, due to hemolytic streptococcus . . . . .	7			1			524	4	0.8
Tuberculosis, pulmonary . . . . .	77	1	1.3	128	7	5.5	5,835	2,198	37.7
Tuberculosis, other forms . . . . .	5			5	1	20.0	310	106	34.2
Typhoid fever . . . . .	0			3			172	20	11.6
Vincent's infection . . . . .	0			0			244	10	4.1
Whooping Cough . . . . .	89	1	1.1	28			2,658	180	6.8
No diagnosis . . . . .	23			8			823	12	1.5
Other diseases . . . . .	383	4	1.0	508	15	2.9	15,696	1,001	6.4
†Diseases of the nervous system . . . . .	807			842	11	1.3	16,737	568	3.4
‡Surgery . . . . .	0			467	9	1.9	4,537	25	0.6
Total . . . . .	2,295	18	0.8	3,084	59	1.9	89,981	6,293	7.0

\*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, operative wound.....	1	....	Fever of unknown origin.....	12	....
Abscess, retropharyngeal.....	1	....	Furuncle of nose.....	3	....
Anemia, hypochromic.....	3	....	Gastroenteritis, acute.....	39	....
Anemia, hemolytic, acquired.....	1	....	Gastrointestinal allergy.....	1	....
Anemia, normocytic, due to erythrocytic destruction, generally	1	....	Glomerulonephritis, acute.....	5	....
Arthritis, cervical region.....	1	....	Grand mal.....	1	....
Arthritis, rheumatoid.....	1	....	Grand and petit mal.....	1	....
Arteriosclerotic heart disease.....	1	....	Herpes ophthalmicus.....	1	....
Brain syndrome, acute, associated with systemic infection (Septicemia due to salmonella).....	1	....	Intertrigo.....	1	....
Branchioma.....	1	....	Kaposi's varicelliform.....	1	....
Bronchitis, acute.....	12	....	Laryngitis, acute.....	1	....
Carcinoma of breast with metastases.....	1	....	Laryngotracheitis, acute.....	91	....
Carcinoma of lung.....	1	....	Lymphadenitis, cervical.....	3	....
Cardiovascular disease, hypertensive.....	2	....	Malnutrition in child under 2 years.....	5	....
Cellulitis.....	3	....	Meningeal hemorrhage of undetermined origin.....	2	1
Cerebral thrombosis due to arteriosclerosis.....	1	....	Myositis, acute.....	15	....
Cholelithiasis.....	1	....	Nephrotic syndrome due to undetermined cause.....	2	....
Common cold.....	1	....	Neurodermatitis disseminata.....	2	....
Congenital heart disease, incompletely diagnosed.....	1	....	Neuropathy of facial nerve.....	1	....
Contusion, multiple, arm.....	1	....	Observation for rheumatic fever.....	1	....
Convulsive disorder due to unknown cause.....	4	....	?Obstruction of bronchus by mucous plug.....	1	....
Cyst of ovary of undetermined cause.....	1	....	Otitis media, non-suppurative, acute.....	11	....
Cystitis, acute.....	1	....	Otitis media, suppurative, acute.....	10	....
Dead on arrival.....	1	....	Paronychia.....	1	....
Dermatitis, exfoliativa.....	1	....	Pleurisy.....	2	....
Dermatitis, exfoliativa neonatorum.....	1	....	Pleurodynia.....	1	....
Dermatitis, medicamentosa.....	4	....	Prostatectomy, post operative.....	1	....
Dermatitis, venenata.....	4	....	Prostatic hypertrophy, benign.....	1	....
Dermatitis, due to undetermined cause.....	8	....	Pyelitis.....	1	....
Diabetes mellitus.....	2	....	Respiratory infection, acute, diffuse.....	29	....
Eczema.....	2	....	Rheumatic fever.....	4	....
Edema, angioneurotic.....	1	....	Septicemia, acute.....	2	....
Enteritis, acute.....	2	....	Serum sickness.....	4	....
Epididymitis, acute.....	1	....	Sinusitis, acute.....	1	....
Epistaxis, due to unknown cause.....	1	....	Stomatitis, acute.....	7	....
Erythema, multiforme.....	1	....	Strain, ligaments of neck.....	1	....
Erythema, multiforme, exudativum.....	1	....	Tests only.....	1	....
Erythema, toxicum.....	1	....	Torticollis, acute.....	1	....
Exanthema subitum.....	10	....	?Transverse myelitis.....	1	....
Feeding, improper, in child under 2 years.....	2	....	Trauma of hip.....	1	....
			Tumor of brain, (unspecified).....	1	....
			Ulcer, varicose, of leg.....	1	....
			Virus infection, due to unknown etiology.....	25	....
			Wound of scalp.....	1	....

**Table C 4. Diphtheria: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1954:**

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910
	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954
	1954	1953	1954	1954	1953	1954	1954	1953	1954
Under 1.....	.....	.....	99	.....	.....	45	.....	.....	45.5
1.....	.....	.....	233	.....	.....	90	.....	.....	38.6
2.....	.....	.....	370	.....	.....	90	.....	.....	24.3
3.....	.....	.....	449	.....	.....	70	.....	.....	13.6
4.....	.....	.....	459	.....	.....	80	.....	.....	17.4
5.....	.....	.....	403	.....	.....	66	.....	.....	16.4
6.....	.....	.....	422	.....	.....	50	.....	.....	14.2
7.....	.....	.....	368	.....	.....	37	.....	.....	10.1
8.....	.....	.....	318	.....	.....	30	.....	.....	9.4
9.....	.....	.....	200	.....	.....	18	.....	.....	9.0
10-14.....	.....	.....	644	.....	.....	45	.....	.....	7.0
15-19.....	.....	.....	226	.....	.....	5	.....	.....	2.2
20-29.....	.....	.....	453	.....	.....	6	.....	.....	1.3
30-39.....	.....	.....	154	.....	.....	8	.....	.....	5.2
40-49.....	.....	.....	38	.....	.....	5	.....	.....	13.2
50-59.....	.....	.....	19	.....	.....	2	.....	.....	10.5
Over 60.....	.....	.....	5	.....	.....	.....	.....	.....	.....
Total.....	.....	.....	4,860	.....	.....	657	.....	.....	13.5

**Table C 10. Scarlet Fever: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1954:**

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910
	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954
	1954	1953	1954	1954	1953	1954	1954	1953	1954
Under 1.....	1	1	58	.....	.....	6	.....	.....	10.3
1.....	5	6	189	.....	.....	1	.....	.....	0.5
2.....	20	27	462	.....	.....	18	.....	.....	3.9
3.....	32	48	720	.....	.....	14	.....	.....	1.9
4.....	29	63	772	.....	.....	30	.....	.....	3.9
5.....	29	61	773	.....	.....	20	.....	.....	2.6
6.....	42	59	941	.....	.....	9	.....	.....	1.0
7.....	38	40	842	.....	.....	13	.....	.....	1.5
8.....	21	24	761	.....	.....	10	.....	.....	1.3
9.....	13	23	557	.....	.....	9	.....	.....	1.6
10-14.....	28	56	1,512	.....	.....	12	.....	.....	0.8
15-19.....	4	6	567	.....	.....	9	.....	.....	1.6
20-29.....	6	1	825	.....	.....	15	.....	.....	1.8
30-39.....	1	.....	277	.....	.....	7	.....	.....	2.5
40-49.....	.....	.....	71	.....	.....	4	.....	.....	5.6
50-59.....	.....	.....	14	.....	.....	.....	.....	.....	.....
Over 60.....	.....	.....	2	.....	.....	1	.....	.....	50.0
Total.....	269	415	9,343	.....	.....	188	.....	.....	2.0

Table C 12. Scarlet Fever: Average length of stay in days of cases uncomplicated by any other disease, March 1, 1910-September 30, 1954:

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

**Table C 15. Scarlet Fever: Duration of stay in hospital of patients having Scarlet Fever alone with relation to infecting and return cases, March 1, 1910-September 30, 1954:**

Year.	Average stay of living cases.	Average stay of all infecting cases.	Infecting Cases.		Return Cases.	
			Number.	Per Cent.	Number.	Per Cent.
1910.....	40.4	40.0	3	2.3	3	2.3
1911.....	49.6	58.6	5	2.4	8	3.8
1912.....	45.9	36.3	14	5.4	15	5.8
1913.....	41.0	42.3	13	5.5	15	6.4
1914.....	36.6	30.5	10	3.9	13	5.1
1915.....	36.4	37.4	33	8.7	42	11.1
1916.....	32.2	35.6	19	5.4	34	9.0
1917.....	40.5	32.2	4	2.1	7	3.3
1918.....	36.0	33.0	11	6.7	17	8.0
1919.....	40.9	48.5	7	4.1	13	7.2
1920.....	38.4	42.2	10	4.1	14	5.0
1921.....	37.9	39.3	11	5.9	16	8.4
1922.....	37.4	36.0	1	.1	1	.1
1923.....	32.2	32.8	10	5.9	7	4.1
1924.....	31.2	30.3	14	2.3	15	2.5
1925.....	30.4	27.0	1	0.7	1	0.7
1926.....	29.9	28.3	3	2.9	4	3.9
1927.....	32.0	35.1	14	5.8	22	9.2
1928.....	30.1	36.0	11	3.7	20	6.7
1929.....	29.4	27.5	6	2.7	8	3.6
1930.....	30.7	32.1	11	5.1	17	7.9
1931.....	30.4	29.8	22	5.2	30	7.1
1932.....	30.9	31.2	15	3.4	20	4.6
1933.....	33.5	32.2	12	4.1	25	8.8
1934.....	34.3	28.7	3	1.7	7	4.0
1935 (9 months).....	33.2	26.3	8	6.7	8	6.7
1936.....	30.2	26.0	8	2.8	10	3.5
1937.....	30.2	26.9	16	2.9	26	4.8
1938.....	27.8	26.5	5	2.4	8	3.5
1939.....	29.6	30.0	2	1.4	3	2.1
1940.....	31.1	0	0	0	0	0
1941.....	25.3	22.8	5	8.2	6	9.9
1942.....	25.9	30.2	5	5.5	9	9.9
1943.....	27.8	30.5	2	1.5	2	1.5
1944.....	30.6	43.0	2	1.7	6	5.2
1945.....	32.3	30.5	2	.9	4	2.6
1946.....	21.7	0	0	0	0	0
1947.....	25.3	0	0	0	0	0
1948.....	26.7	0	0	0	0	0
1949.....	19.7	0	0	0	0	0
1950.....	21.0	21.0	1	0.7	1	0.7
1951.....	18.2	0	0	0	0	0
1952.....	18.4	0	0	0	0	0
1953.....	17.5	21.0	1	0.2	1	0.2
1954.....	17.3	18.8	5	1.1	4	1.0



**Table C 16. Measles: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1954:**

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910
	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954
	1954	1953	1954	1954	1953	1954	1954	1953	1954
Under 1.....	.....	.....	162	.....	.....	36	.....	.....	22.2
1.....	2	1	297	.....	.....	59	.....	.....	19.8
2.....	3	.....	351	.....	.....	31	.....	.....	8.8
3.....	4	1	321	.....	.....	14	.....	.....	4.4
4.....	9	.....	330	.....	.....	9	.....	.....	2.7
5.....	3	1	307	.....	.....	2	.....	.....	0.7
6.....	2	.....	313	.....	.....	5	.....	.....	1.6
7.....	3	.....	225	.....	.....	3	.....	.....	1.3
8.....	1	.....	170	.....	.....	.....	.....	.....	.....
9.....	.....	.....	87	.....	.....	.....	.....	.....	.....
10-14.....	2	.....	175	.....	.....	4	.....	.....	2.3
15-19.....	.....	.....	142	.....	.....	.....	.....	.....	.....
20-29.....	.....	.....	236	.....	.....	1	.....	.....	0.4
30-39.....	.....	.....	42	.....	.....	1	.....	.....	2.4
40-49.....	.....	.....	9	.....	.....	3	.....	.....	33.3
50-59.....	.....	.....	7	.....	.....	.....	.....	.....	.....
Over 60.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	29	3	3,174	.....	.....	168	.....	.....	5.3

**Tables C 17. Whooping Cough: Number of cases and fatality by ages, March 1, 1910-September 30, 1954:**

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910	Oct.1, 1953	Oct.1, 1952	Mar.1, 1910
	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954	Sep.30, 1954	Sep.30, 1953	Sep.30, 1954
	1954	1953	1954	1954	1953	1954	1954	1953	1954
Under 1.....	48	17	766	1	.....	89	2.0	.....	11.6
1.....	9	6	451	.....	.....	45	.....	.....	9.8
2.....	7	0	337	.....	.....	21	.....	.....	6.2
3.....	6	1	249	.....	.....	7	.....	.....	2.8
4.....	2	0	192	.....	.....	8	.....	.....	4.2
5.....	2	2	141	.....	.....	2	.....	.....	1.4
6.....	5	0	95	.....	.....	2	.....	.....	2.1
7.....	6	1	88	.....	.....	1	.....	.....	1.1
8.....	1	0	41	.....	.....	.....	.....	.....	.....
9.....	1	1	24	.....	.....	1	.....	.....	4.2
10-14.....	1	.....	18	.....	.....	.....	.....	.....	.....
15-19.....	.....	.....	4	.....	.....	1	.....	.....	25.0
20-29.....	.....	.....	8	.....	.....	.....	.....	.....	.....
30-39.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
40-49.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
50-59.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Over 60.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Total.....	88	28	2,417	1	.....	177	1.1	.....	7.3

**Secondary Diseases Among Patients: Oct. 1, 1953-Sept. 30, 1954**

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

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

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

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

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

The old method of calling each floor a "ward" has been discarded and new designations are West I & II (formerly Wards A & B), Richardson I & II (C & D), and East I & II (E & F). There are side rooms and small wards in each of these buildings.

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, 1,503 patients were cared for in the wards for acute communicable diseases. Patients cared for in wards for neuro-psychiatry and tuberculosis are not included in estimating cross-infection rates. It includes patients discharged from the infections disease wards during the year and the number of patients in these wards at the end of the year.

There was one cross-infection, as follows:

#### GROUP I

##### *Measles*

A three-year-old boy, #90268, entered the hospital on May 21, 1954 under observation for tuberculosis. He was admitted to East I because of a history of exposure to measles. On June 14, the twenty-fifth hospital day, a rash appeared. This was a cross-infection from any of several cases of measles on that ward.

#### GROUP II

##### *Measles*

A twenty-two-month-old girl, #90604, was admitted to Richardson II on July 18, 1954 with a diagnosis of whooping cough. She developed measles on July 27, 1954, the ninth hospital day, obviously not as the result of cross-infection.

##### *Chickenpox*

On September 9, 1954, a seven-year-old female, #90982, was admitted to West II with scarlet fever and a history of exposure to chickenpox. On September 23, which was the fifteenth hospital day, she developed a chickenpox rash. This was not a cross-infection.



Table C 19. Infectious Diseases Among Employees, October 1, 1953-September 30, 1954:

EMPLOYEES.	Number of Individual Employees.	Scarlet Fever.		Measles.		Polio-myelitis.		Mumps.		Rubella.		Epidemic Cerebro-spinal Meningitis.		Chicken Pox.		Whooping Cough.		Total Number.	Per Cent.	Warded for Other Diseases.		Infectious Diseases Contracted Mar. 1, 1910-Sept. 30, 1954
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.			Number.	Per Cent.	
Student Nurses . . .	269	1	.4			1	.4	1	.4									3	1.1	12	1,273	
Graduate Nurses . .	74																			3	.81	
Practical Nurses . .	10																			0	0	
Attendants & Aides . .	82																			1	.49	
Physicians . . . . .	26																			1	.46	
Utility Workers and Dietary Staff . .	107																			6	107	
Office Employees, Psychologist, Psychometrist, X-ray Technicians and Social Workers . .	47																					
Ward Secretaries . .	7																			2	31	
Laundry Workers . .	31																			0	0	
Housekeeping Staff .	7																			4	0	
Laboratory Staff . .	11																			0	0	
Engineer's Staff . .	20																			1	21	
Ambulance Staff . .	6																			1	11	
Druggists . . . . .	3																			0	12	
																				0	4	
Total . . . . .	700	1	0.2			1	0.2	1	0.2	1	0.2							3	0.4	31	1,635	

## **Report of Business Administration**

### *Revenue Receipts*

Receipts from all sources for the fiscal year ending September 30, 1954 amounted to \$519,619.48 (Exhibit 1), showing an increase over the previous year of \$35,283.11.

In our Communicable and Pediatric Divisions, we were extremely busy. During that period revenue receipts from that particular department increased \$103,134.00 from the previous year.

The excellent cooperation from Blue Cross, Insurance Groups and the Poliomyelitis Foundation in the prompt payment of their subscribers, played an ever-increasing factor in our increased receipts.

### *Operating Cost*

Total cost of operation was \$927,525.71 (Exhibit 2), including a deduction of \$23,994.45 from personnel for their meals and lodging. This amount was distributed to the cost centers throughout the hospital.

### *Income and Expense*

The gross income for the year was \$549,396.85 (Exhibit 3). Deductions from operating expenditures of \$927,525.71 (Exhibit 2), left a deficit of \$378,128.86.

Our yearly grant of \$200,000.00 from the State of Rhode Island reduced this figure to a deficit of \$178,128.86. This amount was a moderate increase of \$45,329.10 over the previous year.

Equipment and furnishings that became worn and obsolete in our medical departments, administration building, pastry kitchen, and employees' rest room were replaced. Also, an

increased nursing staff that included practical nurses, nurses aides and ward secretaries increased our expenditures.

*Welfare Cases*

General Public Assistance cases for free service amounted to \$154,997.53. This accounted for 41% of our credit.

*Free Service to Employees and Trainees*

Services rendered to employees and trainees amounted to \$7,335.75.

*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.. . . .	\$16,996.70
2. City Health Inspection of Milk.....	2,458.39
3. City Health Laboratory Examinations.....	1,079.51
4. State Cardiac Clinic .....	1,533.88

The administration department again gives thanks to Dr. Connor for his helpful interest and support.

*Respectfully submitted,*

AMBROSE J. TONER,

*Business Manager*

## Report of the Neuro-Psychiatric Department

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In following the custom of time, we are offering this report of the activities of the Neuro-Psychiatric Department for the twelve months ending September 30, 1954.

In preparing it we were conscious of the fact that the people of this community as well as its government are showing a constantly growing interest and concern in problems pertaining to mental health. It is felt, therefore, that an additional comment to the statistical tables offered below is not only necessary but also of importance as well.

The Neuro-Psychiatric Department, an integral part of Charles V. Chapin Hospital since 1930, has a capacity of sixty beds. Considering this, we have had another busy year as this department has admitted, cared for, and treated 803 patients, who came from the City of Providence, its suburbs, and the State of Rhode Island. The neuro-psychiatrists and medical practitioners were responsible for referring most of our patients. The others came as transfers from various hospitals or were brought by the police.

### PATIENTS TRANSFERRED TO CHARLES V. CHAPIN HOSPITAL FROM OTHER HOSPITALS

Davis Park V. A. Hospital.....	17
Rhode Island Hospital.....	35
St. Joseph's Hospital.....	8
Roger Williams General Hospital.....	3
Pawtucket Memorial .....	5
Newport Hospital .....	1
Our Lady of Fatima.....	1
Miriam Hospital .....	1
Lying-In Hospital .....	1
Kent County Hospital.....	1



The patients are referred to us for observation, study, diagnosis, and whenever possible treatment. Many are admitted while in an acute phase of mental illness or while actively disturbed. Many arrive at the hospital presenting concomitant physical illnesses, others are dehydrated or have nutritional deficiencies. Some of the elderly patients came to the hospital in a moribund state.

Among other responsibilities of this department is the study, evaluation, diagnosis, and making of recommendations for disposition of many a patient who presents a grave personality disorder and is potentially dangerous to himself or society.

Since at present greater attention is being given to geriatrics and because it was noted that patients over sixty-five are gradually becoming the largest single group in state hospitals all over the nation, we are offering the following two tables pertaining to such patients as we feel they might be of considerable interest.

There have been 65 patients admitted who were 65 years of age and older, 37 males, 28 females.

<i>Years of age</i>	<i>Number admitted</i>
65. . . . .	8
66. . . . .	6
67. . . . .	9
68. . . . .	7
69. . . . .	8
70. . . . .	2
71. . . . .	1
72. . . . .	2
73. . . . .	3
74. . . . .	4
75. . . . .	2
76. . . . .	3
77. . . . .	3
78. . . . .	1
79. . . . .	1
80. . . . .	1
81. . . . .	1
82. . . . .	2
100. . . . .	1
	<hr/>
	65

## Disposition of Patients 65 years of age and older:

Home. ....	19
Home, Against Advice.....	2
State Hospital (D.S.W.).....	34
Butler Hospital .....	2
Rhode Island Hospital.....	2
St. Joseph's Hospital.....	2
Our Lady of Fatima Hospital.....	1
St. Elizabeth's Home, Boston.....	1
Convalescent Home .....	2
	<hr/>
	65

All patients who show any physical debility are given immediate physical care and treatment in accordance with the best contemporary medical practice. The consultation services of specialists on the staff of our hospital are called upon in such cases whenever necessary.

As in the past the team approach, that of the psychiatrist, psychologist, and social worker, is being used in diagnosis, treatment and in planning for the rehabilitation of the patient. We are constantly mindful of the aid given to this team by the nurse and the psychiatric aide. It is due to the last factor that the moral atmosphere of the hospital has shown a great improvement and patients have benefited by it. I wish to take this opportunity to express my deep appreciation to the nurses and to the aides who have utilized their daily personal contacts with the patients for recreational and occupational activities and in this manner have contributed toward their ultimate rehabilitation. Another favorable factor in treating our patients was the fact that there was less personnel turnover this year.

There were no changes in physical appearances of the hospital wards since they were painted last year. However, they remained clean, tidy, attractive, and pleasant looking.

There were no radical changes in methods of treatment used but well-recognized and accepted medical and psychiatric treatments were utilized.

In citing our report for 1953, we noted "that in reviewing the discharged during the last five years, a reversal of the trend was noticed: for the first time there were more patients discharged with conditions improved or recovered than those with condition unimproved." We are very happy to state that this trend, as shown in the table below, has continued.

#### CONDITION ON DISCHARGE

<i>Year</i>	<i>Improved and</i>		<i>Dead</i>	<i>Total</i>
	<i>Recovered</i>	<i>Unimproved</i>		
1951. . . . .	282	529	9	810
1952. . . . .	316	484	12	812
1953. . . . .	436	396	11	843
1954. . . . .	461	348	0	809

It behooves us to notice at this point that there is no definite well accepted criteria which would indicate what the term "improved" means as used in discharge of mentally ill patients. It is thought by some that an extensive "follow up" of patients for five years following discharge would be a satisfactory measure. However, even such a method would fall short in some psychiatric entities as for example in depressive reactions, dissociative reactions, or in remissions of a catatonic schizophrenic.

For practical purposes, therefore, we have to be satisfied with the following. We feel that a patient is improved if he can be returned to the community, to his family and at the same time to his occupation.

During this year new drugs were introduced for controlling psychomotor excitement and for ameliorating certain mental states. Drugs which had the backing of solid scientific literature were used under close supervision of the doctors and nurses, and under strict laboratory control.

Educational activities were conducted as formal or informal talks, clinical conferences were presented and a number of outstanding psychiatrists and neurologists of the State of Rhode Island were kind enough to give a series of talks to our resident

staff. I wish to express my gratitude to these busy men for their interest and kindness.

Bi-weekly grand rounds and conferences with the members of the visiting staff were held. On such occasions it is customary to review the patient's progress, his treatment, and disposition.

The following changes in residents took place: Dr. Taras Hanuszewskyj successfully completed his second year of residency and is at present a resident physician at Our Lady of Fatima Hospital. I wish to comment upon his very thorough and dependable services and wish him success in his future medical career. Dr. Juanito Crisologo successfully completed his first year residency in psychiatry. He proved himself a capable and an efficient doctor. He is at present a resident at the Hackensack Hospital in New Jersey.

Dr. Jefim Weremczuk, a graduate of the University of Graz, commenced his residency after completing an internship at Roger Williams General Hospital. Dr. Giulio diFuria, a graduate of the University of Bologna commenced his residency after completing his internship at Salem Hospital, Salem, Massachusetts.

#### SOCIAL SERVICE DEPARTMENT

The past year was a very busy one for the Social Service Department. The admission rate to the hospital continued high and the turnover of patients great. There was a large number of complicated family situations, many more than usual requiring interviewing of many relatives, friends and agencies for verification of facts.

Much time was spent with families and patients working out plans for the future. This involved discussions with relatives, notifications of transfer to other hospitals, contacts with hospitals and agencies for referrals on an out-patient basis, and preparation of families and agencies for the return home of an improved but not well patient. The cooperation on the part of the families and agencies was most gratifying.

Each year brings an increase in the number of discharged patients wanting service from the hospital. Sometimes it is just a telephone call or office visit reporting how they feel. Sometimes it is a plea for help when they feel themselves becoming ill again. Often it is a request that abstracts of their records be sent to doctors, lawyers or social agencies. Many times it is just an expression of gratification at feeling well again.

Social Service has continued to work very closely with members of both the resident and visiting staff in the sharing of knowledge about the patient and planning his future. The same types of service as always have been given to both the in-patient and out-patient departments. This includes the taking of social histories, preparing of abstracts and summaries, referring patients to agencies and giving all needed types of social case work.

Members of the department have participated in and attended case presentations and staff lectures. They have contributed to community projects by serving on boards, committees, and attending meetings.

A statistical report for the year is as follows:

Histories. . . . .	229
Interval Histories . . . . .	28
Abstracts. . . . .	347
Summaries. . . . .	157
Letters. . . . .	43

#### PSYCHOLOGY DEPARTMENT

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

Psychological tests were utilized as a means of obtaining a sensitive, dynamic understanding of the patient and his problems. Interpretation was oriented toward the problems of diagnosis, prognosis, personality dynamics, intellectual functioning and treatment possibilities. Collaboration with the other members

of the psychiatric team and integration of test findings with their findings was considered to be the best means of fulfilling the requirements of the wholistic or field approach to the understanding of the individual case.

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

During the past year the psychologist cooperated with the Providence Police Department in the selection of new recruits to the department by administering psychological tests to potential candidates. Psychiatric screening, for elimination of the psychologically unfit is considered an important and progressive approach to the problem of personnel selection for public and responsible services. In addition a more comprehensive psychological evaluation was made of those members of the Police Department who were eligible for promotion. Our endeavors in this project were considered valuable, successful, and in keeping with the modern trend.

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

352 psychological tests were administered to:

In-patient. . . . .	112
Out-patient. . . . .	2
Special (Police) . . . . .	81
Total. . . . .	195

Tests Administered:

Rorschach Psychodiagnostic Record. . . . .	73
Wechsler-Bellevue Intelligence Scale. . . . .	41
Thematic Apperception Test. . . . .	13
Sentence Completion . . . . .	97
Cornell Index . . . . .	31
Bell Adjustment Inventory. . . . .	29
Miscellaneous (Memory Scale, Sorting Tests, Bender-Gestalt, etc.) . . . . .	68
Total. . . . .	352

October 1, 1953 through September 30, 1954

There have been 22 juveniles (18 years and under) admitted, 11 males, 11 females.

Years of age.....	18.....	17.....	16.....	15.....										
Number admitted .....	7.....	8.....	6.....	1.....										
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	
Admissions .....	66	68	65	50	49	65	64	76	79	67	80	74	803	
Discharges .....	74	56	78	50	51	52	72	63	84	69	78	82	809	
First Admissions .....													610	
Second .....													117	
Third .....													51	
Fourth .....													11	
Fifth .....													7	
Sixth .....													4	
Seventh .....													1	
Eighth .....													1	
Twelfth .....													1	
													803	

## CONDITION

Unimproved. ....	348	Recovered. ....	34
Improved. ....	427	Dead. ....	0
			809

## DISPOSITION

Home. ....	407	Rhode Island Hospital. ....	13
Home, Against Advice. ....	61	St. Joseph's Hospital. ....	5
Own Custody .....	9	Miriam Hospital .....	1
A.W.O.L. ....	1	Lying-In Hospital .....	1
State Hospital (D.S.W.) .....	260	Our Lady of Fatima Hospital. .	1
State Hospital (6th D.C.) .....	1	St. Vincent's Hospital, Mass. .	1
Butler Hospital .....	15	Other Wards of Charles V.	
Fuller Sanatorium .....	8	Chapin Hospital .....	2
Bournewood Sanatorium .....	1	Convalescent Home .....	2
Exeter School .....	2	St. Elizabeth's Home, Boston,	
Veterans' Administration Hos-		Mass. ....	2
pitals:		House of the Good Shepherd. .	1
Bedford, Mass. ....	3		
Brockton, Mass. ....	5		809
Davis Park, R. I. ....	7		

## DISCHARGE DIAGNOSES

Schizophrenic Reaction .....	286
Manic Depressive Reaction, manic type. ....	18
Manic Depressive Reaction, depressive type. ....	34
Psychotic Depressive Reaction. ....	20
Paranoid State .....	20

Involutional Psychotic Reaction.....	58
Psychotic Disorder, undiagnosed.....	1
Chronic Brain Syndrome	
associated with central nervous system syphilis.....	1
"    "    birth trauma .....	1
"    "    brain trauma .....	4
"    "    cerebral arteriosclerosis .....	29
"    "    circulatory disturbance other than cerebral arterio-	
sclerosis. ....	4
"    "    convulsive disorder .....	15
"    "    senile brain disease.....	3
"    "    other disturbances of metabolism, growth or nutri-	
tion. ....	1
"    "    diseases of unknown or uncertain cause.....	2
Chronic Brain Syndrome	
drug or poison intoxication.....	1
alcohol intoxication .....	6
of unknown cause.....	11
Acute Brain Syndrome	
associated with systemic infection .....	2
"    "    circulatory disturbance .....	1
Acute Brain Syndrome	
associated with convulsive disorder .....	1
"    "    disease of unknown or uncertain cause.....	1
"    "    metabolic disturbance .....	1
Acute Brain Syndrome	
drug or poison intoxication.....	6
alcohol intoxication .....	53
acute hallucinosis .....	8
delirium tremens .....	17
of unknown cause.....	7
Psychophysiologic muscular skeletal reaction.....	3
Psychophysiologic gastro-intestinal reaction.....	2
Psychoneurotic Disorders	
Anxiety reaction .....	14
Conversion reaction .....	2
Phobic reaction .....	4
Obsessive compulsive reaction.....	7
Depressive reaction .....	107
Dissociative reaction .....	6
Personality Disorders	
Inadequate personality .....	1
Schizoid personality .....	2
Cyclothymic personality .....	1
Paranoid personality .....	3
Personality Trait Disturbance	
Emotionally unstable personality.....	9
Passive-aggressive personality .....	3
Sociopathic personality disturbance	
Sexual deviation .....	2
Addiction	
Alcoholism. ....	5
Drug addiction .....	6
Transient Situational Personality Disorders	
Adult situational reaction.....	1



Adjustment reaction of late life.....	5
Mental Deficiency, idiopathic mild.....	1
Mental Deficiency, idiopathic moderate.....	4
Mental Deficiency, idiopathic severe with psychotic reaction.....	1
Alcohol intoxication (simple drunkenness).....	1
Observation, psychiatric .....	5
Observation, neurological .....	1
	<hr/>
	809

In concluding this report of a very busy and in many respects a successful year, I wish to thank the personnel of this department for their loyalty, cooperation, and enthusiasm.

I would also like to thank the personnel of other departments for their cooperation, and particularly that of the laboratory for their outstanding cooperation in our work with new drugs.

To Dr. Connor I wish to convey my sincere appreciation for his unfailing interest in the activities of this department and his wise counsel.

*Respectfully submitted,*

SIDNEY S. GOLDSTEIN, M. D.,

*Director,*

*Neuro-Psychiatric Department*

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## Report of Director of Nursing Service and School of Nursing

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

DIRECTOR OF NURSING SERVICE AND  
SCHOOL OF NURSING

Carmela Salvatore, R. N.

ASSISTANT DIRECTORS OF NURSING SERVICE

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

PSYCHIATRIC DIVISION  
Susan Tanzi Marcello, R.N.

INSTRUCTOR

Mary N. Nikodem, R. N., B. S.

CLINICAL INSTRUCTOR

Sally Foster Hopkins, R. N.

SUPERVISORS

Mary D. Reilly, R. N.—Day  
Mary E. Baxter, R. N.—Day  
Catherine DeCubellis, R. N.—Evening  
Barbara Moriarty, R. N., B. S.—Night

ASSISTANT SUPERVISOR

Barbara J. Ferguson, R. N.—Evenings

GRADUATE NURSE PERSONNEL

COMMUNICABLE DISEASE DIVISION

Barbara Waugh, R. N.	Theresa DeGiulio, R. N.
Joan Payne, R. N.	*Mary Sisson, R. N.
*Ann Mann, R. N.	Frances O'Rourke, R. N.
Vilma Coia, R. N.	Barbara Ferland
Joan Gelo, R. N.	Patricia O'Mara, R. N.
Frances Shields, R. N.	*Vivian Wells, R. N.

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\*Formerly Surgical Staff nurse.

Elizabeth Brown, R. N.  
Catherine Kalis, R. N.  
Priscilla Hale, R. N.  
Kathleen Potter, R. N.

H. Rowena Herring, R. N.  
\*Ida Mitchell, R. N.  
Mary McWhirter, R. N.  
Joan Randall

Part Time

Angela Ganga, R. N.  
Gladys Bickford, R. N.

PSYCHIATRIC DIVISION

Irene Sowa, R. N.                      Virginia Pilecki, R. N.  
Helen Ueding, R. N.                Leona Farrely, R. N.  
Margaret Rostron, R. N.          Carolyn Motyl, R. N.  
Ann Hall, R. N.

OUT-PATIENT DEPARTMENT

Grace Cannon, R. N.

Part Time

Angelita Colacci, R. N.

*Resignations*

Administration

Barbara I. Harrington, R. N.—Day Supervisor  
Barbara McVay, R. N.—Night Supervisor  
Theresa Zuchowski, R. N.—Clinical Instructor  
Evelyn Mummert, R. N., B. S.—Instructor

COMMUNICABLE DIVISION

Kathleen Potter, R. N.  
\*Marion Brown, R. N.  
Josephine Ruggieri, R. N.  
\*Helene Venditelli, R. N.  
\*Pauline Bergeron, R. N.  
\*Ethel DiGrado, R. N.

PSYCHIATRIC DIVISION

Marie Massenzio, R. N.  
Lorraine Estes, R. N.  
Barbara Thooft, R. N.  
Margaret Duffy, R. N.  
Eva Munro, R. N.  
Josephine Aldrich

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\*Formerly Surgical Staff Nurse.

## STUDENT NURSE PERSONNEL AND GEOGRAPHICAL DISTRIBUTION

In the School of Nursing October 1, 1953.....	66
Union Hospital, Fall River, Massachusetts.....	15
Cooley Dickinson Hospital, Northampton, Massachusetts.....	4
Maine Medical Center, Portland, Maine.....	46
Sacred Heart Hospital, Manchester, New Hampshire.....	21
Salve Regina College, Newport, Rhode Island.....	8
Pawtucket Memorial Hospital, Pawtucket, Rhode Island.....	22
Laconia Hospital, Laconia, New Hampshire.....	9
St. Vincent's Hospital, Worcester, Massachusetts.....	6
St. Anne's Hospital, Fall River, Massachusetts.....	32
St. Joseph's Hospital, Providence, Rhode Island.....	9
Henry Heywood Hospital, Gardner, Massachusetts.....	8
Elliot Hospital, Manchester, New Hampshire.....	20
New England Baptist Hospital, Boston, Massachusetts.....	6
*Sturdy Memorial Hospital, Attleboro, Massachusetts.....	2
Framingham Union Hospital, Framingham, Massachusetts....	12
*St. Mary's Hospital, Lewiston, Maine.....	15
Burbank Hospital, Fitchburg, Massachusetts.....	36
Central Maine General Hospital, Lewiston, Maine.....	27
Milford Hospital, Milford, Massachusetts.....	11
Post Graduate Students.....	5
Total. . . . .	314
Diplomas Awarded . . . . .	269
In the School of Nursing October 1, 1954.....	45

Total number of students since 1910..... 11,337

The profession of nursing has undergone many changes in recent years. With all these changes, it has been our constant endeavor to remember the main purpose of any nursing unit in a hospital, which is to provide good nursing care to the patient.

Although, nationally, hospitals continue to face the grave problems which develop from the shortage of graduate personnel, we have been able to maintain a fairly stable staff. In May of this year, the classification system and salary scale for the entire nursing department were revised. New staff and faculty positions were created. The number of openings for graduate nurses was increased to 62 and some problems in nursing service were relieved by the addition of licensed practical nurses, nurses' aides, and ward secretaries. At the close of the year, 41 of the graduate nurse positions were filled. With additional graduate nurses, more adequate coverage can be provided on the evening

\*Affiliation discontinued.

shift. This not only provides for better service but also better supervision of the pupil nurses.

Since the creation of positions for nurses' aides, three classes have been held. These classes are two weeks in duration and the student aides are taught medical aseptic technique and simple nursing procedures. The essential purpose of the nurses' aide is "To perform simple nursing procedures and render care, under supervision, to the convalescent patient . . . To relieve the professional nurse of the non-nursing duties involved in the care of patients with a contagious disease." Thus far, nurses' aides have functioned exclusively in the communicable division.

Ward secretaries have been a valuable addition to the auxiliary staff. They have relieved the head nurses of the non-nursing functions involved in ward administration.

The value of the licensed practical nurses has been evident since the beginning of their employment. At present, they are working in the communicable division but will also be assigned to the surgical and pediatric wards.

As in the past, to insure adequate patient care, new equipment has been purchased and the old repaired and replaced.

Through the cooperative efforts of the chairmen within the faculty organization, the policies governing the health program, housing, staff education, and curriculum are being reviewed and recommendations are being made for overall improvement.

In February of this year, the affiliating program was decreased to eight weeks. The total of formal class hours and clinical teaching time has increased, so that each student receives no less than fifty hours within an eight week period. Clinical teaching rooms have been prepared on each of the wards, and new writing slates, bulletin boards, and folding chairs have been purchased for these rooms. Through in-service staff education, the head nurses are being prepared for their participation as

teachers in the clinical area so that the minimum number of required hours can be exceeded. The new clinical program places the major portion of the teaching at the bedside, where the richest source of material is centered.

Two new Chase dolls have been purchased for the demonstration room, thus giving the pupils three practice areas. The newly acquired movie projector with sound track has been a very valuable addition to our visual aid equipment.

Twenty-one books have been received for the nurses' reference library, and sixty books are being considered for request. At the close of the fiscal year, the library resources are still being evaluated.

In closing, may I take this opportunity to thank my assistants and the graduate staff for their efforts throughout the year, and to wish our students every success.

On behalf of my assistants as well as myself, I would like to thank the heads of all departments and their personnel for their cooperation; the medical staff for giving so freely of their valuable time by participating in the educational programs of the communicable and neuro-psychiatric divisions; the nursing committee for their aid and counseling during the re-evaluation of classifications and salary scale; the Board of Hospital Commissioners for their continued interest in the welfare of the nursing department; and Dr. Connor for his unfailing interest, wise counseling, and never-ending patience.

*Respectfully submitted,*

CARMELA SALVATORE, R. N.,

*Director of Nursing Service  
and School of Nursing*

## Report of the Laboratory

At the end of our fiscal year, September 30, 1954, the laboratory had performed a grand total of 44,923 tests. Of these 592 were done for the Health Department, the remainder for the hospital itself. In Table I there is a breakdown as to type of test.

In Table II the number of deaths, number of autopsies, and yearly autopsy percentages are tabulated. This year we had only 11 autopsies. However there were only 18 deaths, and the percentage of autopsies is 61.1.

Table III demonstrates the breakdown of autopsies as to cause of death, by systems. Eight of the eleven cases autopsied died of a disease of the nervous system, and four of the eleven cases studied died of poliomyelitis.

In closing I would like to thank the Superintendent, Dr. Hilary J. Connor, for his interest in the laboratory. I would also like to thank the professional staff of the hospital, officers of the City Health Department, and the technical staff of the laboratory for their support and cooperation.

*Respectfully submitted,*

LEROY W. FALKINBURG, M. D.,

*Pathologist*

Table I

Bacteriology:	+	C. V. C. H.	?	+	H. D.	?	C. V. C. H.	H. D.	Total
Cultures for hemolytic strep.	447	8,481	...	22	72	...	8,928	94	9,022
Cultures for diptheria.	...	9,036	1	...	98	...	9,037	98	9,135
Blood and Spinal fluid cultures.	...	...	...	...	...	...	231	2	233
Feces and Urine cultures.	343	315	...	13	11	...	658	24	682
Eye Cultures	...	...	...	...	...	...	19	...	19
Ear Cultures	...	...	...	...	...	...	44	1	45
Sputum Cultures	...	...	...	...	...	...	10	1	11
G. C. Cultures.	42	114	4	1	2	...	160	3	163
Spinal fluid sediments and cultures.	...	...	...	...	...	...	601	...	601
Smears for sputa for tubercle bacilli.	94	386	3	...	29	...	483	29	512
Smears for gonococci (G. O.).	43	155	4	1	2	...	202	3	205
Smears for Treponema pallidum.	46	153	...	...	...	...	7	...	7
Stools: ova and parasites, occult blood.	1	1	...	...	5	...	15	...	15
Hang: drop for Trichomonas vaginalis.	8	16	1	...	...	...	199	5	204
Animal inoculations for diptheria.	...	...	...	...	...	...	8	...	8
Virulence tests for diptheria.	...	...	...	...	...	...	1	...	1
Sensitivity Tests	...	...	...	...	...	...	24	...	24
N. P. Cultures.	...	7	...	...	...	...	265	11	276
Miscellaneous examinations	...	...	...	...	...	...	7	...	7
Total Bacteriology.	...	...	...	...	...	...	297	11	308
							21,196	282	21,478
Serology:									
Wassermann tests	45	1,664	...	14	112	14	1,709	130	1,839
Hinton tests	34	2,428	78	3	130	8	2,540	141	2,681
Agglutination tests for typhoid.	...	...	...	...	...	...	37	...	37
Agglutination tests for undulant fever.	...	...	...	...	...	...	34	...	34
Agglutination tests for proteus Ox-19.	...	...	...	...	...	...	32	...	32
Sheep cell agglutination.	...	...	...	...	...	...	151	...	151
Total Serology.	...	...	...	...	...	...	4,503	271	4,774





Table II

## NECROPSIES, 1910-SEPTEMBER, 1954

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
Total.....	6,310	2,296	36.3

Table III

PRINCIPAL CAUSES OF DEATH AS DETERMINED AT  
POSTMORTEM EXAMINATION

Causes of Death			
Autopsy Number		Age	
	<i>Respiratory</i>		
A-25-53	Chronic Pulmonary Tuberculosis.....	67	years
A-4-54	Bilateral Bronchopneumonia .....	5	mos.
	<i>Nervous System</i>		
A-21-53	Acute Suppurative Leptomeningitis.....	5	mos.
A-22-53	Anterior Poliomyelitis .....	30	years
A-23-53	Acute Anterior Poliomyelitis.....	25	years
A-24-53	Acute Anterior Poliomyelitis.....	23	years
A-26-53	Massive Cerebral Hemorrhage.....	84	years
A-2-54	Tuberculous Meningitis .....	2	years
A-3-54	Acute Hemorrhagic Meningo-encephalitis.....	28	years
A-5-54	Acute Poliomyelitis .....	28	years
	<i>Miscellaneous</i>		
A-1-54	Bilateral Intra-adrenal Hemorrhage.....	4	years

## Report of the X-Ray Department

The X-ray examinations for 1954 were slightly less than for the preceding year and tend to parallel a decrease in the hospital census. The greatest decrease was in the number of pulmonary examinations.

Miss Cynthia Quinn recently replaced Miss Mary McCarthy as X-ray technician.

*Respectfully submitted,*

MANUEL HORWITZ, M. D.,

*Roentgenologist*

NUMBER OF CASES			PARTS OF BODY X-RAYED		
	1954	1953		1954	1953
Ward patients . . . . .	834	1,140	Lungs, Pul. Dept. . . . .	2,669	3,122
Out-patients . . . . .	170	179	Lungs. . . . .	1,374	1,077
Pulmonary patients . . . . .	2,632	3,042	Bones. . . . .	411	588
Student nurses . . . . .	363	462	Cardiac. . . . .	8	140
Employees. . . . .	339	180	Gallbladder. . . . .	15	12
State Rheumatic Fever			Abdomen. . . . .	38	44
Clinic. . . . .	115	127	I. V. Pyelogram . . . . .	13	20
Totals. . . . .	4,453	5,130	Gastrointestinal. . . . .	17	22
Electrocardiograms. . . . .	91	75	Barium enema . . . . .	9	10
			Sinuses. . . . .	18	15
			Mastoids. . . . .	13	16
			Encephalograms. . . . .	1	1
			Dental. . . . .	2	5
			Fluoroscopy. . . . .	31	47
			Cholangiograms. . . . .	0	3
			Cystograms. . . . .	0	2
			Miscellaneous. . . . .	0	13
			Totals. . . . .	4,649	5,140

## Report of the Out-Patient Department

The total number of visits in the Out-Patient Department during the past fiscal year was 8,512, which represents a decrease of 1,307 visits from the preceding year. In addition, 2,987 food handlers were examined for health cards.

Increases in visits were seen in the Department of Orthopedics, which was due to the poliomyelitis epidemic in 1953-54, and in the Department of Urology. Less patients than last year had contacted gonorrhea; however, an increase in so-called non-specific urethritis was noted.

Nearly one-half of the decrease in visits occurred in the Department of Tuberculosis. The remainder is divided among the Departments of Dermatology, Medicine, Gynecology, and Ophthalmology. Pneumothorax treatment was only given until February 1954, which apparently reflects a change in medical opinion concerning the treatment of tuberculous patients. The State Rheumatic Fever Clinic had 24 patients less than last year, which is probably due to less scarlet fever infections. The Pediatric Allergy Clinic was inactive during the past year but it is expected that more patients may be seen here following their discharge from the new non-infectious pediatric ward in our Hindle Building.

Dr. Juergen Nicolas succeeded Dr. Stephen F. Lehman as physician in charge of the Out-Patient Department on October 1, 1953.

The nursing staff consists of Mrs. Grace Cannon as supervisor, assisted by Mrs. Angelita Colacci. After several changes in the secretarial staff, Miss Catherine Panzini took up her position as secretary in July, 1954.

I wish to express my personal appreciation to the visiting staff for its help, and to the nurses, the secretary, and the laboratory workers for their good cooperation and assistance which made it possible to operate the department successfully.

*Respectfully submitted,*

JUERGEN NICOLAS, M. D.

## Out-Patient Department 1954

DEPARTMENTS	New Patients	First Visits of Old Patients in 1954	Total Individuals	Revisits	Total Visits 1954	Total Visits 1953
Syphilis. . . . .	4	67	71	160	252	287
Neuro-Syphilis. . . . .	0	14	14	22	36	28
Dermatology. . . . .	78	30	108	390	498	1,009
Gynecology. . . . .	34	4	38	72	110	148
Urology. . . . .	58	4	62	134	196	138
Neuro-Psychiatry. . . . .	48	6	54	330	384	372
Pediatrics. . . . .	176	16	192	419	611	729
Pediatrics (Allergy) . . . . .	0	0	0	0	0	0
Tuberculosis. . . . .	727	1,152	1,879	2,825	4,704	5,303
Pneumothorax. . . . .	0	3	3	17	20	221
Medicine. . . . .	101	39	140	489	629	691
Ophthalmology. . . . .	0	0	0	0	0	8
Orthopedics. . . . .	137	9	146	326	472	235
Ear, Nose, and Throat. . . . .	1	3	4	10	14	1
V. D. Penicillin Rx. . . . .	59	11	70	7	77	115
V. D. Examination . . . . .	77	17	94	13	107	111
State Rheumatic Fever Clinic. . . . .	48	0	48	292	340	364
Minor Accident and Surgical Cases. . . . .	62	0	62	0	62	59
Total. . . . .	1,610	1,375	2,985	5,506	8,512	9,819

## Report of the Dietary Department

Meals served during the year ending September 30, 1954 numbered 350,451, compared to 378,089 the year before. These figures show a moderate decrease from the previous year, due to the smaller hospital population. The cost of raw food, 30¢ per meal, was approximately the same as last year.

The following table shows the distribution of meals:

	MEAL COUNT						Totals
	Dining Rooms			Distribution to Patients			
	Doctors'	Nurses'	Employees'	Tuber- culous	Psychia- atric	Commu- icable	
October 1953	1,137	10,577	5,882	2,105	4,587	11,474	35,762
November	1,064	8,924	5,494	1,567	4,032	10,338	31,419
December	1,036	9,685	6,080	1,560	4,128	8,036	30,525
January 1954	1,062	9,405	6,569	1,581	3,975	7,367	29,959
February	915	8,325	6,511	1,304	3,471	7,511	28,037
March	1,046	8,591	7,510	1,281	4,227	8,029	30,684
April	952	7,810	5,575	1,362	4,434	6,590	26,723
May	954	8,098	6,012	1,362	4,539	5,838	26,803
June	951	8,445	6,118	1,482	4,191	4,989	26,176
July	1,064	8,941	6,180	1,252	4,707	5,937	28,081
August	1,056	7,810	6,110	102	5,022	7,038	27,138
September	1,023	8,118	6,042	....	4,572	9,389	29,144
Totals	12,260	104,729	74,083	14,958	51,885	92,536	350,451

An additional electrically heated food conveyor was purchased. Now it is possible to send food to each kitchen with the assurance that it will reach patients at its best. After conversion to natural gas, it was found necessary to replace the very old ovens in the pastry kitchen. A new Blodgett bake oven was installed which improved the quality of the baking and made cooking easier and safer. A utility truck was purchased for use in the main kitchen and many replacements of minor equipment and utensils were made.

The hospital maintenance department kept our equipment in good order and made necessary repairs promptly and efficiently.

I would like to thank Dr. Connor, the hospital staff, and employees for their continued help and cooperation.

*Respectfully submitted,*

RUTH E. DAVIDSON,  
Dietitian

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## **Report of the Maintenance Department**

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In continuing Dr. Connor's program of cutting operating costs, without cutting operating efficiency, the Maintenance Department completed many improvements to the hospital physical plant, the most outstanding being the complete renovation of the Hindle Building into a children's unit.

The routine maintenance work has continued to be rather heavy. However, as each unit is renovated, further upkeep should decline somewhat.

The carpentry division did very fine work this year. The new asphalt tile floor in the Hindle unit and new floors in many other areas are a great improvement.

The painters continued to be very active. Several departments were completely done over, which is evidenced by the improved appearance of the hospital.

Damage from the hurricanes this year was not severe. All buildings had some roof damage but all have been repaired. Fourteen trees were blown down and most of these were replanted and wired to stakes. The local source of electric power failed during both hurricanes for twenty hours but our emergency electric standby unit took care of our light and power needs without any inconvenience to the hospital.

The section of tunnel between West and Service Buildings was water-proofed and the interior walls and floors refinished. The remaining network of tunnels will be done when time and budget permit.



The following list of projects will show that the maintenance schedule was indeed a busy one this year and I wish to express my appreciation to the maintenance staff for a job well done, particularly for their devotion to duty and the hospital during the three hurricanes.

#### INSTALLATIONS

- 9 Wash basins and new plumbing, Hindle Building
- 1 Cabinet sink, Hindle Building
- 1 Steam radiator, Hindle Building
- 3 Unit heaters, Hindle Building
- 57 Automatic radiator valves, Hindle Building
- 52 Electric fixtures, Hindle Building
- 22 Electric fixtures, West II
- 18 Electric fixtures, Richardson I
- 2 Unit heaters for elevators, West and East Buildings
- 2 Hot water heaters, West and East Buildings
- 1 Hot water heater, Garage
- 2 Electric baths, Serology laboratory
- 1 Autoclave, Laboratory
- Electric lines for food trucks, Diet kitchen
- 220-V line for air conditioner, Richardson I
- Vents over sterilizers, All kitchens and utility rooms
- Air compressor for laundry presses
- Steam regulators, traps and valves, on three boilers
- 216 Window shades made
- 28 Steam leaks repaired

#### CARPENTRY

- Asphalt tile flooring installed—Hindle Building, Richardson II, West II treatment room and 10-bed unit, Doctors' lounge, 6 offices, 2 sun-parlors, Administration Building, Richardson I 10-bed unit
- Rubber safety treads installed on stairways—Administration Building, Service Building, Hindle Building
- Wall tile installed in scrubrooms—West II, Richardson I, Richardson II, Hindle Building
- Magnetic boards, made and installed, in all unit conference rooms and one large one in Nurses' Home
- Brass plates and door knobs, all outside doors
- 2 new doors installed, Administration Building
- Made
- 12 oxygen tank stands
- 1 table and 2 cabinets for Hindle Building
- 65 window screens
- 4 screen doors
- 1 cabinet desk for X-ray Department

## PAINTING

- Garage and garage dormitory
- 7 rooms, Service Building dormitory
- 3 apartments, 2 sun-parlors, 7 rooms, Nurses' Home
- Tunnel, West Building
- Stairwells, West, East, Administration and Hindle Buildings
- Kitchens and utility rooms, West I and II, Richardson I and II, East I and II, and Hindle Building
- All offices and corridors, Administration Building
- All of Hindle Building, including corridor, and floors in sunporches and tunnel, 7 rooms papered, and furniture refinished
- All of West II, and furniture refinished
- All of Richardson I, and furniture refinished
- 10 rooms on East II, also papered
- Window casings, Doctors' dormitory
- Formula room, Richardson II

## NEW EQUIPMENT

- Electric elevator, Laundry
- Air compressor, Laundry
- Movie and sound projector, Nursing Department
- Shock therapy unit, Psychopathic Department
- Hi-fidelity phonograph, Psychopathic Department
- 6 safety detention screens, Psychopathic Department
- Electric food conveyor
- Utility truck
- 4-compartment gas bake oven
- 58 fire alarm batteries
- 4 typewriters
- 5 desks
- 2 steel filing cabinets
- 6 spotlights
- Oldsmobile sedan, 1954 "88"
- 7 cribs
- 6 youth beds
- wheel chair
- 2 stretchers, wheeled
- 2 electric oxygen tents
- Breathometer
- Balance scale, Pharmacy
- Glove and apron rack, X-Ray Department
- Infant positioner, X-Ray Department
- Circulator illuminator, X-Ray Department
- Wall cassette, X-Ray Department
- 3 instrument sterilizers
- Large pressure sterilizer
- 5 tables and 16 chairs, Hindle Building
- 8 dozen folding chairs
- 4 easy chairs, Employees' Rest Room
- Carrier air conditioner unit
- Small icebox
- 2 ladders
- Autoclave, Laboratory

Spectrophotometer with flame attachment, Laboratory  
2 electric serology baths, Laboratory  
Micro-hematocrit centrifuge, Laboratory  
Microscope, Laboratory

To Dr. Connor, I wish to express my sincere appreciation for his understanding and cooperation with this department. To the department heads and personnel of the hospital, my sincere thanks for their cooperation throughout the year.

*Respectfully submitted,*

JAMES E. KELLY,  
*Engineer*

## Acknowledgments

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

Master Howard Coleman  
 Church Periodical Club, Grace Church  
 Mrs. Mary Farley  
 Mrs. C. E. Kennedy  
 Mrs. A. Harlterz  
 Mrs. C. S. Williams, Jr.  
 Service Guild, Central Congregational Church  
 Newport Gas Co.  
 Mrs. Alton W. Gardiner  
 Mrs. E. McKay  
 Pack I Cub Scouts, Limerock  
 Mrs. Elroy Crandall  
 Camp Fire Silver Blue Birds  
 Delta Zeta Alumni Association, U. R. I.  
 Friendly Blue Birds  
 Mrs. Michael Lauro  
 Mrs. A. W. Gardiner  
 Miss Elizabeth L. Aldrich  
 Mrs. A. DiMichele  
 Brownie Troop 102

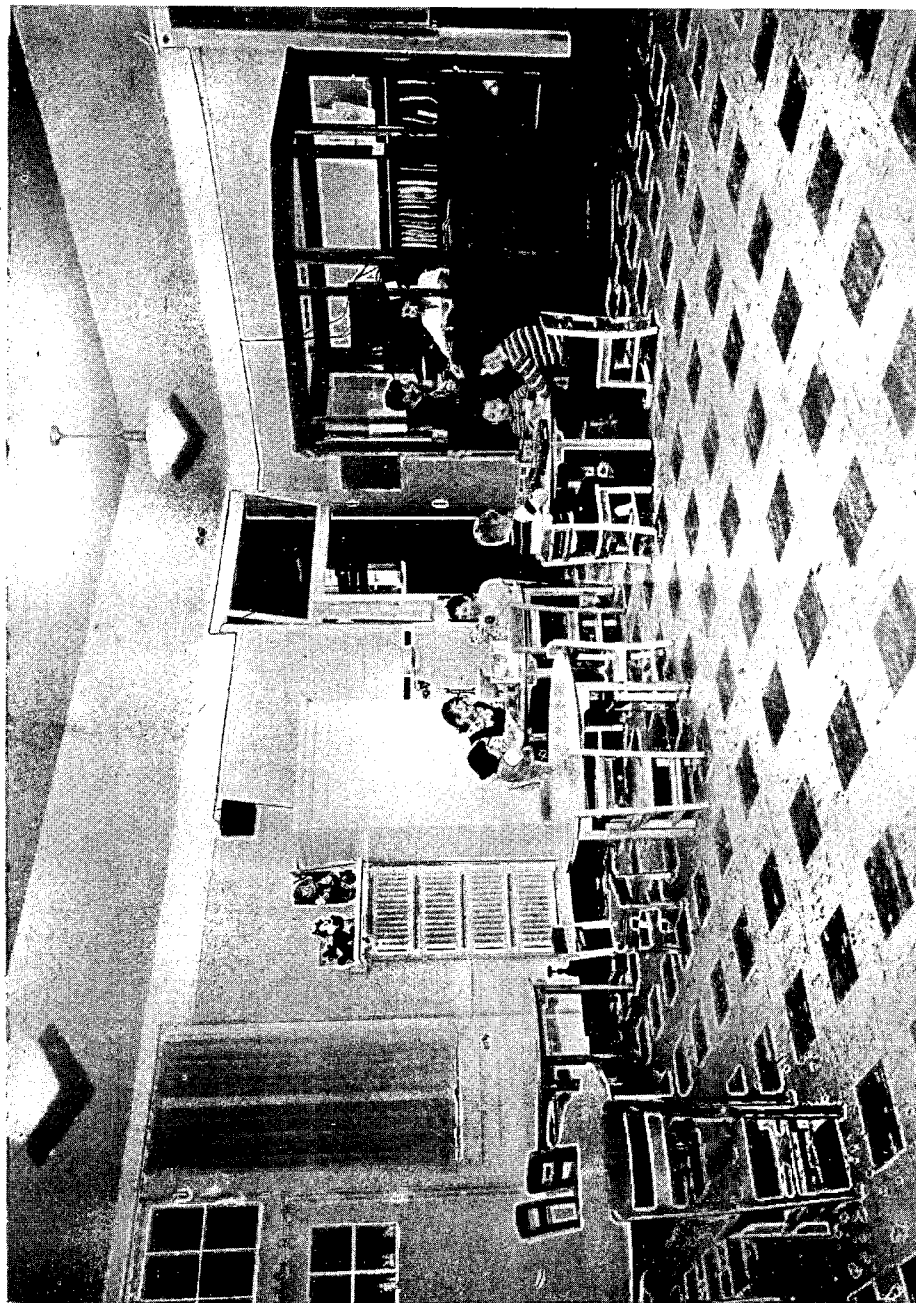
### MISCELLANEOUS

Rainbow Club, Riverview, Hallowe'en candy  
 Masters Richard Cruickshand, Ronald Riley, and Howard McDowell,  
 \$7.10 for purchase of Hallowe'en treats for polio patients  
 Mrs. L. Marion Mahoney, table model TV for psychiatric ward  
 Brownie Troop #140, Thanksgiving favors  
 Mr. E. J. Knight, 5 bushels apples  
 Junior Red Cross, Thanksgiving favors and candy  
 A. E. Platt School, through Junior Red Cross, candy baskets  
 Grade 2, Eden Park School, through Junior Red Cross, toys and candy  
 Asa Messa School, through Junior Red Cross, Easter candy  
 Mr. Martin J. Noonan, flowers

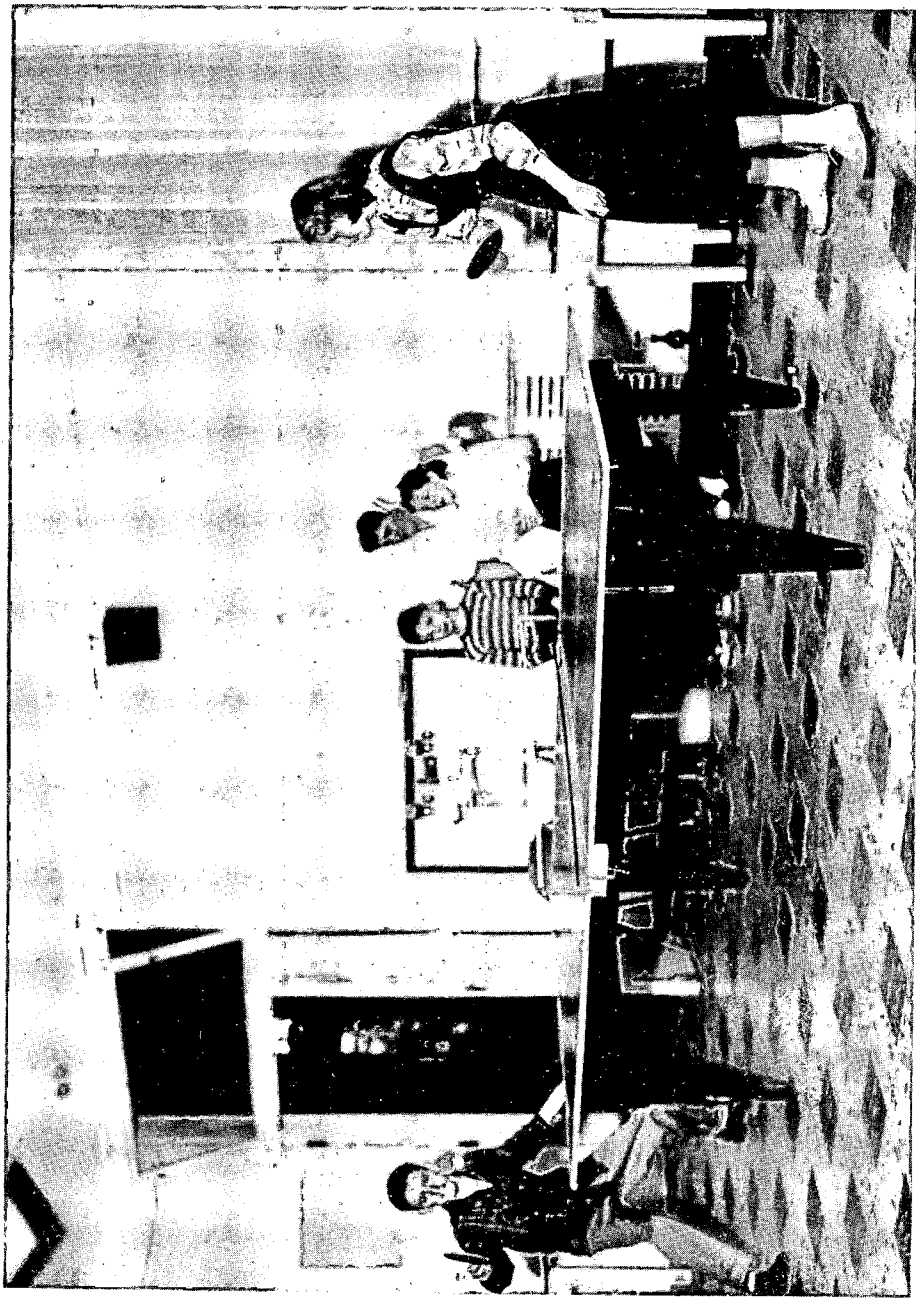
Mrs. C. S. Williams, Jr., Thanksgiving favors  
Hassenfeld Mfg. Co., Central Falls, toys, Christmas stockings, candy  
Citizens Savings Bank, Santa Claus cards  
Cumberland Garden Club, two Christmas wreaths for Richardson Building  
Providence Gas Co., Christmas carols and decorated gingerbread men  
Girl Scout Troop 67, Johnston, filled Christmas stockings  
Main Recruiting Station, U. S. Army and U. S. Air Force, candy and toys  
Cranston Rainbow Alumnae, tray favors and candy on several occasions  
Junior Aides, Jewish Community Center, Valentines  
Masters Richard and Ronald Riley, and Howard McDowell, Valentines  
Washington Park Methodist Church, Valentines  
Mrs. Wilson Carr, magazine subscription  
Hanaway's Pharmacy, Providence, Easter candy  
Osoha Camp Fire Girls and Cheerie Blue Birds, Centerdale, Easter baskets  
O-Ki-Hi Camp Fire Girls, Easter favors  
Jolly Juniorette Young Judeae, Easter baskets  
Gloria de Lutheran Church, 4th of July favors  
Mrs. Clarence E. Brooks, flowers



General View of Recreation Room

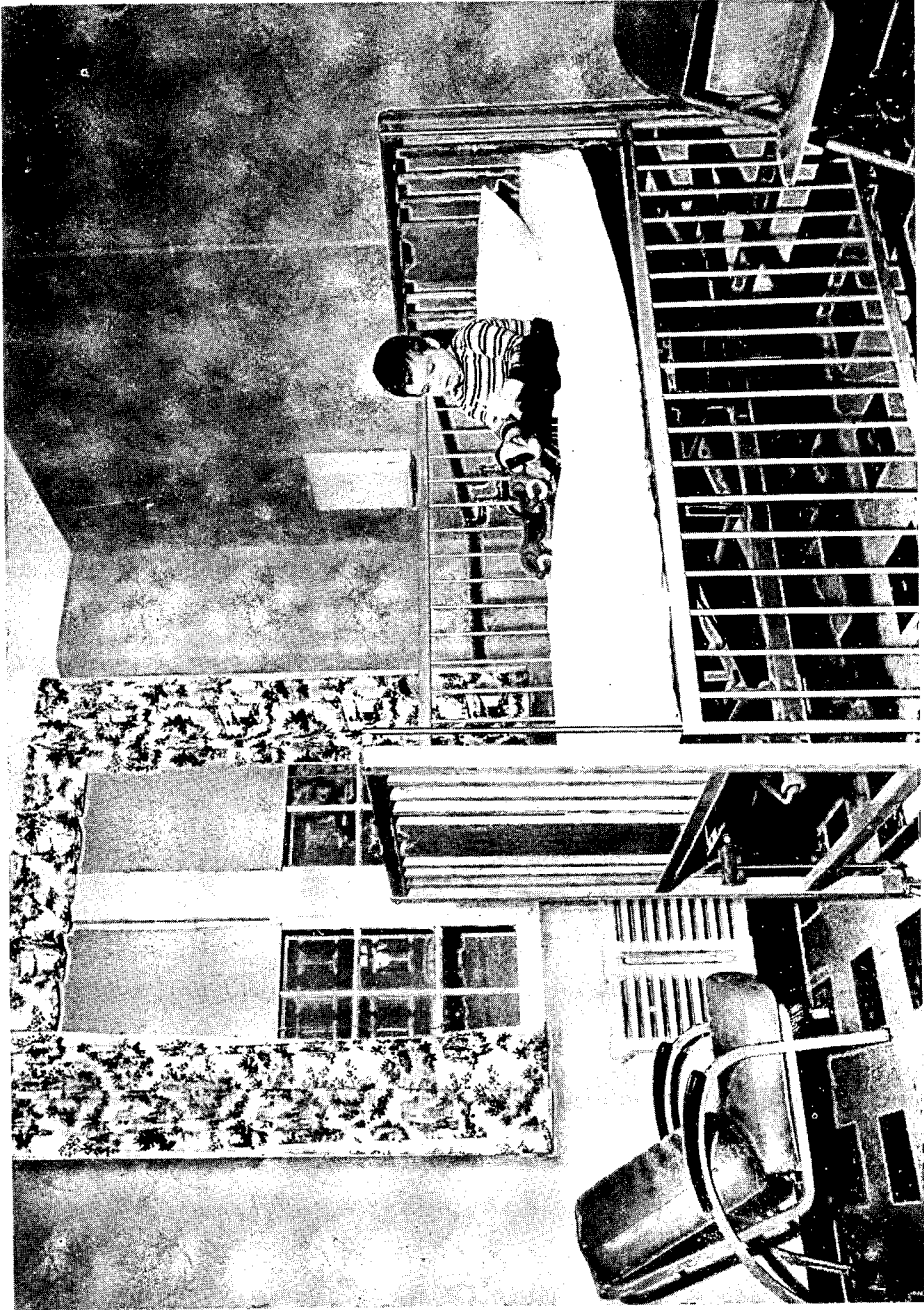


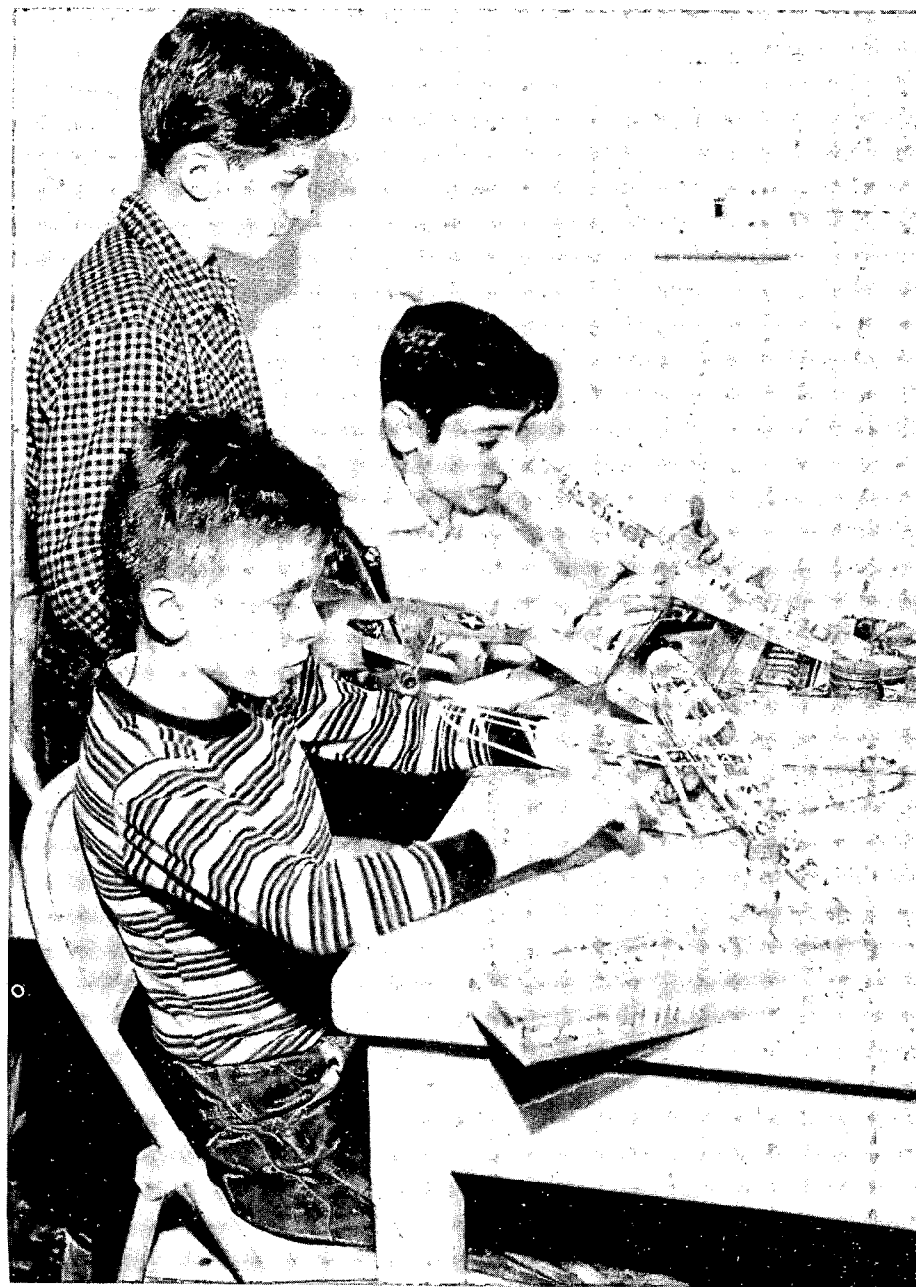
Recreation Room Showing Children at Play



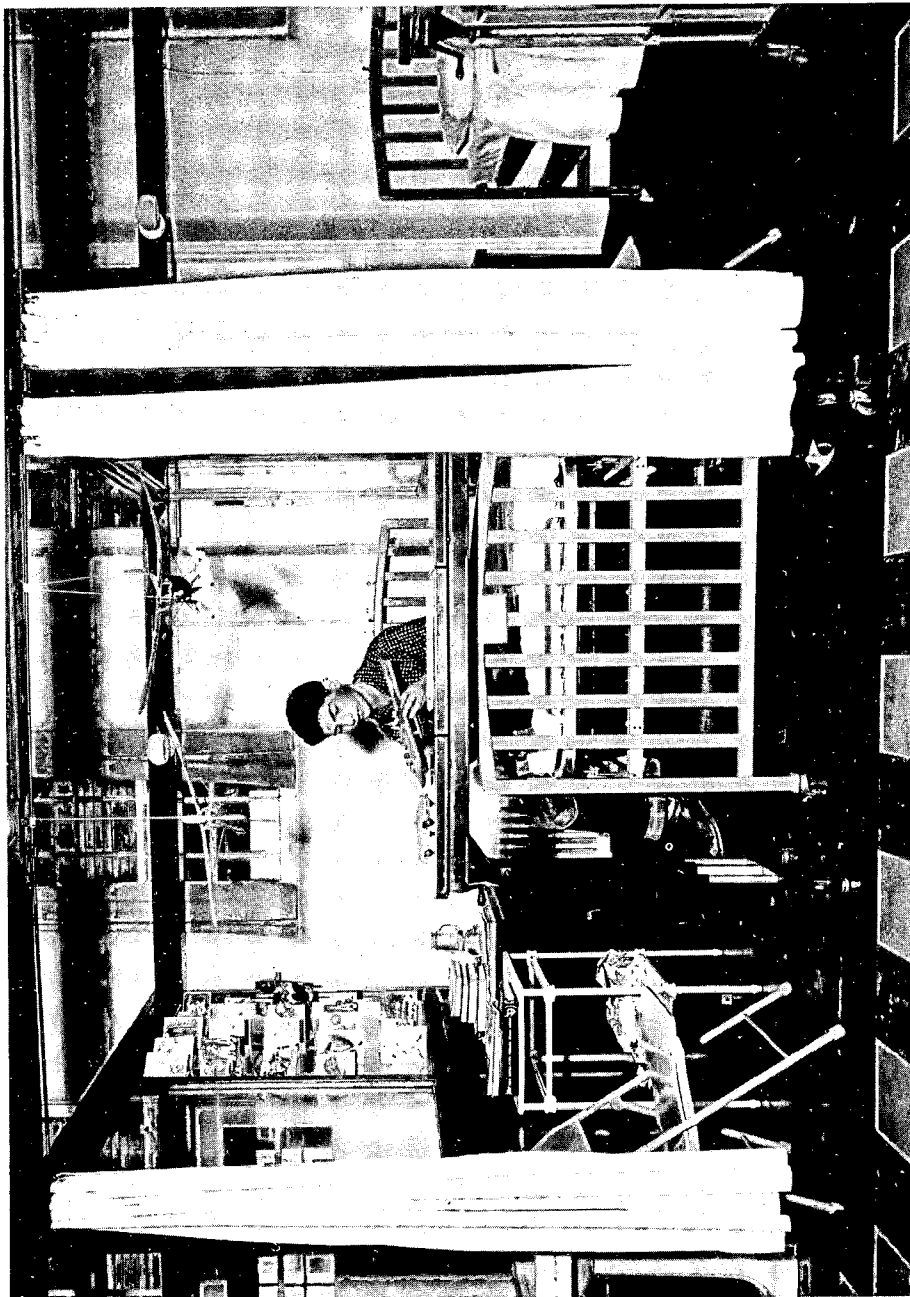
Ping Pong Match, with Audience



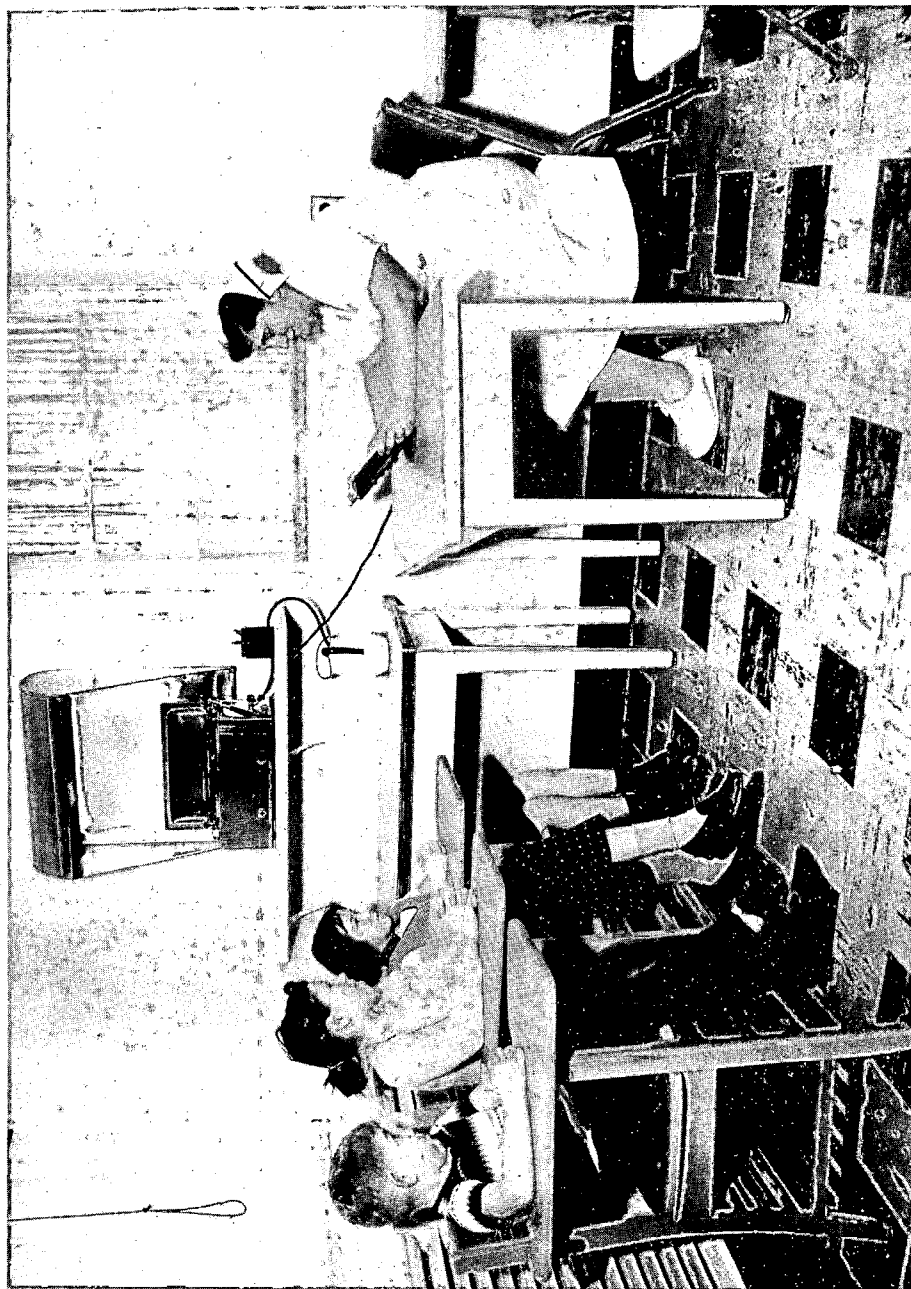




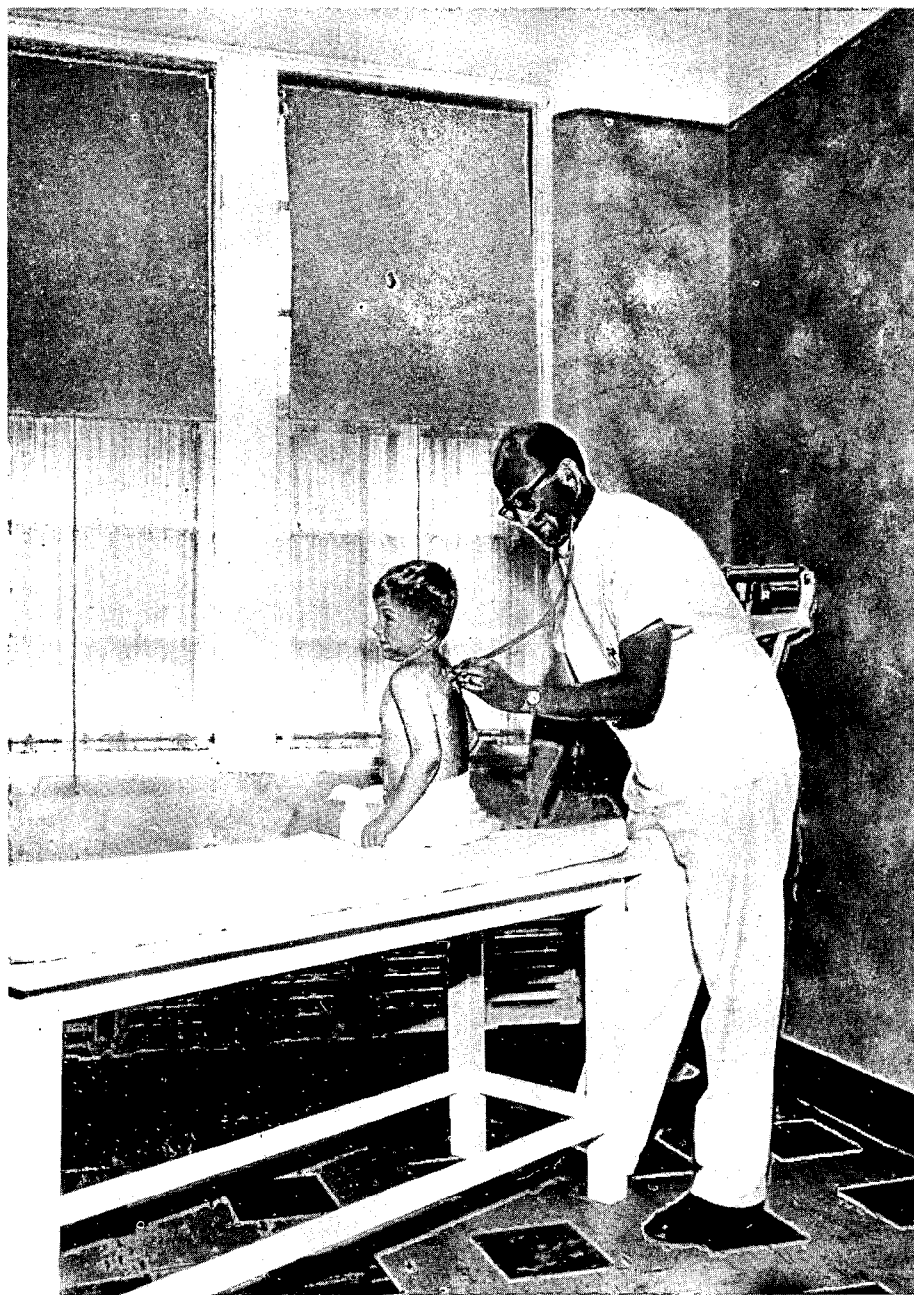
Planned Recreational Therapy



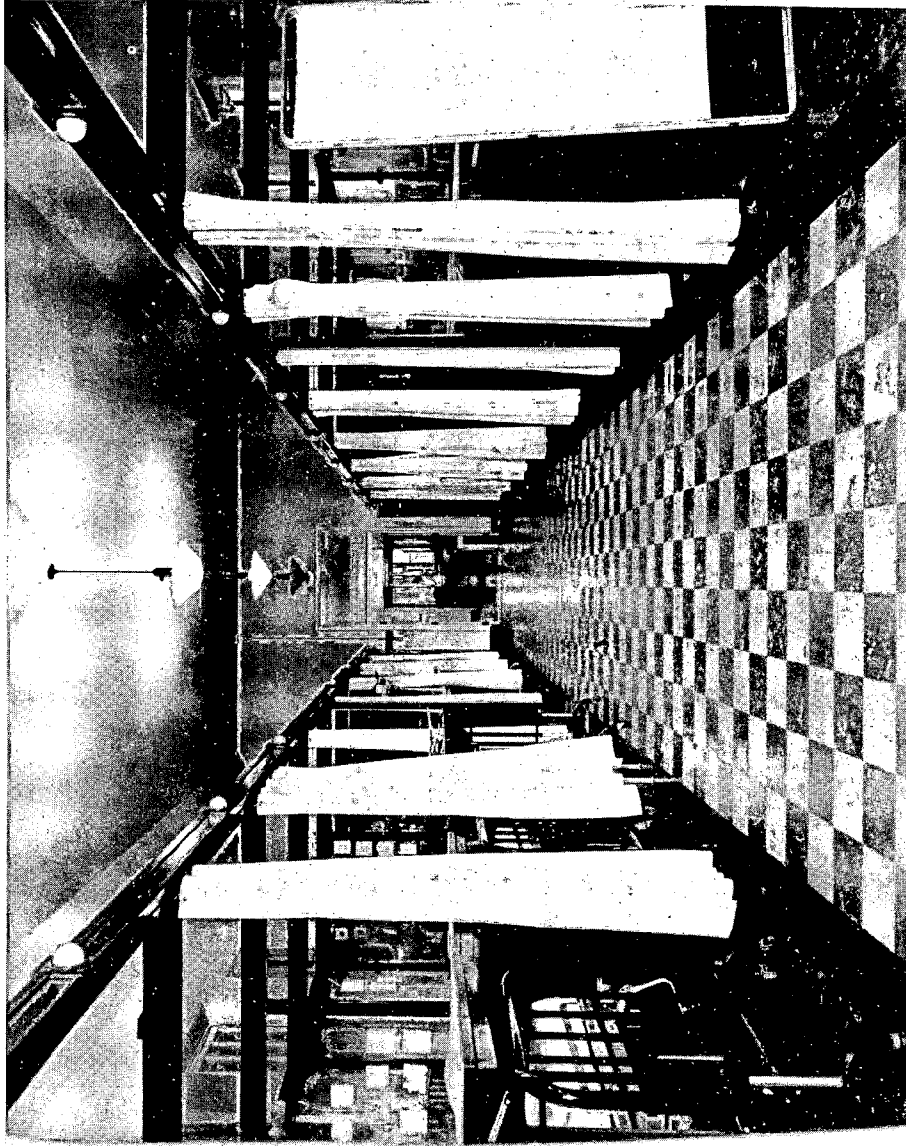
Cubicle in Ward — a Boy's Castle



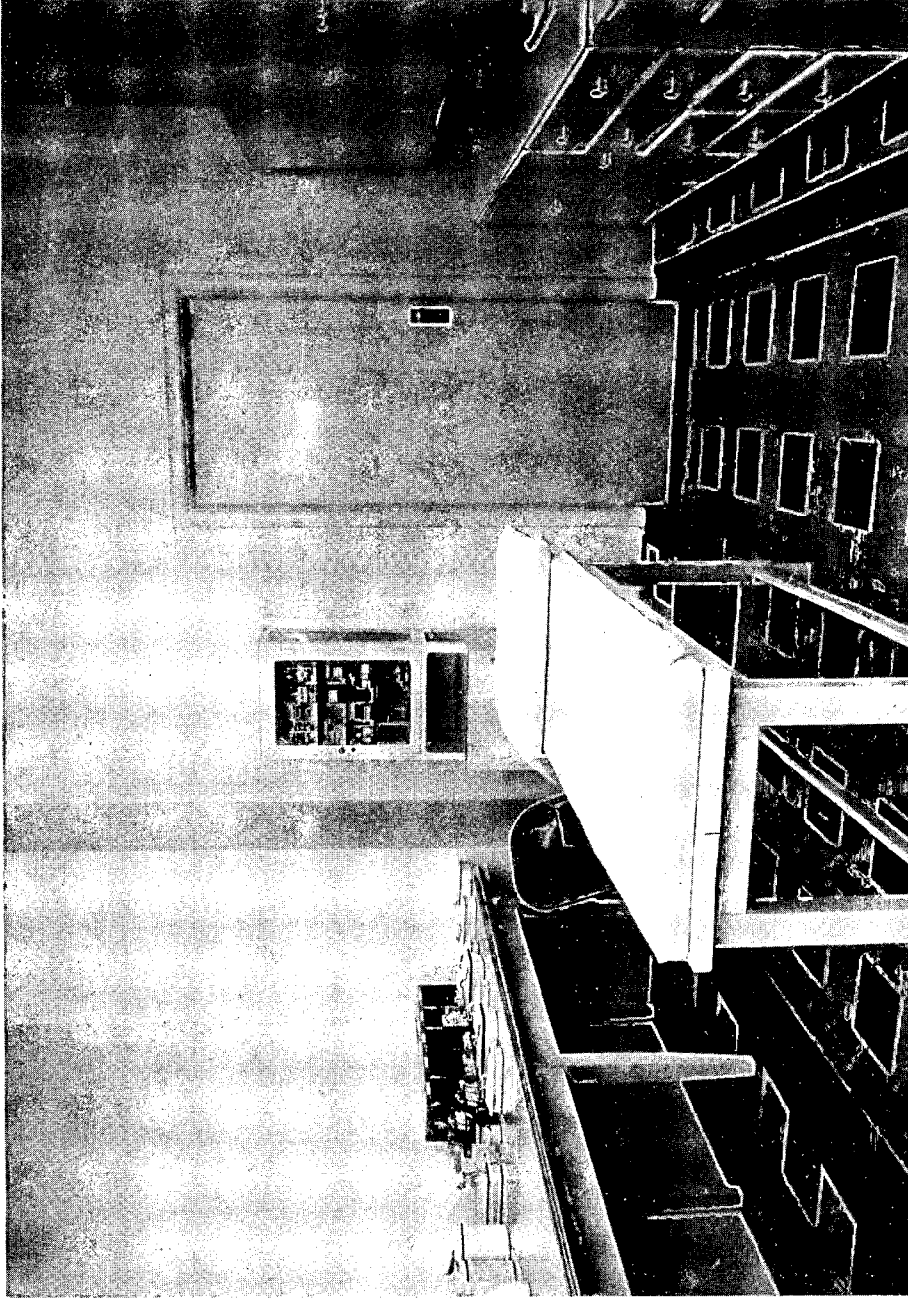
Study Period. Qualified Instructors from the School Department Are Assigned to this Unit



Treatment Room



One of the Wards, Showing Cubicles



Treatment Room