

Forty-Sixth Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1955



PROVIDENCE
THE OXFORD PRESS
1956

190

Forty-Sixth Annual Report

OF THE

Charles V. Chapin Hospital

Providence, R. I.

FOR THE YEAR ENDING

September 30, 1955



PROVIDENCE
THE OXFORD PRESS
1956

TABLE OF CONTENTS

	PAGE
Board of Hospital Commissioners.....	3
Administrative Staff	4
House Officers who served during the year ending Sept. 30, 1955	6
Consulting Staff	7
Visiting Staff	9
Historical Report	18
Report of the Board of Hospital Commissioners.....	21
Report of Superintendent.....	24
Financial Report	34
General Statistics	42
Report on All Diseases.....	43
Cross-Infections.	50
Infectious Diseases Among Employees.....	53
Report of the Business Administration.....	54
Report of the Neuro-Psychiatric Department.....	56
Report of Director of Nursing Service and School of Nurs- ing.	66
Report of the Laboratory.....	70
Report of the X-Ray Department.....	75
Report of the Out-Patient Department.....	76
Report of the Dietary Department.....	78
Report of the Maintenance Department.....	79
Acknowledgements.	81

BOARD OF HOSPITAL COMMISSIONERS

Chairman Ex-Officio

MAYOR WALTER H. REYNOLDS

HERMAN A. LAWSON, M. D.	Term expires 1956
JAMES H. FAGAN, M. D.	Term expires 1957
ROBERT E. CARROLL, M. D.	Term expires 1958
JOSEPH SMITH, M. D., <i>Supt. of Health, Ex-Officio</i>	

Secretary

HERMAN A. LAWSON, M. D.

Committee on Organization

Robert E. Carroll, 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, 1954 — September 30, 1955

Superintendent

Hilary J. Connor, M. D.

Assistant Superintendent and Clinical Director

Edward J. West, M. D.

Assistant Superintendents

Stephen F. Lehman, M. D.

*Juergen Nicolas, M. D.

Psychiatric Department

DIRECTOR

Sidney S. Goldstein, M. D.

RESIDENT PHYSICIANS

**Giulio di Furia, M. D.

Jefim Weremczuk, M. D.

Paulo A. Botelho, M. D.

Pathologist

LeRoy W. Falkinburg, M. D.

Roentgenologist

Manuel Horwitz, M. D.

Director of Laboratories

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

Director of Nursing Service and School of Nursing

Carmela Salvatore, R. N.

Assistant Directors of Nursing Service

Communicable Disease Division

Elizabeth G. Regan, R. N.

Psychiatric Division

Susan Tanzi Marcello, R. N.

*Appointed January, 1955.

**Resigned July, 1955.

Instructor

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

Clinical Instructor

Sally Foster Hopkins, R. N.

Business Manager

*Ambrose J. Toner
William A. Manning

Social Workers

Eileen A. O'Connor
**Ann Maguire

Ruth F. Levy
Barbara Cronin

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 July, 1955.

**Resigned January, 1955.

HOUSE-OFFICERS WHO SERVED DURING YEAR ENDING SEPTEMBER 30, 1955

Residents in Pediatrics

(Service Completed)

Sophie N. Wlassich, M. D.	January 8, 1955
Juergen Nicolas, M. D.	January 12, 1955
Paulo A. Botelho, M. D.	June 30, 1955
Buenaventura C. Medina, M. D.	
Erlinda C. Roldan, M. D.	

Affiliate Residents in Pediatrics for Communicable Disease Training

(From Rhode Island Hospital)

Thomas H. George, M. D.

(From St. Clare's Hospital)

John K. Butler, M. D.
Virginia L. Cagampan, M. D.

Affiliate Interns

(From Beth-Israel Hospital)

John Vorenberg, M. D.
Arthur J. Luskin, M. D.
Richard P. Spencer, M. D.
Norman G. Levinsky, M. D.
Selwin A. Kanosky, M. D.
Richard M. Hays, M. D.
Victor Gurewich, M. D.
Robert C. Goldberg, M. D.

(From Rhode Island Hospital)

John C. Lonergan, M. D.
Douglas R. Hill, M. D.
Jorge Benavides de Anda, M.D.
James F. Connolly, M. D.
Walter R. Thayer, Jr., M. D.
Ivan T. Vasey, M. D.

(From St. Joseph's Hospital)

Paul Sordellini, M. D.
Victor F. Doig, M. D.
Francis J. Curran, M. D.

CONSULTING STAFF**PHYSICIANS**

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

SURGEONS

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

COURTESY STAFF—Private Surgical Unit

Edmund Billings, M. D.	Waldo O. Hoey, M. D.
Charles W. Cashman, Jr., M. D.	Albert H. Jackvony, M. D.
Edmund B. Curran, M. D.	Paul B. Metcalf, Jr., M. D.
Jesse P. Eddy, 3rd, M. D.	John C. Myrick, M. D.
Edward V. Famiglietti, M. D.	Vahey M. Pahigian, M. D.
Charles L. Farrell, M. D.	Orland F. Smith, M. D.

(The Board of Hospital Commissioners elects, at its October meeting, the staff which is to serve commencing the next January. Following is the staff elected to serve during 1955 and incorporated in it are changes made prior to October 1955.)

VISITING STAFF

DEPARTMENT OF MEDICINE

In-Patient Department

PHYSICIAN-IN-CHIEF

Louis I. Kramer, M. D.

VISITING PHYSICIANS

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

ASSISTANT VISITING PHYSICIANS

William Fain, M. D.	Laurence A. Mori, M. D.
Joseph G. McWilliams, M. D.	George E. Kirk, M. D.
William J. O'Connell, M. D.	Gustaf Sweet, M. D.
Herbert F. Hager, M. D.	

Out-Patient Department

PHYSICIAN-IN-CHARGE

Louis I. Kramer, M. D.

VISITING PHYSICIANS

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.
Robert E. Carroll, M. D.	Jaroslav Koropecy, M. D.
James J. Scanlan, 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

Malcolm Winkler, M. D. Carl S. Sawyer, M. D.
Bancel L. Schiff, M. D. Arthur B. Kern, M. D.

Out-Patient Department

PHYSICIAN-IN-CHARGE

Vincent J. Ryan, M. D.

VISITING PHYSICIANS

Malcolm Winkler, M. D. Carl S. Sawyer, M. D.
Bancel L. Schiff, 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. Reginald A. Allen, M. D.
Reuben C. Bates, M. D. Isadore Gershman, M. D.

Assistant Visiting Physicians

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

Out-Patient Department**PHYSICIAN-IN-CHARGE**

Harold G. Calder, M. D.

VISITING PHYSICIANS

Bruno G. DeFusco, M. D. Gilbert Houston, M. D.
Richard K. Whipple, M. D. Gerald Solomons, M. D.
Earle F. Cohen, M. D. Peter L. Mathieu, Jr., M. D.
Frank Giunta, M. D. *Mario Vigliani, M. D.
Vincent P. Rossignoli, M. D. Betty B. Mathieu, M. D.
Rudolf A. Jaworski, M. D. Harold B. Lang, M. D.
Briand N. Beaudin, M. D. Ruth Appleton, M. D.
George H. Taft, M. D. John E. Farley, Jr., M. D.
John T. Barrett, M. D. Alexander A. Jaworski, M. D.
Leonard B. Bellin, M. D. John F. Hogan, M. D.
Joseph T. Barrett, M. D.

Allergist

Stanley S. Freedman, M. D.

DEPARTMENT OF NEURO-PSYCHIATRY**In-Patient Department****PHYSICIAN-IN-CHIEF**

William N. Hughes, M. D.

*Leave of absence.

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.

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. 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

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

Out-Patient Department

SURGEON-IN-CHARGE

Howard K. Turner, M. D.

*Leave of absence

VISITING SURGEONS

Ralph V. Sullivan, M. D. Nathan Chaset, 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 SURGEON

Ralph DiLeone, M. D.

ASSISTANT VISITING SURGEON

J. Merrill Gibson, M. D.

Out-Patient Department

SURGEON-IN-CHARGE

George W. Waterman, M. D.

VISITING SURGEONS

J. Merrill Gibson, 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.
George E. Bowles, M. D.	Calvin M. Gordon, M. D.
Thomas F. Fogarty, M. D.	Robert C. Hayes, M. D.
Vito L. Coppa, 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.
Leland W. Jones, 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

Erwin O. Hirsch, M. D.

Department of Pediatrics

VISITING PHYSICIANS

Robert M. Lord, Jr., M. D. Sophie N. Wlassich, 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 SURGEON

Henry C. McDuff, Jr., M. D.

Department of Anesthesia

VISITING ANESTHETIST

Herbert Ebner, M. D.

Department of Surgery

VISITING SURGEONS

Robert Gorfine, M. D. David J. LaFia, M. D.
Julius Stoll, Jr., M. D. J. Robert Bowen, M. D.
Richard P. Sexton, M. D.

Department of Dentistry

VISITING DENTISTS

Francis M. Hackett, D.D.S. Leo Kantorowitz, D.D.S.

Charles V. Chapin Hospital

Historical

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

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

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

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

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

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

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

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

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

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

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

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

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

Report of the Board of Hospital Commissioners

To the Honorable City Council:

The Board of Hospital Commissioners presents its Annual Report for the fiscal year ending September 30, 1955.

Details of the activities and accomplishments of all departments of the hospital are given in the reports of the Superintendent and the heads of administrative and professional departments.

During the past few months the hospital has had to cope with the most extensive epidemic of poliomyelitis in its entire forty-five year history. At the time of writing this report, a total of 426 patients suffering from this dread disease have been admitted. The importance of the service rendered by the Charles V. Chapin Hospital not only to the citizens of Providence but also to the whole state of Rhode Island is well illustrated by the fact that 361, or 89.4%, of the total number of patients with poliomyelitis were residents of communities outside of the city of Providence, chiefly in the state of Rhode Island, but in the case of thirty individuals, in nearby Massachusetts. The responsibilities and problems of the hospital are not always ended with subsidence of the acute illness. A number of patients cannot be discharged because the resultant disability still necessitates the use of a respirator or continued expert nursing care. In addition, the vitally important responsibility of maximum rehabilitation requires continued medical supervision and the expert care of nurses and physiotherapists, as well as the use of various forms of apparatus for strengthening and re-training affected muscles. The heavy burden imposed

upon the hospital by this serious epidemic created difficult problems especially in providing the essential skillful nursing care which frequently involved continuous, alert watchfulness throughout each twenty-four hour period in order to save lives. The hospital owes a debt which it is happy to acknowledge to individuals and hospitals who have given invaluable aid, as described in the Superintendent's report.

Dr. Joseph C. O'Connell, a member of the Board of Hospital Commissioners since 1934, died in March 1955. Through his death the hospital lost a helpful friend and the city a public-spirited citizen. Dr. O'Connell was keenly interested in the welfare of the hospital and attended Board meetings faithfully. During nearly all of his term of service, he was its secretary.

Dr. Robert E. Carroll was appointed by the Mayor to fill the vacancy.

The Board regrets that for reasons of personal health it was necessary for Mr. Ambrose J. Toner to resign as Business Manager and head of the department of Business Administration. The Board wishes to express its appreciation of the faithful and efficient service which Mr. Toner rendered to the hospital. He was succeeded in this responsible position by Mr. William A. Manning, formerly Assistant Business Manager, under whose direction the department continues to function with complete satisfaction.

Changes in the staff during the year were as follows:

APPOINTMENTS TO PROBATIONARY SERVICE

J. Robert Bowen, M. D.	David J. LaFia, M. D.
Robert Gorfine, M. D.	Robert M. Lord, Jr., M. D.
Francis M. Hackett, D. D. S.	Henry C. McDuff, M. D.
Erwin O. Hirsch, M. D.	Richard P. Sexton, M. D.
Leo Kantorowitz, D. D. S.	Julius Stoll, Jr., M. D.
	Sophie N. Wlassich, M. D.

APPOINTMENTS TO REGULAR STAFF

Ruth Appleton, M. D.	John F. Hogan, M. D.
Joseph T. Barrett, M. D.	Alexander A. Jaworski, M. D.
Vito L. Coppa, M. D.	Leland W. Jones, M. D.
John E. Farley, Jr., M. D.	Harold B. Lang, M. D.
Robert C. Hayes, M. D.	Betty B. Mathieu, M. D.
James J. Scanlan, M. D.	

TRANSFERS TO CONSULTING STAFF

William B. Cohen, M. D.	Wallace Lisbon, M. D.
Joseph Franklin, M. D.	Frank I. Matteo, M. D.
Craig S. Houston, M. D.	Francesco Ronchese, M. D.

The Board of Hospital Commissioners and the Superintendent are mindful of the understanding cooperation and support which they have received from responsible city officials at all times, and are happy to express their sincere appreciation. The Board takes pleasure also in voicing its gratitude to the many faithful and efficient workers in all departments of the hospital, both professional and non-professional. In addition, the Board feels that it is highly appropriate to express officially and publicly its deep appreciation to the many physicians and surgeons of the visiting and consulting staffs who have continued, as in years past, to render without financial remuneration their invaluable service to the people of this community day in and day out in accordance with the highest traditions of the medical profession.

Respectfully submitted,

Joseph Smith
James H. Fagan

HONORABLE WALTER H. REYNOLDS, *Mayor*
JOSEPH SMITH, M. D., *Supt. of Health*
JAMES H. FAGAN, M. D.
ROBERT E. CARROLL, M. D.
HERMAN A. LAWSON, M. D., *Secretary*

Herman A. Lawson

IN CITY COUNCIL
FEB 16 1956

READ:

WHEREUPON IT IS ORDERED THAT
THE SAME BE RECEIVED.

D. 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, 1955. The following tables, in condensed form, furnish information concerning the activities of the hospital.

STATISTICS FOR ALL PATIENTS

	1955			1954		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	173	75	98	121	60	61
Number of patients admitted during the year.....	2,891	1,515	1,376	2,222	1,194	1,028
Live births.....	1	1	0	0	0	0
Number of patients in hospital at beginning of fiscal year.....	121	60	61	194	115	79
Total number of patients under treatment.....	3,012	1,575	1,437	2,416	1,309	1,107
Total number of patients discharged....	2,839	1,500	1,339	2,295	1,249	1,046
Average daily population.....	132.2			133.8		
Average residence.....	47.0			21.3		
Largest number in any one day.....	186			202		
Smallest number in any one day.....	93			88		
Total days' treatment.....	48,249			48,872		
Total number of deaths.....	39			18		
Number of deaths within 48 hours....	17			5		
Fatality for all cases.....	1.4			0.8		
Total visits to Out-Patient Dept.....	8,810			8,512		

PEDIATRIC, NON-COMMUNICABLE

	1955			1954		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	3	1	2	2	1	1
Number of patients admitted during the year.....	591	352	239	430	273	157
Number of patients in hospital at beginning of fiscal year.....	2	1	1	4	2	2
Total number of patients under treatment.....	593	353	240	434	275	159
Number of patients discharged.....	586	344	242	435	273	162
Average daily population.....	10.2			9.4		
Average residence.....	12.0			9.9		
Number of deaths.....	6			1		
Number of deaths within 48 hours....	2			1		
Fatality rate.....	1.0			0.2		
Days' treatment.....	7,023			3,446		

PEDIATRIC COMMUNICABLE

	1955			1954		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	101	54	47	66	32	34
Number of patients admitted during the year.....	877	473	404	754	398	356
Number of patients in hospital at beginning of fiscal year.....	66	32	34	116	75	41
Total number of patients under treatment.....	943	505	438	870	473	397
Number of patients discharged.....	844	456	388	789	436	353
Average daily population.....	55.6			61.8		
Average residence.....	24.1			28.5		
Number of deaths.....	11			7		
Number of deaths within 48 hours....	8			3		
Fatality rate.....	1.3			0.8		
Days' treatment.....	20,302			22,574		

COMMUNICABLE, ALL AGES

	1955			1954*		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	131	59	72	78	41	37
Number of patients admitted during the year.....	1,044	542	502	909	497	412
Number of patients in hospital at beginning of fiscal year.....	78	41	37	147	95	52
Total number of patients under treatment.....	1,122	583	539	1,056	592	464
Number of patients discharged.....	998	528	470	976	553	423
Average daily population.....	66.6			83.0		
Average residence.....	24.4			31.0		
Number of deaths.....	22			13		
Number of deaths within 48 hours....	10			4		
Fatality rate.....	2.3			1.3		
Days' treatment.....	24,312			30,238		

*Included in these figures are cases on the tuberculosis service which was discontinued August 7, 1954.

PEDIATRIC

	1955			1954		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	104	55	49	68	33	35
Number of patients admitted during the year.....	1,468	824	644	1,184	671	513
Number of patients in hospital at beginning of fiscal year.....	68	33	35	120	77	43
Total number of patients under treatment.....	1,536	857	679	1,304	748	556
Number of patients discharged.....	1,430	800	630	1,224	709	515
Average daily population.....	74.9			71.3		
Average residence.....	19.1			21.3		
Number of deaths.....	17			8		
Number of deaths within 48 hours....	10			4		
Fatality rate.....	1.2			0.7		
Days' treatment.....	27,325			26,020		

MEDICAL

	1955			1954		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	2	1	1	5	2	3
Number of patients admitted during the year.....	117	44	73	80	27	53
Number of patients in hospital at beginning of fiscal year.....	5	2	3	1	0	1
Total number of patients under treatment.....	122	46	76	81	27	54
Number of patients discharged.....	116	49	67	77	26	51
Average daily population.....	2.7			2.1		
Average residence.....	8.6			10.0		
Number of deaths.....	3			4		
Number of deaths within 48 hours.....	0			0		
Fatality rate.....	2.6			5.2		
Days' treatment.....	997			770		

NEURO-PSYCHIATRY

	1955			1954		
	Total	Male	Female	Total	Male	Female
Number of patients in hospital at end of fiscal year.....	37	14	23	36	16	20
Number of patients admitted during the year.....	972	492	480	803	397	406
Number of patients in hospital at beginning of fiscal year.....	36	16	20	42	18	24
Total number of patients under treatment.....	1,008	508	500	845	415	430
Number of patients discharged.....	972	494	478	807	397	410
Average daily population.....	42.0			39.5		
Average residence.....	15.8			17.9		
Number of deaths.....	7			0		
Number of deaths within 48 hours.....	5			0		
Fatality rate.....	0.72			0.0		
Days' treatment.....	15,325			14,418		

SURGERY

	1955		
	Total	Male	Female
Number of patients in hospital, Sept. 30, 1955.....	0	0	0
Number of patients admitted during the year.....	167	85	82
Number of patients in the hospital, Oct. 1, 1954.....	0	0	0
Total number of patients under treatment.....	167	85	82
Number of patients discharged.....	167	85	82
Average daily population.....	3.0		
Average residence.....	3.5		
Number of deaths.....	1		
Number of deaths within 48 hours.....	0		
Fatality rate.....	0.59		
Days' treatment.....	592		

During the period from October 1, 1954 through September 30, 1955, the average daily population was 132.2 compared to 133.8 in 1954. The largest number of patients in the hospital on any one day was 186 compared to 202 in 1954. The total number of patients under treatment in 1955 was 3,012 and in the previous year it was 2,416. The total days' treatment was 48,249 compared to 48,872 in 1954.

There was a marked increase in the number of admissions over the previous year both in the psychopathic and the contagious departments. We had the most extensive poliomyelitis epidemic in the history of the hospital. At the close of the fiscal year, September 30, 1955, we had admitted 294 patients with poliomyelitis. This is the largest number ever admitted during a poliomyelitis epidemic.

The Hindle Building was opened for non-contagious pediatric cases on October 15, 1954 but on August 22, 1955, because of the large number of poliomyelitis admissions, it was necessary to reserve this unit for the poliomyelitis patients. It was also necessary to change over the private surgical unit for poliomyelitis cases.

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 year, 2,575 food handlers received physical examinations, and during the year previous the number was 2,987.

The total operating expense for the year was \$1,049,847.24 compared to \$927,525.71 in 1954. The principal reason for the general increase in the cost of hospital operations was the necessity of enlarging our personnel for the care of poliomyelitis cases and the purchase of added supplies and new equipment.

Income from all sources amounted to \$830,458.70, including the \$200,000.00 State of Rhode Island grant. The per capita cost for the fiscal year for all in-patients was \$20.49 compared to \$17.79 in 1954.

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.

I cannot speak too highly of the hospital personnel for the magnificent job done during the poliomyelitis emergency. The willingness, enthusiasm, and cheerfulness displayed under the many extra hours of duty were heartwarming to all concerned. An added task was the preparation for several hurricanes which, fortunately, did not hit our community. Our maintenance department should be mentioned for the extra hours they spent on night duty. At no time during this sudden emergency was there a lack of equipment, supplies, hospital beds, or any necessities required by the patients. Mrs. Albert C. Rider of the Providence Chapter of the National Foundation for Infantile Paralysis was very helpful in obtaining needed equipment for the hospital.

Our greatest difficulty was supplying adequate nursing care, which clearly demonstrates the need for action by the General Assembly which did not pass the bill authorizing the opening of several additional practical nurse training schools as recommended by a special committee and the hospital authorities in Rhode Island during the last session. As there is little possibility of any substantial increase in the number of professional nurses in training in Rhode Island, under the rules of the State Nursing Board, we are totally unprepared to provide adequate nursing care for our people in case of any extensive epidemic or widespread catastrophe. The training of a large number of practical nurses is needed at once not only to care for emergencies but also to provide better care for patients in the hospital and at home today.

I would like to thank the Rhode Island Hospital, Veterans Administration Hospital, and the Kent County Hospital for the loan of their respirators, also the nurses who joined our staff during this emergency including those from the Providence

District Nursing Association, the Providence Health Department, the Rhode Island State Health Department, the Providence School Department, and the Red Cross.

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

RESEARCH FELLOWSHIP

The present incumbent, Mr. John E. Verna, is continuing the study of the virulence and production of antibodies by intestinal bacteria.

BUSINESS ADMINISTRATION

There has been a change in this department. It is now under the supervision of Mr. William A. Manning. He succeeded Mr. Ambrose J. Toner who resigned because of ill health. Under the administration of Mr. Manning, the department continues to function well.

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

PEDIATRICS, EXCLUDING COMMUNICABLE

As mentioned earlier, the new unit for these cases opened October 15, 1954 but was taken over for the care of poliomyelitis patients on August 22 because of a shortage of beds in the communicable disease wards. As soon as the census drops sufficiently, this unit will revert to its original function.

There were 591 pediatric patients admitted compared to 430 in 1954. The number of days' treatment was 7,023 compared to 3,446 during 1954 and the average daily population was 10.2 compared to 9.4 in 1954. These figures show the growth of this department until the necessary curtailment because of the poliomyelitis epidemic.

Plans for a two-year pediatric training program for residents have not yet been completed but the Committee working on this expects to have it definitely formulated within the near future.

PEDIATRICS, COMMUNICABLE

The number of patients admitted in 1954 was 754 but during the year 1955 this figure increased to 877, due principally to poliomyelitis cases. The average daily population was 55.6 compared to 61.8 the year before and the days' treatment numbered 20,302. During 1954 there were 22,574 treatment days.

You will note the larger number of cases admitted in 1955 with lower average daily population and treatment days compared to the previous year. This was due to the shorter stay of non-paralytic poliomyelitis cases.

COMMUNICABLE, ALL AGES

(Including pediatric)

In 1954, the total number of patients was 909 but during the past year it increased to 1,044. The average daily population was 66.6 as compared to 83.0 in 1954. The days' treatment last year was 24,312 as compared to 30,238 in 1954.

As in 1953, the long stay of severely handicapped poliomyelitis cases will be reflected in the statistics of the following year, in this case, 1956.

Admissions from out-of-state were curtailed for a time so as to assure room for Rhode Island residents.

MEDICINE

This group is small as it comprises only those adult cases admitted either for observation or with a provisional diagnosis of communicable disease. They numbered 117 as compared with 80 in 1954 and the average daily population was 2.7 (2.1 in 1954). During 1955, the total days' treatment amounted to 997 and in 1954 this figure was 770.

NEURO-PSYCHIATRY

There was a marked increase in the number of admissions in this department. Because of the unusual demand on it, it was necessary to shorten the hospital stay and hasten the commitment and transfer of patients who needed long term hospitalization. There were 972 patients admitted compared to 803 in 1954. The average daily population rose from 39.5 in 1954 to 42. The days' treatment last year was 15,325 and in 1954 it was 14,418.

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

SURGERY

This unit was active only briefly during the past year. Shortly after its opening, following closure during the 1953 poliomyelitis epidemic, it was again necessary to close the unit to provide more beds for poliomyelitis cases during our latest epidemic. While used for surgery, there were only 167 patients admitted with an average daily population of 3.

OUT-PATIENT DEPARTMENT

Our total number of visits during the past fiscal year was 8,810. In 1954 there were 8,512 visits. These figures show a moderate increase over the previous year.

For further information, see the Out-Patient Department report.

NURSING DEPARTMENT

This has been a difficult year to maintain our high standard of nursing care with the large number of poliomyelitis cases. However, there have been few complaints and many compliments, which is a source of great satisfaction to us all.

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

LABORATORY

The number of examinations (53,399) in 1955 shows a marked increase over the number 44,923 in 1954.

For full information, the reader is referred to the complete laboratory report.

X-RAY DEPARTMENT

The X-ray examinations for 1955 show a decrease from the previous year. The total number was 3,871 compared to 4,453 in 1954. Parts of the body X-rayed numbered 4,095 as against 4,649 in 1954.

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

PHARMACY

The pharmacy has continued to function satisfactorily. The following figures are for the past year:

PRESCRIPTIONS FILLED	
Out-patient clinics	2,801
Employees' clinic	1,051
Nurses' clinic	940
City poor physicians.....	411
	<hr/>
	5,203
REVENUE	
Out-patient clinics	\$586.95
Health department	48.85
City poor physicians.....	512.35
	<hr/>
	\$1,148.15

DIETARY DEPARTMENT

Meals served during the last fiscal year numbered 290,717 compared to 350,451 the year before. The cost of raw food was 36¢ per meal, which is an increase over last year. There were less nurses living in the Nurses' Home during the last year, which means our most expensive meal (the noon dinner) was served to more employees than other meals.

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

LAUNDRY

Last year 532,142 pounds of linen were processed as compared to a total of 523,088 in 1954.

AMBULANCE SERVICE

The following figures need no explanation:

	1953		1954		1955	
	Trips	Mileage	Trips	Mileage	Trips	Mileage
Ambulance No. 1.....	391	2,721	380	2,395	312	1,563
Ambulance No. 2.....	205	1,905	265	2,344	515	2,876
Station Wagon	960	7,383	1,142	6,083	1,152	5,764
Truck		3,487		5,221		4,697

PLANT MAINTENANCE

As usual, this department was most active. In addition to the routine work, the men were called upon several times during the past year to prepare for threatened hurricanes in this area. Another added duty was the servicing of the many respirators in use, also the transfer of patients while in respirators, as required.

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

MEDICAL PERSONNEL

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

RECOMMENDATION

New equipment for the various departments as the need arises.

CONCLUSION

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

Respectfully submitted,

HILARY J. CONNOR, M. D.

Financial Report

FOR YEAR ENDING SEPTEMBER 30, 1955

EXHIBIT 1

REVENUE RECEIPTS

In-Patient Department:		
Communicable, Pediatric and Other.....	\$308,679.39	
Neuro-Psychiatric Diseases	136,578.47	
Surgical.	8,518.00	
Operating Room	1,746.85	
X-Ray.	2,870.50	
Laboratory.	26,876.86	
Drugs.	34,371.46	
Ambulance.	62.00	
Shock Treatments	11,658.85	
Sundries.	231.50	
Telephone.	29.50	
		\$531,623.38
Out-Patient Department:		
Fees.	\$ 434.00	
Examinations—Food Handlers	1,700.00	2,134.00
Wassermann Tests		
Examinations		
Sheep Cells, Gold Curves, Etc.]	\$ 179.46	179.46
X-Ray Service	\$ 261.10	261.10
Drug Room Service.....	\$ 1,165.20	1,165.20
Miscellaneous Earnings:		
Abstracts.	\$ 148.50	
Donations.	1.00	
Damage to Ambulance.....	150.00	
Materials.	782.93	
Meals.	8.50	
Salary Checks Redeposited.....	32.75	
Refunds.	1,769.86	
Telephone.	675.67	
		3,569.21
Gross Revenue Receipts.....		\$538,932.35
Deduct:		
Refunds on Advance Payments.....		2,644.35
Net Revenue Receipts.....		\$536,288.00
Add:		
Revenue from Meals and Lodgings.....		25,515.98
		<u>\$561,803.98</u>

EXHIBIT 2

DEPARTMENTAL EXPENDITURES

Opening Inventories	\$	47,140.13	
Meals and Lodgings	\$	25,515.98	
Expenditures (Schedule A)		1,030,606.97	
Closing Inventories		53,415.84	\$1,103,263.08
Communicable, Pediatric and Other	\$	601,492.57	
Pediatric, (Hindle Bldg.)		71,480.81	
Neuro-Psychiatric,		266,624.46	
Surgical,		48,974.08	
Out-Patient,		32,299.83	
City Health—Pulmonary Clinic		17,519.89	
City Health—Inspector of Milk		2,539.28	
City Health—Laboratory Examinations		699.90	
State Cardiac Clinic		1,646.04	
Other Non-Patient Cost		6,502.25	
(Schedule B)		1,049,779.11	
Add:			
Uncleared Balance of Cost		68.13	\$1,103,263.08

EXHIBIT 3

STATEMENT OF INCOME AND EXPENSE

Income:			
Services Rendered:			
In-Patients,	\$	778,388.67	
Other,		39,763.31	
Total Services			\$ 818,151.98
Deductions:			
Contract Adjustments	\$	13,254.06	
Tuberculosis Health Problems		15,608.15	
General Public Assistance		177,420.65	
Service to Employees and Trainees		4,935.30	
X-Ray (Incident to Shock Therapy)		40.00	
Courtesy Services		1,936.10	
Research		15.00	
Total Services		213,209.26	
Net Services Rendered			\$ 604,942.72
Add Other Income:			
Meals,	\$	19,301.39	
Lodgings,		6,214.59	
Total Other Income		25,515.98	
Gross Income			\$ 630,458.70
Expenses:			
Salaries,	\$	698,177.90	
Supplies Used		351,669.34	
Total Expenses		1,049,847.24	
Net Operating Deficit		419,388.54	
Deduct:			
State of Rhode Island Grant			\$ 200,000.00
Net Deficit for Period			\$ 219,388.54

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	22,062	\$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	.....
1955.....	988,571.92	.....	.....	48,249	20.49	.....

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

EXHIBIT 5

OUT-PATIENT DEPARTMENT.

	Operating Cost.	Receipts.	Net Expense.	Visits.	Cost Per Visit.
1918.....	\$9,287.46	\$6,695.53	\$2,591.93	17,415	\$0.53
1919.....	5,161.79	5,523.27	{ Surplus 361.48	24,497	.21
1920.....	11,318.41	11,335.60	{ Surplus 17.19	25,712	.44
1921.....	13,067.30	8,522.81	4,544.49	29,536	.44
1922.....	14,182.60	8,140.62	6,041.98	28,228	.50
1923.....	11,574.02	7,239.32	4,334.70	18,384	.62
1924.....	12,226.10	7,107.67	5,118.43	19,289	.63
1925.....	14,085.75	7,628.34	6,457.41	20,175	.70
1926.....	14,206.88	7,031.00	7,175.88	19,891	.71
1927.....	12,764.46	7,369.90	5,394.56	20,755	.62
1928.....	12,718.02	6,121.33	6,596.69	22,787	.56
1929.....	13,793.69	6,869.11	6,924.58	25,971	.53
1930.....	16,394.36	7,877.23	8,517.13	30,788	.53
1931.....	17,194.95	8,051.12	9,143.83	34,195	.50
1932.....	16,707.88	6,260.19	10,447.69	39,275	.43
1933.....	15,990.54	7,373.55	8,616.99	44,871	.36
1934.....	16,654.07	5,136.96	11,517.11	41,766	.40
1935.....	17,687.47	5,354.44	12,333.03	37,785	.47
1936*.....	17,640.41	4,120.73	13,519.68	35,345	.50
1937*.....	23,420.63	4,051.12	19,369.51	37,817	.66
1938*.....	18,976.65	3,762.08	15,214.57	37,700	.55
1939*.....	18,275.93	2,921.57	15,354.36	34,796	.53
1940*.....	16,686.74	3,031.58	13,655.16	29,828	.56
1941.....	16,701.66	4,001.93	12,699.73	27,716	.60
1942.....	19,188.09	3,733.60	15,454.49	26,439	.73
1943.....	13,252.79	3,522.35	11,752.79	18,273	.73
1944.....	17,150.57	3,367.10	13,783.47	14,622	1.17
1945.....	18,989.48	5,096.97	13,892.51	13,922	1.36
1946.....	17,723.45	4,154.50	13,568.95	13,401	1.32
1947.....	28,028.70	.....	.....	13,701	2.05
1948.....	27,810.89	.....	.....	12,239	2.27
1949.....	29,212.69	.....	.....	12,955	2.26
1950.....	28,476.41	.....	.....	13,131	2.17
1951.....	28,975.65	.....	.....	11,163	2.60
1952.....	35,281.67	.....	.....	10,769	3.28
1953.....	26,907.96	.....	.....	9,819	2.74
1954.....	31,730.03	.....	.....	8,512	3.73
1955.....	32,299.83	.....	.....	8,810	3.66

* Does not include receipts from Health Department or Department of Public Aid for services rendered.

EXHIBIT 6

MAINTENANCE COST OF OTHER NON-PATIENTS

1947.....	\$3,927.73	(Schedule B)
1948.....	3,911.49	(Schedule B)
1949.....	3,682.46	(Schedule B)
1950.....	4,109.21	(Schedule B)
1951.....	3,931.85	(Schedule B)
1952.....	4,476.17	(Schedule B)
1953.....	3,768.21	(Schedule B)
1954.....	4,320.98	(Schedule B)
1955.....	6,502.25	(Schedule B)

EXHIBIT 7

MAINTENANCE COST OF INFECTIOUS, PEDIATRIC AND OTHER DISEASES

	Operating Cost	Receipts	Net Expense	Hospital Days	Per Gross Capita Cost	Per Net Capita Cost
1932.....	\$231,231.42	.....	.....	57,600	\$4.01	.....
1933.....	205,937.93	\$23,765.36	\$182,172.57	58,592	3.51	\$3.11
1934.....	201,555.51	23,098.61	178,456.90	55,460	3.63	3.22
1935.....	202,946.00	26,171.92	176,774.08	53,838	3.77	3.28
1936.....	192,756.12	32,984.95	159,771.17	54,751	3.52	2.92
1937.....	187,762.02	40,443.76	149,318.26	59,089	3.21	2.53
1938.....	195,847.85	33,947.07	161,900.78	48,931	4.00	3.31
1939.....	212,690.47	37,977.19	174,713.28	49,852	4.26	3.50
1940.....	202,047.64	30,111.91	171,935.73	47,462	4.27	3.62
1941.....	205,109.66	27,499.83	177,609.83	43,882	4.67	4.05
1942.....	210,495.41	49,805.18	160,690.23	40,046	5.26	4.01
1943.....	239,885.74	75,631.89	164,253.85	40,894	5.87	4.02
1944.....	286,302.32	104,446.63	181,855.69	40,845	7.01	4.45
1945.....	368,412.05	93,172.51	275,240.44	37,828	9.74	7.28
1946.....	348,520.24	94,902.43	253,617.81	35,958	9.69	7.05
1947.....	356,426.62	.....	.....	38,733	9.20	.....
1948.....	424,807.71	.....	.....	33,117	12.83	.....
1949.....	428,456.83	.....	.....	33,135	12.93	.....
1950.....	469,237.48	.....	.....	33,771	13.89	.....
1951.....	477,110.69	.....	.....	28,908	16.50	.....
1952.....	490,831.28	.....	.....	28,035	17.51	.....
1953.....	499,023.49	.....	.....	40,215	12.41	.....
1954.....	631,431.99	.....	.....	34,454	18.33	.....
1955.....	672,973.38	.....	.....	32,332	20.81	.....

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	15,385	6.42	5.65
1935.....	96,702.73	11,428.28	85,274.45	17,407	5.55	4.89
1936.....	110,529.77	12,256.51	98,355.51	20,763	4.36	3.75
1937.....	111,832.99	12,174.26	99,658.72	19,834	5.64	5.03
1938.....	118,201.75	17,371.32	100,830.43	19,426	6.09	5.19
1939.....	118,593.10	20,324.63	98,268.47	17,476	6.79	5.62
1940.....	119,889.67	23,153.21	96,736.46	19,720	6.08	4.91
1941.....	122,895.70	27,474.83	95,420.87	19,195	6.40	4.97
1942.....	136,779.74	32,277.69	104,502.05	17,151	7.98	5.44
1943.....	137,493.78	32,814.23	104,679.55	16,172	8.50	6.47
1944.....	85,483.94	40,950.47	44,533.47	14,309	5.97	3.11
1945.....	82,613.58	20,185.92	62,427.66	7,757	10.65	8.05
1946.....	149,365.82	41,568.54	107,797.28	11,284	13.24	9.55
1947.....	146,469.58	.....	.....	13,901	10.54	.....
1948.....	164,666.47	.....	.....	12,197	13.50	.....
1949.....	161,590.76	.....	.....	11,928	13.55	.....
1950.....	173,135.07	.....	.....	10,754	16.10	.....
1951.....	175,268.81	.....	.....	10,570	16.58	.....
1952.....	208,932.34	.....	.....	12,496	16.72	.....
1953.....	204,077.88	.....	.....	13,536	15.08	.....
1954.....	237,940.01	.....	.....	14,418	16.50	.....
1955.....	266,624.46	.....	.....	15,325	17.40	.....

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	13.85	.....
1952.....	59,998.74	.....	.....	3,806	15.76	.....
1953.....	89,544.52	.....	.....	2,916	30.71	.....
1954.....	.....	.....	.....	.....	.....	.....
1955.....	48,974.08	.....	.....	592	82.73	.....

*New Department opened April 1, 1946.

EXHIBIT 10

MAINTENANCE COST OF CITY HEALTH DEPARTMENT ACTIVITIES

	Pulmonary Tuberculosis Clinic	Inspector of Milk	Laboratory Examinations	Total City Health Activities
1947.....	\$7,022.43	\$1,860.42	\$7,736.63	\$16,619.48
1948.....	10,604.10	2,104.12	3,008.65	15,716.87
1949.....	11,842.66	1,956.14	2,831.63	16,630.43
1950.....	12,584.44	1,884.03	1,446.88	15,915.35
1951.....	14,033.38	2,296.88	2,988.54	19,318.80
1952.....	14,467.30	2,213.95	3,269.31	19,950.56
1953.....	16,296.21	2,075.55	1,609.77	19,981.53
1954.....	16,996.70	2,438.39	1,079.51	20,514.60
1955.....	17,519.89	2,539.28	699.90	20,759.07

EXHIBIT 11

MAINTENANCE COST OF STATE HEALTH DEPARTMENT ACTIVITIES

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

SCHEDULE A

ANALYSIS OF APPROPRIATIONS AND EXPENDITURES

Item	Description	Appropriations	Expenditures	Unencumbered Balances
0	Personal Services	\$ 711,856.65	\$ 698,177.90	\$13,678.75
1	Services Other Than Personal	79,482.00	78,820.98	661.02
2	Materials and Supplies	245,950.00	245,415.85	534.15
5	Equipment Replacements and Additions	10,980.00	8,192.24	2,787.76
		\$1,048,268.65	\$1,030,606.97	\$17,661.68

*Does not include \$25,515.98 payroll deductions for meals and lodgings.

SCHEDULE B

DEPARTMENTAL COST DISTRIBUTIONS

NEURO-PSYCHIATRIC DEPARTMENT:

Professional Care:

Medical	\$ 19,566.61	
Nursing	37,855.29	
Other (Soc. Wkrs. Psychom. Ther.)	18,168.13	
Laboratory	10,802.14	
Pharmaceuticals	19,232.61	
X-ray	1,581.24	
		\$107,206.02

Non-Professional Care:

Ambulance	\$ 2,808.48	
Dietary	36,332.86	
Laundry	6,056.03	
Medical Records	3,329.46	
Attendant Service	31,468.04	
General Administration	36,572.01	
Housing:		
Utility Services	2,754.79	
Maintenance	7,099.36	
Heat, Hot Water, and Steam	6,164.25	
Housekeeping	18,658.88	
Materials and Supplies	5,366.18	
Equipment Replacement	2,811.10	
		159,418.44
		\$ 266,624.46

**PEDIATRIC DEPARTMENT
(HINDLE BUILDING):**

Professional Care:			
Medical	\$ 1,654.13		
Nursing	26,918.90		
Other Professional Care	4,296.75		
Laboratory	1,713.00		
Pharmacy	1,785.86		
X-ray	232.21		
		\$ 36,600.85	
Non-Professional Care:			
Ambulance	\$ 124.83		
Dietary	5,705.03		
Laundry	5,492.76		
Medical Records	216.82		
Attendant Services	1,591.61		
General Administration	6,074.72		
Housing:			
Utility Services	732.22		
Maintenance	4,831.79		
Heat, Hot Water and Steam	3,182.76		
Housekeeping	3,590.90		
Materials and Supplies	2,979.20		
Equipment Replacement	357.32		
		34,879.96	71,480.81

COMMUNICABLE, PEDIATRIC AND OTHER:

Professional Care:			
Medical	\$ 44,387.09		
Nursing	181,758.38		
Other Professional Care	39,922.56		
Laboratory	49,711.60		
Pharmaceuticals	31,467.88		
X-ray	3,429.30		
		\$350,676.81	
Non-Professional Care:			
Ambulance	\$ 3,120.54		
Dietary	60,117.89		
Laundry	31,755.59		
Medical Records	5,789.08		
Attendant Services	5,258.13		
General Administration	48,208.52		
Housing:			
Utility Services	3,965.10		
Maintenance	17,779.33		
Heat, Hot Water and Steam	14,447.25		
Housekeeping	38,190.99		
Materials and Supplies	20,544.28		
Equipment Replacement	1,639.06		
		250,815.76	601,492.57

SURGICAL DEPARTMENT:

Professional Care:			
Nursing	\$ 15,668.39		
Anesthesia and Operating Room	7,210.19		
Laboratory	354.63		
Pharmaceuticals	1,342.76		
X-ray	6.26		
		\$ 24,582.23	
Non-Professional Care:			
Dietary	\$ 1,409.81		
Laundry	10,250.03		
Medical Records	568.76		
General Administration	2,128.00		
Housing:			
Utility Service	598.09		
Maintenance	1,398.50		
Heat, Hot Water and Steam	1,649.67		
Housekeeping	5,575.51		
Materials and Supplies	813.48		
		24,391.85	48,974.08

PROVIDENCE, R. I.

41

OUT-PATIENT DEPARTMENT:

Professional Care:			
Medical	\$ 4,746.86		
Nursing	5,769.70		
Laboratory	8,752.25		
Pharmaceuticals	528.41		
X-ray	1,047.11		
		\$ 20,844.33	
Non-Professional Care:			
Laundry	\$ 389.86		
General Administration	5,419.96		
Housing:			
Utility Services	1,053.46		
Maintenance	1,161.20		
Heat, Hot Water and Steam	1,232.85		
Housekeeping	1,833.54		
Materials and Supplies	364.63		
		11,455.50	32,299.83

CITY OF PROVIDENCE HEALTH DEPARTMENT
PULMONARY TUBERCULOSIS CLINIC:

Professional Care:			
Other	\$ 156.00		
Laboratory	7.45		
Pharmaceuticals	143.23		
X-ray	15,495.97		
		\$ 15,802.65	
Non-Professional Care:			
Housing:			
Utility Services	\$ 281.61		
Maintenance	592.46		
Heat, Hot Water and Steam	820.89		
Materials and Supplies	22.28		
		1,717.24	17,519.89

CITY OF PROVIDENCE HEALTH DEPARTMENT
INSPECTION OF MILK:

Non-Professional Care:			
Housing:			
Utility Services	\$ 374.52		
Maintenance	904.47		
Heat, Hot Water and Steam	1,254.69		
Materials and Supplies	5.60		
		\$ 2,539.28	2,539.28

CITY OF PROVIDENCE HEALTH DEPARTMENT
LABORATORY EXAMINATIONS:

Laboratory	\$ 699.90		
		\$ 699.90	699.90

STATE DEPARTMENT OF HEALTH
CARDIAC CLINIC:

Professional Care:			
X-ray	\$ 755.53		
		\$ 755.53	
Non-Professional Care:			
Utility Services	\$ 183.32		
Maintenance	296.23		
Heat, Hot Water and Steam	410.96		
		890.51	1,646.04
Cost of Other Non-Patients Pharmaceuticals	\$ 6,502.25		
			6,502.25
TOTAL DEPARTMENTAL COST DISTRIBUTIONS			\$1,049,779.11

B. General Statistics

(October 1, 1954-September 30, 1955)

Table B 1. Population, March 1, 1910-September 30, 1955

Year	Total Discharges	Days' Treatment	Average Daily Pop.	Average Stay						Non-Resident Patients (Fiscal Year)	Out-Patient Dept. Visits	Ambulance Calls
				Contagious Diseases	Pediatrics	Medical	Tuberculosis	*Psychiatric Diseases	**Surgical			
1910.....	522	26,170	71.7	.....	.....	.....	.....	.....	.....	19	.....	544
1911.....	746	37,585	102.9	37.9	.....	.....	82.4	.....	.....	21	.....	702
1912.....	1,004	44,770	122.3	34.1	.....	.....	131.8	.....	.....	48	.....	846
1913.....	1,010	44,245	120.6	28.7	.....	.....	109.4	.....	.....	64	.....	790
1914.....	1,632	44,097	120.8	39.9	.....	.....	94.8	.....	.....	78	.....	864
1915.....	1,875	51,976	142.4	27.1	.....	.....	117.6	.....	.....	68	.....	991
1916.....	1,865	52,364	143.4	20.8	.....	.....	99.9	.....	.....	110	3,592	1,081
1917.....	1,368	46,123	126.3	20.7	.....	.....	90.2	.....	.....	145	12,902	957
1918.....	1,882	46,675	127.8	27.7	.....	.....	52.0	.....	.....	188	17,415	1,392
1919.....	1,484	47,988	131.5	29.3	.....	.....	71.6	.....	.....	141	24,497	974
1920.....	1,537	48,120	131.8	32.3	.....	.....	92.0	.....	.....	100	25,712	1,459
1921.....	1,274	43,097	118.0	24.0	.....	.....	102.1	.....	.....	122	28,621	1,573
1922.....	1,194	39,636	108.6	22.9	.....	.....	123.8	.....	.....	142	24,551	1,058
1923.....	1,448	46,544	127.5	21.5	.....	.....	94.2	.....	.....	184	18,384	1,161
1924.....	1,659	44,619	121.9	20.5	.....	.....	80.9	.....	.....	155	19,289	1,383
1925.....	1,411	39,905	109.3	19.6	.....	.....	102.6	.....	.....	159	22,344	1,052
1926.....	1,657	45,458	124.0	19.0	.....	.....	94.4	.....	.....	141	20,569	1,162
1927.....	1,578	47,894	131.2	19.2	.....	.....	143.3	.....	.....	130	22,208	1,186
1928.....	1,709	47,509	127.1	19.8	.....	.....	96.3	.....	.....	134	22,821	1,455
1929.....	1,752	44,864	122.9	18.6	.....	.....	82.5	.....	.....	146	25,971	1,267
1930.....	2,039	58,086	153.6	21.5	.....	.....	64.9	18.6	.....	263	30,788	1,388
1931.....	2,727	71,669	196.4	18.5	.....	.....	84.8	25.9	.....	340	34,195	1,779
1932.....	2,556	73,983	202.0	19.8	.....	.....	116.9	24.0	.....	291	39,278	1,747
1933.....	2,310	74,862	205.1	22.8	.....	.....	155.7	25.2	.....	166	43,789	1,660
1934.....	1,918	67,974	186.2	25.7	.....	.....	161.3	28.3	.....	259	31,832	1,318
1935 (9 Mos.)	1,807	55,770	204.2	20.3	.....	.....	121.1	29.2	.....	310	28,884	1,334
1936.....	2,251	75,514	206.8	24.0	.....	.....	140.3	35.7	.....	262	35,345	1,492
1937.....	2,285	78,923	216.2	24.4	.....	.....	113.5	43.2	.....	208	35,817	1,638
1938.....	2,001	68,357	187.2	24.4	.....	.....	163.2	33.8	.....	282	27,700	1,777
1939.....	1,969	67,328	184.5	25.0	.....	.....	160.5	30.2	.....	224	34,796	1,168
1940.....	2,047	67,182	184.1	23.0	.....	.....	146.3	31.1	.....	270	29,828	1,214
1941.....	1,994	63,077	172.8	20.6	.....	.....	128.2	28.4	.....	351	27,716	1,257
1942.....	2,167	57,197	156.7	19.5	.....	.....	106.4	24.0	.....	439	26,439	1,267
1943.....	2,342	57,066	156.3	18.6	.....	.....	107.0	23.5	.....	713	17,273	1,184
1944.....	2,365	55,154	151.1	18.2	.....	.....	99.0	23.3	.....	798	14,622	887
1945.....	2,168	45,585	124.8	16.3	.....	.....	103.2	15.8	.....	709	13,922	792
1946.....	2,629	48,608	133.2	14.9	.....	.....	91.9	16.4	7.0	965	13,401	657
1947.....	3,253	55,774	152.8	14.4	.....	.....	99.1	17.2	6.6	1,282	13,701	730
1948.....	3,305	48,872	133.5	14.0	.....	.....	64.5	14.9	5.0	1,173	12,239	524
1949.....	3,443	48,542	132.9	13.1	.....	.....	67.8	14.4	4.8	1,436	12,955	538
1950.....	3,155	47,858	131.1	15.3	.....	.....	58.8	13.8	5.4	1,313	13,131	506
1951.....	3,057	42,740	117.1	13.3	.....	.....	53.0	12.8	5.5	1,254	11,163	544
1952.....	3,251	44,337	121.1	11.6	.....	.....	82.6	15.5	5.6	1,342	10,769	483
1953.....	3,084	56,667	158.0	28.1	16.7	8.7	76.9	16.1	6.2	1,320	9,819	596
1954.....	2,295	48,872	133.8	28.9	21.3	10.0	57.2	17.9	.....	1,020	8,512	645
1955.....	2,839	48,249	132.2	24.4	19.1	8.6	.....	15.8	3.5	1,491	8,810	596

*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, 1955

DISEASES	Oct. 1, 1954 Sept. 30, 1953			Oct. 1, 1953 Sept. 30, 1954			March 1, 1910 Sept. 30, 1955		
	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.	Cases.	Deaths.	Fatality.
Chickenpox	20			18			947	14	1.5
Diarrhea, due to infection	19			14			34****		
Diarrhea, due to unknown cause	17			8			45****		
Diphtheria	2			0			5,743	688	12.0
Diphtheria carrier	0			0			729		
Dysentery bacillary	4			18			54****		
Encephalitis, acute, all forms	30			13	1	7.7	245	52	21.2
Epidemic parotitis (mumps)	23			11			630		
Erysipelas	0			2			929	86	9.3
Gonorrhea	0			0			2,229	6	0.3
Gonorrheal conjunctivitis	0			0			180	5	2.8
Hepatitis, infectious (epidemic)	209			65			295****		
H. S. carrier	0			1			6****		
Impetigo	7			6			550		
Influenza	1			0			1,047	81	7.7
Leprosy	0			0			2		
Measles	101			49			4,086	232	7.7
Meningitis, cerebrospinal, epidemic, meningococcic	10	3	30.0	9			818	144	17.6
*Meningitis, tuberculous	1			7	2	28.6	111	88	79.3
Meningitis, other forms	22	2	9.1	30	2	6.7	398	124	31.2
Meningococcemia	2			1	1	100.0	5****	1	20.0
Mononucleosis, infectious	7			11			27****		
Pneumonia, all forms	55	1	1.8	43	1	2.3	2,508	267	10.6
Poliomyelitis, acute, all forms	260	15	5.8	246	5	2.0	1,948	119	6.1
Rabies	0			0			3	3	100.0
Rubella	2			3			762	1	0.1
Scabies	0			0			328		
Scarlet Fever	100			269			10,702	218	2.0
Syphilis, congenital	0			0			165	18	11.0
Syphilis, other forms	1			1			3,416	32	0.9
Tinea capitis	1			0			3****		
*Tonsillitis	117			79			4,511	11	0.2
Tonsillitis, due to hemolytic streptococcus	3			7			527	4	0.8
Tuberculosis, pulmonary	19	2	10.5	77	1	1.3	5,854	2,200	37.6
Tuberculosis, other forms	0			5			310	106	34.2
Typhoid fever	1			0			173	20	11.6
Vincent's infection	0			0			244	10	4.1
Whooping Cough	113			89	1	1.1	2,771	180	6.5
No diagnosis	20			23			843	12	1.4
Other diseases	533	8	1.5	383	4	1.0	16,229	1,009	6.2
†Diseases of the nervous system	972	7	0.7	807			17,709	575	3.2
‡Surgery	167	1	0.6	0			4,704	26	0.6
Total	2,839	39	1.4	2,295	18	0.8	92,820	6,332	6.8

*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, brain	1 1	Glomerulonephritis, acute	4
Abscess, cervical lymph node	1	Guillain-Barre syndrome	1
Abscess, epiglottis	1	Heart disease, congenital, incom-	
Abscess, peritonsillar tissue	2	pletely diagnosed	1 1
Abscess, retropharyngeal	1	Hematoma, subdural	2
Abscess, skin	1	Hemorrhage, subarachnoid	2
Agranulocytosis, unspecified	1	Hepatitis, due to Thorazine toxic-	
Anemia, due to iron deficiency	1	ation	1
Anemia, hemolytic, acquired	1	Hereditary leptocytosis (Coo-	
Anemia, hypochromic, un-		ley's Anemia)	1
specified	1	Herpes ophthalmicus	1
Anemia, normocytic, cause un-		Herpes zoster	1
determined	1	Hypertension, essential, vascular	1
Anorexia nervosa	1	Infection, following avulsion of	
Appendicitis, acute	1	tooth	1
Arteriosclerosis, generalized	1	Kaposi's varicelliform	2
Arthritis, hip	1	Kerosene ingestion	1
Asthma	40	Laryngotracheitis, acute	100 1
Astrocytoma	1	Lead poisoning	0 1
Atelectasis, due to undetermined		Lymphadenitis, cervical	6
cause	1	Malnutrition in child over 2 years	2
Bacteremia, due to Staph. Au-		Malnutrition in child under 2	
reus	1	years	6
Behavior problem	1	Medulloblastoma, cerebellum	1
Blennorrhea, inclusion	1	Megacolon, congenital	2
Bronchiectasis, due to infection	1	Mental deficiency, moderate	1
Bronchiolitis, acute	3	Myocarditis, rheumatoid, active	1
Bronchitis, acute	14	Myositis, acute	12
Burns, 1st and 2nd degree of		Nephroblastoma	1
arm and trunk	1	Nephrotic syndrome	1
Bursitis, acute, subdeltoid	1	Observation	9
Cellulitis	2	Observation for rheumatic fever	4
Cerebral palsy	1	Orchitis, due to mumps	3
Cerebrospinal thromboangiitis ob-		Osteoarthritis, cervical	1
literans	1	Osteogenic sarcoma of spine, me-	
Chorea	1	tastatic	1
Conjunctivitis, acute	2	Otitis media, due to hemolytic	
Convulsive disorder, due to in-		strept.	1
fection	1	Otitis media, non-suppurative,	
Convulsive disorder, due to un-		acute	3
known cause	4	Otitis media, suppurative, acute	2
Coronary infarction with myo-		Parametritis, acute	2
cardial insufficiency	1	Paronychia	1
Coronary thrombosis	1	Pemphigus	0 1
Cystitis, acute	3	Peritonitis, acute	0 2
Dacryocystitis, acute	1	Pityriasis rosea	1
Dermatitis, due to undetermined		Pleurisy, serous	1
cause	7	Pneumothorax, spontaneous	1
Dermatitis medicamentosa	3	Polyn neuritis, infectious	1
Dermatitis venenata	7	Pruritis, ani	1
Dermatophytosis	1	Purpura, all types	5
Diabetes mellitus	1	Pyelitis, acute	5
Dysmenorrhea, primary, func-		Pyelonephritis, acute	4
tional	2	Pylorospasm	1
Eczema	9	Pylorus, hypertrophic stenosis of,	
Edema, angioneurotic	2	congenital	1
Encephalopathy, due to undeter-		Respiratory infection, acute, dif-	
mined cause	1	fuse	49
Enteritis, acute	3	Rheumatic fever	8
Epididymitis, acute	1	Sciatica	1
Epididymo-orchitis, acute	1	Serum sickness	1
Epilepsy, grand mal	3	Sinusitis, ethmoid, acute	2
Erythema, multiforme, exuda-		Stomatitis, acute	13
tivum	1	Strain of hip	3
Examination only	1	Tetany of newborn	1
Exanthema subitum	10	Thrush	6
Feeding, improper, in child over		Tinea corporis	1
2 years	1	Trichinosis infection	1
Feeding, improper, in child under		Trichinosis	1
2 years	4	Ulcer of skin	2
Fever of unknown origin	1	Urticaria	3
Furunculosis	2	Virus infection of undetermined	
Fracture, closed femur	1	origin	48
Fracture, patella	1	Vomiting, cyclic	1
Fracture, skull	1	Well baby (newborn)	1
Gastritis, acute	1	Wound of foot	1
Gastroenteritis, acute	18 1		

Table C 2. Operations: October 1, 1954 to September 30, 1955:
(January 11, 1955 to July 31, 1955)

BRAIN:		
Subdural tap	3	
EAR, NOSE, PHARYNX:		
Adenoidectomy	2	
Mastoidectomy	1	
Submucous resection	3	
Tonsillectomy	10	
Tonsillectomy and adenoidectomy	68	
CHEST:		
Exc. of breast tumor	4	
Mastectomy, radical	3	
ABDOMINAL:		
Cholecystectomy	1	
Exploratory laparotomy	2	
Paracentesis	1	
Lysis of adhesions	1	
GASTROINTESTINAL:		
Appendectomy	9	
Colocolostomy	1	
Sigmoidectomy	1	
HERNIORRHAPHY:		
Femoral	1	
Inguinal	13	
Umbilical	1	
Ventral	1	
GENITOURINARY:		
Cystotomy	1	
Hydrocelectomy	4	
Orchiopexy	1	
GYNECOLOGICAL:		
Dilation and Curettage of uterus	3	
Colpoperineoplasty	1	
Colpoperineorrhaphy	1	
Conization of cervix	1	
Hysterectomy, supracervical	1	
Hysteropexy	1	
Inc. and Drn. of Bartholin's abscess	1	
Oophorectomy, partial	1	
Panhysterectomy	4	
Salpingectomy	1	
Salpingo-oophorectomy	5	
RECTAL:		
Exc. of fistula in ano	2	
Hemorrhoidectomy	5	
ORTHOPEDIC:		
Arthrodesis	2	
Sympathectomy	1	
Tenotomy	1	
MISCELLANEOUS:		
Biopsy	2	
Exc. of lymph nodes, supraclavicular	1	
Exc. of lymph nodes, axillary	1	
Exc. of benign growths	12	
Exc. of ganglion	2	
Exc. of malignant growths	1	
Exc. of pilonidal sinus	2	
Exc. of toenail	1	
Fasciotomy	1	
Ligation and stripping of saphenous vein	4	

Table C 4. Diphtheria: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1955:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910
	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955
	1955	1954	1955	1955	1954	1955	1955	1954	1955
Under 1.....	99	.....	.....	45	.....	.....	31.3
1.....	233	.....	.....	90	.....	.....	27.9
2.....	370	.....	.....	90	.....	.....	19.6
3.....	449	.....	.....	70	.....	.....	13.5
4.....	459	.....	.....	80	.....	.....	14.8
5.....	403	.....	.....	66	.....	.....	14.1
6.....	422	.....	.....	50	.....	.....	10.6
7.....	368	.....	.....	37	.....	.....	9.1
8.....	318	.....	.....	30	.....	.....	8.4
9.....	200	.....	.....	18	.....	.....	8.3
10-14.....	644	.....	.....	45	.....	.....	6.5
15-19.....	226	.....	.....	5	.....	.....	2.2
20-29.....	453	.....	.....	6	.....	.....	1.3
30-39.....	155	.....	.....	8	.....	.....	4.9
40-49.....	39	.....	.....	5	.....	.....	11.4
50-59.....	19	.....	.....	2	.....	.....	9.5
Over 60.....	5	.....	.....	.....	.....	.....	.....
Total.....	2	.....	4,862	.....	.....	657	.....	.....	11.9

Table C 10. Scarlet Fever: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1955:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910
	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955
	1955	1954	1955	1955	1954	1955	1955	1954	1955
Under 1.....	0	1	58	.....	.....	6	.....	.....	9.4
1.....	0	5	189	.....	.....	1	.....	.....	0.5
2.....	7	20	469	.....	.....	18	.....	.....	3.7
3.....	15	32	735	.....	.....	14	.....	.....	1.9
4.....	8	29	780	.....	.....	30	.....	.....	3.7
5.....	16	29	789	.....	.....	20	.....	.....	2.5
6.....	15	42	956	.....	.....	9	.....	.....	0.9
7.....	10	38	852	.....	.....	13	.....	.....	1.5
8.....	7	21	768	.....	.....	10	.....	.....	1.3
9.....	6	13	563	.....	.....	9	.....	.....	1.6
10-14.....	10	28	1,522	.....	.....	12	.....	.....	0.8
15-19.....	0	4	567	.....	.....	9	.....	.....	1.6
20-29.....	2	6	827	.....	.....	15	.....	.....	1.8
30-39.....	0	1	277	.....	.....	7	.....	.....	2.5
40-49.....	1	.....	72	.....	.....	4	.....	.....	5.3
50-59.....	0	.....	14	.....	.....	.....	.....	.....	.....
Over 60.....	0	.....	2	.....	.....	1	.....	.....	33.3
Total.....	97	269	9,440	.....	.....	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, 1955:

Year	Duration of Isolation	Living Cases	Fatal Cases	All Cases
1910.....	5 weeks	40.4	9.4	39.2
1911.....	5 "	49.6	16.9	47.0
1912.....	5 "	45.9	5.8	43.5
1913.....	5 "	41.0	12.5	40.1
1914.....	4 "	36.6	13.0	35.4
1915.....	4 "	36.4	6.9	35.2
1916.....	5 "	32.2	5.0	31.1
1917.....	5 "	40.5	4.4	38.5
1918.....	5 "	36.0	2.2	35.2
1919.....	5 "	40.9	6.2	39.9
1920.....	5 "	38.4	5.4	33.1
1921.....	5 "	37.9	2.0	37.5
1922.....	5 "	37.4	2.0	36.8
1923.....	5 weeks until Dec. 6th, then 4 weeks.	32.2	5.0	31.7
1924.....	4 weeks	31.2	6.0	31.1
1925.....	4 "	30.4	17.5	31.1
1926.....	4 "	29.9	18.5	29.7
1927.....	4 "	32.0	13.5	31.5
1928.....	4 "	30.1	5.1	29.6
1929.....	4 "	29.4	10.5	28.8
1930.....	4 "	30.7	17.0	30.8
1931.....	4 "	30.4	3.3	30.2
1932.....	4 "	30.9	8.9	30.5
1933.....	4 "	33.5	5.3	33.2
1934.....	4 "	34.3	2.0	34.2
1935 (9 months).....	4 weeks in usual cases and 3 weeks in very mild selected cases.	33.2	7.5	32.8
1936.....	4 weeks	30.2	14.6	30.0
1937.....	4 "	30.2	21.7	30.0
1938.....	4 "	27.8	....	27.8
1939.....	4 "	29.6	....	29.6
1940.....	4 "	31.1	....	31.1
1941.....	4 "	25.3	....	25.3
1942.....	4 "	25.9	....	25.9
1943.....	4 "	27.8	....	27.8
1944.....	4 "	30.6	....	30.6
1945.....	4 "	25.3	....	25.3
1946.....	4 "	21.7	....	21.7
1947.....	3 "	25.3	....	25.3
1948.....	3 "	26.7	....	26.7
1949.....	3 "	19.7	....	19.7
1950.....	2-3 "	21.0	....	21.0
1951.....	2-3 "	18.2	....	18.2
1952.....	2-3 "	18.4	....	18.4
1953.....	2-3 "	17.5	....	17.5
1954.....	2-3 "	17.3	....	17.3
1955.....	2-3 "	15.2	....	15.2

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, 1955:

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
1955.....	15.2	.....	0	0	0	0

Table C 16. Measles: Number of cases uncomplicated by other diseases and fatality by ages, March 1, 1910-September 30, 1955:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910
	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955
	1955	1954	1955	1955	1954	1955	1955	1954	1955
Under 1	5	...	167	...	...	...	36	...	17.7
1	3	2	300	...	...	...	59	...	16.4
2	14	3	365	...	...	...	31	...	7.8
3	8	4	329	...	...	...	14	...	4.1
4	9	9	339	...	...	...	9	...	2.6
5	7	3	314	...	...	...	2	...	0.6
6	8	2	321	...	...	...	5	...	1.5
7	11	3	236	...	...	...	3	...	1.3
8	6	1	176	...	...	...	...	...	...
9	3	...	90	...	...	...	...	...	...
10-14	1	2	176	...	...	...	4	...	2.2
15-19	...	...	142	...	...	...	...	...	...
20-29	2	...	238	...	...	...	1	...	0.4
30-39	2	...	44	...	...	...	1	...	2.2
40-49	...	...	9	...	...	...	3	...	25.0
50-59	...	...	7	...	...	...	...	...	...
Over 60	...	...	...	...	...	...	...	...	...
Total	79	29	3,253	...	...	168	...	...	4.9

Tables C 17. Whooping Cough: Number of cases and fatality by ages, March 1, 1910-September 30, 1955:

Ages	Living Cases			Dead Cases			Fatality		
	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910	Oct.1, 1954	Oct.1, 1953	Mar.1, 1910
	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955	Sep.30, 1955	Sep.30, 1954	Sep.30, 1955
	1955	1954	1955	1955	1954	1955	1955	1954	1955
Under 1	63	48	829	...	...	...	89	...	2.0
1	23	9	474	...	...	...	45	...	9.1
2	6	7	343	...	...	...	21	...	5.9
3	1	6	250	...	...	...	7	...	2.7
4	5	2	197	...	...	...	8	...	4.0
5	2	2	143	...	...	...	2	...	1.4
6	5	5	100	...	...	...	2	...	2.1
7	2	6	90	...	...	...	1	...	1.1
8	3	1	44	...	...	...	...	...	...
9	0	1	24	...	...	...	1	...	4.0
10-14	1	1	19	...	...	...	...	...	...
15-19	0	...	4	...	...	...	1	...	20.0
20-29	2	...	10	...	...	...	...	...	...
30-39	0	...	...	...	...	...	...	...	...
40-49	0	...	...	...	...	...	...	...	...
50-59	0	...	2	...	...	...	...	...	...
Over 60	0	...	1	...	...	...	...	...	...
Total	113	88	2,530	...	...	1	177	...	1.1

Secondary Diseases Among Patients: Oct. 1, 1954-Sept. 30, 1955

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 dif-

ferent 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, 1,840 patients were cared for in the wards for acute communicable diseases. Patients cared for in other wards are not included in estimating cross-infection rates. Patients discharged from the infectious disease wards during the year and the number of patients in these wards at the end of the year are included.

There was one cross-infection, as follows:

GROUP I

Chickenpox

A girl six years old, #92326, was admitted to East I on March 6, 1955 with a diagnosis of infectious hepatitis. She developed measles on March 10 but not due to a cross-infection. However, this same child was exposed to chickenpox on March 25 and was transferred to East II. Although she did not develop chickenpox as a result of that exposure, she did show evidence of the disease on May 1, which was nine days after she left the hospital. The source of this cross-infection was any of the several cases of chickenpox on East II.

GROUP II

Chickenpox

A six-year-old girl, #92561, admitted to East II with tonsillitis on April 6, 1955, developed chickenpox on the eleventh hospital day. This obviously was not the result of cross-infection.

Measles

The source of measles in case #92326 described under Group I, was an exposure before entering the hospital.

Table C 19. Infectious Diseases Among Employees, October 1, 1954-September 30, 1955:

EMPLOYEES.	Number of Individual Employees.	Scarlet Fever.		Measles.		Poliomyelitis.		Mumps.		Rubella.		Epidemic Cerebro-spinal Meningitis.		Chicken Pox.		Whooping Cough.		Total Number.	Per Cent.	Warded for Other Diseases.		Infectious Diseases Contracted Mar. 1, 1950-Sept. 30, 1955		
		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 . . .	198																1	0.5	1	0.5	6	3	1,274	
Graduate Nurses . .	145																				81	0	81	
Practical Nurses . .	13																				2	0	2	
Attendants & Aides . .	86																				22	0	49	
Physicians	30																				0	0	46	
Utility Workers and Dietary Staff . . .	94																				1		107	
Office Employees . .																								
Psychologist																								
X-ray Technicians . .																								
and Social Workers .	42																							
ers.	7																				2	0	31	
Ward Secretaries . .	34																				0	0	0	
Laundry Workers . .	6																				0	0	0	
Housekeeping Staff .	14																				1	1	1	
Laboratory Staff . .	19																				0	2	21	
Engineer's Staff . . .	6																				2	1	11	
Ambulance Staff . . .	3																				1	12	12	
Druggists																					0	4	4	
Total	697																1	0.1	1	0.1	20		1,636	

Report of Business Administration

Revenue Receipts

Receipts from all sources for the fiscal year ending September 30, 1955 amounted to \$561,803.98 (Exhibit 1), showing an increase over the previous year of \$42,184.50.

Operating Cost

Total cost of operation was \$1,049,847.24 (Exhibit 2), including a deduction of \$25,515.98 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 \$830,458.70 (Exhibit 3) which includes the yearly grant of \$200,000.00 from the State of Rhode Island. Deductions from operating expenditures of \$1,049,847.24 (Exhibit 2), left a deficit of \$219,388.54. This amount was an increase of \$41,259.68 over the previous year.

The replacing of worn and obsolete furnishings, and new equipment in our laboratory, medical departments, and administration division, along with the cost of salaries and supplies during the poliomyelitis epidemic, were the reasons for the general increase in hospital operations.

Welfare Cases

General Public Assistance cases for free service amounted to \$177,420.65.

Free Service to Employees and Trainees

Services rendered to employees and trainees amounted to \$4,935.30.

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.....	\$17,519.89
2. City Health Inspection of Milk.....	2,539.28
3. City Health Laboratory Examinations.....	699.90
4. State Cardiac Clinic.....	1,646.04

To Dr. Connor, I wish to convey my sincere appreciation for his advice and support during the year.

Respectfully submitted,

WILLIAM A. MANNING,
Business Manager

Report of the Neuro-Psychiatric Department

During the past year, we were cognizant that nationally as well as statewide there was a constantly growing interest in mental illness. This was reflected by a wider participation of the public in mental health organizations, building of new hospital facilities, and additional governmental grants and surveys. Our daily press, books, radio and television presented a great amount of informative material. Although the manner of presentation was not always scientific, it was, nevertheless, illuminating and attracted attention to one of the most serious problems of public health.

In preparing the report of the activities of the Neuro-Psychiatric Department for the last twelve months, we were well aware of this increase of interest in mental illness and felt that this report was not only a necessary one but a most important one. The material and statistical tables we are presenting were compiled with the thought of giving a concrete idea, not only of the activities and work of the department, but to show, as well, some trends which became apparent.

The Neuro-Psychiatric Department is an integral part of the Charles V. Chapin Hospital and has been functioning since 1930. Our present patient capacity is 60. The department was intended, as defined in Section I, Chapter 1447 General Laws of Rhode Island, Acts of 1929, to receive in its custody, any person found within the State of Rhode Island in need of immediate care and treatment because of mental disorder other than drunkenness. Accordingly, most of our patients admitted come to us while in the acute phase of mental illness. The majority of our patients came from the city of Providence. The neuro-psychiatrists and medical practitioners referred the greatest number. Eighty-three were referred by the police, twenty-six were voluntary admissions, and sixty-eight were transferred from other hospitals.

PATIENTS TRANSFERRED TO CHARLES V. CHAPIN
HOSPITAL FROM OTHER HOSPITALS

Rhode Island Hospital.....	32
St. Joseph's Hospital.....	7
Woonsocket Hospital	1
Lying-In Hospital	1
Butler Hospital	2
Miriam Hospital	1
Roger Williams General Hospital.....	4
Veterans Administration Hospital, Providence.....	4
Pawtucket Memorial Hospital.....	7
Kent County Hospital.....	2
Our Lady of Fatima Hospital.....	6
State Infirmary	1

68

Patients were referred for observation, study, diagnosis, and whenever possible treatment. Many admissions were emergencies, and on arrival were active, disturbed, and excited. Many presented a concomitant physical illness and some came in poor physical state due to nutritional deficiencies or dehydration. Frequently, the elderly patients arrived in a moribund state, urgently in need of immediate medical care and intensive nursing service.

There have been 67 patients admitted who were 65 years of age and older, 34 males, 33 females.

<i>Years of age</i>	<i>Number admitted</i>
65.....	9
66.....	3
67.....	5
68.....	3
69.....	8
70.....	1
71.....	2
72.....	6
73.....	1
74.....	4
75.....	1
76.....	2
77.....	4
78.....	2
79.....	5
80.....	1
81.....	3
82.....	1
83.....	2
84.....	1
85.....	2
95.....	1

67

Disposition of Patients age 65 and over:

State Hospital	35
Home.	24
Home, Against Advice.....	1
Butler Hospital	1
Our Lady of Fatima Hospital.....	1
Rhode Island Hospital.....	1
Convalescent Home	2
Dead.	2
	<hr/>
	67

Following observation and study, it is the responsibility of this department to make recommendations for future care and treatment. In many cases conferences were held with doctors, hospitals and social agencies, to work out the best plan for many patients representing a variety of problems.

Perhaps the greatest single factor which has affected the activities of all concerned was the increase of 171 patients in the admission rate. Nine hundred and seventy-four were admitted this year as compared with eight hundred and three in 1954. This placed a greater burden and responsibility on the whole staff. It made it imperative that decisions be made quickly, that patients be transferred to other hospitals or discharged as soon as possible to accommodate the increasing demand for admissions. With this heavy taxing of our facilities and the inability to restrict admissions, we have often felt unable to continue here, for treatment, as many patients as we would like to and their transfer to the State Hospital for Mental Diseases in Howard, Rhode Island was necessary.

With the growing awareness and acceptance of mental illness, we have seen many patients coming into the hospital whose admission was precipitated by the complexities, anxieties, competition, and tension of our times. It was this group of patients for whom much planning had to be done in order to return them to the community and to make them a productive member thereof. It was in making plans for this patient that the team approach proved most effective. We also saw an increase in the number of private patients and those covered by group health insurances.

We present, as we did last year, a statistical comparison of the trends of the condition on discharge of the patients admitted.

CONDITION ON DISCHARGE

<i>Year</i>	<i>Improved and Recovered</i>	<i>Unimproved</i>	<i>Dead</i>	<i>Total</i>
1951.	282	529	9	810
1952.	316	484	12	812
1953.	436	396	11	843
1954.	461	348	0	809
1955.	549	417	7	973

We recognize that when the term "improved" is used in the discharge of mentally ill patients, there is no definite well accepted criteria to define it. Many have thought that for the five years following a patient's discharge an intensive follow-up and evaluation of their status would prove an acceptable method. In relation to depressive reactions, dissociative reactions, or in remissions of a catatonic schizophrenic and others, this method would not be satisfactory. We have used "improved" to mean that a patient can be returned to his family, his work, and his community. This method has proved satisfactory for practical purposes.

The use of new drugs started in 1954 was continued. Strict supervision in their use was exercised as well as strict laboratory control. It has been our experience to date, that some benefits were derived from them, although not to the degree stated in the published literature. Most of them have a certain sphere of usefulness, and we are planning to continue their use.

Bi-weekly grand rounds and conferences with members of the visiting staff have continued. It was on these occasions that decisions were made regarding disposition and treatment, as well as a review of each patient's progress. The lecture series by members of the visiting staff has continued and this year the scope of the lectures has been widened. Its focus was on community problems in mental health. I am extremely grateful to the lecturers who have given so generously of their time and appreciate the excellent guest attendance.

We were fortunate in creating a position of Junior Residency which at this point is still unfilled. There was an increase of one stenographer in our office staff and new dictating equipment which facilitated the speed and ease of recording and transcribing. The wards are being painted, and we are enjoying the use of a new parking lot directly opposite our building.

The following changes in residency took place: Dr. Giulio diFuria, after successfully completing his first year residency in psychiatry, accepted a residency at the Norwich State Hospital, Norwich, Connecticut. Dr. Paulo A. Botelho, a graduate of the University of Lisbon in Portugal, after completing a rotating internship at the Roger Williams General Hospital and a year of pediatric residency at the Charles V. Chapin Hospital, began his residency in this department.

We were fortunate that Dr. Jefim Weremczuk, after completing his first year residency, decided to continue for a second year.

SOCIAL SERVICE DEPARTMENT

During the past year the admission rate to the Neuro-Psychiatric Department and the rapid turn-over of patients has continued. Of necessity, social service has been directed toward making discharge plans for patients, discussing with families the need of transferring their relatives to other hospitals and making arrangements for families and patients to receive services from existing community agencies.

We have taken social histories, giving priority to service cases, provided casework services, prepared abstracts and summaries, and computed the monthly and annual departmental statistics. The Neuro-Psychiatric Out-Patient Clinic has been covered and the same type of services are available here as for the in-patient service.

We have worked closely with all the members of the hospital resident and visiting staff where the emphasis has been

on the team approach. We have participated in weekly staff conferences and the monthly lecture series. Members of the department have continued to contribute to community projects by serving on boards, committees, and attending meetings.

There has been one change in personnel. On January 31, 1955, after one and a half years service, Miss Ann Maguire resigned. Miss Barbara Cronin, a graduate of Albertus Magnus College with social work experience with the Rhode Island Department of Social Welfare, joined our staff.

The following is a statistical report for the year:

Histories.	217
Interval Histories	18
Abstracts.	343
Summaries.	203
Letters.	55

PSYCHOLOGY DEPARTMENT

Services of this department during the past year were again rendered primarily to ward patients, with particular emphasis upon those presenting a diagnostic problem.

Collaboration with other members of the psychiatric team and integration of test findings with their findings was continued as in the past. This approach has proven to yield the fullest understanding of the individual case. Orientation of psychological test interpretation was toward clarification of problems of diagnosis, personality dynamics, treatment possibilities, intellectual functioning and prognosis.

Other routine functions consisting of active participation in daily ward rounds, bi-weekly staff conferences and lectures were carried out.

Psychiatric screening devices were administered to a slightly larger group of Police Department recruits this year than last. This project, begun last year, appears to be serving a useful function. Examination of officers eligible for promotion was continued as one aid in a process of selection of those best qualified for responsible public service. A follow-up study of this project is to be attempted during the coming year.

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

351 psychological tests were administered to:

In-patients.	98
Out-patients.	3
Special (Police Recruits)	9
	<hr/>
	110

Tests Administered:

Rorschach Psychodiagnostic Record.	50
Wechsler-Bellevue Intelligence Scale.	42
Thematic Apperception Test.	15
Sentence Completion Test.	110
Cornell-Index.	104
Miscellaneous (Wechsler Memory Scale, Sorting Tests, Bender-Gestalt, etc.)	30
	<hr/>
	351

October 1, 1954-September 30, 1955

There have been 23 juveniles (18 years and under) admitted, 8 males, 15 females.

	Years of age.18.17.16.15.13											
	Number admitted.5.9.2.6.1											
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept. Total
Admissions	71	63	72	88	85	94	87	69	103	81	97	63—974
Discharges	62	70	71	86	81	89	100	66	102	83	91	72—973
First Admissions												737
Second Admissions												153
Third Admissions												45
Fourth Admissions												21
Fifth Admissions												12
Sixth Admissions												2
Seventh Admissions												2
Eighth Admissions												1
Ninth Admissions												1
												<hr/>
												974

CONDITION

Unimproved.	417
Improved.	459
Recovered.	90
Dead.	7
	<hr/>
	973

DISPOSITION

Home.....	511
Home, Against Advice.....	60
Own Custody	15
A.W.O.L.	1
State Hospital (D.P.W.).....	330
Butler Hospital	3
McLean Hospital, Waverly Massachusetts.....	1
Pennsylvania Hospital, Philadelphia, Pennsylvania.....	1
Fuller Sanatorium, Attleboro, Massachusetts.....	2
Baldpate, Inc., Georgetown, Massachusetts.....	1
Institute of Living, Hartford, Connecticut.....	1
Seton Institute, Baltimore, Maryland.....	1
Veterans Administration Hospitals:	
Brockton, Massachusetts	15
Providence, Rhode Island.....	5
Other wards of Charles V. Chapin Hospital.....	1
Rhode Island Hospital.....	7
St. Joseph's Hospital.....	2
Pawtucket Memorial Hospital.....	1
Our Lady of Fatima Hospital.....	5
Convalescent Home	2
Soldiers' Home	1
Dead.....	7

973

DISCHARGE DIAGNOSES

Schizophrenic Reaction	340
Manic Depressive Reaction, manic type.....	20
Manic Depressive Reaction, depressive type.....	19
Manic Depressive Reaction, other.....	2
Psychotic Depressive Reaction.....	37
Paranoid State	25
Involuntional Psychotic Reaction.....	83
Psychotic Reaction, unclassified.....	1
Chronic Brain Syndrome	
associated with central nervous system syphilis.....	3
" " alcohol intoxication	7
" " brain trauma	1
" " cerebral arteriosclerosis	43
" " circulatory disturbance other than cerebral arterio-	
sclerosis.....	1
" " convulsive disorder	10
" " senile brain disease.....	2
" " intracranial neoplasm	1
" " diseases of unknown or uncertain cause.....	2
Chronic Brain Syndrome of unknown cause.....	3
Acute Brain Syndrome	
associated with trauma.....	1
" " circulatory disturbance	2
" " metabolic disturbance	2
" " systematic infection	2

Acute Brain Syndrome	
drug or poison intoxication.....	4
alcohol intoxication	64
acute hallucinosis	9
delirium tremens	37
of unknown cause	2
Psychoneurotic Disorders	
Anxiety reaction	30
Dissociative reaction	10
Conversion reaction	3
Phobic reaction	6
Obsessive compulsive reaction.....	3
Depressive reaction	131
Personality Disorders	
Inadequate personality	2
Schizoid personality	2
Paranoid personality	1
Emotionally unstable personality.....	3
Antisocial reaction	1
Dyssocial reaction	1
Alcoholism	12
Drug addiction	2
Alcohol intoxication (simple drunkenness).....	15
Transient Situational Personality Disorders	
Acute transient situational personality disturbance.....	1
Adult situational reaction.....	1
Conduct disturbance	1
Adjustment reaction of adolescence.....	2
Adjustment reaction of late life.....	2
Psychophysiologic gastro-intestinal reaction.....	3
Mental deficiency, idiopathic mild.....	1
Mental deficiency, idiopathic moderate.....	1
Mental deficiency, idiopathic severe.....	2
Observation, psychiatric	10
Observation, neurological	1
Passive heart congestion.....	1
Tabes Dorsalis	1
Segmental Neuralgia	1
	973

CAUSES OF DEATH

Chronic Brain Syndrome associated with cerebral arteriosclerosis....	2
Delirium Tremens	2
Bronchopneumonia	3
	7

As this report shows, it was a busy and sometimes hectic year. I am deeply grateful to each and every member of our

staff for his willingness, cooperation, and uncomplaining acceptance of his additional responsibilities. I am fully aware of the wonderful work of the nursing and attendant staff under the stress of a heavy patient load. I would like to take this opportunity to express to them my sincere thanks.

I am thankful and grateful for the always available and ever helpful advice of the visiting staff.

I am particularly appreciative of the continued understanding and interest shown in this department by our superintendent, Dr. Hilary J. Connor.

Respectfully submitted,

SIDNEY S. GOLDSTEIN, M. D.,

Director,

Neuro-Psychiatric Department

Report of Director of Nursing Service and School of Nursing

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

DIRECTOR OF NURSING SERVICE AND

SCHOOL OF NURSING

Carmela Salvatore, R. N.

ASSISTANT DIRECTORS OF NURSING SERVICE

COMMUNICABLE DISEASE DIVISION

Elizabeth G. 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 Ferguson Hanrahan, R. N.—Evenings

GRADUATE NURSE PERSONNEL

COMMUNICABLE DISEASE DIVISION

Barbara Waugh, R. N.

Joan Payne, R. N.

Ann Mann, R. N.

Patricia Thayer, R. N.

Theresa Capuano, R. N.

Joan Randall, R. N.

Katherine Kalis, R. N.

Elizabeth Brown, R. N.

Leona Farrelly, R. N.

Carolyn Crohan, R. N.

Priscilla Hale, R. N.

Patricia Jones, R. N.

*Resigned July, 1955.

Elizabeth Wood, R.N.	Massimina Calise, R. N.
Cynthia Diamantis, R. N.	Rowena Herring, R. N.
Barbara McVay, R. N.	Josephine Aldrich
Rita Quesnel	Louise Kilduff
Joyce Gatzke	Marilyn Bakstran
Maureen Remarski	Mary Abrahamson
Magdalen Jakubowicz	Janet Eaves
Rosaleen Marshall	Bonnie May
Ann Neri, B. S.	Rose Montecalvo

Part Time

Angela Ganga, R. N.
 Vivian Wells, R. N.
 Barbara Gilroy, R. N.

PSYCHIATRIC DIVISION

Irene Sowa, R. N.	Barbara Despres, R. N.
Margaret Rostron, R. N.	Ann Hall, R. N.
Ann Pascale	Judith Martin, R. N.
Cynthia Hoeveler, R. N.	Sarah Jane Ezell, R. N.

OUT-PATIENT DEPARTMENT

Grace Cannon, R. N.

Part Time

Angelita Colacci, R. N.

STUDENT NURSE PERSONNEL AND GEOGRAPHICAL DISTRIBUTION

In the School of Nursing, October 1, 1954.....	45
*Union Hospital, Fall River, Massachusetts.....	8
Cooley Dickinson Hospital, Northampton, Massachusetts....	1
Maine Medical Center, Portland, Maine.....	28
Sacred Heart Hospital, Manchester, New Hampshire.....	25
Salve Regina College, Newport, Rhode Island.....	11
Pawtucket Memorial Hospital, Pawtucket, Rhode Island.....	17
Laconia Hospital, Laconia, New Hampshire.....	14
*St. Vincent's Hospital, Worcester, Massachusetts.....	0
*St. Anne's Hospital, Fall River, Massachusetts.....	6
St. Joseph's Hospital, Providence, Rhode Island.....*	9
*Henry Heywood Hospital, Gardner, Massachusetts.....	2
Elliott Hospital, Manchester, New Hampshire.....	22
New England Baptist Hospital, Boston, Massachusetts.....	5

*Affiliation discontinued.

Framingham Union Hospital, Framingham, Massachusetts....	15
Burbank Hospital, Fitchburg, Massachusetts.....	19
*Central Maine General Hospital, Lewiston, Maine.....	2
Milford Hospital, Milford, Massachusetts.....	9
Post Graduate Students.....	5
Total.	198
Diplomas Awarded	169
In the School of Nursing October 1, 1955.....	28
Total number of students since 1910.....	11,535

The end of the fiscal year finds us, once again, in a poliomyelitis emergency. By October 1, 294 polio patients had been admitted to the hospital, and of these 31 were respirator patients. Without additional help, it would have been impossible to render the care needed and to provide "round the clock" specials for the acutely ill respirator and bulbar patients. Because poliomyelitis is everybody's problem, we received help from the State Department of Health, the Providence District Nursing Association, the Warren District Nursing Association, the Providence School Department and 16 nurses recruited by the American Red Cross from Rhode Island, Connecticut, Pennsylvania, North Carolina, Florida, Delaware and Louisiana. Several professional nurses, practical nurses, and nurses' aides who were on vacation, who were doing private duty, or who were employed by other hospitals, offered their services on a full time or part time basis. At the beginning of the poliomyelitis season, several lay women volunteered their time and helped by cutting packs. Soon, this task became too great and full time personnel had to be employed.

This report could never be completed unless recognition was given to the members of the permanent staff who worked many hours of overtime. In August, 1955, these nurses were selected by the Inter-City Broadcasting Company of Rhode Island to receive the "WHIM Salute" which is given to outstanding Rhode Islanders. At this time I would like to thank all the nursing personnel and their associates for the work they have done and are still doing in this epidemic.

*Affiliation discontinued.

Our educational program for affiliating students continues to function effectively. Many helpful suggestions, made by the Nursing Advisory Board, have been adopted. Arrangements have been made for the acceptance of affiliating students from the Waterbury Hospital, Waterbury, Connecticut; Nashua Memorial Hospital, Nashua, New Hampshire; and Barre City Hospital, Barre, Vermont.

The manual of aseptic technique is under revision and when completed, it will contain the present nursing techniques and other essential nursing procedures. It will be a valuable teaching aid.

New reference books and sound films have been purchased for the educational staff.

Fifty-two of the sixty openings for graduate nurses are filled. This does not include the additional nurses employed during the poliomyelitis emergency.

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 Advisory Board, Dr. Connor and the Board of Hospital Commissioners for their continued interest in the welfare of the nursing department.

Respectfully submitted,

CARMELA SALVATORE, R. N.,

*Director of Nursing Service
and School of Nursing*

Report of the Laboratory

During the fiscal year ending September 30, 1955 a total of 53,399 laboratory tests were done, a substantial increase over last year's total (44,923). Four hundred fifty-five tests were done for the Health Department and the remainder (52,944) for the hospital itself. Table I shows a breakdown as to the type of test done and, as can be seen, a wide variety of tests were done.

Table II shows that out of a total of 39 deaths, 18 autopsies were done making an autopsy percentage of 46.1%.

Table III represents a breakdown of the autopsies as to systemic pathologic diagnosis. Seven of the 18 cases autopsied died of poliomyelitis, reflecting the severe epidemic present in this area for the past several weeks. In addition, a very unusual case of Waterhouse-Friderichsen syndrome with meningococcemia visible in the peripheral blood, was studied.

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

Respectfully submitted,

LEROY W. FALKINBURG, M. D.,

Pathologist

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

Table II
NECROPSIES, 1910 TO SEPTEMBER 1955

Year	Number of Deaths	Number of Necropsies	Percentage
1910.....	86	16	18.6
1911.....	121	14	11.5
1912.....	152	20	13.1
1913.....	154	44	28.5
1914.....	157	40	25.4
1915.....	176	51	28.9
1916.....	249	60	24.0
1917.....	243	17	26.9
1918.....	297	9	3.0
1919.....	208	6	2.8
1920.....	171	13	7.6
1921.....	136	25	18.3
1922.....	125	13	10.4
1923.....	200	71	35.5
1924.....	122	29	23.7
1925.....	130	57	43.8
1926.....	141	72	51.0
1927.....	125	87	69.6
1928.....	163	92	56.4
1929.....	168	114	57.8
1930.....	159	81	50.9
1931.....	193	90	46.6
1932.....	179	91	50.8
1933.....	148	55	37.1
1934.....	118	61	51.6
1935.....	132	48	36.3
1936.....	163	61	37.4
1937.....	172	67	38.9
1938.....	124	56	45.2
1939.....	131	66	50.3
1940.....	134	84	62.6
1941.....	139	85	61.1
1942.....	126	65	51.6
1943.....	174	91	52.3
1944.....	140	66	47.1
1945.....	132	51	38.6
1946.....	106	53	50.0
1947.....	100	61	61.0
1948.....	89	41	46.1
1949.....	65	33	50.8
1950.....	64	39	60.9
1951.....	73	40	54.0
1952.....	48	23	47.9
1953.....	59	27	45.7
1954.....	18	11	61.1
1955.....	39	18	46.1
Total.....	6,349	2,314	36.4

Table III

PRINCIPAL CAUSES OF DEATH AS DETERMINED AT
POSTMORTEM EXAMINATION

Causes of Death		
Autopsy Number		Age
<i>Nervous System</i>		
A-6-54	Acute Anterior Poliomyelitis	12 years
A-2-55	Acute Suppurative Leptomenigitis.	4½ years
A-8-55	Abscess of Left Cerebral Hemisphere	5 years
A-9-55	Acute Anterior Poliomyelitis	10 years
A-11-55	Acute Anterior Poliomyelitis	29 years
A-14-55	Acute Anterior Poliomyelitis	12 years
A-15-55	Acute Anterior Poliomyelitis	38 years
A-16-55	Acute Anterior Poliomyelitis	4½ years
A-17-55	Acute Anterior Poliomyelitis	16 years
<i>Gastro-intestinal System</i>		
A-1-55	Acute Colitis	3½ mos.
A-5-55	Acute Enterocolitis	8 mos.
<i>Cardiovascular Renal System</i>		
A-3-55	Congenital Cardiac Disease	3 mos.
A-7-55	Cardiovascular Degeneration	54 years
A-8-55	Congenital Cardiac Disease	5 years
<i>Respiratory</i>		
A-6-55	Acute Suppurative Epiglottitis.....	5 years
A-12-55	Advanced Pulmonary Tuberculosis.....	51 years
<i>Miscellaneous</i>		
A-4-55	Waterhouse-Friderichsen Syndrome	4 years
<i>Pending Diagnosis</i>		
A-10-55	.....	10 years
A-13-55	?Pemphigus.	77 years

Report of the X-Ray Department

The number of X-ray examinations of patients and parts of the body during the year 1955 remained essentially the same, except for a decrease in the Pulmonary examinations. This is a result of the elimination of the Tuberculosis section in the hospital, as well as a decrease in the examinations in the Pulmonary Clinic. There has also been a decrease in the number of student nurses and employes examined.

Mrs. Jeanne Hagenow is now serving as our X-ray technician and is doing an excellent job.

Respectfully submitted,

MANUEL HORWITZ, M. D.,

Roentgenologist

PARTS OF BODY X-RAYED		NUMBER OF CASES	
	1955 1954		1955 1954
Lungs, Pul. Dept.....	2,376 2,669	Ward Patients	807 834
Lungs.	908 1,374	Out-Patients.	164 170
Bones (Spines 118, Skulls 145, Extrem. 224).....	487 411	Pulmonary Patients	2,376 2,632
Cardiac.....	132 8	Student Nurses	176 363
Gallbladder.	9 15	Employees.	228 339
Abdomen.	27 38	State Rheumatic Fever Clinic	120 115
I. V. Pyelogram.....	19 13	Total.	3,871 4,453
Gastrointestinal.	24 17	Electrocardiograms.	40 91
Barium enema	7 9		
Sinuses.	29 18		
Mastoids.	14 13		
Encephalograms.	3 1		
Dental.	1 2		
Fluoroscopy.	48 31		
Cholangiograms.	0 0		
Cystograms.	2 0		
Miscellaneous.	9 0		
Totals.	4,095 4,649		

Report of the Out-Patient Department

The total number of visits in the Out-Patient Department during the past fiscal year was 8,810, which represents an increase of 298 visits from the preceding year.

In the Departments of Dermatology, Urology, Pediatrics, Medicine and Neuro-Psychiatry, an increase in the number of visits was seen. Among the venereal diseases, gonorrhea showed an increase over the previous year. Many of these patients had already been treated by local physicians. Non-specific urethritis was more prevalent than in the previous year. Syphilis and Neuro-Syphilis continued to decrease in frequency.

The State Rheumatic Fever Clinic had 24 patients less than last year, which was probably due to less Scarlet Fever infections.

The personnel of the Out-Patient Department continued the same as in the year before.

I wish to express my personal appreciation to all who made the year 1954-55 a successful one for our Department.

Respectfully submitted,

JUERGEN NICOLAS, M. D.

Out-Patient Department

1955

DEPARTMENTS	New Patients	First Visits of Old Patients in 1955	Total Individuals	Revisits	Total Visits 1955	Total Visits 1954
Syphilis.....	8	8	16	91	107	252
Neuro-Syphilis.....	0	4	4	22	26	36
Dermatology.....	110	34	144	384	528	498
Gynecology.....	35	11	46	45	91	110
Urology.....	55	19	74	163	237	196
Neuro-Psychiatry.....	50	20	70	376	446	384
Pediatrics.....	279	67	346	558	904	611
Tuberculosis.....	698	1,125	1,821	2,572	4,383	4,704
Pneumothorax.....	0	0	0	0	0	20
Medicine.....	117	58	175	519	694	629
Ophthalmology.....	0	0	0	0	0	0
Orthopedics.....	145	15	160	135	295	472
Ear, Nose, and Throat.....	0	0	0	0	0	14
V. D. Penicillin Rx.....	88	27	115	332	447	77
V. D. Examination.....	100	37	137	199	336	107
State Rheumatic Fever Clinic.....	54	0	54	262	316	340
Minor Accident and Surgical Cases.....	0	0	0	0	0	62
Total.....	1,739	1,423	3,162	5,658	8,810	8,512

Report of the Dietary Department

A total of 290,717 meals were served during the year ending September 30, 1955, which is 59,734 less than the number served during 1954. The cost of raw food increased to 36¢ per meal. Last year the cost was 30¢ per meal. In addition to the regular meals served to patients and in the dining rooms, much food was used for special nourishments. Food for breakfasts and lunches was supplied to the Nurses' Home. A tea was given for each new class of student nurses and refreshments were served for various parties during the year.

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

	MEAL COUNT							
	Dining Rooms			Distribution to Patients				Total
	Doctors'	Nurses'	Employees'	Surg- ical	Commun- icable	Pedi- atric	Psychi- atric	
October 1954	1,049	7,200	5,600		9,144	177	4,707	27,877
November	1,031	6,800	5,200		9,149	825	4,417	27,422
December	1,045	7,000	5,250		8,179	894	4,293	26,661
January 1955	931	5,933	4,982	90	8,392	1,353	4,885	26,566
February	847	4,633	4,154	163	6,579	751	4,407	21,534
March	936	4,951	4,530	327	6,125	880	4,803	22,552
April	831	4,357	4,114	452	6,541	951	4,515	21,761
May	835	4,886	4,166	367	5,643	900	4,574	21,371
June	822	4,933	4,000	335	5,136	720	4,594	20,538
July	1,077	4,620	4,117	342	5,052	881	4,880	20,969
August	1,041	5,074	4,002		10,145	426	4,950	25,638
September	984	6,173	4,302		11,985		4,384	27,828
Totals	11,429	66,560	54,417	2,074	92,070	8,758	55,409	290,717

The usual replacements of minor equipment and utensils were made during the year. One large gas toaster was installed to replace two smaller and very old ones. An electric toaster was purchased for special uses.

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

Respectfully submitted,

RUTH E. DAVIDSON,
Dietitian

Report of the Maintenance Department

The exterior painting of all hospital buildings and the construction of a new parking area were the most important improvements made to the physical plant this year. The fourteen hospital buildings present a well-kept appearance and the new parking area is a great help in relieving congestion on the hospital roadways.

The maintenance department was called on to help much more often than in previous years but this was due to the many cases of poliomyelitis that required the use of mechanical equipment.

The painters continued to be very active during the year. All dormitories were painted as well as several other departments.

Following is a list of projects other than routine work:

INSTALLATIONS

- 2 Drinking fountains, Hindle and Out-Patient Buildings
- 2 Heater units, Hindle Building
- 4 Electric outlets, Hindle Building
- 1 Autoclave, Out-Patient Building
- 4 Electric fixtures, Laboratory
- 1 Scrub sink, Richardson Building
- 208 Window shades made
- 23 Steam leaks repaired
- 24 Basin racks, East I and II

CARPENTRY

- 2 Cabinets, Hindle Building
 - Wall tile installed in scrubrooms, East I and II
- 2 Large cabinets, Out-Patient Building
 - Counter tops, Laboratory
 - Formica table tops, Out-Patient and Hindle Buildings
 - Mattress room, Hindle Building
 - Tile flooring, scrub rooms East I and II, and kitchen and office of Nurses' Home
 - Counter tops in kitchens, all wards
 - Porch screened and ceiling renewed, Superintendent's residence

PAINTING

- West I, also papered
- East I and II, also papered
- West II, large ward
- North II
- Richardson II, large ward
- Administration building dormitory
- Laboratories, all
- Diet kitchen
- 12 Rooms and kitchen, Nurses' Home
- North Building offices
- Superintendent's residence

NEW EQUIPMENT

- Merry-go-round for Hindle Building
- Child's wheelchair
- Dressing carriage
- Electric bone saw
- Air conditioner
- Exhaust fan
- Refrigerator
- Utility table
- 3 Respirators
- 2 Wheeled trucks
- 48 Heavy duty chairs
- 8 Chairs, laboratory
- 10 Chairs, Nurses' Home
- 3 Heavy duty utility carts
- 2 Chrome clothing racks
- 2 Bedside screens

To Dr. Connor, I wish to express my sincere appreciation for his cooperation. 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 Christopher Ogden
Church Periodical Club, Grace Church
Mr. Charles Hines, 3rd
Mrs. Alton W. Gardiner
Dr. and Mrs. John L. Clark
Mr. Ted Knight
Hassenfeld Company
Mr. A. B. Greene
Phenix Office, R. I. Hospital Trust Co.
Mrs. Cora E. Kennedy
Troop 11 Scouts, St. Andrew's and St. Paul's Sunday Schools
Mrs. D. A. Brown
Citizens Savings Bank
Mrs. Margaret Carter
Capitol Cadillac Co.
2nd Grade Children, Central Baptist Church
Frazier's Greeting Cards
Lady Lincoln Council, Sons and Daughters of Liberty
Mr. Robert Traill, Sr.
Mrs. Howard Bradley
Girl Scout Troop 99
Ladies Auxiliary of South Tiverton Volunteer Fire Dept.
Mrs. R. W. Hartley
Mrs. A. DiMichele
Mrs. D. Tessaglia

MISCELLANEOUS

Mr. Martin Noonan, flowers
Mrs. Vincent Treubig, candy
American Federation of Musicians, band concert
Brownie Troop 115, Christmas candy favors
Providence Gas Company, Christmas carols
Dr. M. Adelman, cigarettes and candy for nurses
Benevolent Congregational Church kindergarten, Valentine favors
United Presbyterian Church, valentines
Brownie Troop 150, valentines
Mr. Edwin J. Gibbons, rocking horse
Mr. Thomas Sweeney, money
Mr. Vincent J. Berraduci, Sr., flowers
Johnston Girl Scout Troop No. 67, Easter novelties
Sophomore II, St. Xavier Academy, Easter baskets
Mrs. Percy W. Millard, piano
Junior Red Cross, Easter candy and bunny cut-outs
Young Judaea Jolly Juniores, May baskets
Lexington Avenue P. T. A., lollipops
Miss Mary Spencer, R. N., electric toaster for Nurses' Home
Mr. Joseph Mainelli, flowers
Mr. E. W. Fox, basket of fruit

*Following are photographs of
children convalescing from
poliomyelitis.*



























