

Annual report of the Peter Bent Brigham Hospital : 1917.

Contributors

Peter Bent Brigham Hospital.

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PETER BENT BRIGHAM HOSPITAL :: BOSTON

FOURTH ANNUAL REPORT

FOR THE YEAR 1917



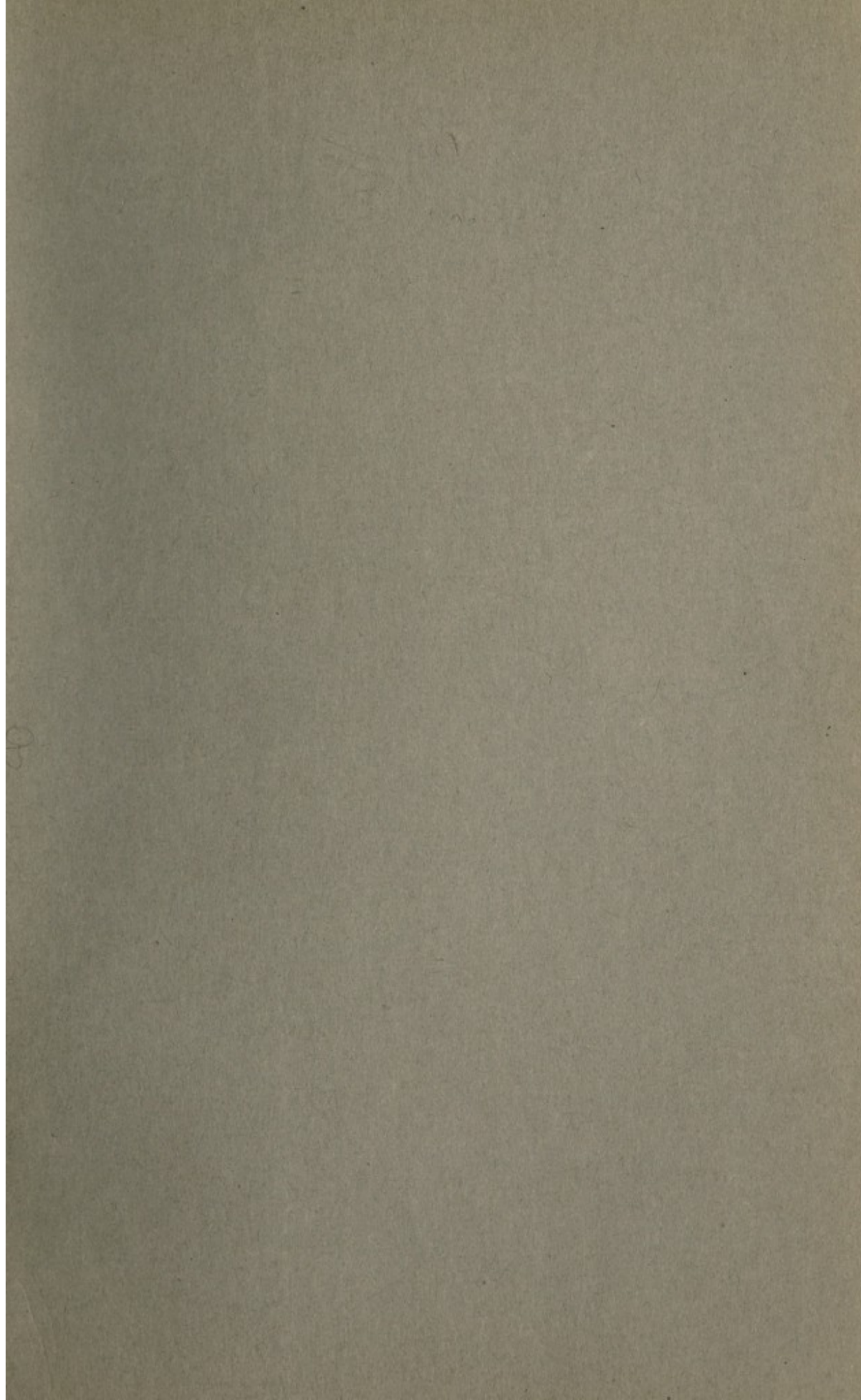
CAMBRIDGE
THE UNIVERSITY PRESS
1918

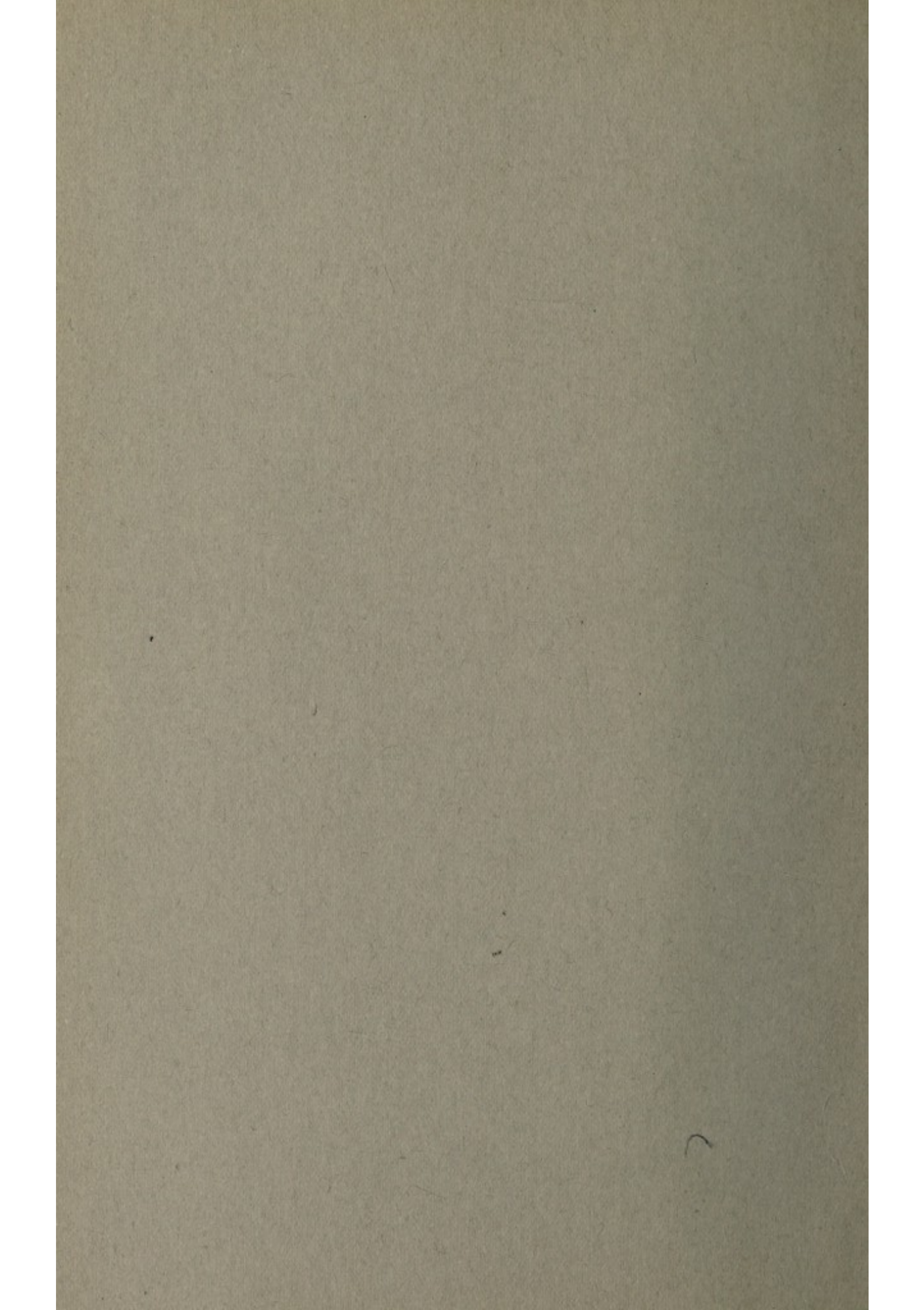
FORM OF BEQUEST

*I give and bequeath to the Peter Bent Brigham
Hospital, a corporation established under the
laws of the Commonwealth of Massachusetts,
the sum of _____ dollars,
the same to be used for the furtherance of its
charitable work.*



22503068444





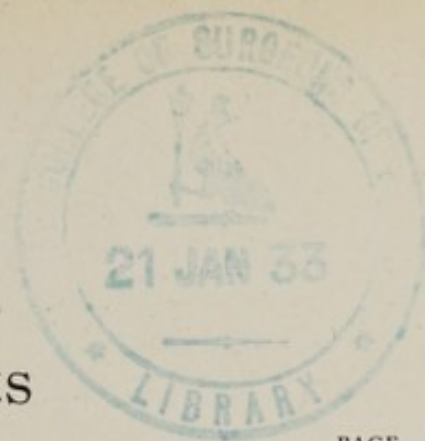
FOURTH ANNUAL REPORT
OF THE
PETER BENT BRIGHAM
HOSPITAL

FOR THE YEAR
1917



CAMBRIDGE
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1918

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President's Report

IN common with the rest of the Community, whether corporations or individuals, the Peter Bent Brigham Hospital has been much affected by the war. Its President, Mr. Curtis, has been serving with the Navy in France since last July, and its Chief Surgeon, Dr. Cushing, for the greater part of the year has been with Base Hospital No. 5 on the Western Front. Many of its staff and House-Officers have been called to the Colors, either resigning or being given leave of absence. At the same time there has been an increase in the number of patients treated both in open wards and in the out-door service, involving proportionately greater demands on the time and strength of those remaining. These, however, have been loyally and faithfully met, and the established standards in all departments maintained, facts realized with due and grateful appreciation by those responsible for the welfare of the hospital.

At the suggestion of the Government, provision has been made to receive a large number of soldiers and sailors should occasion require.

The Surgical Dressing Committee has continued to occupy its quarters in the Out-Patient Building, and all possible assistance on the part of our officers and employees has been given to the splendid work of that organization.

Dearth of candidates and consequent difficulty in filling vacancies made it seem wise in the course of the year to abrogate the rule against nominating women as House Officers and members of the staff. This was done for the period of the war, and women have been appointed to such positions with satisfactory results.

PETER BENT BRIGHAM HOSPITAL

A Standing Committee on Rules was created in March of this year, and as a result of its labors a pamphlet containing Rules and Regulations was issued, which has been found of great value.

An increase in the membership of the Corporation from eight to ten was made during the year, a total at present of twelve with the two State members, and Mr. Charles F. Choate, Jr., and Mr. Francis L. Higginson, Jr., were elected new members.

Work in detail and results accomplished during the year will be found set forth in the reports of Heads of Departments hereto appended.

WALTER HUNNEWELL,

President pro tem.

BOSTON, Dec. 31, 1917.

Report of the Treasurer

A statement of receipts of income from investments and of payments therefrom out of the office of the Treasurer for the year ending December 31, 1917, is as follows:

INCOME

Real Estate Receipts:

Rents	\$147,425.72	
Taxes paid by tenants	24,012.46	
Insurance paid by tenants	1,343.42	\$172,781.60

Interest on Investments:

On bonds	\$48,461.82
On mortgages	7,827.65
On notes	633.33

\$56,922.80

Dividends	24,726.56	\$81,649.36
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Bank interest		2,220.97
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Total income		\$256,651.93
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EXPENDITURES

Taxes	\$48,575.88
Building repairs	6,762.05
Insurance	811.45
Salaries	7,800.00
Legal expenses	500.00
Audit	400.00
Safe deposit box	70.00
Appraising securities	25.00
Printing	9.00
Express on bonds	8.16
Commissions to brokers on leases	4,626.16
Amount to secure cancellation of lease 88-92 Court Street	250.00

Total expenditure	\$69,837.70
-----------------------------	-------------

Bond premiums amortized	610.45
-----------------------------------	--------

\$70,448.15

PETER BENT BRIGHAM HOSPITAL

Net investment income available for operating expenses	\$186,203.78
Net payments for operating expenses, as shown by Superintendent's statement appended	\$189,556.55
Less gain in Superintendent's supplies	5,839.70
	<hr/> 183,716.85
Balance carried to reserved income .	\$2,486.93
Balance reserved income, January 1, 1917	<hr/> 17,469.27
Balance reserved income, December 31, 1917	<hr/> <hr/> \$19,956.20

SCHEDULE OF PROPERTY

Land and buildings occupied for hospital, including furniture and fixtures	\$1,801,680.87
Mortgages	177,029.06

Notes:

Boston & Maine R. R. Co., due August 31, 1916, 6%	8,000.00
Bethlehem Steel Co., 2 year, 5%, due February 15, 1919	9,850.00
Ayer Mills, 5%, Construction and Equipment due March 1, 1920	10,000.00
Edison Electric Illuminating Co., 5 year, 5%, due February 1, 1922	10,000.00

Land and buildings:

63 Blackstone Street	59,437.53
166-210 Portland Street	714,818.26
5-11 Tremont Row	493,476.79
224-230 Congress Street.	100,455.77
108-114 Lincoln Street	159,477.39
223-225 Washington Street	220,000.00
91-95 Portland Street	75,957.25
67-69 Commercial Street	73,999.76
1-3 Bowdoin Street.	<hr/> 54,569.50

<i>Amount carried forward</i>	\$3,968,752.18
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REPORT OF THE TREASURER

<i>Amount brought forward</i>	\$3,968,752.18
148-150 Hanover Street	60,787.78
1-7 Sudbury Street	69,994.95
88-92 Court Street	169,104.21
94-98 Arch Street and 13-17 Otis Street	168,318.16
Land corner Albany and Dover Streets	110,221.90
1000 Shares Fitchburg R. R. Co., preferred . .	142,000.00
100 Shares Boston & Albany R. R. Co.	25,800.00
524 Shares Vermont & Mass. R. R. Co.	91,700.00
450 Shares Old Colony R. R. Co.	93,150.00
183 Shares Nashua, Acton & Boston R. R. Co.	183.00
300 Shares State Street Exchange	25,960.00
400 Shares Boston Wharf Company	37,585.25
50 Shares Boston Real Estate Trust	58,514.25
30 Shares Constitution Wharf Trust	3,330.00
150 Shares Hotel Trust (Touraine)	15,900.00
100 Shares South Terminal Trust	10,300.00
15 Shares National Union Bank	2,700.00
100 Shares Newport & Fall River St. R'way Co.	13,278.33
1000 Shares Berkeley Hotel Trust	65,000.00
300 Shares New York Central & Hudson River R. R. Co.	30,189.50
100 Shares Chicago, Milwaukee & St. Paul R. R. Co.	14,760.70
220 Shares Pennsylvania R. R. Co.	11,731.88
1500 Shares New York, New Haven & Hartford R. R. Co.	225,545.33
\$150,000 American Telephone & Telegraph Co., 4% bonds, 1929	139,887.50
25,000 Quincy Market Realty Company, 5% bonds, 1964	25,000.00
60,000 Portland & Ogdensburg R. R. Co., 4½% bonds, 1928	60,886.41
5,000 Kansas City & Memphis Ry. & Bridge Co. 5% bonds, 1929	5,088.57
100,000 Chicago, Burlington & Quincy R. R., Ill. Div., 3½% bonds, 1949.	89,077.50
20,000 Washington Water Power Co., 5% bonds, 1939	20,357.94
50,000 Boston & Maine R. R. Co., 4½% bonds, 1929	51,484.11
<i>Amount carried forward</i>	\$5,806,589.45

PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward</i>	\$5,806,589.45
50,000 Burlington, Cedar Rapids & Northern R. R., 5% bonds, 1934	54,392.45
25,000 Baltimore & Ohio R. R., So. Western Div., 3½% bonds, 1925	22,125.00
25,000 New York Central & Hudson River R. R. Co., Debentures, 4% bonds, 1934	23,937.50
50,000 Cleveland, Lorain & Wheeling R. R. Co., 5% bonds, 1933	53,966.97
25,000 N. Y. Central & Hudson River R. R. Co., 1st mortgage 3½% bonds, 1997	21,875.00
25,000 Northern Pacific R. R. Co., Prior Lien 4% bonds, 1997	24,781.25
25,000 New York City, 4% bonds, 1956	24,718.75
50,000 Old Colony Street Railway Co., 4% bonds, 1954	43,250.00
75,000 Chicago & North Western Railway Co., 4% Extension bonds, 1926	72,750.00
28,000 General Electric Co., 3½% bonds, 1942	23,170.00
3,000 Pennsylvania R. R. Co., 4% bonds, 1948	2,880.00
50,000 Atchison, Topeka & Santa Fe R. R. Co., Transcontinental Short Line, 4% bonds, 1958	47,500.00
50,000 Illinois Steel Co., 4½% bonds, 1940	47,375.00
50,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1920	49,725.00
15,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1924*	14,893.50
15,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1925	14,886.00
5,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1926	4,960.00
15,000 Boston & Albany R. R. Co., Equip- ment, 4½% bonds, 1927	14,875.50
50,000 Interborough Rapid Transit Co., 5% bonds, 1966	49,500.00
50,000 Kansas City Stock Yards Co., 5% bonds, 1920	50,000.00
<i>Amount carried forward</i>	\$6,468,151.37

REPORT OF THE TREASURER

<i>Amount brought forward</i>		\$6,468.151.37
25,000 Long Island R. R. Co., 5% gold bonds, debenture, 1934		24,000.00
56,800 Pere Marquette Ry. Co., 5% First Mortgage bonds, 1956		49,420.00
Cash:		
Operating Expense Fund . . .	\$20,000.00	
Superintendent's Fund	2,500.00	
Cash in banks	48,798.54	71,298.54
		<hr/>
Superintendent's Inventories		39,149.46
		<hr/>
		\$6,652,019.37
Included in the above Schedule of Property are the following special funds:		
CHOATE FUND	\$9,457.77	
Less amounts expended	4,382.11	\$5,075.66
		<hr/>
JOHN P. REYNOLDS MEMORIAL FUND	1,000.00	
HEMENWAY SQUASH COURT	11,050.00	17,125.66
		<hr/>
		<u>\$6,634,893.71</u>
Viz.:		
Peter Bent Brigham		
Hospital Account.	\$6,614,937.51	
Reserved Income Account . .	19,956.20	
		<hr/>
		<u>\$6,634,893.71</u>
EDMUND D. CODMAN,		
		<i>Treasurer.</i>

Report of the Superintendent

THIS is the fourth annual report of the Peter Bent Brigham Hospital and covers the work of the year 1917.

During the year there have been admitted into the wards of the hospital 3674 patients, and there have been 10,995 new patients treated in the Out-Door Department. The Asthma Clinic has had 225 new patients. Therefore, 14,894 people have directly received the benefit of the treatment in this hospital during the year. In addition to this, the X-Ray Department made 4605 examinations. There have been 3558 examinations in the serological laboratory. There have been 727 ambulance calls.

The total operating expenses for the year have been \$323,777.72. Receipts from patients have amounted to \$138,512.48. The corresponding figures for 1916 were: Operating expenses, \$308,413.81; receipts from patients, \$116,519.00.

When the war broke out, Base Hospital No. 5 was largely recruited from our Surgical Staff, nurses, and ward-tenders. I refer you to the reports of the Physician-in-Chief and the Acting Surgeon-in-Chief, which show well what a struggle it was for us during the next few months to fill in our gaps and cover the work.

In addition to this, about the same time, Dr. Louis H. Burlingham, First Executive Assistant, was called to take charge of the Barnes Hospital at St. Louis. Dr. Burlingham had been with us since the hospital opened, and we regretted much to lose his services. He has our best wishes for his future work at the Barnes Hospital.

The Surgical Dressings Committee of the Women's Department of the National Civic Federation are still

REPORT OF THE SUPERINTENDENT

using the Zander Room of the Out-Door Department for the purpose of preparing surgical dressings for our war sufferers in Europe. I can still say that the amount of their output is steadily increasing month by month. Larger vans take double-sized cases and come oftener.

During the past year we have practically finished the repointing of the four corners of all the high buildings. Nearly every corner of the high buildings let in water during driving storms. When we came to look them over carefully we found the pointing very faulty. The base slabs around the terrace in the rear of the Administration Building all had to be regouted. All stairways that rise in the corners of high buildings showed the effect of water coming through, and a large portion of them had to be replastered. This work has been steadily carried forward during the last two years and completed this year.

We close the year with considerable satisfaction that we have been able to come through as well as we have. Our Service Flag shows seventy-three stars at the end of the year.

I wish to thank the clergymen and all visitors who have so kindly looked after our patients during the year.

HERBERT B. HOWARD,
Superintendent.

Table I
Comparative Table of Statistics

HOSPITAL WARDS AND SINGLE ROOMS

	1917	1916
Patients in hospital first of year:		
Medical	75	78
Surgical	92	89
Total	<u>167</u>	<u>167</u>
Patients admitted during the year:		
Medical	1,878	1,925
Surgical	1,796	1,787
Total	<u>3,674</u>	<u>3,712</u>
Patients treated in hospital wards and private rooms during the year:		
Medical	1,953	2,003
Surgical	1,888	1,876
Total	<u>3,841</u>	<u>3,879</u>
Patients discharged during the year:		
Well	1,346	1,228
Improved	1,550	1,783
Unimproved	303	265
Untreated	257	218
Died	225	218
Total	<u>3,681</u>	<u>3,712</u>

REPORT OF THE SUPERINTENDENT

Patients in hospital end of year:	1917	1916
Medical	73	75
Surgical	87	92
Total	<u>160</u>	<u>167</u>
Total patients days treatment:		
Paying patients	32,108	27,578
Part paying patients	15,037	14,245
Free patients	17,984	23,468
Total	<u>65,129</u>	<u>65,291</u>
Percentage:		
Paying patients	49+	42+
Part paying patients	23+	22-
Free patients	28-	36-
Total	<u>100</u>	<u>100</u>
Average patients per day:		
Paying patients	88-	75+
Part paying patients	41+	39-
Free patients	49+	64+
Total	<u>178+</u>	<u>178+</u>
Average time per patient in hospital . .	18- days	18- days
Daily average cost per patient	\$4.93+	\$4.72-
Daily cost per capita for provisions for all persons supported . . . . .	.40-	.37-
Patients were admitted as follows:		
Paying \$14.00 or more	2,180	1,980
Paying less than \$14.00	598	652
Free	896	1,080
Total	<u>3,674</u>	<u>3,712</u>

PETER BENT BRIGHAM HOSPITAL

OUT-DOOR DEPARTMENT

	1917	1916
Number of cases treated (new cases)	10,995	9,810
Medical	5,257	4,505
Surgical	4,530	4,325
Ear	243	185
Throat	578	544
Eye	201	135
Prenatal	46	67
Urological	140	49
Number of visits	53,405	47,687
Medical	21,940	18,667
Surgical	26,032	26,134
Ear	743	564
Throat	1,551	1,355
Eye	517	386
Prenatal	116	199
Urological	2,506	382
Patients arrived:		
A. M. 8-10	16,618	15,557
10-12	15,922	12,473
P. M. 12- 2	6,902	6,902
2- 3	6,099	6,057
3- 4	4,089	4,136
4- 6	3,775	2,562
Total	53,405	47,687
Cost of maintenance of Out-Door De- partment	\$19,140.56	\$16,551.07
Daily average cost per patient . . . . .	.36—	.35—

AMBULANCE

Ambulance calls during the year	727	735
Average calls per day	1.99+	2.01—
Mileage for patients	4,387	4,255
Other business	962	579
Total mileage	5,349	4,834

REPORT OF THE SUPERINTENDENT

X-RAY

	1917	1916	1917	1916
	No. of Patients		No. of Plates	
January	519	451	1,036	1,155
February	494	437	815	1,079
March	506	572	1,033	1,186
April	442	464	737	846
May	422	527	696	986
June	335	391	523	681
July	360	402	626	658
August	347	484	640	836
September	308	375	640	830
October	301	442	708	1,000
November	300	466	697	933
December	274	493	597	872
Total	4,608	5,504	8,748	11,062

Table II
Residences

	1917	1916
Alabama	2	1
Arizona . . . . .	..	2
Arkansas . . . . .	..	3
California	1	8
Colorado	1	2
Connecticut	7	27
District of Columbia	1	1
Florida	2	5
Georgia	4	4
Indiana . . . . .	..	3
Illinois	3	5
Iowa	1	2
Kansas . . . . .	..	..
Kentucky . . . . .	..	2
Louisiana . . . . .	..	2
Maine	54	38
Maryland . . . . .	..	3
Massachusetts (except Boston)	1,090	1,006
Boston	2,286	2,298
Mexico . . . . .	..	3
Michigan	6	6
Minnesota	1	4
Missouri	4	..
Montana . . . . .	..	2
Nebraska	2	..
New Hampshire	52	61
New Jersey	7	8
New Mexico . . . . .	..	1
New York	49	74
North Carolina	2	3
North Dakota . . . . .	..	1
Ohio	8	18
<i>Carried forward</i>	3,583	3,593

REPORT OF THE SUPERINTENDENT

	1917	1916
<i>Brought forward</i>	3,583	3,593
Oklahoma	1	2
Oregon	1	2
Pennsylvania	10	9
Rhode Island	25	26
South Carolina . . . . .	..	1
Tennessee	2	3
Texas	2	8
Utah . . . . .	..	1
Vermont	14	10
Virginia . . . . .	..	2
Washington	1	13
West Virginia	1	3
Wisconsin	7	4
Africa . . . . .	..	1
Canada	25	33
China	1	1
Holland	1	..
Total	<hr/> 3,674	<hr/> 3,712

Table III
Birthplaces

	1917	1916
Alabama	3	5
Arizona	1	2
Arkansas . . . . .	..	4
California	7	8
Colorado . . . . .	..	2
Connecticut	35	59
Delaware . . . . .	..	3
District of Columbia	3	6
Florida	1	4
Georgia	6	7
Idaho . . . . .	..	..
Illinois	19	10
Indiana	5	5
Iowa	4	6
Kansas	1	5
Kentucky	7	6
Louisiana	2	2
Maine	223	167
Maryland	10	11
Massachusetts (except Boston)	999	894
Boston	319	434
Michigan	16	12
Minnesota	13	5
Missouri	7	11
Mississippi	2	..
Montana . . . . .	..	2
Nebraska	2	2
Nevada . . . . .	..	1
New Hampshire	83	104
New Jersey	17	25
New Mexico . . . . .	..	..
New York	139	140
<i>Carried forward</i>	1,924	1,942

REPORT OF THE SUPERINTENDENT

	1917	1916
<i>Brought forward</i>	1,924	1,942
North Carolina	11	10
North Dakota	1	..
Ohio	22	25
Oklahoma	3	1
Oregon	1	1
Pennsylvania	43	44
Rhode Island	36	42
South Carolina	3	4
South Dakota . . . . .	..	2
Tennessee	2	3
Texas	4	8
Utah . . . . .	..	4
Vermont	54	36
Virginia	35	25
West Virginia	2	6
Wisconsin	12	19
Wyoming . . . . .	..	1
 Total Americans	 2,153	 2,173
 Africa	 1	 ..
Argentina . . . . .	..	..
Asia Minor	2	1
Austria	33	17
Belgium	5	2
Bulgaria . . . . .	..	1
Canada	361	313
China	2	2
Cuba	2	..
Denmark	8	6
England	154	142
France	4	12
Germany	48	66
Greece	67	52
Holland	7	8
Hungary	2	5
India	1	..
Ireland	271	234
 <i>Carried forward</i>	 968	 861

PETER BENT BRIGHAM HOSPITAL

	1917	1916
<i>Brought forward</i>	968	861
Italy	90	125
Japan	1	1
Norway	7	14
Panama . . . . .	..	1
Portugal	5	2
Roumania	1	4
Russia	309	395
Scotland	47	34
Spain	1	2
Sweden	40	50
Switzerland	13	1
Turkey	31	48
Wales	5	..
West Indies	3	1
	<hr/>	<hr/>
Total foreigners	1,521	1,539

Table IV
Occupations

MALES	1917	1916
Accountants	1	4
Actors	2	3
Agents	15	23
Artists	1	3
Bakers	4	7
Bankers	4	2
Barbers	11	14
Bartenders	6	4
Blacksmiths	10	9
Boiler makers	1	7
Bookbinders . . . . .	..	3
Bookkeepers	7	11
Bootblacks	2	5
Box makers	6	1
Bricklayers	8	4
Brokers	4	6
Builders . . . . .	..	1
Butchers	6	10
Butlers	2	5
Cabinet makers	4	9
Carpenters	48	52
Cashiers	1	1
Chauffeurs	33	19
Chemists . . . . .	..	3
Cigar dealers . . . . .	..	1
Cigar makers	16	10
Civil engineers	1	1
Cleaners	1	2
Clergymen	10	11
Clerks	104	124
Cobblers . . . . .	..	1
Confectioners	7	5
Contractors . . . . .	..	2
<i>Carried forward</i>	315	363

PETER BENT BRIGHAM HOSPITAL

MALES	1917	1916
<i>Brought forward</i>	315	363
Cooks	33	20
Coopers	1	1
Dentists	4	2
Designers . . . . .	..	3
Detectives	1	1
Draughtsmen	3	7
Drivers	69	71
Druggists	8	15
Editors	1	..
Electricians	19	12
Elevator men . . . . .	..	6
Engineers	27	27
Farmers	36	30
Firemen	21	17
Fishermen	4	2
Florists	2	1
Foremen	10	16
Foresters . . . . .	..	1
Fruit dealers	2	9
Furniture dealers	1	2
Furniture movers	3	5
Furriers	2	..
Gardeners	7	13
Gas fitters . . . . .	..	1
Grocers	8	3
Hardware dealers	2	1
Harness makers	1	..
Hotel proprietors	1	..
Housemen	9	14
Icemen	6	1
Inspectors	15	12
Insurance agents	6	3
Janitors	13	20
Jewelers	4	2
Junk dealers	11	9
Laboratory employers	2	2
Laborers	97	97
Laundrymen	7	2
<i>Carried forward</i>	751	791

REPORT OF THE SUPERINTENDENT

MALES	1917	1916
<i>Brought forward</i>	751	791
Lawyers	12	13
Leather workers	6	11
Letter carriers	3	3
Liquor dealers	1	1
Longshoremen	4	6
Lumbermen	2	..
Machinists	51	54
Managers	18	9
Manufacturers	24	9
Marketmen	2	4
Masons	1	1
Meat cutters	13	4
Mechanical engineers	1	1
Merchants	30	31
Messengers	11	11
Metal workers	14	16
Milk dealers . . . . .	..	5
Mill hands	12	29
Miners	1	1
Minors	17	22
Musicians	11	5
Music teachers . . . . .	..	1
Naval officers . . . . .	..	2
Newsboys . . . . .	..	3
No occupation	59	51
Nurses	1	..
Orderlies	5	13
Organ makers . . . . .	..	1
Painters and paper-hangers	40	48
Peddlers	13	16
Photographers . . . . .	..	2
Physicians	30	38
Piano makers	3	..
Plasterers	5	3
Plumbers	10	18
Police officers	5	6
Porters	16	7
Printers	22	20
<i>Carried forward</i>	1,194	1,256

PETER BENT BRIGHAM HOSPITAL

MALES	1917	1916
<i>Brought forward</i>	1,194	1,256
Professors . . . . .	..	2
Rabbis	2	3
Railroad employees	21	18
Real estate dealers.	5	1
Restaurant keepers	6	3
Retired	33	24
Roofers	3	3
Rubber workers	7	7
Salesmen	121	91
Seamen	10	7
Secretaries	2	1
Shippers	19	14
Shoemakers.	21	15
Shoe shop employees.	32	16
Social workers . . . . .	..	1
Soldiers	14	..
Stationary engineers	5	2
Stewards . . . . .	..	2
Stone cutters	1	3
Storekeepers . . . . .	..	2
Street railway employees	19	21
Students	134	184
Superintendents	8	21
Tailors	37	49
Teachers	6	6
Teamsters . . . . .	..	..
Telegraph operators	1	2
Telephone operators . . . . .	..	..
Tinsmiths	3	..
Treasurers	4	1
Trustees . . . . .	..	..
Undertakers	1	..
Waiters	24	21
Watchmakers	2	7
Watchmen	4	6
Wheelwrights . . . . .	..	..
Wireless operators	1	..
Others	194	180
 Total males.	 1,934	 1,969

REPORT OF THE SUPERINTENDENT

FEMALES	1917	1916
Actresses	6	1
Artists	2	..
Bookbinders	1	2
Bookkeepers	21	21
Candy makers	1	5
Cashiers	6	3
Chemists . . . . .	..	3
Cleaners	1	..
Clerks	33	32
Cooks	26	18
Dietitians	1	1
Domestics	155	164
Dressmakers	14	12
Governesses	1	..
Home	283	257
Housewives	717	701
Laundry maids	11	16
Lodging house	6	..
Manicurist	1	..
Matrons	3	1
Merchants	1	..
Mill operatives	12	18
Milliners	6	1
Minors	13	28
Missionaries	1	1
Musicians	1	2
Music teachers	1	1
No occupations	62	60
Nurses	72	72
Physicians	8	5
Saleswomen	22	19
Seamstresses	14	17
Secretaries	8	2
Shoe shop employees.	11	15
Social workers	4	6
Soda fountain employee	1	..
Stenographers	14	16
Students	75	126
Tailoresses . . . . .	..	1
<i>Carried forward</i>	1,615	1,627

PETER BENT BRIGHAM HOSPITAL

FEMALES	1917	1916
<i>Brought forward</i>	1,615	1,627
Teachers	22	30
Telephone operators	15	12
Typists	1	..
Waitresses	28	24
Others	59	50
	<hr/>	<hr/>
Total females	1,740	1,743

Table V

Expense and Revenue Statement

ADMINISTRATION EXPENSES

	1917	1916
Salaries, officers and clerks	\$21,345.38	\$21,828.77
Office expenses	78.01	61.71
Stationery, printing and postage	4,585.73	3,057.60
Telephone and telegraph	3,475.05	2,706.85
Liability insurance	1,014.71	859.60
Miscellaneous	1,199.69	3,396.31
Total administration expenses	\$31,698.57	\$31,910.84

PROFESSIONAL CARE OF PATIENTS

Salaries and wages:			
Physicians and surgeons	\$18,014.64	\$20,779.48	
Supt. of nurses and assistants	4,596.20	4,495.83	
Nurses	7,375.42	7,280.92	
Special nurses	12,702.00	11,215.50	
Orderlies	4,673.59	5,120.67	
Druggists	2,404.12	1,816.24	
Ward employees	5,272.34	4,853.15	
Record clerks	6,073.22	5,001.75	
	\$61,111.53	\$60,563.54	
Training school:			
Salaries of instructors	\$2,289.42	\$2,079.20	
Supplies	3,858.90	2,261.38	
	6,148.32	4,340.58	
Medical and surgical supplies:			
Apparatus and instruments	\$1,744.01	\$2,594.29	
Medical and surgical supplies	14,460.11	15,342.11	
Alcohol	1,098.22	659.62	
Liquors and wines	31.89	70.54	
	17,334.23	18,666.56	
Out-Door Department:			
Labor	\$5,498.55	\$4,577.97	
Supplies	5,269.73	4,267.74	
	10,768.28	8,845.71	
Carried forward	\$95,362.36	\$92,416.39	

PETER BENT BRIGHAM HOSPITAL

	1917	1916
<i>Brought forward</i> . . .	95,362.36	92,416.39
Photography and X-ray:		
Salaries and labor	\$4,625.29	\$4,979.47
Supplies	7,500.29	8,767.56
	<hr/> 12,125.58	<hr/> 13,747.03
Library	820.43	926.79
	<hr/>	<hr/>
Total professional care of patients	\$108,308.37	\$107,090.21

DEPARTMENT EXPENSES

Ambulance:		
Labor	\$1,858.89	\$1,779.86
Supplies	1,733.77	530.98
	<hr/> \$3,592.66	<hr/> \$2,310.84
Laboratories:		
Labor	\$9,395.17	\$8,796.72
Supplies	3,455.68	3,074.10
	<hr/> 12,850.85	<hr/> 11,870.82
Housekeeping:		
Labor	\$18,235.12	\$16,950.25
Supplies	11,907.10	11,505.58
	<hr/> 30,142.22	<hr/> 28,455.83
Kitchen:		
Labor	\$7,882.16	\$7,431.40
Supplies	579.41	276.35
	<hr/> 8,461.57	<hr/> 7,707.75
Laundry:		
Labor	\$5,062.62	\$4,705.03
Supplies	1,554.74	2,089.20
	<hr/> 6,617.36	<hr/> 6,794.23
Steward's department:		
Labor	\$1,870.01	\$1,795.01
Provisions:		
Bread	3,052.48	2,337.90
Milk and cream	12,681.36	10,304.74
Groceries	9,532.67	12,300.16
Butter and eggs	10,960.87	9,172.91
Fruit and vegetables	8,461.25	7,649.15
Meat, poultry and fish	20,204.43	18,210.20
	<hr/> 66,763.07	<hr/> 61,770.07
	<hr/>	<hr/>
Total department expenses	\$128,427.73	\$118,909.54

REPORT OF THE SUPERINTENDENT

GENERAL HOUSE AND PROPERTY EXPENSES

	1917	1916
Electrical Department	\$2,863.74	\$2,594.30
Heat, light and power	30,000.00	30,000.00
Fuel and oil	131.80	51.35
Gas	1,723.40	1,765.75
Ice . . . . .	. . . . .	. . . . .
Water	2,389.20	2,854.80
Maintenance real estate and buildings	9,427.08	8,411.99
Maintenance machinery and tools	24.37	52.11
Plumbing and steam fitting .	4,047.85	4,608.55
Insurance	3,000.00	150.80
Miscellaneous . . . . .	. . . . .	13.57
Nurses' Annex	1,013.05	. . . . .
New Machinery for making lint	722.56	. . . . .
	<hr/>	<hr/>
Total general house and property expenses	\$55,343.05	\$50,503.22

EXPENSES FROM SPECIAL FUNDS

Asthma Fund	\$4,382.11	\$4,465.94
Preparedness	3,256.23	
John P. Reynolds Memorial Fund	35.00	
	<hr/>	<hr/>
	\$7,673.34	\$4,465.94

CORPORATION EXPENSES

Salaries, officers and clerks . .		
Stationery, printing and postage		
Legal expenses		
Taxes		
Medical adviser	\$1,000.08	\$1,000.08
Miscellaneous	<hr/>	<hr/>
Total corporation expenses	\$1,000.08	\$1,000.08

PETER BENT BRIGHAM HOSPITAL

SUMMARY

EXPENSES

	1917	1916
Total administration expenses	\$31,698.57	\$31,910.84
Total professional care of patients expenses	108,308.37	107,090.21
Total department expenses	128,427.73	118,909.54
Total general house and property expenses	55,343.05	50,503.22
	<hr/>	<hr/>
Total hospital expenses	\$323,777.72	\$308,413.81
Corporation expenses	1,000.08	1,000.08
	<hr/>	<hr/>
	\$324,777.80	\$309,413.89
Special Funds		
Choate Fund	4,382.11	4,465.94
Preparedness	3,256.23	
John P. Reynolds Memorial Fund	35.00	
	<hr/>	<hr/>
GRAND TOTAL	\$332,451.14	\$313,879.83

REVENUE

	1917	1916
Administration receipts	\$4,686.25	\$2,600.13
Professional care of patients receipts:		
Board of priv. rm. patients	\$31,935.93	\$28,749.93
Board of ward patients	53,466.10	46,583.53
Special nurses	15,192.15	13,226.81
Out-Door Department	14,430.91	9,797.01
Photography and X-Ray	7,347.59	6,685.40
Miscellaneous	8,030.76	6,302.89
	<hr/>	<hr/>
	130,403.44	111,345.57
Department receipts:		
Ambulance	\$1,102.64	\$1,044.44
Miscellaneous	2,211.86	1,427.40
	<hr/>	<hr/>
	3,314.50	2,471.84
General house and property receipts	108.29	101.46
	<hr/>	<hr/>
		\$116,519.00
Refund on previous year's expense		2,076.15
	<hr/>	<hr/>
Total hospital receipts	\$138,512.48	\$118,595.15
Cash from Treasurer for current expenses	\$154,541.76	\$158,808.26
Bills paid by Treasurer	35,014.79	32,010.48
	<hr/>	<hr/>
	\$189,556.55	\$190,818.74
Cash from Treasurer for expense from Choate Fund	4,382.11	4,465.94
	<hr/>	<hr/>
	193,938.66	195,284.68
GRAND TOTAL	\$332,451.14	\$313,879.83

REPORT OF THE SUPERINTENDENT

STATEMENT OF STOCK ON HAND

	1917	1916
Administration supplies	\$2,210.81	\$2,130.23
Professional care of patients supplies .	10,903.52	10,231.64
Department supplies	23,126.61	17,880.11
General house and property supplies .	2,908.52	3,067.78
	<hr/>	<hr/>
	\$39,149.46	\$33,309.76

Report of the School of Nursing

THE year ends with the following staff of nurses and pupils on duty in the hospital:

Acting Superintendent of Nurses	1
Assistant Superintendent of Nurses	1
Instructors	2
Supervisors	2
Night Supervisor	1
Graduate head nurses and assistants	16
Nurse anesthetists	2
Pupils	79
Pupils in preliminary course	23
Total	<u>127</u>

On account of the war an extra class of ten entered in May and the September class was increased to twenty-six, making fifty-seven probationers admitted into the school. Of these thirteen have withdrawn, twenty-one have been accepted into the school, and twenty-three will finish their preliminary course and start on the wards January 7.

Six other pupils have left the school during this year.

As in past years the school census varies, this year having been as high as 138.

To accommodate our increased classes we have been obliged, in addition to the five rooms at the "House of the Good Samaritan," to take over two outside houses in the neighborhood, each accommodating eleven nurses. These have been entirely renovated and in use since September.

The Baking Room has been open all day since June 1 with a graduate nurse in charge.

In May, one month after war was declared by this country, Miss Hall, Superintendent of Nurses in the hos-

REPORT OF THE SCHOOL OF NURSING

pital, was called by the Red Cross to take charge as Chief Nurse of a unit of nurses going to France with University Base Hospital No. 5. With her went two of her assistants, and we are proud to say, graduates of this School of Nursing.

Many units have been called out since then, making continual changes on our staff.

Miss Hall and Miss Alice M. Gerrard (our first honor pupil) have both received honorary mention from General Haig.

At the request of the Red Cross Nursing Service, we have been giving what is known as the seventy-two hour course for Nurses' Aids, open to those who have passed satisfactory examination in certain classes given by the Red Cross, and more than 100 young women have taken advantage of it, and the interest and appreciation shown by most of them more than repays us for the additional responsibility.

This year we have formed an affiliation with the New York Nursery & Childs Hospital and severed our connection with the Boston Homeopathic Hospital. Our other affiliations remain the same.

Our third graduation occurred on the 26th of October with Dr. Howard, Superintendent, presiding. The address was by Miss Mary Beard, Director of Boston District Nursing Association and President of the National Organization for Public Health Nursing. There were twenty-seven members in the class. The Dr. John P. Reynolds gold medal was awarded to Miss Elsie Belle Bradstreet.

Signed,

LEONE N. IVERS, R.N.,

Acting Superintendent of Nurses.

Social Service

It is only natural that any group of workers should want to justify their place as workers in a community. Medical Social Workers are especially anxious to have it proved whether theirs is to be an organization with a definite function or is gradually to be absorbed by medical organization or charitable agencies. Consequently, then, to do this, it is essential, first of all, to give some interpretation to the lines of work now being done.

The following description of certain cases suggests certain definite lines of action.

Patient, a young girl of 14 years in Medical Ward. Diagnosis: chorea. Reason referred; investigation of home conditions in view of possible need of convalescent care before returning home. Home visited; conditions found to be bad. Parents dead, a grandmother, senile and untidy, doing what little housework is done and an aunt of not too good reputation supporting the family. Patient is sent to the country — Farrington Memorial — for 3 weeks' convalescent care and then placed in care of the Children's Mission, who will see that patient gets the benefit of a good private home training and public-school education.

Patient, a woman, 42 years of age, in the Medical Ward. Diagnosis: diabetes, arterio-sclerosis, chronic myocarditis, diabetic gangrene, diabetic retinitis. Reason referred — patient will probably never be able to use feet more than to move from bed to chair or similar motions. On inquiry find there are no relatives or friends in a position to provide care, but a former employer is found who, in appreciation for faithful services rendered, offers to board patient in a simple but comfortable home where she will get proper care.

Patient, a woman 34 years of age, in Medical Ward. Diagnosis: chronic bronchitis, asthma. Doctor refers — "Patient has a form of asthma which has not been relieved in this hospital, probably because of a chronic bronchitis. Patient has severe attacks of asthma at night. She will probably never be

much better." Patient is a quiet, refined woman. Her parents are dead, there are no relatives who can do anything for her. Application made to the Robert Brigham Hospital. She is accepted but will have to wait some time before she can be admitted. Money to board her in the interim is given by the members of the First Presbyterian Church of Brookline. Two months after the application is made patient is admitted to the Robert Brigham.

Patient, a young woman, 21 years of age, in Medical Ward. Diagnosis: arthritis. Reason referred — convalescent care and later employment. Patient came to this city about 10 months ago from Ireland — only near relatives, two sisters, who at present are unable to be of much help. Patient sent to Milton Convalescent Home for 3 weeks and then given work in this hospital; unable to do the work mentally or physically. Examination at Psychopathic Hospital shows mentality of child 8 years old. Recommendation: patient should be deported to Ireland. This is not possible as patient has never been a charge of a public institution. As her physical inability to do the work at this hospital seems to be due to fallen arches, an examination at an orthopedic clinic is arranged. There it is found she is wearing plates unnecessarily, for her feet are all right, and it is the plates and not fallen arches that cause the trouble. Work which requires no mental exertion is then found for patient at Y. W. C. A. She has been working there for the past 6 months — last report is satisfactory.

Patient, a young girl of 16 years in Medical Clinic of Out-Door Department. Doctor refers: patient does not eat well, evidently because of worry over school work and conditions caused by her deafness, she cannot hear what the teachers say and is therefore laughed at by fellow students. Call is made at home and at school. Situation is explained to parents, teachers, and school visitor. Whereas the teachers feel the trouble is largely an imaginary one, care will be taken to give patient more individual attention and the school visitor will keep in touch with patient and her home.

Patient, a girl of 16 years in Medical Ward. Diagnosis: cardiac. Reason referred: patient needs convalescent care and afterward supervision through Heart Clinic. Patient is an unusually attractive and capable girl. She is carefully supervised by the worker in the Heart Clinic and whenever patient shows symptoms of a decompensation of the heart, arrange-

PETER BENT BRIGHAM HOSPITAL

ments are made for a rest at Chickering House or at Marshall House or a few weeks in this hospital. At the present time she is in good condition and has light and interesting work at the Tide Over League.

Patient, a young man, 21 years old, in hospital. Doctor refers for employment. Patient has muscular atrophy with a poor prognosis. Disease is probably progressive, but patient will be able to work up to his strength for a year or two. Light work, such as feeding the chickens and caring for some of the children's pets, is found for the summer at the country home of Mrs. W——. Later arrangements are made for patient to learn switchboard work, which he does, and he is now ready for a position at some exchange where the work is not too heavy.

Patient, a little boy, 8 years old, in Surgical Ward, leg badly crushed in accident; he will have to use crutches for a long time after leaving the hospital, if not always. Home conditions found to be unsuitable for a well child, much less a cripple. Arrangements made to send patient to a school for crippled children where he will have proper nourishment, care, and training in some trade whereby he can later earn his living.

The above includes —

Arranging for convalescent and permanent care of patients.

The follow-up and supervision of patients through special clinics.

Looking up friends and interested individuals and arranging with them for after-care of patients.

Finding out if home conditions are suitable for patient's return.

Adjustment of work for those who go out from hospital handicapped.

The follow-up of patients who should return for treatment and do not.

Making it possible for a patient to come into hospital when there is some condition at home preventing.

Obtaining data which may help the doctors in making diagnosis.

Interpreted —

Making treatment more effective.

Preventive measures, i.e., through supervision and arrangement for early treatment of symptoms.

SOCIAL SERVICE

Increasing the number of patients treated by hospitals; inasmuch as with good coöperation between doctors and social workers patients can be moved on more rapidly.

During the year

582 patients dealt with in Social Service Department.

447 New.

135 old.

147 referred from House Medical Service.

69 referred from House Surgical Service.

157 referred from O. D. D. Medical Service.

43 referred from O. D. D. Surgical Service.

31 referred from outside agencies.

Of these

22 referred for financial aid.

72 referred for convalescent care.

3 referred for institutional care.

59 referred for after care.

24 referred for tubercular sanatoria.

27 referred for return for treatment.

62 referred for permanent care.

9 referred for advice or supervision.

26 referred for employment or adjustment of work.

14 referred for hospital care.

13 referred for apparatus.

2 referred for transportation.

3 referred for vacation.

60 referred for heart clinic.

57 referred for diabetic clinic.

Resources used for:

25 Associated Charities.

7 Brookline Friendly Society.

14 St. Luke's Home.

15 Aid found unnecessary.

14 Patient refused aid, or refused to go away.

3 Patient died.

13 House of the Good Samaritan.

16 Milton Convalescent Home.

1 Commission for the Blind.

18 Advice or supervision given.

1 Carney Hospital, O. D. D.

PETER BENT BRIGHAM HOSPITAL

- 4 Linehan Hospital.
- 4 Work found.
- 6 District Nursing Association.
- 32 Treatment provided through P. B. B. H., and O. D. D.
- 2 Dorchester Relief Society.
- 5 Robert Brigham Hospital.
- 1 Probation officer.
- 6 Aid given by benevolent individual.
- 1 Lincoln House Association.
- 1 Cambridge Board of Health.
- 1 Methodist Relief Association.
- 3 Talitha Cumi.
- 6 Farrington Memorial.
- 2 Children's Mission.
- 3 Psychopathic Hospital.
- 28 Chickering House.
- 1 Jamaica Plain Friendly Society.
- 1 Society for the Prevention of Cruelty to Children.
- 6 Industrial Aid Society.
- 3 Private boarding place.
- 1 Huntington Hospital.
- 7 State institutions.
- 1 Norwood Health Centre
- 1 Invalid Aid Society.
- 1 Childrens' Aid, Manchester, N. H.
- 1 Transportation provided.
- 12 Tubercular Sanatoria.
- 1 Greek Society.
- 4 Jewish Convalescent Home.
- 1 Fathers and Mothers Club.
- 2 Marshall House.
- 1 Lend-a-Hand Society.
- 1 St. Monica's Home.
- 1 Channing Home.
- 1 Country Week, Y. W. C. U.
- 1 Brick House.
- 2 Federated Jewish Charities.
- 6 Active cases.
- 1 Boston Provident Association.
- *49 Family or friends provide.

* This often means a good deal of time and effort given by the Social Workers in helping the friends arrange for patient's after-care.

SOCIAL SERVICE

The Women's Motor Detachment of the American Red Cross Society has been of inestimable value in our work. Since April 4, 1917, when the service first started here, there have been about 200 patients brought to and from the hospital and O. D. D., who otherwise would have found it very difficult to travel on the cars. We wish to express our appreciation for this service. We hope it may be made a permanent one.

There has been a good deal accomplished in the wards with occupational work, during the past year. Not only have many patients been kept occupied and interested, but with wool furnished by one of our volunteers, over a hundred mufflers, stockings, sweaters, and wristers have been made for our soldiers.

Through the generosity of one of our volunteers, a Christmas party was held in the wards for the patients. The wards were made most attractive with Christmas trees and decorations, and the patients were greatly entertained and cheered by music and presents given out by Santa Claus.

The war has had its effect on this department through the steady enlistment of our doctors in the army. Many of those who are gone were especially interested in the work of this department and gave a good deal of thought to social problems. Although we miss them, we are happy to think of them as serving their country in this time of stress and danger. We wish them a speedy and safe return.

The Social Service Department wishes to thank most sincerely all those who have aided in the work of the past year, and to express its appreciation for the stimulus and help received through the fine spirit of coöperation and the consideration shown patient and employee at the Peter Bent Brigham Hospital.

ALICE M. CHENEY,
Head Worker.

PETER BENT BRIGHAM HOSPITAL

Volunteers

MISS KATHERINE HOMANS	MISS ELLEN GRAVES
MRS. KENNETH MARK	MISS ELLEN ELLIOT
MISS HELEN CHOATE	MRS. WILLIAM G. NICKERSON
MISS ELIZABETH DE FORD	MRS. OLIVER AMES, JR.
MRS. GEORGE DENNY	MISS HARRIET FESSENDEN

Report of the Pathologist

THE statistics for the Department are as follows:

Autopsies, medical service	88
Autopsies, surgical service	26
Total	114
Reports on surgical specimens.	990
Reports on bacteriological examinations	95
Guinea-pig inoculation for suspected tuber- culosis	163
Total	1,248

The total number of deaths in the hospital was two hundred and twenty-five; 151 on the medical service, and 74 on the surgical service. Of the total number of deaths in the hospital twenty were medico-legal and after deducting these the percentage of autopsies obtained is 55.6. From the medical service the percentage of autopsies of the total number of deaths is 58.27, from the surgical service 35.13.

The number and percentages of autopsies for preceding years were:

	No.	Per cent
1916	113	49.54
1915	101	47.6
1913 and 1914	147	58.5

The number of surgical and bacteriological examinations for preceding years were:

1916	1144
1915	1030
1914	847

The development of the Pathological Service has been seriously handicapped by the impossibility of filling

PETER BENT BRIGHAM HOSPITAL

positions, which is due to the withdrawal of men into military service.

Dr. Ernest W. Goodpasture, resigned as Resident Pathologist, September 1, 1917, to become Pathologist to the Huntington Memorial Hospital and Instructor in Pathology in the Harvard Medical School. He has since entered the Naval Medical Reserve Corps.

Dr. W. W. Keegan, Pathological House Officer, appointed June, 1916, resigned in December, 1917, to enter the Naval Medical Reserve Corps.

Dr. Anna E. Taft was appointed Resident Pathologist November 5, 1917.

There seems to be little prospect of maintaining more than a fairly efficient routine under present conditions as the laboratory is undermanned medically and technically. The efficiency of the laboratory could be greatly increased by the employment of a trained woman bacteriological technician, not necessarily a graduate in medicine. Recent progress in the differentiation and classification of bacteria make it possible to record results of bacteriological examinations in such a way as to be of permanent value regardless of possible future changes in nomenclature. There are many inflammatory conditions which need re-investigation with the more exact methods now available in regard to specific strains or types of bacteria now included under common names, and this applies urgently to the normal and pathological bacteriology of the respiratory passages and the genito-urinary tract.

There are other fields of usefulness in bacteriology in connection with clinical work, examples of which occur almost weekly, yet it is impossible for the laboratory to give the necessary assistance to the members of the clinical department, assistance which should be one of the main functions of a pathological department. The present

REPORT OF THE PATHOLOGIST

routine as carried out by members of the clinical and laboratory department, because not carried out to completion, is wasteful of material and time.

A more liberal course should be adopted with the employees doing technical work, because such work requires skill, which can be acquired only after considerable experience, therefore making continuity of service desirable and economical. Good work is done only by technicians who have an interest in the purpose and results of their work.

There are two types of research which may be done in a hospital pathological laboratory, examples of which are given in the list of publications. One type may be termed passive, and is based upon routine sources, including surgical, bacteriological, and post-mortem material. The other type may be regarded as more active or experimental, and requires the deliberate planning and pursuit of problems concerning the etiology and pathogenesis of disease conditions. While a large part of the work in a hospital pathological laboratory lies in making the descriptions, diagnoses, collections, and records of permanent scientific value for the analysis and collation of diseases, a function usually and properly performed by the clinician, there has been too little active investigative coöperation between the departments. Research is rarely simple discovery. Intelligent manual work over long periods of time are required for the solution of most bacteriological and pathological problems. Hands are required; hands which can be furnished by technicians and which can work under the direction of one set of brains.

While war conditions exist the question may be properly raised whether expansion requiring the employment of more help is justifiable. On the other hand, if the hospital is to justifiably retain the services of a few highly trained individuals, potentially of immediate

value to the nation, their work at home must be made as effective as possible.

The pathologist recommends for present needs the employment of a woman bacteriologist and a second male technician.

RESEARCH

During the months of April and May the Pathologist was in Montana by invitation of the Montana State Boards of Health and Bureau of Entomology for the purpose of studying Rocky Mountain Spotted Fever; a subject of continuous research during the past two years. The results of this trip and subsequent work have been published in a preliminary report, the third, in the *Journal of Medical Research*, Vol. 37, No. 3, and complete the chain of evidence establishing the nature of the disease and its causative agent. The disease is one affecting the peripheral blood vessels. The causative agent, which is an exceeding minute parasite of a new type, smaller than most bacteria, has been thoroughly studied in man and animals, and in its intermediate host the wood tick.

Dr. E. W. Goodpasture has completed the following papers, largely from studies made in this laboratory:

"A Contribution to the Study of Pancreas Intoxication."

Jour. of Exp. Med., 1917, Vol. XXV, p. 277.

"An Acid Polychrome — Methylene Blue Solution for Routine and Special Staining."

Jour. of the A. M. A., 1917, Vol. LXIX, p. 998.

"An Anatomical Study of Senescence in Dogs, with Especial Reference to the Relation of Cellular Changes of Age to Tumors."

Jour. of Med. Research, 1918, May (in print).

"Observations on the Mitochondria of Tumors."

Jour. of Med. Research, 1918, May (in print).

"The Development of the Alpha and Beta Cells of the Pancreas in Embryo Guinea Pigs."

(Unpublished.)

REPORT OF THE PATHOLOGIST

Dr. J. J. Keegan, with Dr. F. A. Stevens and Dr. J. T. Wearn, has completed a study of a case of hemochromatosis with chemical analysis.

Dr. W. T. Councilman, during the fall and winter, has continued his warm interest in the affairs of the laboratory and has given valuable assistance.

S. B. WOLBACH, M.D.,
Pathologist.

Report of the Acting Surgeon-in-Chief

THE Surgical Service of the Hospital, like other human affairs, has been profoundly affected by the war:— its Chief and a majority of its junior staff have enlisted for active service. On May 7 Dr. Harvey Cushing departed as Surgical Director of United States Army Base Hospital No. 5, for service overseas. This unit, organized by Dr. Cushing and officered largely by members of the teaching body of the Harvard Medical School and therefore associated with the name of the University, contained so many of the present and past members of the Surgical Staff of this hospital as to deserve more than passing mention in this report. Accompanying Dr. Cushing were Professor Walter B. Cannon, Consulting Physiologist, Dr. Wm. Potter, Consulting Dental Surgeon, Dr. Edward B. Towne and Dr. Samuel C. Harvey, Assistant Surgical Residents, in addition to Drs. Walter C. Boothby, Elliott C. Cutler, Gilbert Horrax and John J. Morton, former members of the Surgical Staff and later holding responsible posts elsewhere. Base Hospital No. 5 was organized for home service under the American Red Cross, but when the need for prompt medical assistance to the Allies became urgent, those of its members who were able gladly accepted enrollment among the units of the national forces, and it was largely due to Dr. Cushing's timely efforts in perfecting organization that it was able instantly to respond when the call came, and to be among the first to carry the flag to France.

Of the Surgical Resident and House Staff at the outbreak of war, thirteen in number, all but five have re-

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signed during the year before completing their terms, in order to enter the army or navy. Besides those mentioned above, Dr. John S. Hodgson, appointed Resident Surgeon March 1, 1917, resigned June 22, and Drs. Vail, Fallon, Morris, Thaxter, Viets, and Kreutzman resigned at various times. Vacancies were filled by calling Drs. Dean, Saeger, and Spillman to anticipate their appointed terms of service, and by securing additional men from various sources. Dr. Philip McQuesten, who completed his term as Surgical House Officer on July 1 was then appointed Assistant Resident Surgeon, but resigned to accept a commission one month later. The surgical work has therefore been conducted, since the declaration of war, with the Senior Resident Surgeon, unassisted by the usual complement of three Assistant Residents, and with scarcely more than one-half the normal number of house officers, who also were less effective than usual, owing to their rapid advancement and inexperience. Such was the unrest and eagerness for military service among medical students and the uncertainties regarding their disposition by the Surgeon-General under the draft, that less than the necessary number of suitable applicants presented themselves at the annual examination in September. This situation will doubtless in part right itself with the definition by the Surgeon-General of the status of medical students with regard to civil hospital appointments; though it is difficult to see how a graded interne service so necessary for surgical work can be maintained under the limit allowed of a one-year civil hospital appointment to follow immediately on graduation. The surgical internship has been shortened to one year in compliance with the above.

It will be understood that after the declaration of war the surgical work has been conducted during the remainder of 1917 under considerable difficulties, and that it has gone forward without serious dislocation is due,

in large part, at least, to the system and traditions established in the four and one-half years since the hospital's foundation, and to the unremitting devotion to its interests of the Chief Resident, Dr. Conrad Jacobson, who, in December, was induced to take his first vacation since beginning work with us as Assistant Resident when the hospital was opened. It is safe to say that while the war has imposed serious handicaps on every department of the hospital, by none has it been felt more acutely than by the Surgical Service, since operative therapeutics and the after-care of surgical cases require greater experience in most of those participating, or at least are less susceptible of being carried on adequately by inexperienced men under capable direction, than are some other activities of the institution.

Dr. Cushing's departure resulted naturally in a nearly complete arrest of the stream of patients suffering from surgical lesions of the nervous system which has flowed to his clinic. Of this group we now have only the number normally occurring in the community from which our patients come. Apart from these special cases, the surgical material has acquired a certain character or type during the nearly five years of the hospital's establishment which will probably endure or change but gradually. Traumatic surgery, comprising street and industrial accidents, is comparatively small in amount, and this includes fractures of which we see no more than enough to afford reasonable instruction to our house officers. The surgery associated with poverty and neglect, so abundant in municipal institutions, is not so here. Of acute surgical emergencies, especially of the abdomen, we have our full share. Owing to the wise decision of the Trustees to admit patients (under proper restrictions) from outside Suffolk County, many cases of much pathological interest come to us, and this tendency is perhaps increased by the alliance between the hospital and the Harvard

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Medical School. The average of the cases in terms of susceptibility of the patients to benefit and of interest to the staff is high. The amount and general character of the surgical teaching carried on during the year were substantially the same as in former years: — it is second only to the actual treatment of patients in its demands on the time and strength of the staff, but its contribution is not solely to the education of the students, but also to the actual efficiency and thoroughness of treatment.

The number of surgical admissions in 1917 was 1942 comparing with 1787 in 1916, a small increase, indicating apparently the approximate limit of the surgical service with our present accommodations and under present methods of treatment. The wards have been full and there has been a waiting list most of the time. The number of new cases treated in the general surgical Out-Door Department increased from 4325 in 1916 to 4530 in 1917, while the special departments for diseases of the eye, ear, throat, and urological organs contributed a greater increment. The total number of visits, however, showed a slight decrease from 26,134 in 1916 to 26,032 in 1917, to be ascribed doubtless in part to the increase in the door fee from ten to fifteen cents, and in part to the diminished effectiveness of the internes in charge owing to their inexperience as a result of the conditions noted above.

The quarters and equipment of the Out-Door Department can do justice to no more than the present clientele, and the plan pursued at present of confiding the conduct of the clinic to the interne during the third quarter of his term is likely to break down at times like the present when the interne's efficiency and experience are lessened by circumstances beyond our control. Active supervision of the work in the Out-Door Department by the Senior Resident and members of the Visiting Staff bids fair to become very onerous, and it is at least an open

question whether in the interest of the maintenance of high standards, the number of patients treated daily should not be limited. As in former years the valuable aid of Dr. Henry M. Chase and Dr. Hilbert F. Day, associate surgeons, must be acknowledged, through whom also a mutually useful connection with the Boston Dispensary has been maintained.

The total number of fatalities during the year on the surgical service was 74, or 3.8 per cent of patients admitted, and 3.3 per cent of total number of operations performed. This compares with 93 or 4.8 per cent fatalities among surgical patients in 1916 or 4.1 per cent of total number of operations performed. This lessened mortality during 1917 is due to the partial cessation of the hazardous neurological surgery after the departure of Dr. Cushing. The percentage of autopsies obtained was 35.1 per cent compared with a percentage of 56.5 in 1916, a diminution again to be accounted for by the smaller number of neurological cases, which have always furnished the greater proportion of post-mortem examinations. But the percentage of 35.1 per cent on the surgical service compares unfavorably with a percentage of 58.2 per cent among fatalities on the medical side, a discrepancy perhaps explained by the fact that the exact pathological condition responsible for death can usually only be surmised by the physician, whereas it is usually adequately demonstrated by the surgeon, so that the friends of patients often feel that the cause of death is known and that autopsy is unnecessary. Moreover, there is frequently a definite prejudice on the part of the friends against further "mutilation" of the remains. Whether or not the surgeons are less keen than the physicians in obtaining an examination, it is the intention of the former to secure it in every case possible.

A death occurred under ether anæsthesia administered for operation for simple hernia. In the absence

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of evidence to the contrary (which might perhaps have been obtained if the Medical Examiner had thought a post-mortem examination advisable) it must be assumed that the death was due to the ether, and this has led to a revision of the conditions surrounding the giving of anæsthetics. As in most general hospitals which have the graded system of interne service, this extremely responsible duty has been entrusted to the most recently appointed group of internes, with the delusion that under the general supervision of the operating surgeon it would be discharged with adequate satisfaction. Time and again the expectation has been proved fallacious, though ill results are usually averted. Formerly Dr. Boothby, Supervisor of Anæsthesia, cared for special cases and gave instruction to internes, and after his call to the Mayo Clinic his work was in part performed by a trained nurse anæsthetist until her departure with the Base Hospital Unit. We have now established the plan of entrusting anæsthesia to internes during the second quarter of their terms of service, after they have acquired some clinical judgment and experience;—they are instructed by two skilled nurse anæsthetists, who themselves conduct the more critical cases.

The Social Service Department under Miss Cheney and her co-workers daily contributes to the welfare of the patients within the hospital and after their discharge. "Baking," massage and simple passive motion therapy has been faithfully carried out by Miss Fennelly in the cramped quarters and with the inadequate equipment afforded her,—a further development of hydro-, thermo-, and mechano-therapy must be considered when circumstances permit. The resignation of Dr. Gladys M. Carr, though the work has been carried on by her assistants with the greatest good-will, has seriously impaired the value of the X-Ray Department to the surgical service. Too much cannot be said in praise of the con-

duct of the operating rooms and sterilizing plant by Miss Martin who has allowed no difficulties to prevent maintenance of the highest standard in this chief laboratory of the surgical service. Our system of instruction of pupil nurses (as well as the frequent changing of internes) prevents the attainment of ideal efficiency in the staff of the operating surgeon. The operative work is always a feast or a famine and from the point of view of economical management it is a problem how to employ in the afternoons the secondary staff so necessary during the morning rush. Before the departure of the Surgeon-in-Chief three graduate nurses were available;—later for a long period Miss Martin had none to assist her. It is desirable that a graduate nurse shall give her undivided attention to each operation, either to participate if needed, or to instruct the pupil nurses, who now that their terms of operating-room service have been reduced from three to two months, succeed each other with kaleidoscopic rapidity. The orderly service also is a problem. It is false economy to lose the services of a well-trained man versed in operating room procedures, because he values his services above the ordinary.

In previous reports was discussed the expediency of specialization within the field of surgery, and the opinion was expressed that it was unwise to establish such specialties except when their need was clearly indicated and an individual was available capable of developing them beyond the point reached by the existing staff. No such new departments have been created during the year. Dr. C. B. Walker has continued to cover the extensive field of the surgery of the eye, ear, nose, and throat and Dr. Quinby whose appointment as Associate in charge of urological surgery was noted last year has built up a substantial out-patient clinic and carried the treatment of bed cases to a point not attained in the general surgical service. Another group which might well be separated

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off into a specialty is orthopedics, (using the term in its stricter sense as the treatment of deformities, congenital and acquired). Such work requires as an indispensable adjunct a well-equipped mechanical appliance shop, — a project at present beyond our means. Such cases and others which we are not prepared to handle are referred to other clinics.

It is pleasant to record the cordial coöperation between the medical and surgical services, and the many instances in which we have been helped with special knowledge by members of the staff of neighboring institutions, especially Dr. Lovett and his assistants at the Children's Hospital, Dr. Southard and his colleagues at the Psychopathic Hospital, and the Staff of the Huntington Memorial. In similar vein may be noted the maintenance of friendly relations with the local physician referring patients to the surgical service for treatment; — he is invited to be present when his patients are operated on, and in cases where the diagnosis and treatment varies from that suggested by him, he is invited to see the case in consultation with the visiting surgeon, to mutual advantage.

In spite of the insufficiency in numbers and experience of the resident and House Staff during most of the year, reasonable success has met the efforts to maintain former standards in case records. A system of ascertaining late or end results of treatment is well established. Cards of inquiry are sent to all patients, requesting them to call for personal examination or to reply to questions about their condition. If these are unanswered, a second letter is sent, and our experience shows that thus about 65 per cent are heard from. Some of the remainder may be reached by personal investigation by our Social Service Department, but this is only resorted to in cases of special interest. The reports gathered are reviewed by a member of the visiting staff, who directs that patients who

report incomplete relief in cases where better results might be hoped for, be urged to return for re-consideration of their cases. The data are incorporated in the hospital case records, of which they form a part, open to the inspection of any qualified person. No advantage is seen in the tabulation and publication of these for purposes of comparison with the work of other individuals or institutions except as a part of scientific communications by members of the staff.

Though the present is no time for advocating the assuming of new financial burdens, however small, attention must again be called to the pressing need for suitable offices for the members of the visiting surgical staff other than the Surgeon-in-Chief, who is provided for. Theoretically supposed to devote but a part of each day to the work of the hospital, leaving free a period for the cultivation of private practice outside, the fact nevertheless is that the standards of service established by and for themselves require the devotion of practically the whole of each day, directly or indirectly, to the work of the hospital including of course the care of patients in the private pavilion, and surgical teaching. The surgeons have no office, no rooms for the private examination of patients, no place to accommodate a secretary or private telephone, and their work is prosecuted at a disadvantage to be justified only by unusual conditions arising from the war.

Appended is a list of publications of the Surgical Staff during 1917, fewer in number than in former years. Present conditions leave little time for anything but routine work and teaching. There follow the usual statistical tables of surgical diseases and operations assembled in one table under the same method and nomenclature as were employed last year. Brief abstracts of operative fatalities are added as before. Whether they subserve any useful function or not is open to question.

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They furnish data concerning the conditions surrounding the regrettable sequels of surgery, and the review of the cases brings to mind errors of omission or commission, inevitable perhaps to fallible human nature, but none the less to be minimized and avoided as far as possible.

DAVID CHEEVER,
Acting Surgeon-in-Chief.

Publications of the Surgical Staff—1917

DAVID CHEEVER. Gastrojejunostomy under Local Anæsthesia in the Two-stage Operation in Gastric Surgery. *Boston Med. and Surg. Jour.*, vol. clxxvi, No. 18, pp. 633–636, May 3, 1917.

HARVEY CUSHING. Tumors of the Nervus Acusticus, and the Syndrome of the Cerebello-Pontine Angle. Philadelphia. W. S. Saunders Co., 1917.

HILBERT F. DAY. Observations on Disabled Shoulders, with Especial Reference to Subacromial Bursitis. *Boston Med. & Surg. Jour.*, vol. clxxviii, No. 12, pp. 389–392, March 21, 1918.

JOHN HOMANS. Etiology and Treatment of Varicose Ulcer of the Leg. *Surgery, Gynecology, and Obstetrics*, March, 1917, pp. 300–311.

WILLIAM C. QUINBY. Pyelitis in Children. *Jour. Am. Med. Assn.*, vol. lxviii, pp. 591–593, Feb. 24, 1917.

WILLIAM C. QUINBY and M. C. WINTERNITZ. Experimental Nephropathy in the Dog. *Johns Hopkins Hospital Reports*, vol. xviii.

CLIFFORD B. WALKER. A New Instrument for Deep Sewing. *Jour. Am. Med. Assn.*, vol. lxviii, pp. 707–708, March 3, 1917.

— Quantitative Perimetry; Practical Devices and Errors. *Arch. of Ophthalmology*, vol. xlv, No. 6, 1917.

— Neurologic Perimetry and a Method of Imitating Daylight with Electric Illumination. *Transactions of the section on ophthalmology of the Am. Med. Assn.*, 1917, pp. 189–202.

Surgical Diagnoses and Operations

JANUARY 1, 1917, TO JANUARY 1, 1918

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
Arthritis, Acute Infectious	3			
Arthritis, Chronic Infectious	2			
Hypertrophic type	7			
Villous type	1			
<i>Arthrotomy</i>			1	
Erysipelas	5			
Gonococcus Infection (see special organs)				
Gumma of Forearm	1			
(For other cases of Gumma see special organs)				
Influenza	1			
Measles	1			
Mumps	2			
Pneumonia, Broncho-	6			
Pneumonia, Lobar	13	1		
Poliomyelitis (old)	1			
Pott's Disease (to include Abscess of Vertebrae)	3			
Septicaemia, general	4	2		
<i>Incision — drainage of leg</i>			1	1
<i>(also one case included under Gangrene of Scrotum)</i>				
Syphilis	17			
Syphilis, congenital	1			
Syphilis of digestive system	3			
(For other cases of syphilis see special organs)				
Tuberculosis (see special organs)				
Typhoid Fever	1			
Ulcus Molle (Chancroid)	1			
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
Ascaris Lumbricoides	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION III				
DISEASES OF METABOLISM				
Diabetes Mellitus	12			
SECTION IV				
CONDITIONS PECULIAR TO INFANCY				
(No cases)				
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns 1st and 2nd degree	2			
<i>Thiersch Graft (stages)</i>			2	
Burns, electric	1			
Burns, potash	1			
<i>Excision of granulating tissue</i>			1	
SECTION VI				
POISONINGS, INTOXICATIONS				
Delirium Tremens	3	1		
Poisoning, chronic lead	1			
Poisoning, morphine	6			
<i>Laparotomy, exploratory</i>			1	
SECTION VII				
CARCINOMA, SARCOMA, AND OTHER MALIGNANT GROWTHS, AND BENIGN TUMORS				
Carcinomatosis	7			
Cyst of neck	1			
<i>Excision</i>			1	
Epithelioma of hand	1			
<i>Excision — Wolf graft</i>			1	
Fibroma of thigh	2			
<i>Excision</i>			2	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Fibronneuroma of thigh	1			
<i>Excision</i>			1	
Hemangioma (?) of leg	1			
Keloid	1			
<i>Excision</i>			1	
Lipoma of arm	1			
<i>Excision</i>			1	
Lymphoma, Malignant (Hodgkin's Disease) .	1			
Sarcoma of elbow	1			
<i>Amputation of upper third of humerus</i> . .			1	
Sarcoma of hip	1			
Sarcoma of scapula	1			
<i>Amputation of shoulder girdle</i>			1	
(For other tumors see special organs)				
SECTION VIII				
CONGENITAL MALFORMATIONS				
Cervical rib	2			
Hypospadias	1			
<i>Urethrotomy, external — Plastic on urethra</i>			1	
Meningocele	1			
Persistent thyro-glossal duct	2			
<i>Excision</i>			2	
Pilo-nidal sinus	6			
<i>Excision</i>			6	
Spina Bifida	1			
Undescended Testicle	6			
<i>Plastic on cord</i>			3	
<i>Removal of testicle</i>			2	
<i>Repair</i>			1	
SECTION IX				
GENERAL INJURIES AND DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES				
Abrasion of scalp	1			
<i>Suture</i>			1	
Abscess of abdominal wall.	2			
<i>Incision and drainage</i>			2	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Abscess of arm	5			
<i>Incision and drainage</i>			5	
Abscess of axillary	4			
<i>Incision and drainage</i>			4	
Abscess of back	2			
<i>Incision and drainage</i>			2	
Abscess of cervical	4			
<i>Incision and drainage</i>			4	
Abscess of forehead (post operative) foreign body	2			
<i>Drainage</i>			1	
<i>Removal of sequestrum</i>			1	
Abscess of groin	2			
<i>Incision and drainage</i>			2	
Abscess of leg	4			
<i>Incision and drainage</i>			3	
Abscess of shoulder	1			
<i>Incision and drainage</i>			1	
Abscess of skin and cellular tissue (chest wall) . .	1			
Abscess of thigh	3			
<i>Incision and drainage</i>			3	
Abscess of thumb	1			
Avulsion of scalp (partial)	1			
<i>Suturing of scalp with drainage</i>			1	
Carbuncle of leg	1			
<i>Excision — skin graft</i>			1	
Carbuncle of lip	1			
<i>Incision — drainage</i>			1	
Carbuncle of neck	6			
<i>Incision — drainage</i>			6	
Cellulitis	9	1		
<i>Excision — skin graft</i>			1	
<i>Incision — drainage</i>			4	1
Contusions, various	13			
Crush of leg	1			
<i>Amputation of leg</i>			1	
Dermatitis (blister)	1			
Foreign body in hand	3			
<i>Excision scar</i>			1	
<i>Exploration</i>			1	
<i>Removal</i>			1	
Furunculosis	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Gangrene of foot	2			
<i>Amputation of leg</i>			1	
<i>Excision — drainage (1st stage)</i>			1	
<i>Amputation phalanx (2nd stage)</i>			1	
Gangrene of knee	1			
Inflammation of subcutaneous tissue of chest wall	1			
Ingrowing toe-nail	1			
<i>Excision</i>			1	
Raynaud's Disease	2			
<i>Amputation of leg (see gangrene of foot)</i>				
Septic arm	2	1		
<i>Incision — drainage</i>			2	1
Septic finger	3			
<i>Incision — drainage</i>			1	
Septic foot	2			
Septic hand	5			
<i>Incision — drainage</i>			4	
<i>Incision — drainage (1st stage)</i>			1	
<i>Amputation of finger (2nd stage)</i>			1	
Septic leg and thigh	1			
<i>Incision and drainage, multiple</i>			1	
Sinus of chest wall	1			
<i>Exploration</i>			1	
Sinus of perirectal	1			
<i>Incision and drainage</i>			1	
Tuberculosis of skin and subcutaneous tissue	2			
<i>Excision of nodule (incision and drainage abscess 1)</i>			2	
Tumors of skin and subcutaneous tissue				
Carcinoma	1			
<i>Excision of carcinoma and lymph nodes — skin graft</i>			1	
Hematoma	3			
<i>Incisions and drainage, multiple</i>			1	
Ulcers of anus	1			
Ulcers of leg	2			
<i>Excision of ulcer (1st stage)</i>			1	
<i>Skin graft (2nd stage)</i>			1	
<i>Skin graft</i>			1	
Ulcers of leg, syphilitic	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Ulcers of traumatic.	1			
<i>Skin graft</i>			1	
Wounds, granulating	2			
Wounds, gunshot	1			
Wounds, incised	2			
<i>Closure of incisions</i>			1	
Wounds, lacerated	16			
<i>Suturing of wounds</i>			7	
SECTION X				
SPECIAL SKIN DISEASES				
Cicatrix (jaw)	1			
<i>Excision</i>			1	
Dermatitis Calorica	1			
Eczema	1			
Keratosis of cervix	1			
<i>Cauterization</i>			1	
Keratosis (hypertrophied toe nail)	1			
<i>Excision, partial of nail and matrix</i>			1	
SECTION XI				
DISEASES OF CIRCULATORY SYSTEM				
Aneurysm	1			
Aneurysm, Cerebral	1			
<i>Exploration, subtemporal</i>			1	
Angina Pectoris	1			
Arteriosclerosis (Abdominal symptoms)	3			
<i>Laparotomy, exploratory</i>			1	
Arteriosclerosis, cerebral	2			
Auricular Fibrillation.	1			
Dilatation of heart, acute	1	1		
Endarteritis, obliterative	1			
<i>Amputation of old stump of toe</i>			1	
Endocarditis, acute malignant	2	1		
Gangrene, senile	2	1		

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Intermittent claudication	1			
Mitral stenosis	2			
Myocarditis, chronic	1			
Phlebitis	2			
Spasm, arterial	1			
Thrombophlebitis	6			
<i>Excision internal saphenous system</i>			1	
Thrombosis	1			
Thrombosis, cerebral	1			
Ulcer, varicose	12			
<i>Excision ulcer — skin graft</i>			2	
<i>Skin graft</i>			1	
<i>Skin graft — repair of wounds (secondary)</i>			1	
Valvular lesions (combined)	1			
Varix	30			
<i>Excision</i>			23	
<i>Excision veins — repair of wounds (secondary)</i>			1	
SECTION XII				
DISEASES OF THE LYMPHATIC SYSTEM				
Lymphadenitis	4			
<i>Excision femoral glands</i>			1	
<i>Incision — drainage</i>			1	
Lymphangitis, acute	4			
Tuberculosis of lymph glands	21			
<i>Excision (tonsillectomy, incidental 1)</i>			20	
Tumors of the lymph glands				
Carcinoma	2			
SECTION XIII				
DISEASES OF THE BLOOD				
Anemia, secondary	1			
Leukemia, Myelogenous	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XIV				
DISEASES OF THE DUCTLESS GLANDS				
A. SPLEEN				
Abscess (Subdiaphragmatic)	1			
Splenomegaly	1			
<i>Splenectomy</i>			1	
C. THYROID GLAND				
Dysthyroidism.	2			
<i>Thyroidectomy, partial</i>			1	
Exophthalmic Goitre (to include hyperthyroidism)	12	1		
<i>Ligation of superior thyroid arteries</i>			4	
<i>Thyroidectomy, partial</i>			6	1
Tumors of thyroid gland				
Adenoma	3			
<i>Excision</i>			2	
<i>Ligature superior thyroid arteries (1st stage)</i>			1	
<i>Thyroidectomy, partial (2nd stage)</i>			1	
Carcinoma	1			
<i>Thyroidectomy, partial</i>			1	
Cyst	2			
<i>Removal.</i>			2	
Goitre, cystic	1			
<i>Thyroidectomy, partial</i>			1	
Goitre, diffuse colloid	1			
<i>Thyroidectomy, partial</i>			1	
E. PITUITARY GLAND				
Acromegaly with tumor	2			
<i>Transphenoidal</i>			1	
Acromegaly without tumor	3			
Dyspituitarism with pituitary tumor or cyst	14	2		
<i>Puncture of cyst</i>			2	
<i>Transphenoidal</i>			5	1
<i>Transphenoidal with evacuation cyst</i>			1	
<i>Transphenoidal with removal of struma</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Transphenoidal with partial removal struma</i>			1	
Dyspituitarism without tumor	1			
Dyspituitarism uncertified	2			
<i>Exploration, subfrontal</i>			1	
Infantilism	2			
Tumors of pituitary gland other than Dyspituitarism, etc.				
Adenoma, malignant	1			
<i>Transphenoidal, removal portion of tumor, implantation radium</i>			1	
F. PINEAL				
Tumor (?)	1			
SECTION XV				
DISEASES OF THE NERVOUS SYSTEM				
A. INJURIES TO THE NERVOUS SYSTEM				
Brain (wounds and injuries)				
Intracranial injury (concussion)	6			
<i>Subtemporal decompression</i>			1	
Intracranial injury (contusion)	3			
Intracranial injury (laceration)	1			
Special nerves (wounds and injuries)				
Rupture of musculo-spiral nerve	1			
<i>Suture of nerve</i>			1	
Spinal cord (wounds and injuries)				
Hematomyelia	1			
<i>Laminectomy, exploratory</i>			1	
Spinal nerves (wounds and injuries)				
Laceration of brachial plexus	1			
<i>Exploration</i>			1	
Paralysis, crutch	1			
Paralysis, obstetrical	2			
B. INFECTIONS OF THE NERVOUS SYSTEM				
Arachnoiditis, chronic serous	1			
<i>Exploration, suboccipital</i>			1	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Chorea	1			
Meningitis, tuberculous	1			
Meningo-encephalitis	1			
Pachymeningitis, hemorrhagic	1	1		
<i>Craniotomy, osteoplastic</i>			1	1
Syphilis, cerebral.	1			
Syphilis, cerebrospinal	4			
C. INFLAMMATION AND DEGENERATION OF NERVES				
Herpes zoster (gall bladder symptoms)	1			
<i>Laparotomy, exploratory</i>			1	
Neuritis, brachial	1			
Paralysis, facial	2			
<i>Anastomosis of facial nerves</i>			1	
Tumors of peripheral nerves				
Neurofibroma of neck	1			
<i>Removal.</i>			1	
Neurofibromatosis (Von Recklinghausen's disease)	1			
D. SPINAL CORD DISEASE				
Atrophy, progressive muscular	1			
Meningomyelocele	1			
Paraplegia	2			
Sclerosis, disseminated	1			
Sclerosis, lateral (spastic paraplegia)	3			
Sclerosis, multiple	3			
Sclerosis, spinal	3			
<i>Laminectomy, exploratory</i>			1	
Tabes Dorsalis.	5			
Tumors of spinal cord				
Carcinoma	2			
<i>Laminectomy</i>			1	
Cyst, dermoid	1			
<i>Laminectomy, chemical fixation surface of cyst</i>			1	
Uncertified (cauda equina)	1			
<i>Laminectomy</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
E. BRAIN DISEASE				
Dementia paralytica	1			
Hydrocephalus	7	1		
<i>Sino-ventricular drainage</i>			3	
Tumors of brain				
Cerebrum				
Carcinoma, metastatic	1			
Endothelioma	2			
<i>Extirpation</i>			2	
Glioma	12	5		
<i>Craniotomy, exploratory</i>			2	
<i>Exploration, suboccipital</i>			1	1
<i>Exploration, ventricular puncture</i>			1	1
<i>Extirpation (2 stages)</i>			2	
<i>Subtemporal decompression</i>			4	1
<i>Subtemporal decompression (1st stage)</i>			1	1
<i>Exploration (2nd stage)</i>			1	
Gliomatous cyst	3			
<i>Craniotomy, exploratory</i>			1	
<i>Exploration, osteoplastic with evacuation of cyst</i>			1	
Uncertified	15			
<i>Craniotomy, exploratory</i>			2	
<i>Exploration, osteoplastic</i>			1	
<i>Exploration and decompression</i>			1	
<i>Resection, osteoplastic</i>			1	
<i>Subtemporal decompression</i>			3	
Cerebellum				
Intracerebellar				
Glioma	1			
<i>Exploration, suboccipital</i>			1	
Glioma, ependymal (?)	1			
<i>Exploration, suboccipital</i>			1	
Gliomatous cyst	3			
<i>Enucleation, partial</i>			1	
<i>Exploration</i>			1	
<i>Exploration, suboccipital — evacuation and fixation of cyst</i>			1	
Tuberculoma	1	1		
<i>Exploration, suboccipital — removal</i>			1	1

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Uncertified	7			
<i>Exploration, cerebellar</i>			1	
<i>Exploration, suboccipital</i>			2	
Extracerebellar (cerebello-pontine)				
Acousticus neuroma	11	1		
<i>Enucleation</i>			3	
<i>Enucleation, partial</i>			3	
<i>Exploration</i>			1	
<i>Exploration, suboccipital — partial re-</i> <i>moval of tumor</i>			1	1
<i>Removal, intracapsular of tumor — sino-</i> <i>ventricular drainage</i>			1	
Uncertified cerebello-pontine	2			
Pseudo tumor				
Cerebri	2			
Cerebelli	2			
F. PSYCHOSES				
Dementia præcox	2			
H. VASO-NEUROTIC DISORDERS				
Edema, Angioneurotic	1			
I. MISCELLANEOUS				
Convulsions	2			
J. NERVOUS DISEASES WITHOUT RECOGNIZED PATHOLOGY				
Epilepsy	25			
Hysteria	3			
Migraine	1			
Neuralgia, facial	2			
<i>Alcohol injection</i>			1	
Neuralgia, lumbar	1			
Neuralgia, trifacial	1			
<i>Avulsion inferior maxillary nerve</i>			1	
Neuralgia, trigeminal	3			
<i>Excision</i>			1	
<i>Neurectomy</i>			2	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Neuralgia, trigeminal major	19			
<i>Avulsion of sensory root</i>			18	
<i>Avulsion of supratrochlear and supraorbital</i> <i>nerves (1st stage)</i>			1	
<i>Avulsion of sensory root (2d stage)</i>			1	
Neuralgia, trigeminal minor	10			
<i>Alcohol injection</i>			6	
<i>Avulsion inferior dental nerve</i>			1	
Neurasthenia	4			
Neurosis, traumatic	1			
Psychæsthenia	2			
SECTION XVI				
DISEASES OF BONES, JOINTS, MUSCLES, TENDONS, AND FASCIA				
A. DISEASES OF BONES				
Exostosis	2			
<i>Excision</i>			2	
Fracture of alveolar process of jaw	1			
Cartilage, internal semilunar	1			
<i>Arthrotomy, partial excision cartilage</i>			1	
Clavicle	1			
Colles	1			
Femur	11	3		
<i>Bone plating</i>			1	1
<i>Reduction and impaction</i>			1	
Femur, compound	1			
<i>Open reduction</i>			1	
Fibula	3			
Finger	1			
<i>Open reduction</i>			1	
Finger, compound	1			
<i>Reduction</i>			1	
Frontal bone	2			
Humerus	15			
<i>Fixation of fracture</i>			1	
<i>Plating of fracture</i>			1	
<i>Reduction</i>			3	
Malar bone	1			

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Malleolus, internal	1			
Mandible	1			
Maxilla	2			
<i>Dental plate</i>			1	
Metatarsal	2			
<i>Reduction</i>			1	
Nasal bone	6			
Olecranon	3			
<i>Wiring</i>			1	
Patella	4			
<i>Repair</i>			1	
<i>Suturing</i>			2	
Radius	1			
<i>Excision head of radius</i>			1	
Radius and ulna	6			
<i>Open reduction</i>			2	
<i>Reduction</i>			4	
Radius and ulna, compound	2			
<i>Open reduction</i>			2	
Ribs	2	2		
Scaphoid bone	2			
<i>Removal of fragment</i>			2	
Scapula (spine and body)	1			
<i>Reduction</i>			1	
Skull	11	3		
<i>Decompression</i>			4	1
<i>Removal of fragments — drainage</i>			1	
<i>Simple mastoid — drainage</i>			1	
Tibia	3			
Tibia and fibula	5			
<i>Open reduction, banding of tibia</i>			1	
Tibia and fibula, compound	1			
Ulna	1			
Vertebra	4			
Osteitis deformans (Paget's disease)	1			
Osteomyelitis	22	1		
<i>Amputation of finger</i>			1	
<i>Amputation of toes</i>			1	
<i>Arthrotomy — excision joint</i>			1	
<i>Curretage</i>			7	
<i>Excision of bone — skin graft</i>			2	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Incision — drainage</i>			2	
<i>Removal of sequestrum</i>			3	1
<i>Resection of head of femur</i>			1	
Periostitis	6			
<i>Incision — drainage</i>			3	
Sinus leading to bone	1			
Tuberculosis of bone	3			
<i>Drainage of elbow</i>			1	
<i>Removal of necrotic bone</i>			1	
Tumors of bone				
Osteitis fibrosa cystica	1			
Wound, gunshot of skull	2			
B. DISEASES OF THE JOINTS				
Ankylosis	1			
<i>Manipulation</i>			1	
Arthritis, non-traumatic, non infectious	5			
<i>Incision — drainage of hip</i>			1	
Arthritis, gonorrhœal	6			
Arthritis, traumatic	1			
Dislocations, various	11	1		
<i>Open reduction</i>			1	
<i>Reduction</i>			5	1
<i>Resection of capsule</i>			1	
Displaced cartilage	3			
<i>Excision</i>			2	
Loose body in joint	3			
<i>Arthrotomy</i>			2	
Relaxed sacro-iliac joint	1			
Scoliosis	1			
Sprains, various	4			
Synovitis, chronic	1			
Synovitis, traumatic	2			
Tuberculosis of joint (knee)	1			
<i>Curettage, excision sinus tract</i>			1	
C. OTHER DISEASES OF THE ORGANS OF LOCOMOTION				
Bursitis, acute (prepatellar)	1			
<i>Incision — drainage</i>			1	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hallux valgus	1			
<i>Resection of head of metatarsal</i>			1	
Hammer toes	2			
<i>Resection of phalanx</i>			1	
Pronated feet	1			
Strain of sacro-iliac joint	1			
Tenosynovitis	1			
Tuberculosis of fascia and subcutaneous tissue	2			
<i>Incision — drainage</i>			1	
Wounds				
Lacerated tendon (sartorius muscle)	1			
Severed tendon	2			
<i>Repair</i>			1	
SECTION XVII				
DISEASES AND INJURIES OF THE EYE AND EAR				
DISEASES OF THE EYE				
A. GENERAL				
Glaucoma, chronic	1			
<i>Trephining, iridectomy</i>			1	
Glaucoma, simplex	1			
<i>Corneal trephining</i>			1	
B. LIDS				
Tumors of Lids				
Hemangioma of eyelid	1			
<i>Excision</i>			1	
D. CONJUNCTIVA				
Conjunctivitis	1			
E. CORNEA				
Keratitis, dendritic	1			
Keratitis, ulcerative	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
G. LENS				
Cataract	2			
<i>Capsulectomy — needling</i>			1	
<i>Needling</i>			1	
Cataract, senile incipient	1			
<i>Iridectomy, double and cataract extraction</i>			1	
Cataract, senile mature	1			
<i>Extraction — iridectomy</i>			1	
H. UVEAL TRACT				
Iritis	1			
I. RETINA				
Hemianopsia	3			
K. OPTIC NERVE				
Atrophy, primary	1			
Neuritis, retrobulbar	1			
L. EYEBALL				
Wounds and injuries				
Ruptured eyeball	1			
M. ORBIT				
Tumors of orbit				
Osteoma	1			
N. DISTURBANCES OF MOTION				
Strabismus, alternating	1			
<i>Tucking operation</i>			1	
DISEASES OF THE EAR				
E. MIDDLE EAR AND MASTOID				
Mastoiditis, acute	1			
<i>Simple mastoid</i>			1	
Mastoiditis, chronic	3			
<i>Drainage mastoid cells and antrum</i>			2	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Otitis media, acute	2			
Otitis media, acute suppurative	5			
<i>Paracentesis</i>			2	
Otitis media, chronic	2			
Otitis media, chronic suppurative	4			
<i>Incision — drainage</i>			1	
<i>Paracentesis</i>			1	
<i>Simple mastoid</i>			1	
Otitis media, chronic non-suppurative	1			
Wounds and injuries				
Ruptured tympanum	1			
F. INTERNAL EAR				
Labyrinthine syndrome	1			
Labyrinthine vertigo	1			
Meniere's syndrome	1			
SECTION XVIII				
DISEASES OF THE NOSE				
Deviation of septum	13			
<i>Submucous resection</i>			10	
<i>Submucous resection and curettage of ethmoidal cells</i>			1	
Epistaxis	1			
Ethmoiditis, chronic	2			
<i>Curettage of ethmoidal cells</i>			1	
<i>Exenteration, double ethmoidal</i>			1	
Furuncle of nose	1			
Furuncle of septum	1			
<i>Incision</i>			1	
Gumma of septum	1			
Hypertrophy of turbinates	4			
<i>Excision</i>			4	
Sinusitis	10			
<i>Incision and drainage</i>			3	
<i>Drainage</i>			3	
Tumors of nose				
Carcinoma of antrum of Highmore	2			
<i>Resection of bone</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Polypus, nasal	4			
<i>Removal (excision of turbinates, incidental 1)</i>			3	
SECTION XIX				
DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS, PALATE				
Abscess of mouth	1			
<i>Excision</i>			1	
Abscess, peritonsillar	3			
<i>Incision — drainage</i>			2	
Adenoids, hypertrophied	1			
<i>Removal</i>			1	
Elephantiasis of lip	1			
<i>Plastic operation</i>			1	
Hypertrophy of tonsils	2			
<i>Incision of abscess</i>			1	
<i>Tonsillectomy</i>			1	
Naso-pharyngitis	1			
Pharyngitis, acute	1			
Tonsillitis, acute	4			
Tonsillitis, chronic	87	1		
<i>Tonsillectomy</i>			86	1
Tonsillitis, chronic and hypertrophied adenoids	79			
<i>Tonsillectomy and adenoidectomy</i>			79	
Tumors of mouth, lip, cheek, etc.				
Carcinoma of cheek	2			
Carcinoma of mouth	4	1		
<i>Excision of carcinoma, division of jaw, dissection neck</i>			1	
Carcinoma of palate	2			
Carcinoma of tonsil	1			
Epithelioma of face and cheek	1			
<i>Excision</i>			1	
Epithelioma of lip	1			
<i>Excision — dissection of glands of neck</i>			1	
Epithelioma of pharynx	2			
<i>Extirpation</i>			1	
Salivary cyst (ranula)	2			
<i>Removal</i>			2	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Sarcoma of lip (Neuroblastoma)	1			
<i>Excision of tumor and cervical lymph glands (1st stage)</i>			1	
<i>Excision of tumor with plastic on lip (2nd stage)</i>			1	
SECTION XX				
DISEASES OF THE JAW, TEETH, AND GUMS				
Abscess, alveolar	1			
<i>Extraction of tooth</i>			1	
Caries of teeth	5			
<i>Extraction of teeth</i>			5	
Gingivitis	2			
<i>Curettage of gums</i>			1	
Hypertrophied gums	1			
Impacted and imbedded teeth	1			
<i>Extraction of tooth</i>			1	
Odontalgia	1			
SECTION XXI				
DISEASES OF THE TONGUE				
Glossitis, acute	1			
Tuberculosis of tongue	1			
<i>Cauterization</i>			1	
Tumors of tongue				
Carcinoma	2			
<i>Hemisection of tongue — excision of glands of neck</i>			1	
SECTION XXII				
DISEASES OF THE ŒSOPHAGUS				
Cardiospasm	1			
Tumors of Œsophagus				
Carcinoma	3	2		
<i>Gastrostomy</i>			3	2

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXIII				
DISEASES OF THE STOMACH				
Adhesions	3			
<i>Release of adhesions</i>			2	
Atony	1			
Cribbing (pneumophagia)	2			
Gastritis	2			
Stasis	1			
<i>Pylorectomy</i>			1	
Stenosis, pyloric	5			
<i>Gastrojejunostomy</i>			1	
Tumors of stomach				
Carcinoma	24	1		
<i>Closure of perforation of stomach</i>			1	
<i>Gastrectomy, partial — gastrojejunostomy</i>			4	
<i>Gastrojejunostomy</i>			8	1
<i>Gastrojejunostomy — pylorectomy</i>			1	
<i>Jejunostomy</i>			2	
<i>Laparotomy, exploratory</i>			1	
Ulcer, peptic	17			
<i>Gastrojejunostomy</i>			6	
<i>Gastrojejunostomy — partial gastrectomy</i>			2	
<i>Gastrojejunostomy — pylorectomy</i>			2	
<i>Resection of ulcer — gastrojejunostomy</i>			3	
Ulcer, peptic chronic perforating	6	1		
<i>Cauterization — gastrojejunostomy</i>			1	
<i>Cauterization, transgastric and suture</i>			1	
<i>Resection</i>			1	
<i>Resection — gastrojejunostomy</i>			2	
SECTION XXIV				
DISEASES OF THE INTESTINES				
Adhesions, intestinal (including congenital bands)	10			
<i>Excision of band and closure of artificial anus</i>			1	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Laparotomy, exploratory (appendectomy, incidental)</i>			1	
<i>Release of adhesions</i>			2	
Appendicitis (?)	6			
Appendicitis, acute	43			
<i>Appendectomy</i>			38	
<i>Appendectomy — incision and drainage of operative wound abscess</i>			1	
Appendicitis, acute with abscess	24	2		
<i>Appendectomy</i>			21	1
<i>Drainage of abscess</i>			3	1
Appendicitis, acute with peritonitis	9	4		
<i>Appendectomy</i>			9	4
Appendicitis, chronic	56			
<i>Appendectomy</i>			46	
Appendicitis, subacute	20			
<i>Appendectomy</i>			19	
Colic, intestinal	2			
Colitis, acute	1			
Constipation	17			
Diarrhea	1			
Diverticulitis	1			
Enteritis, acute	1			
Fecal fistula	3			
<i>Exploration of sinus tract</i>			1	
<i>Repair</i>			1	
<i>Resection of ileum — end to end anastomosis</i>			1	
Gastroenteritis	1			
<i>Appendectomy</i>			1	
Hemorrhage, intestinal	1			
Indigestion, intestinal	2			
Obstruction, acute intestinal	6	1		
<i>Colostomy</i>			2	
<i>Enterostomy — resection of bowel — repair of enterostomy — drainage of pelvic abscess</i>			1	1
Obstruction, chronic intestinal	1			
Obstruction, subacute intestinal	1			
Splanchnoptosis (visceroptosis)	18			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Laparotomy, exploratory — (appendicectomy, incidental)</i>			1	
Stasis, intestinal	4			
Tuberculosis of cecum	1	1		
<i>Excision of cecum and appendix, lateral intestinal anastomosis — resection intestine, enterostomy</i>			1	1
Tuberculosis of jejunum	1			
<i>Excision of stricture — anastomosis</i>			1	
Tumors of intestine				
Carcinoma	11	2		
<i>Colostomy</i>			5	2
<i>Laparotomy, exploratory</i>			2	
<i>Resection of carcinoma with lateral anastomosis</i>			1	
<i>Resection cecum and ascending colon</i>			2	
Sarcoma	1			
<i>Resection of ileum</i>			1	
Ulcer, duodenal	21	2		
<i>Gastroduodenostomy (appendicectomy, incidental)</i>			1	
<i>Gastrojejunostomy (appendicectomy, incidental 4) (secondary repair of wound 1)</i>			5	
<i>Gastrojejunostomy — infolding of pylorus</i>			1	
<i>Pylorotomy — gastrojejunostomy</i>			1	1
<i>Pyloroplasty, Finney</i>			3	
<i>Transection of pylorus — gastrojejunostomy</i>			3	1
SECTION XXV				
DISEASES OF THE LIVER AND GALL DUCTS				
	1			
Abscess of liver			1	
<i>Drainage of abscess</i>	6			
Adhesions about gall bladder				
<i>Cholecystectomy (appendicectomy, incidental 1)</i>			3	
<i>Laparotomy, exploratory (appendicectomy, incidental) division of slight cholecystocolic ligament</i>			1	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Release of adhesions</i>			2	
Cholangitis, acute	1			
<i>Cholecystostomy — Choledochostomy</i>			1	
Cholangitis, chronic	1			
<i>Laparotomy, exploratory</i>			1	
Cholecystitis, acute	1			
Cholecystitis, acute with Cholelithiasis	7			
<i>Cholecystectomy</i>			6	
<i>Cholecystectomy — choledochostomy</i>			1	
Cholecystitis, acute with cholelithiasis — stone in common duct	3			
<i>Cholecystectomy — choledochostomy (appendicectomy, incidental 1)</i>			3	
Cholecystitis, chronic	12			
<i>Cholecystectomy (appendicectomy, incidental 3)</i>			9	
<i>Cholecystectomy — choledochostomy</i>			2	
Cholecystitis, chronic with cholelithiasis	9			
<i>Cholecystectomy (appendicectomy, incidental 2)</i>			8	
<i>Cholecystectomy — choledochostomy</i>			1	
Cholecystitis, chronic with cholelithiasis — pancreatitis	2			
<i>Cholecystectomy — choledochostomy</i>			2	
Cholecystitis, chronic with cholelithiasis — stone in common duct	4			
<i>Cholecystectomy — choledochostomy</i>			4	
Cholecystitis, chronic — pancreatitis	1			
<i>Cholecystectomy — choledochostomy</i>			1	
Cholelithiasis	20	1		
<i>Cholecystectomy (appendicectomy, incidental 3)</i>			7	
<i>Cholecystectomy — choledochostomy (appendicectomy, incidental 1)</i>			5	1
<i>Cholecystostomy</i>			1	
Cholelithiasis — pancreatitis	1			
<i>Cholecystectomy (appendicectomy, incidental)</i>			1	
Cholelithiasis — pancreatitis — stone in common duct	1			
<i>Cholecystectomy — choledochostomy</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Cholelithiasis — stone in common duct	6			
<i>Cholecystectomy — choledochostomy (repair of common duct 1)</i>			6	
Cirrhosis of liver	3			
Fistula, biliary	1			
<i>Laparotomy, exploratory</i>			1	
Passive congestion	1			
Tumors of liver and gall ducts				
Carcinoma	4	1		
<i>Cholecystostomy — choledochostomy</i>			1	1
<i>Laparotomy, exploratory</i>			3	
SECTION XXVI				
DISEASES OF THE PANCREAS				
Pancreatitis (see under Cholecystitis, chronic and Cholelithiasis)				
Tumors of pancreas				
Carcinoma of head of pancreas	2			
<i>Cholecystenterostomy</i>			1	
<i>Laparotomy, exploratory</i>			1	
SECTION XXVII				
DISEASES OF THE ABDOMEN AND PERITONEUM IN GENERAL				
Abscess, retroperitoneal	2			
<i>Incision — drainage</i>			2	
Ascites	1			
Hernia, epigastric	2			
<i>Repair</i>			2	
Femoral	9			
<i>Repair</i>			9	
Inguinal direct	19			
<i>Repair</i>			19	
Inguinal indirect	147	1		
<i>Repair (appendicectomy, incidental 1)</i>			138	1
Inguinal incarcerated	2			
<i>Repair</i>			2	
Internal strangulated (concealed)	1	1		
<i>Enterostomy</i>			1	1

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Umbilical	2	1		
<i>Repair</i>			2	1
Ventral	18			
<i>Repair (appendicectomy, incidental 1)</i>			16	
Ventral strangulated	1			
<i>Repair</i>			1	
Injuries, internal of abdomen	1	1		
Peritonitis	2			
Peritonitis, acute (upper abdominal, cause unknown 1)	2			
<i>Laparotomy, exploratory (appendicectomy, incidental 1)</i>			2	
Peritonitis, acute general	7	1		
<i>Abdominal drainage</i>			3	1
<i>Appendicectomy</i>			1	
Peritonitis, pelvic	2			
<i>Incision — drainage</i>			2	
Peritonitis, pelvic gonorrheal	3			
Tuberculosis, abdominal	12			
<i>Appendicectomy (incidental 1)</i>			2	
<i>Laparotomy, exploratory (appendicectomy, incidental 1)</i>			3	
Tumors of abdomen and peritoneum				
Carcinomatosis of peritoneum	1			
Unknown malignant of abdomen	1			
SECTION XXVIII				
DISEASES OF RECTUM AND ANUS				
Abscess, ischio-rectal	10			
<i>Incision and drainage</i>			10	
Abscess, perirectal	6			
<i>Exploration buttock — drainage</i>			1	
<i>Incision and drainage</i>			4	
Fissure in ano	4			
<i>Excision</i>			2	
<i>Incision, cauterization, dilatation of fissure</i>			1	
Fistula in anus	18			
<i>Excision</i>			5	
<i>Incision and drainage</i>			11	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Gumma of rectum	1			
<i>Digital dilatation of stricture of rectum</i>			1	
Hemorrhoids, external	2			
<i>Clamp and cautery</i>			1	
<i>Incision</i>			1	
Hemorrhoids, external and internal	35			
<i>Clamp and cautery</i>			14	
<i>Excision</i>			24	
Hemorrhoids, internal	19			
<i>Allingham operation</i>			1	
<i>Clamp and cautery</i>			7	
<i>Excision</i>			10	
Prolapse of rectum	4			
<i>Cauterization of skin tabs</i>			1	
<i>Repair — fixation of sigmoid</i>			1	
<i>Whitehead operation</i>			1	
<i>(also 1 case included under rectocele)</i>				
Sinus of rectum	1			
<i>Incision and drainage</i>			1	
Spasm of rectum	4			
<i>Dilation anal sphincter</i>			2	
Stricture of rectum	2			
<i>Excision</i>			1	
<i>Incision</i>			1	
Tumors of rectum and anus				
Carcinoma of rectum	5	1		
<i>Colostomy</i>			1	1
<i>Repair of previous colostomy</i>			1	
<i>Resection cancer, colostomy (1st stage)</i>			1	
<i>Amputation rectum (2nd stage)</i>			1	
<i>Repair of colostomy (3rd stage)</i>			1	
Ulcers of rectum	3			
<i>Excision</i>			1	
SECTION XXIX				
DISEASES OF THE LARYNX				
Paralysis, recurrent	1			

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXX				
DISEASES OF THE TRACHEA AND BRONCHI				
Bronchiectasis	1	1		
<i>Pneumectomy, partial</i>			1	1
Bronchitis, chronic	1			
Sinus, bronchial	1			
SECTION XXXI				
DISEASES OF THE LUNGS				
Abscess of lung	7	1		
<i>Resection of ribs</i>			2	
<i>Resection of ribs (2 stages)</i>			4	1
<i>Resection of ribs (1st and 2nd stage)</i>			2	
<i>Plastic (3d stage)</i>			1	
<i>Thoracentesis (1st stage)</i>			1	
<i>Resection of rib (2nd stage)</i>			1	
Embolus, pulmonary	1			
Tuberculosis, pulmonary	9			
SECTION XXXII				
DISEASES OF THE PLEURA AND MEDIASTINUM				
Empyema	22	4		
<i>Removal of foreign body from cavity</i>			1	
<i>Resection of ribs</i>			15	4
<i>Resection of ribs (2 stages)</i>			6	
<i>Thoracoplasty</i>			1	
Pleurisy, sero-fibrinous	6			
Pneumothorax	2			
SECTION XXXIII				
DISEASES OF THE KIDNEY AND URETER				
Abscess, perinephritic	1			
<i>Drainage</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Calculus in ureter	9			
<i>Ureterotomy — removal of stone</i>			5	
Colic, ureteral	7			
Hydronephrosis	3			
<i>Exploration, lumbar retroperitoneal</i>			1	
<i>Plastic</i>			1	
Nephralgia	1			
Nephritis, acute	1			
Nephritis, chronic	7			
Nephritis, chronic interstitial	1			
Nephrolithiasis	10			
<i>Pyelotomy — removal of stone</i>			7	
<i>Pyelotomy — nephrotomy — removal of stone</i>			1	
Nephrolithiasis and pyelonephritis	1			
<i>Nephrectomy</i>			1	
Nephrolithiasis and pyonephrosis	4			
<i>Nephrectomy</i>			4	
Nephroptosis	11			
<i>Nephropexy (exploration of gall bladder, incidental 1)</i>			9	
Pyelitis	10			
<i>Nephrectomy</i>			1	
<i>Pyelotomy, exploratory</i>			1	
Pyelonephritis	4			
<i>Nephrectomy</i>			2	
Pyonephrosis	6	1		
<i>Nephrectomy</i>			2	
<i>Pyelotomy</i>			1	1
Stricture of ureter	2			
<i>Incision of stricture</i>			1	
Tuberculosis of kidney (? 1)	10			
<i>Exploration of kidney (1st stage)</i>			1	
<i>Nephrectomy (2nd stage)</i>			1	
<i>Nephrectomy</i>			5	
Tumors of kidney				
Hypernephroma	4	1		
<i>Nephrectomy</i>			4	1

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXIV				
DISEASES OF THE BLADDER				
Calculus	8			
<i>Cystotomy, suprapubic — removal of stone</i>			6	
<i>Litholopaxy</i>			1	
Cystitis, acute	1			
Cystitis, chronic	9			
Cystitis, tuberculous	9			
Cystitis, unclassified	10			
Diverticulum of bladder	2			
<i>Excision and inversion of diverticulum</i>			1	
<i>Inversion of diverticulum</i>			1	
Fistula, urinary	3			
<i>Nephrectomy — closure of fistula</i>			1	
<i>Perineal section</i>			1	
Foreign body in bladder	2			
<i>Removal</i>			2	
Incontinence of urine	6			
<i>Plastic on neck of bladder</i>			1	
<i>Reefing of sphincter muscle</i>			1	
Retention	5			
Tumors of bladder				
Carcinoma	8	1		
<i>Cystostomy, suprapubic</i>			2	
<i>Cystotomy (1st stage)</i>			1	
<i>Resection of neck of bladder (2nd stage)</i>			1	
<i>Cystotomy, suprapubic (1st stage)</i>			1	
<i>Transplantation of ureter — (2nd stage)</i>			1	
<i>Resection of neck of bladder</i>			1	
Papilloma	3			
<i>Excision (cauterization 1)</i>			3	
Ulcer of bladder	1			
Wounds and injuries				
Ruptured bladder	1	1		
<i>Laparotomy — suturing bladder</i>			1	1

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXV				
DISEASES OF THE URETHRA (MALE AND FEMALE)				
Caruncle	2			
<i>Excision (dilatation — curettage, incidental 1)</i>			2	
Fistula, recto-urethral	2			
<i>Cystotomy, closure of fistula</i>			1	
<i>Repair</i>			1	
Stricture of urethra	6			
<i>Urethrotomy</i>			3	
Urethritis, acute gonorrheal	3			
Urethritis, chronic gonorrheal	8			
<i>Dilatation and curettage</i>			1	
SECTION XXXVI				
DISEASES OF THE MALE GENERATIVE ORGANS				
B. PENIS				
Phimosis	7			
<i>Circumcision</i>			7	
Tumors of penis				
Carcinoma	1			
<i>Excision of tumor — dissection of inguinal glands</i>			1	
C. PROSTATE				
Abscess of prostate	1			
<i>Incision — drainage</i>			1	
Hypertrophy of prostate	35	4		
<i>Cystotomy, suprapubic</i>			2	2
<i>Cystotomy, suprapubic (1st stage)</i>			3	
<i>Prostatectomy (2nd stage)</i>			3	
<i>Cystotomy, suprapubic — prostatectomy, partial</i>			1	
<i>Prostatectomy, perineal</i>			11	1

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Prostatectomy, suprapubic</i>			11	
<i>Prostatectomy, suprapubic and perineal</i>			1	
Prostatitis, chronic	2			
Prostatitis, gonorrheal	1			
Tumors of prostate				
Carcinoma	2			
<i>Cystotomy, suprapubic</i>			1	
D. SEMINAL VESICLES				
Tuberculosis of seminal vesicles	6			
<i>Vesiculectomy</i>			6	
Vesiculitis, gonorrheal	4			
<i>Vesiculectomy</i>			3	
<i>Vesiculotomy</i>			1	
E. SCROTUM				
Gangrene of scrotum (septicæmia)	1	1		
<i>Epididymotomy</i>			1	1
Hydrocele	16			
<i>Bottle operation</i>			3	
<i>Excision of sac (incision — drainage hema-</i> <i>tona 1)</i>			7	
<i>Inversion of sac</i>			6	
Spermatocele	3			
<i>Excision</i>			3	
Varicocele	20			
<i>Excision (repair of inguinal canal 1)</i>			18	
F. TESTICLE				
Epididymitis, acute	1			
Epididymitis, chronic	1			
Epididymitis, gonorrheal	6			
<i>Epididymotomy</i>			2	
<i>Orchidectomy</i>			1	
Orchitis, chronic	1			
Tuberculosis of epididymis	6			
<i>Epididymectomy</i>			6	
Tumors of testicle				
Chorioepithelioma	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Orchidectomy — exploration of retroperitoneal glands</i>			1	
Teratoma, malignant	1			
<i>Orchidectomy</i>			1	
Wounds and injuries				
Contusion to spermatic cord and testicle . .	1			
SECTION XXXVII				
DISEASES OF THE FEMALE GENERATIVE ORGANS				
A. VULVA				
Abscess of Bartholin's gland	3			
<i>Excision</i>			2	
<i>Excision (1st stage)</i>			1	
<i>Ligation of bleeding vessels (2nd stage)</i> . .			1	
B. VAGINA				
Cystocele	5			
<i>Colporrhaphy</i>			2	
<i>Colporrhaphy, amputation of cervix</i> . . .			1	
<i>Colporrhaphy, releases of adhesions, ventral suspension, (appendicectomy, incidental)</i>			1	
<i>Colporrhaphy, ventral fixation</i>			1	
Cystocele and rectocele	12			
<i>Colporrhaphy</i>			2	
<i>Colporrhaphy, amputation of cervix</i> . . .			1	
<i>Colporrhaphy, amputation of cervix, ventral suspension (appendicectomy, incidental)</i>			1	
<i>Colporrhaphy, fixation of uterus and rectum, trachelorrhaphy</i>			1	
<i>Colporrhaphy, trachelorrhaphy</i>			1	
<i>Colporrhaphy, ventral suspension</i>			1	
<i>(Also two cases included under prolapse of uterus and one case included under procidentia)</i>				
Rectocele	4			
<i>Colporrhaphy</i>			1	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Dilatation and curettage, colporrhaphy, salpingectomy, left oöphorectomy, resection right ovary, ventral fixation</i>			1	
<i>Perineorrhaphy</i>			1	
<i>Repair of cervix and perineum, hysterectomy, salpingectomy, fixation of cervix and recto-sigmoid</i>			1	
Tumors of vagina				
Carcinoma of vagina	2			
Cyst of vaginal wall	2			
<i>Excision</i>			2	
Ulcers	2			
<i>Excision and cauterization (dilatation and curettage, incidental)</i>			1	
C. UTERUS				
Abscess, pelvic.	1			
<i>Incision and drainage</i>			1	
Endocervicitis	4			
<i>Dilatation and curettage</i>			1	
<i>(Also one case included under hypertrophy of cervix, and one case under retroversion of uterus)</i>				
Endocervicitis, gonorrheal	1			
<i>Dilatation and curettage</i>			1	
Endometritis, chronic.	3			
<i>Dilatation and curettage</i>			1	
<i>(Also one case included under retroversion of uterus)</i>				
Endometritis, hyperplastic	7			
<i>Dilatation and curettage</i>			5	
<i>(Also two cases included under retroversion of uterus)</i>				
Hypertrophy of cervix	4			
<i>Amputation of cervix, dilatation and curettage</i>			1	
<i>(Also three cases included under cystocele and rectocele)</i>				
Metrorrhagia	1			
<i>Hysterectomy, salpingo-oöphorectomy</i>			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Procidentia	5			
Amputation of cervix, colporrhaphy (1st stage)			1	
Partial hysterectomy, ventral fixation, appendicectomy, inc. (2nd stage)			1	
Colporrhaphy, perineorrhaphy, hysterectomy, salpingectomy, suspension of cervix			1	
Colporrhaphy, salpingectomy, ventral suspension			1	
Trachelorrhaphy, colporrhaphy, salpingo-oophorectomy cervical and ventral fixation			1	
Prolapse of uterus	5			
Amputation of cervix, colporrhaphy, suspension of uterus			1	
Amputation of cervix, ventral fixation of uterus			1	
Colporrhaphy, hysterectomy, salpingo-oophorectomy, trachelorrhaphy			1	
Hysterectomy, suspension of cervix			1	
Retroversion of uterus	37			
Amputation of cervix, ventral suspension (appendicectomy, incidental)			1	
Dilatation and curettage, cauterization of cervix, release of adhesions (appendicectomy, incidental) ventral suspension			1	
Hysterectomy, amputation of cervix			1	
Ventral fixation			1	
Ventral fixation (appendicectomy, inc.) trachelorrhaphy, perineorrhaphy			1	
Ventral suspension (appendicectomy, incidental 7)			10	
Ventral suspension, dilatation and curettage (appendicectomy, incidental 5)			6	
Ventral suspension, dilatation and curettage, trachelorrhaphy			1	
Ventral suspension, trachelorrhaphy			1	
(Also one case included under cyst of ovary)				
(Also two cases included under cystocele)				
(Also two cases included under cystocele and rectocele)				
(Also two cases included under rectocele)				

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
(Also two cases included under salpingitis, chronic)				
Subinvolution of uterus	2			
<i>Dilatation and curettage</i>			1	
<i>Dilatation and curettage, trachelorrhaphy</i>			1	
Tumors of uterus				
Carcinoma	6			
<i>Cauterization, ligation of internal iliac arteries</i>			1	
<i>Hysterectomy, salpingo-oöphorectomy</i>			1	
Fibromyoma	30			
<i>Hysterectomy, supravaginal (appendicectomy, incidental 11)</i>			22	
<i>Laparotomy, exploratory (appendicectomy, incidental 1)</i>			1	
<i>Myomectomy</i>			4	
Myoma	1			
<i>Hysterectomy, salpingo-oöphorectomy (appendicectomy, incidental)</i>			1	
Polyp	2			
<i>Excision (with cauterization 1)</i>			2	
D. FALLOPIAN TUBES				
	1			
Hydrosalpinx	4	1		
Pyosalpinx				
<i>Salpingo-oöphorectomy (appendicectomy, incidental 2)</i>			3	1
Salpingitis, acute.	8			
<i>Salpingo-oöphorectomy (appendicectomy, incidental 4)</i>			4	
<i>Salpingo-oöphorectomy, partial hysterectomy</i>			1	
Salpingitis, chronic	8			
<i>Dilatation and curettage, plastic on tube and ovary</i>			1	
<i>Salpingectomy, suspension of uterus</i>			1	
<i>Salpingo-oöphorectomy, shortening of round ligament (appendicectomy, incidental)</i>			1	
(Also one case included under Fibromyoma of uterus)				

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Salpingitis, gonorrheal	12			
<i>Dilatation and curettage, salpingectomy.</i>			1	
<i>Drainage of abdomen (appendicectomy, incidental)</i>			1	
<i>Salpingo-oöphorectomy (appendicectomy, incidental 4)</i>			7	
Salpingitis, subacute	2			
<i>Salpingo-oöphorectomy (appendicectomy, incidental).</i>			1	
Tuberculosis of fallopian tubes	5			
<i>Hysterectomy, salpingo-oöphorectomy (appendicectomy, incidental)</i>			1	
<i>Salpingectomy</i>			1	
<i>Salpingo-oöphorectomy</i>			2	
E. OVARY				
Abscess	1			
Adhesions, pelvic	2			
Oöphoritis, chronic	3			
Tumors of ovary				
Carcinoma	1			
<i>Oöphorectomy</i>			1	
Cyst	15			
<i>Oöphorectomy (dilatation and curettage, incidental)</i>			1	
<i>Removal of cyst (appendicectomy, incidental 1)</i>			8	
<i>Removal of cyst, salpingectomy</i>			1	
<i>Salpingo-oöphorectomy</i>			1	
<i>Salpingo-oöphorectomy, ventral fixation</i>			1	
<i>Vaginal puncture, excision of cyst with twisted pedicle (appendicectomy, incidental)</i>			1	
Cyst, dermoid	1			
F. GENERAL AND FUNCTIONAL				
Dysmenorrhea	8			
<i>Dilatation and curettage (insertion stem pessary 1)</i>			3	
<i>Discission of cervix (insertion stem pessary)</i>			1	
Menopause	2			

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Memorrhagia	11			
<i>Dilatation and curettage</i>			4	
<i>Dilatation and curettage, hysterectomy, sal-</i> <i>pingo-oöphorectomy</i>			1	
<i>Hysterectomy</i>			1	
<i>Hysterectomy, salpingo-oöphorectomy</i>			1	
G. BREAST				
Abscess	3			
<i>Incision and drainage</i>			3	
Cystic disease	2			
<i>Removal of breast</i>			2	
Mastitis, chronic	4			
<i>Excision of breast</i>			3	
<i>Excision of tumor mass</i>			1	
Tumors of breast				
Adeno-fibroma	2			
<i>Excision of breast.</i>			2	
Adenoma	1			
Carcinoma	21			
<i>Removal of breast and axillary glands (skin</i> <i>graft 1)</i>			20	
Cyst	2			
<i>Excision</i>			1	
Cyst-adenoma, papillary	1			
<i>Excision</i>			1	
Fibroma	2			
<i>Excision</i>			2	
Myxo-fibroma	1			
<i>Excision</i>			1	
SECTION XXXVIII				
PUERPERAL STATE				
Abortion	1			
<i>Dilatation and curettage</i>			1	
Abscess, pelvic.	1			
Lacerated cervix	14			
<i>Trachelorrhaphy (dilatation and curet-</i> <i>tage 1)</i>			3	

PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>(Also one case included under cystocele)</i>				
<i>(Also one case included under cystocele and rectocele)</i>				
<i>(Also one case included under rectocele)</i>				
<i>(Also one case included under prolapse of uterus)</i>				
<i>(Also five cases included under retroversion of uterus)</i>				
<i>(Also one case included under subinvolution of uterus)</i>				
Lacerated perineum	6			
Perineorrhaphy (suture sphincter ani muscles 1)			2	
<i>(Also one case included under cystocele and rectocele)</i>				
<i>(Also two cases included under rectocele)</i>				
<i>(Also one case included under retroversion)</i>				
Miscarriage	18			
Dilatation and curettage (appendicectomy, incidental 1)			11	
Parturition	1			
Mid forceps delivery, repair of perineum			1	
Placenta previa	1			
Abortion induced (1st stage) dilatation and curettage (2nd stage)			1	
Pregnancy	13			
Abortion, induced			1	
Pregnancy, extra-uterine	5			
Salpingectomy			1	
Salpingo-oöphorectomy (appendicectomy, incidental 1)			3	
Retained secundines	1			
Dilatation and curettage			1	
Toxemia of pregnancy	1			
Extraction of fetus			1	

REPORT OF THE ACTING SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXIX				
ILL-DEFINED, OR UNCLASSIFIED DISEASES				
Coma (cause unknown)	1	1		
Debility	3			
Fever (cause unknown)	1			
Headache	3			
Immersion (drowning) to include patients rescued from drowning	1			
Malingering	2			
Myalgia	1			
No diagnosis	1			
No disease	7			
Purpura, hemorrhagica	1			
	2,533	74	1,639	54

Summary of Statistics

JANUARY 1, 1917, TO JANUARY 1, 1918

Total number of surgical admissions in 1917	1,942
Total number of surgical cases remaining in the wards Jan. 1, 1917	92
	2,034
Total number of surgical cases discharged including 41 cases tr. Med.	1,873
Total number of deaths	74
<i>(Post-operative, 54 — Non-operative, 20 — total, 74)</i>	
	1,947
Total number of surgical cases remaining in the wards Jan. 1, 1918	87
	2,034
Total number of operations	1,639
Incidental operations	77
Total	1,716

Fatalities

1. (1) INCISION AND DRAINAGE OF LEG FOR SUSPECTED CELLULITIS. (2) RESECTION HEAD OF FEMUR. (3) INCISION AND DRAINAGE OF LEFT HIP JOINT FOR ACUTE SECONDARY OSTEOMYELITIS OF LEFT FEMUR. ACUTE SUPPURATIVE ARTHRITIS LEFT HIP. 5626.

Female, 38 years. Septicæmia from infected blister of foot four weeks before entrance; operative drainage of focus in right leg and left hip joint; blood culture — staphylococcus aureus, death from septicæmia after ten weeks of high fever, delirium and exhaustion.

Autopsy: None permitted.

2. MULTIPLE INCISIONS AND DRAINAGE OF NECK FOR DEEP CELLULITIS. 6153.

Male, 15 years. Complaining of swollen neck of four to five days duration. On admission temperature was 102 to 103, pulse 110, respirations 30, White count 16,000. Neck was firm and indurated from the clavicle to the mastoid. No definite areas of fluctuation. X-ray showed an alveolar abscess and displacement of the trachea to the right presumably from enlarged lymph glands in the mediastinum. Operation. Novocaine. Multiple incisions for drainage of the neck, streptococcus pus being found and extensive gangrene of the deeper cervical tissues. Died some eighteen hours after operation.

Autopsy: None permitted.

3. MULTIPLE INCISIONS FOR DRAINAGE OF CELLULITIS OF HAND AND ARM — GENERAL SEPTICÆMIA — DIABETES MELLITUS WITH ACIDOSIS. 6723.

Male, 65 years. Brought to the hospital in a comatose condition with a swollen and tender right hand and arm of about five days' duration. History of diabetes of five years' standing which has received only slight dietetic treatment. Slight injury to finger, five days previously incised and drained by a physician, ascending lymphangitis quickly involving the whole arm. Temperature 102, pulse 100. White count 12,000. Urine showed a large amount of sugar and acetone. Under local anæsthesia and gas-oxygen multiple incisions for drainage were made in hand and forearm. Smears showed streptococcus and staphylococcus. Blood culture taken shortly after positive for streptococcus. Patient remained in coma. Died the day after operation.

Autopsy: None permitted.

4. PARTIAL THYROIDECTOMY. 7532.

Female, 22 years. Exophthalmic goitre with very marked symptoms for five years. Had refused operation at another institution. X-ray treatment without benefit. Metabolism + 72. Immediate symptomatic improvement after superior thyroid pole ligations under local anæsthesia in

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two sittings. Metabolism fell to + 46 within two weeks after first ligation. Discharged improved at the time and gained twenty-three pounds in two months. Was urged to return for thyroidectomy and became considerably "upset." Re-admission three months later, metabolism then + 46. Under ether (drop method) most of the right lobe and upper pole of the left lobe of the thyroid removed. Very vascular gland. Considerable loss of blood. Uncontrollable restlessness on recovery from ether. Pulse 160, fair quality six hours after operation. Then failed rapidly and died nine hours after operation.

Autopsy: None permitted.

NOTE. — In spite of marked apparent improvement after double ligation the patient was evidently as poor an operative risk as before. It would be important to know for how long the improvement would have continued had no further operative treatment been attempted.

5. ATTEMPTED TRANSPHENOIDAL OPERATION FOR PITUITARY STRUMA. DYS-PITUITARISM. 6295.

Male, 37 years. Symptoms of dyspituitarism. Three weeks previously an attempted operation had to be abandoned on account of difficulties with the anæsthesia. Stormy anæsthesia. Transphenoidal removal of part of pituitary struma under considerable technical difficulties. Satisfactory immediate convalescence, with improvement in vision, death two weeks after operation after three days of symptoms of meningeal irritation.

Autopsy: None permitted.

6. OSTEOPLASTIC CRANIOTOMY. INTERNAL HEMORRHAGIC PACHYMEINGITIS. PSEUDO TUMOR (CEREBRAL). 6544.

Male, 55 years. Headache for five to six weeks, weakness, disturbed mentality and ataxia for ten days; few objective findings. Ether. Right frontal exploratory craniotomy, a hemorrhagic pachymeningitis found, with no trace of tumor. Death in twenty-four hours without fully recovering consciousness.

Autopsy: None permitted.

7. SUBOCCIPITAL EXPLORATION FOR CEREBRAL TUMOR. GLIOMA RIGHT FRONTAL LOBE. 6177.

Male, 36 years. History of eleven months of headache, failing vision, vomiting, ataxia, temporarily relieved by decompression at another clinic. Localizing symptoms not evident, but suboccipital discomfort, stiffness of neck and slight nystagmus led to a suboccipital decompression under ether anæsthesia; considerable tension but otherwise negative findings. Immediate recovery from anæsthesia; relapse into stupor some hours later, wound reopened, considerable bleeding into wound found; death on the table.

Autopsy: Large unlocalized glioma of right frontal lobe.

8. EXPLORATION OF RIGHT HEMISPHERE FOR TUMOR. VENTRICULAR PUNCTURE. CEREBRAL GLIOMA. 6638.

Male, 42 years. Under observation here two months ago for frequent attacks of unconsciousness; examination negative; one month ago headache, vomiting and left-sided weakness began; examination shows stiffness of

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neck, choked disc, impaired memory, disorientation, astereognosis, weakness of left arm and leg, exaggerated deep reflexes. Ether. Large right bone flap, much tension, no lesion found. Increasing apathy; irregular fever; ventricular puncture done six weeks after operation without relief, death one week later.

Autopsy: Diffuse cerebral glioma of both hemispheres.

9. SUBTEMPORAL DECOMPRESSION FOR LARGE GLIOMA OF FRONTAL LOBE. 7780.

Male, 55 years. Patient sent to hospital semi-comatose with history of gradually increasing impairment of mental condition. Complete neurological examination impossible. No definite localizing symptoms. Choked disc most marked on right. Spinal fluid showed increased pressure. Operation — right subtemporal decompression. Marked flattening of convolutions, brain under considerable tension, no definite tumor found. Death on the second day, there being no clearing up of stuporous condition.

Autopsy: Broncho-pneumonia; chronic nephritis; hypertrophied heart; large tense glioma, necrotic in center, extending from frontal pole through corpus callosum; round anterior horn of lateral ventricle to one cm. behind the temporal lobe.

10. (1) SUBTEMPORAL DECOMPRESSION. (2) EXPLORATION OF RIGHT HEMI-SPHERE. CEREBRAL TUMOR — GLIOMA. 6401.

Male, 40 years. Five weeks of headaches, right-sided and occipital, nausea and vomiting, staggering gait, dizziness, diplopia and blurred vision, visual hallucinations; impairment of VI, VII and XI left cranial nerves. Choked disc, disorientation, etc. Right subtemporal decompression with unsuccessful attempt at ventricular puncture. Slight immediate improvement, but by the end of a month there was marked herniation and extensive left sensori-motor paralysis. Under ether a large bone flap was turned down on the right, with negative findings except a very tense brain. Bone flap sacrificed and scalp closed; death two and one-half months later.

Autopsy: Cerebral glioma.

11. SUBOCCIPITAL EXPLORATION WITH REMOVAL OF TUBERCULOMA OF RIGHT LOBE OF THE CEREBELLUM. 6298.

Female, 4 years. Symptoms for four months, complete blindness, dizziness, unsteady gait, oculo-motor paralysis, horizontal nystagmus, increased deep reflexes. Ether. Suboccipital exploration, puncture of ventricle, removal of arch of atlas, extirpation of very large conglomerate tubercle of right cerebellum. Good convalescence for two weeks; symptoms of tuberculous meningitis and death in four weeks.

Autopsy: None permitted.

12. SUBOCCIPITAL EXPLORATION WITH PARTIAL REMOVAL OF LEFT ACUSTIC TUMOR. 6278.

Female, 16 years. Gradual loss of sight and hearing for twenty-two months, later staggering gait, vomiting, headache, tremor of hands, amenorrhœa. Examination shows cerebellar symptoms with secondary optic atrophy, complete deafness, and left facial palsy. Ether. Bilateral

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suboccipital exploration, partial removal of left acoustic tumor, puncture of left lateral ventricle, removal of arch of atlas owing to urgent respiratory disturbances. Duration of operation four hours; condition critical; failure to rally; transfusion of blood without avail; death eighteen hours after operation.

Autopsy: None permitted.

13. BONE PLATING OF FEMUR. 7082.

Male, 69 years. Stout and heavy, sustained a fracture through upper part of shaft of right femur with considerable displacement. No shock, pulse 80, very severe pain. Diagnosis: Fracture of right femur; fracture of spine (?). Operations. Ether (drop method). Bone plating of right femur. Plaster spica from toes to lower ribs. Patient never became rational after operation and developed signs of broncho-pneumonia and later Cheyne-Stokes breathing. It seemed likely that a head injury might have been overlooked, but there was never any positive evidence of it.

The case was a medico-legal one and the medical examiner considered autopsy unnecessary.

14. RIGHT SUBTEMPORAL DECOMPRESSION FOR FRACTURE OF THE SKULL — LACERATIONS OF THE BRAIN. 7315.

Male, 50 years. Feeble, admitted for observation on account of lacerated wound of the scalp, caused by a recent automobile accident. Patient on entrance seemed fairly normal and oriented. He seemed rather adverse to talking. Eye grounds showed nothing unusual. Next morning the temperature suddenly went up to 102 and he began to be drowsy and showed slight spasticity in right and left arms. Lumbar puncture showed blood in spinal fluid. Operation under light ether anæsthesia — right subtemporal decompression. No definite fracture found, but bloody cerebral spinal fluid and small clots coming up from the base of the brain. Drain placed down towards the base of the brain, no operative complications. Post-operative course — patient's temperature still kept up, he remained drowsy and died thirty-six hours later.

Case referred to Medical Examiner who reported that autopsy showed fracture of skull with associated laceration, contusion and hemorrhage of the brain.

15. DRAINAGE OF OSTEOMYELITIS OF RIB. 6503.

Male, 56 years. A debilitated man with history of multiple boils, carbuncles and abscesses for two years, requiring many incisions. Under ether anæsthesia, a chronic discharging sinus of the thorax was explored and a sequestrum removed from rib. Development of other septic foci and finally erysipelas; death in five weeks.

Autopsy: Broncho-pneumonia, in addition to septic foci mentioned.

16. REDUCTION OF POSTERIOR DISLOCATION OF RIGHT SHOULDER. 7795.

Female, 61 years. Emaciated. Posterior (subacromial) dislocation of the right humerus of three weeks' duration which occurred during sleep (epilepsy?).

December 6, 1917. Reduction under gas-oxygen without difficulty.

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Arm suspended from Balkan splint for twelve days; out of bed three days later. Two weeks after reduction patient fell to floor with symptoms of pulmonary embolism and died in five minutes.

Autopsy: Pulmonary embolism from thrombosis in right common iliac vein.

17. TONSILLECTOMY FOR CHRONIC TONSILLITIS. 6984.

Male, 18 years. Admitted for tonsillectomy for relief of frequent coughs, colds and attacks of sore throat. General physical examination and urine negative. Ether anæsthesia by the Connell apparatus, induction stage stormy, relaxation secured with difficulty; elevated Rose position, removal of tonsils by dissection and cold wire snare. Sudden arrest of respiration without evident cause; pulse rapid and irregular, widely dilated pupils. In spite of vigorous efforts at resuscitation, death occurred.

Autopsy: Medical Examiner did not consider an autopsy necessary.

18. GASTROSTOMY FOR INOPERABLE CARCINOMA OF THE ESOPHAGUS. 6109.

Male, 50 years. Emaciated, with increasing dysphagia and regurgitation for eleven months; radiographs show obstruction at lower end of esophagus. Diagnosis: inoperable carcinoma. Operation. Novocaine infiltration anæsthesia. Witzel gastrostomy without incident and apparently well borne. Immediate feedings begun. Four hours after operation, dyspnoea, cyanosis, death.

Autopsy: None permitted.

19. GASTROSTOMY FOR INOPERABLE CARCINOMA OF THE ESOPHAGUS. 6974.

Male, 67 years. An extremely emaciated man complaining of pain in the epigastrium and increasing dysphagia of four months' duration, unable to take anything but liquids for the last four weeks. Wasserman negative. X-ray shows obstruction in the œsophagus in the region of the middle and distal third. Diagnosis: carcinoma of the œsophagus radically inoperable. A Witzel gastrostomy was done under local anæsthesia. Increasing weakness notwithstanding repeated feedings with liquids. Died on the eleventh day after operation with findings suggestive of hypostatic pneumonia.

Autopsy: None permitted.

20. POSTERIOR GASTROENTEROSTOMY FOR INOPERABLE CARCINOMA OF THE STOMACH WITH OBSTRUCTION. 7748.

Male, 41 years. "Stomach trouble" of two years' duration. Vomiting of coffee-ground material and at times bright blood for the past two months, forty pounds loss of weight. On entrance patient was extremely anæmic, hemoglobin 33 per cent, red blood cells 2,800,000. X-ray showed marked obstruction of the pylorus. Diagnosis: carcinoma of the stomach with obstruction. Operation. Ether. Huge carcinomatous mass involving the pylorus with metastasis throughout the whole omentum and posterior retroperitoneal glands along the abdominal wall. Posterior gastrojejunostomy done without difficulty. Post-operative course uneventful, patient gradually became weaker, no nausea or vomiting. There was

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marked irregularity in the pulse and temperature rate. Died on the eighth day after operation.

Autopsy: Carcinoma of the stomach with metastasis to regional lymph glands. Retroperitoneal infection.

21. APPENDICECTOMY — ABDOMINAL DRAINAGE FOR ACUTE GANGRENOUS APPENDICITIS WITH ABSCESS. DIABETES MELLITUS — ACIDOSIS. 7595.

Male, 42 years. An obese man, abdominal pain and tenderness for two weeks, mass in right lower quadrant on admission. Temperature 99.8, pulse 80. White count 10,000. Marked glycosuria which disappeared after three days of diabetic diet. Operation fifth day after entrance under ether and novocaine, evacuation of large appendiceal abscess and removal of necrotic appendix. Post-operative course rather uneventful for four days when sugar, diacetic acid and acetone reappeared. There was discharge of a large amount of foul smelling pus. There was marked gangrenous sloughing through the stitch holes in the incision. Death on the sixteenth day after operation evidently from diabetic coma.

Autopsy: Showed (1) extensive necrosis of subcutaneous fat of skin and abdomen, (2) intra-abdominal abscess communicating with operation wound, (3) acute nephritis.

22. DRAINAGE OF PERICECAL ABSCESS. 7271.

Male, 57 years. Abdominal pain and moderate diarrhoea of four days' duration, abdomen full, marked tenderness on right, general improvement for five days, increasing distention, bowels moved daily. Diagnosis lay between (1) High retrocecal appendix, (2) Pancreatitis, (3) Perforated duodenal ulcer and (4) Perforation of ascending colon. August 31, 1917. Exploration under ether (Connell) through right rectus opposite umbilicus. Small colon bacillus abscess found on inner side of ascending colon with small intestine adherent. Drainage. Soiling of small intestine thought to preclude further exploration. Death on fifth day with symptoms of peritonitis.

Autopsy: Gangrenous high retrocecal appendix with abscesses behind ascending colon to hepatic flexure. Acute general peritonitis. Intestinal obstruction from adhesions. Broncho-pneumonia. Hypertrophied prostate.

23. APPENDICECTOMY — ABDOMINAL DRAINAGE FOR ACUTE PERFORATIVE APPENDICITIS WITH PERITONITIS. 6350.

Male, 47 years. Acute abdominal pain beginning forty-eight hours previous to entering the hospital, then localizing in the right lower quadrant and finally becoming diffuse with marked abdominal tenderness. Temperature was 101.4, pulse 110, respirations 24. White count 18,000. Abdomen full, marked tenderness and spasm in the lower right quadrant, suggestion of a large mass in the cecal region. Diagnosis: acute appendicitis with abscess. Immediate operation under ether showed considerable free turbid fluid, marked reddening and distention of the bowels with kinking of the gut in the pelvis by adhesions. Appendix gangrenous, cecum and adjacent bowel very friable. Appendicectomy, drainage of abdomen. Patient placed in the Fowler position and sub-pectoral saline and proctoclysis given. Fairly

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satisfactory post-operative convalescence for three days, but on the third day occurred marked increase in pulse and in temperature, delirium, marked ileus and death on the ninth day.

Autopsy: None permitted.

24. APPENDICECTOMY — ABDOMINAL DRAINAGE FOR ACUTE APPENDICITIS WITH PERITONITIS. 6791.

Male, 19 years. Severe lower abdominal pain of seventy-two hours duration, localizing shortly in the right lower quadrant and later becoming diffuse over the whole lower abdomen with marked nausea, vomiting and abdominal tenderness. On admission patient looked extremely ill. Temperature 102.2, pulse 88. White count 21,000. Respirations costal. Marked abdominal rigidity and evidence of free fluid. Diagnosis: acute appendicitis with peritonitis. Immediate operation under ether revealed foul colon smelling purulent fluid in abdomen and injection of abdominal viscera indicating spreading peritonitis. Appendix necrotic with several points of rupture. Abdomen and pelvis drained, patient placed in Fowler position and given subpectoral and rectal saline. Post-operative course stormy, marked distention, ileus, inability to retain saline by rectum. Marked increase in temperature in spite of good drainage. Died on the third day.

Autopsy: None permitted.

25. APPENDICECTOMY — ABDOMINAL DRAINAGE FOR ACUTE PERFORATIVE APPENDICITIS WITH GENERAL PERITONITIS. 6528.

Male, 22 years. Right abdominal pain of seventy-two hours' duration, accompanied by nausea, vomiting, chills and fever. Temperature was 103.4, pulse 120. White count 27,000. Marked abdominal rigidity, evidence of free fluid in the abdomen. Diagnosis: acute appendicitis with peritonitis. Operation under ether showed gangrenous appendix with considerable free purulent fluid and spreading peritonitis. Placed in the Fowler position and was given subpectoral saline and proctoclysis. Persistent ileus unaffected by treatment. Nearly complete suppression of urine. Died on the thirteenth day.

Autopsy: None permitted.

26. APPENDICECTOMY — ABDOMINAL DRAINAGE FOR ACUTE APPENDICITIS WITH PERITONITIS — DIABETES MELLITUS. 6983.

Male, 43 years. Obese, under treatment for diabetes for years. Present illness began six days before admission with severe lower right abdominal pain, followed by vomiting, tenderness and constipation. Temperature was 100.6, pulse 100, respirations 23. White count 11,000. Marked abdominal spasm and tenderness, considerable shifting dullness. Urine showed a large amount of sugar, acetone and diacetic acid. Diagnosis: acute perforated appendicitis, general peritonitis, diabetes mellitus. Immediate operation under novocaine with ether disclosed a large amount of free purulent fluid, and a large abscess cavity posterior to the cecum, evidently rupturing into the abdominal cavity. A gangrenous appendix removed. Pelvis and abdomen drained, treatment for general peritonitis in Fowler position, subpectoral saline and proctoclysis. Post-operative course

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marked by diabetic coma, marked distention, ileus. Death on the fourth day.

Autopsy: None permitted.

27. ENTEROSTOMY FOR ACUTE INTESTINAL OBSTRUCTION — RESECTION OF BOWEL — REPAIR OF ENTEROSTOMY — DRAINAGE OF PELVIC ABSCESS. 7173.

Female, 24 years. Pain in the lower abdomen followed by marked nausea and vomiting of about six days' duration. Pelvic operation three months previously. On admission temperature was 100, pulse 102, respiration 23. White count 13,000. Abdomen distended, no result from enemata. Diagnosis: intestinal obstruction, probably due to adhesions. Operation local novocaine anæsthesia. A Mixer tube was inserted into a distended loop with drainage of a large amount of feces and gas. Post-operative convalescence uneventful. Second operation thirteen days later under ether anæsthesia, resection of loop of ileum adherent to old tubo-ovarian abscess with secondary abscess in meso-ileum, end to end anastomosis, closure of enterostomy. Abdomen drained. During the latter portion of the operation patient's pulse became rather shallow and intravenous and subpectoral saline were given. About four hours after operation patient failed to rally from shock and died in spite of stimulants.

Autopsy: Showed acute pelvic peritonitis — walled off abscess. Enterostomy wounds. Recent anastomosis of bowel. Fibrosis of myocardium.

28. (1) EXCISION OF TUBERCULOUS CECUM AND APPENDIX — LATERAL INTESTINAL ANASTOMOSIS. (2) RESECTION OF GANGRENOUS INTESTINE — ENTEROSTOMY. 7256.

Female, 52 years. Abdominal pain and diarrhœa of one and one-half years' duration; filling defect in cecum by X-ray; operation under ether, excision of massive tumor of cecum, lateral ileo-colostomy; poor primary recovery, vomiting and evidence of ileus; six days later exploration under gas-oxygen was done, terminal ileum gangrenous from thrombosis or strangulated mesentery; palliative enterostomy, death twenty-four hours later.

Autopsy: None permitted. Pathological examination of tumor showed tuberculosis.

29. COLOSTOMY. 6476.

Male, 47 years. Treated by the Medical Service in February, 1917, for indigestion accompanied by vomiting and a feeling of obstruction. Bowels always constipated before attacks. Had lost twenty pounds. Exploration advised and refused. Returned at the end of March, 1917, with increasing evidence of obstruction. Rectal examination showed obstruction at rectosigmoid junction. Diagnosis: carcinoma or diverticulitis. March 29, 1917. Exploration under ether (drop method) through median incision. Inoperable cancer of lower sigmoid already disseminated into omentum and mesentery of small intestine. A left sigmoidostomy was made. Almost one month later as he was about to be discharged symptoms of obstruction developed (probably from involvement of ileum). Failed rapidly and died May 12, 1917.

Autopsy: None permitted.

30. COLOSTOMY FOR CARCINOMA OF THE SIGMOID. 7317.

Male, 61 years. Rapid emaciation for three months. Palpable mass filling pelvis. Carcinomatous mass seen high in rectum with proctoscope. Irregular fever suggestive of perforation with local peritonitis. Incomplete obstruction. September 7, 1917. Mid-line exploration under ether (drop method). Inoperable carcinoma of lower sigmoid growing into pelvic walls. Left rectus colostomy. Steady loss of ground after operation. Faecal fistula through median wound. Death one month after operation. *Autopsy:* None permitted.

31. PYLORECTOMY FOR DUODENAL ULCER. GASTROJEJUNOSTOMY. 6121.

Male, 29 years. Seven years of attacks of ulcer pain; six weeks of pain after eating, fainting spells and tarry stools; examination shows hyperacidity, duodenal defect by radiography and marked secondary anemia. Operation under ether, diagnosis of duodenal ulcer confirmed, transection of pylorus and posterior gastrojejunostomy without incident and well borne. High temperature, pulse and respiration; vomiting of altered blood, distended but not tender abdomen. Death on fourth day.

Autopsy: Acute general fibrino-purulent peritonitis and right bronchopneumonia. No gross leakage or defect in the operative work was found. The peritoneal fluid was not bile-stained.

32. (1) TRANSECTION OF PYLORUS — GASTROJEJUNOSTOMY. (2) EXPLORATION OF SINUS TRACT. 7261.

Male, 42 years, with a history of duodenal ulcer for two years. Loss of seventeen pounds weight in one month. Diagnosis confirmed by X-ray. August 24, 1917. Median incision under ether. Indurated duodenal ulcer, rigid pylorus. Division just above pylorus with cautery, followed by inversion with continuous No. 1 chromic catgut, reinforced with No. 0 chromic mattress sutures. Usual no loop posterior gastrojejunostomy. Wound drained with rubber tissue cigarette wick. Post-operative pneumonia with pleurisy beginning on the second day after operation. Good recovery from this and stomach at all times behaved well. Ulcer symptoms relieved. Drainage sinus persisted, explored under gas-oxygen anæsthesia two weeks after operation, no cause found. No bleeding. The head of the duodenum was felt and omentum probably accidentally stripped from it. On the following day a duodenal fistula had become established. Attempt made to heal it by establishing suction. Steady failure with hiccoughing and vomiting. Nourishment only by rectum. Death twelve days after second operation.

Autopsy: None permitted.

33. CHOLECYSTECTOMY — CHOLEDOCHOSTOMY FOR CHOLELITHIASIS — INCIDENTAL APPENDICECTOMY. 7117.

Female, 27 years. Attacks of biliary colic for two years, present attack seven days, slight jaundice. White count 20,000. Operation under ether anæsthesia. A large gall bladder full of calculi removed and distended common duct drained. Post-operative course was absolutely uneventful for forty-eight hours. On the third day had a very sudden attack of pain followed by cyanosis, sudden increase in temperature up to 106, pulse 130, respira-

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tions 50. Patient died shortly afterward. No definite cause could be assigned to this death. Patient evidently had suffered considerably from the marked prostrating summer heat.

Autopsy: None permitted.

34. CHOLECYSTOSTOMY AND CHOLEDOCHOSTOMY FOR CARCINOMA OF GALL DUCT. 7825.

Male, 51 years. Loss of appetite and epigastric distress for ten months, painless jaundice for fourteen months. Had lost weight and strength rapidly. Liver much enlarged. No tumor felt. Diagnosis: Carcinoma of head of pancreas. December 13, 1917. Exploration under ether (drop method) showed a hard infiltration about hepatic duct and adjacent liver. Tissue excised for diagnosis showed carcinoma of bile ducts. Gall bladder collapsed. Pancreas negative. During the four days following patient steadily failed. Considerable oozing from wound for which horse serum was given. Temperature markedly subnormal in 48° before death. Very little bile drained through tube. Death on fourth day after operation apparently due to exhaustion and loss of blood.

Autopsy: None permitted.

35. REPAIR OF BILATERAL INGUINAL HERNIA, ETHER FATALITY. 7514.

Male, 26 years. Moderately well nourished, general examination negative; large scrotal hernia on the right and a small hernia on the left. No contra-indication to operation. Ether anæsthesia, induction stage stormy, later course appeared to go smoothly. Repair of right hernia completed and the left nearly so when shallow respirations were noted followed by cessation of breathing. Attempts to revive under artificial respiration ineffectual. Considered an ether fatality and referred to the medical examiner who considered no examination necessary. It is interesting to note that the patient had a sister who died some months previously at a local hospital while under ether. Medico-legal report was syncope while under influence of ether administered as a surgical anæsthetic.

36. ENTEROSTOMY FOR ACUTE INTESTINAL OBSTRUCTION — STRANGULATED INTERNAL HERNIA. 6259.

Female, 64 years. A thin, poorly nourished woman, complaining of lower abdominal pain, nausea, vomiting of five days' duration. No passage of gas or feces by rectum for two to three days; vomiting has become fecal. Diagnosis: acute intestinal obstruction probably due to neoplasm. Operation. Novocaine infiltration followed by a small amount of ether. Owing to patient's poor condition it was impossible to identify cause of obstruction. A Mixer tube was placed in the distended bowel. Patient left the operating room in poor condition. Progressively declined with rise of temperature, pulse and respiration, and died on the fourth day.

Autopsy: Showed a small internal hernia and obstructed ileum in the right lower quadrant.

37. REPAIR OF UMBILICAL HERNIA. 6871.

Female, 56 years. A somewhat obese woman in good general condition with varicose veins and chronic ulcers for thirteen years; a small umbilical

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hernia for seven years. Repair of hernia under ether anaesthesia; death in twenty-four hours from sudden massive pulmonary embolus, possibly from thrombosed veins of leg.

Autopsy: None permitted.

38. ABDOMINAL DRAINAGE FOR GENERAL PERITONITIS FOLLOWING PERFORATED GASTRIC ULCER. 7011.

Male, 47 years. History of distress suggestive of gastric ulcer for three to four years, with recent severe exacerbation of four weeks' duration, and five days of severe pain in the abdomen followed by nausea, vomiting, tenderness, constipation, and marked abdominal enlargement. Brought to the hospital practically moribund. Temperature 104.8, pulse 130, respirations 28. White count 1,400. Abdomen rigid, flat to percussion, evidently filled with fluid. Immediate operation done under primary ether showed abdomen entirely filled with pus. Several drainage tubes put in. Died just after leaving the operating room.

Autopsy: None permitted.

39. COLOSTOMY. 7024.

Male, 54 years. Diarrhoea and rectal hemorrhage for five months. Had refused operation for carcinoma of rectum two months before. Condition poor. Inoperable carcinoma of recto-sigmoid. Colostomy proposed as palliate measure. July 13, 1917, left rectus sigmoidostomy under novocaine + primary ether. Patient died one week later after several days of cardiac failure.

Autopsy: None permitted.

40. PARTIAL PNEUMECTOMY FOR BRONCHIECTASIS — BRONCHO-PNEUMONIA. 5936.

Male, 24 years. Purulent expectoration, chronic cough, debility, loss of weight and pulmonary arthropathy for years. Diagnosis: Bronchiectasis, chiefly of right middle lobe, left lower lobe also affected. Under ether the middle lobe of right lung was excised; there were no protecting pleuritic adhesions and a complete right pneumo- and later pyothorax was established; stormy primary convalescence, later improvement and apparently assured convalescence; rather sudden death from broncho-pneumonia and exhaustion five weeks after operation.

Autopsy: None permitted.

41. (1) THORACOSTOMY, DRAINAGE OF LUNG ABSCESS (2) THORACOSTOMY — EXPLORATION OF LUNG (3) THORACOSTOMY — DRAINAGE OF EMPYEMA. 6833.

Male, 45 years. Operated upon first at this hospital for a chronic lung abscess of three months' duration following influenza. The abscess was situated in the upper left lobe, was small in size and surrounded by an immense thickness of scar tissue. (1) April 7, 1917. Novocaine infiltration, rib resection and drainage of abscess. Excellent recovery. Foul sputum cleared up and patient improved in every way. Recurrence of symptoms about two months later. (2) June 9, 1917. Exploration under ether through former wound caused a very active hemorrhage into a bronchus.

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Recovery unsatisfactory. He developed a left-sided empyema several weeks later and on (3) July 10, 1917, under local anæsthesia the tenth rib in the back was resected and a large empyema cavity drained. On the following day the patient failed rapidly showing acute abdominal symptoms and died on the day following the last operation.

Autopsy: Showed acute general peritonitis (no connection with thorax could be established) of "idiopathic" type. Broncho-pneumonia, lung abscess and empyema.

42. THORACOSTOMY FOR EMPYEMA (ACUTE) — POTT'S DISEASE — BRONCHIAL PNEUMONIA. 6106.

Female, 34 years. Patient admitted with spastic paraplegia thought to be secondary to Pott's Disease. Six weeks later developed sudden acute empyema, possibly due to rupture of vertebral abscess into pleura with secondary pyogenic infection. Thoracostomy under novocaine anæsthesia: death in four days from exhaustion and sepsis.

Autopsy: None permitted.

43. THORACOSTOMY FOR ACUTE EMPYEMA. 6633.

Male, 58 years. Extremely ill with pneumonia of nine days' duration, complete consolidation of the whole right lung with marked auricular cardiac fibrillation and flutter. Pleural puncture showed 650 c.c. of diplococcus pus. Operation. Novocaine anæsthesia. Resection of rib, about 125 c.c. of purulent fluid with masses of fibrin evacuated. Solid lung throughout, no walled off abscess. Double tube for drainage. Post-operative course showed continuation of high temperature, pulse and respiration rate. Death on the second day after operation.

Autopsy: None permitted.

44. THORACOSTOMY FOR ACUTE EMPYEMA. 6900.

Male, 42 years. Extremely sick, anæmic man referred to hospital for pain in upper right chest, eight weeks' duration. Indefinite history of pneumonia followed by increasing dyspnœa, weakness, edema of legs of five weeks' duration. Temperature 99.8, pulse 108, respirations 20. White count 24,000. Whole right chest dull to percussion giving pus on pleural puncture. Operation under novocaine anæsthesia, resection of rib, 3800 c.c. of thick pus evacuated with large amount of fibrin. Double tube for drainage. Sudden death while eating dinner on the second day after operation, probably embolus.

Autopsy: None permitted.

45. THORACOSTOMY FOR DRAINAGE OF ACUTE EMPYEMA. 7895.

Male, 52 years. Patient admitted to medical service in profoundly toxic and stuporous condition; diagnosis pneumonia and empyema. Immediate transfer to surgical service and thoracostomy by rib resection under novocaine performed. Death in two days.

Autopsy: None permitted.

46. INCISION AND DRAINAGE OF PYONEPHROTIC ABSCESS (PYELOTOMY). 6585.

Male, 53 years. Entered the hospital acutely sick and evidently septic. Temperature 104, pulse 90, respiration 28. Three years ago there were

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evident signs of disease in the right kidney which have not been entirely cleared up at any time since. Six days ago the present attack began with pain in the loin, fever, vomiting and partial suppression of urine. Under gas-oxygen anæsthesia a large perirenal abscess and a disintegrated kidney were quickly drained. The patient died five days later with rising pulse and temperature, and signs of general sepsis.

Autopsy: None permitted.

47. LEFT NEPHRECTOMY. 6996.

Male, 62 years. Died on the twenty-seventh day after operation at which a freely metastasizing hypernephroma was found.

Autopsy: Showed multiple hypernephroma metastases, and terminal broncho-pneumonia.

48. SUPRAPUBIC CYSTOSTOMY — TRANSPLANTATION OF LEFT URETER. 6805.

Male, 41 years. Presented a history of difficult, and occasionally bloody, urination for some weeks before entrance. The cystoscope showed this due to a carcinoma of the bladder situated at the meatus. Suprapubic opening of the bladder showed that on the anterior margin the growth had involved the whole thickness of the bladder wall including the sphincter muscle. Excision was impossible. The operation of total cystectomy was discussed and chosen by the patient. Twelve days after the first operation a laparotomy was done and the left ureter transplanted into the sigmoid. Death occurred fifteen days later from pyelitis and peritonitis caused by too great tension on the site of anastomosis.

Autopsy: None permitted.

49. LAPAROTOMY — SUTURING OF INTRAPERITONEAL RUPTURE OF BLADDER — ABDOMINAL DRAINAGE FOR PERITONITIS. 7102.

Male, 55 years. History indefinite as patient had been intoxicated for two days and evidently had been in some street brawl. Was seen by a local physician who found him intoxicated and complaining of abdominal pain. On catheterization we obtained bloody urine and immediately sent him into the hospital. Temperature 102, pulse 112, respirations 30. White count 26,000. Abdomen showed marked spasm and shifting dullness. Catheterization showed a large amount of blood. Immediate operation under ether anæsthesia revealed a large intraperitoneal rupture of the bladder with abdomen filled with urine and blood. Bladder sutured — suprapubic drainage of the bladder and of the abdominal cavity. Post-operative course showed markedly increasing temperature and pulse rate notwithstanding the usual treatment of Fowler position, subpectoral and rectal saline. Death on the third day after operation from peritonitis. Case referred to the Medical Examiner who reported peritonitis following traumatic rupture of the bladder.

50. SUPRAPUBIC CYSTOTOMY. 7070.

Male, 59 years, presenting the combined picture of furunculosis and prostatism with some cystitis. He has been in the habit of passing a catheter for himself whenever he felt it necessary. Observation in the hospital showed a bilateral pyelonephritis of severe grade. The bladder

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being very intolerant, a suprapubic opening was made under a local anæsthetic.

Autopsy: Showed bilateral suppurative pyelonephritis, an hypertrophy of the middle lobe of the prostate and broncho-pneumonia.

51. SUPRAPUBIC CYSTOTOMY WITH DRAINAGE. 6786.

Male, 62 years, who entered the hospital eleven weeks after the onset of difficult urination accompanied by fever, chills and persistent hiccough. He had had one attack of "shock" of mild degree after which for a short time his arm and leg were numb and his speech thick. On entrance he was compelled to urinate with pain, about once each hour day and night. For about one year the urine has contained sugar. There has recently been a little hematuria. Examination showed an enlarged median lobe of the prostate and severe infection of each kidney. An attempt was made to put the bladder at rest, and to provide adequate drainage from the kidneys by an inlying catheter. This could not be tolerated, so that it was necessary to open the bladder above the pubes under local anæsthesia. The benefit from this was transient only, and death occurred on the nineteenth day after entrance with signs of general sepsis and failure of renal function.

Autopsy: Showed bilateral pyelonephritis, aplasia of right kidney, hypertrophy of prostate and bladder, acute cystitis, subdiaphragmatic abscess (left) with hyperplasia and necrosis of the spleen.

52. PERINEAL PROSTATECTOMY. 6806.

Male, 82 years, rather feeble, presented the classical signs of obstructing prostate, causing complete retention of urine. After thirteen days' preparation by forced fluids, inlying catheter and cardiac stimulants, the condition of heart and kidneys was deemed satisfactory. The prostate was removed by the perineal route under gas-oxygen anæsthesia. Death occurred on the third day after operation from broncho-pneumonia.

Autopsy: Confirmed this diagnosis, and showed also acute fibrino-purulent pleurisy and infarction of the lung.

53. EPIDIDYMYTOMY — DRAINAGE OF SCROTUM FOR SEPTICÆMIA (GANGRENE OF SCROTUM). 7737.

Male, 44 years. Ten days ago began chills, vomiting, fever, pain, redness and swelling of joints; two days after admission to medical service was transferred to surgical service in condition of profound toxæmia; elevated temperature, pulse and white count, multiple areas of erysipeloid cellulitis, enormous cellulitis and beginning gangrene of scrotum. Immediate drainage of scrotum without anæsthesia. Death in twenty-four hours from progressive septicæmia.

Autopsy: None permitted.

54. BILATERAL SALPINGO-OÖPHORECTOMY. 6434.

Female, 29 years, married. Left-sided and pelvic pain for sixteen days, one menstrual period missed, vomited. Diagnosis uncertain, but suggested acute salpingitis. Fowler position and proctoclysis for a few days with a moderate improvement, but irregular temperature. Median laparotomy (ether) twelve days after admission, foul pelvic abscess with acute tubo-ovarian abscess was found. Pus had burrowed into the mesen-

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tery of the recto-sigmoid. Evacuation of abscess and removal of both ovaries and tubes, drainage by abdomen and vagina. Fair convalescence for two weeks. Temperature gradually falling toward but never to, normal then development of an iliac phlebitis on left and later on right. Death on April 21, 1917, with symptoms of pulmonary embolism.

Autopsy: None permitted.

Report of the Physician-in-Chief

THE year 1917 has witnessed many changes in hospital affairs. Our country at war is a changed country. All of our relations to life and to work reflect the uncertainties incident to war conditions. In the earlier months of the year hospital routine ran as usual. Spring brought a spirit of unrest among the staff. They wondered what they should do. It was almost impossible to continue the daily work as before. Each made his decision. Summer saw most of the staff away in war work and a new group assembled to go on with the work and to be trained so that in their turn they too might take up the burden of war responsibilities. For a very few it seemed imperative that they remain to preserve a thread of continuity in work in order that our patients receive good care and the new comers be trained speedily and as well as possible. The Medical School decided to offer for senior students continuous summer work to allow of their graduation four months earlier, and the hospital continued throughout the summer to provide practical instruction for such men. These summer seniors served as student assistants and helped to carry on the hospital work.

When autumn came the hospital was readjusted quite well to the changes and work was going on much as usual though with a curtailed staff. Many of us were surprised, I think, to find how well, after all, things had gone and how little drop in the efficiency of care of our patients had occurred. The machine had stood the strain and come through without a break.

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STAFF CHANGES AND WAR SERVICE

In May a photograph of the Medical Staff shows Drs. Christian, Frothingham, Peabody, O'Hare, Walker, Haller, MacPherson, Wentworth, Koefod, Barrow, Vaughan, Welbourn, Wells, Golden, Grabfield and Rapport. Dr. Alexander was absent that day. Dr. Denny, Associate in Medicine, had already gone to France with a base hospital. Soon most of these men left the hospital for war service and by November 1 only Drs. Christian, O'Hare and Walker of this group remained. New house officers were secured from June graduating classes and the service was shortened to twelve months to conform to army regulations. Dr. McClure, a former Assistant Resident Physician, served temporarily as Resident Physician. Then Dr. C. K. Drinker and Dr. Katherine R. Drinker, the former an earlier house officer and now a member of the Department of Physiology at Harvard, moved in as Resident and Assistant Resident Physician and carried the work through the summer.

In the autumn Dr. H. F. West, a former assistant to Professor Hewlett in San Francisco, and Dr. F. A. Stevens, a former assistant to Professor Howard at the University of Iowa, came to serve as Resident and Assistant Resident Physician respectively. In the Out-Door Department Dr. Worth Hale, Assistant Professor of Pharmacology at Harvard, Dr. Allen S. Kirkwood of Newton and Dr. Eveline B. Lyle of Brookline gave us valuable aid in the care of our ambulatory cases. During 1917 our first woman house officer, Dr. Mary Wright, was appointed and in July commenced service. In November two women technicians were employed to do routine laboratory work in the examination of blood, urine and stools from ward patients, in this way relieving house officers of some of the burden incident to the

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care of patients. Drs. O'Hare and Walker have served since August 1 as Acting Physicians aiding the Physician-in-Chief in ward visits and other care of hospital patients.

At the end of 1917 the medical service had furnished the following from the active staff for war work. Dr. Channing Frothingham, Chief of Medical Service, base hospital at Camp Devens, Ayer, Mass., Dr. Francis W. Peabody, member of the Red Cross Commission sent to Roumania; Dr. George P. Denny, Base Hospital No. 13 in France; Dr. John Bryant, Camp Grant, Rockford, Ill.; Dr. A. S. Kirkwood, Camp Beauregard, La.; Drs. Barrow, Grabfield, Rapport and Welbourn with the American Expeditionary Force in France; Drs. Golden and Wells, Medical Corps of the regular army; Dr. Haller, Camp Grant, Rockford, Ill.; Dr. Koefod, commissioned in the Medical Reserve Corps and subsequently discharged from active service for physical disability; Dr. MacPherson, Camp Meade, Md., and Dr. Vaughan, Camp Sevier, Greenville, S. C.

Of former medical house officers a number have gone into active war work so that on January 1, 1918 the service flag of the Medical Staff is entitled to show twenty-nine stars, a showing which we may feel proud of when one considers that the hospital has been open less than five years and its Medical Staff is a small one. Almost all of these men have been assigned to some special work for which their training at the Peter Bent Brigham Hospital particularly fitted them.

NEEDS OF THE MEDICAL SERVICE

This is an inopportune time to discuss additions to our resources and equipment but it is not inappropriate to reiterate those mentioned in the 1916 report. There it was pointed out that we needed a large gift for a new staff

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building to provide for additional workers; \$5000 per annum to develop adequately the chemical work of the service; \$3000 to \$5000 a year for a period of years for the better care of chronic cardiac cases, particularly to provide instruction in some occupation suited to their handicapped condition; and \$5000 to \$10,000 a year for five years for an intensive study of chronic Bright's disease such as was rendered possible for asthma by the Choate gift. This study of Bright's disease has been begun in a small way and progress enough has been made to make us feel sure that a gift as suggested above would yield valuable results.

The most pressing need of the Medical Service lies in the chemical work. Chemical examinations of the blood and urine have become of greatest importance in the diagnosis and treatment of medical patients. Yet the hospital has made no provision for such work. A chemical technician has been available during the year through the generosity of a member of the staff. This is a temporary arrangement. It should be made a permanent expense of the hospital as a beginning on what is really needed; namely, the services of a trained chemist aided by well-trained technicians.

HYDRO-, THERMO-, MECHANO-THERAPEUTICS

In our original plans for the hospital, space was set aside for the installation of such apparatus as is required in the therapeutic application of light, heat, baths, massage and mechanical exercises. Estimates of cost were obtained and money was set aside for these needs. Nearly five years have elapsed since the hospital opened and we are still without these things except in a makeshift, minor form. Various causes have operated to account for the failure to carry out the original plan but the causes are of no immediate interest. The original plan

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I regard as still a good one at the present time, and the absence of means for adequate hydro-, thermo-, and mechano-therapeutics constitutes a serious defect in our equipment to care for many types of disease. Had we such a plant our treatment of such medical conditions as Bright's disease, heart disease, chronic joint disturbances and many nervous complaints would be much better. It is particularly in our ambulatory clinic that we feel the need of it. Work on such equipment should be begun as soon as conditions permit. I am even inclined to think that it would be advisable to begin now even under the handicap of war conditions because if we had appliances for hydro-, thermo-, and mechano-therapeutics we could aid much in the plans for re-education of wounded soldiers.

At a recent conference of a subcommittee of the Massachusetts Commission on Safety when re-education of soldiers was the topic it was pointed out how poorly Boston was equipped with apparatus for hydro-, thermo- and mechano-therapeutics at the very time when they could play a large part in restoring those handicapped by war wounds to a bread-earning ability. It was shown that practically every plant needed in a very complete plan for re-education of wounded in large numbers were grouped in our neighborhood except a place for these special forms of treatment. Had we not been tardy in completing our plans this defect would not have existed. There is still time to do the work before we can expect any large number of wounded for re-education and hence my suggestion of going ahead with the work even now when conditions are not favorable in many respects.

PHYSICIAN PRO TEMPORE

As in other years an outside physician has lived a brief period in our midst and taken temporary charge of

the Medical Service. In 1917 Dr. Warfield T. Longcope of New York, Professor of Medicine at Columbia and Director of the Medical Service of the Presbyterian Hospital, served in this way. His keen insight into the newer problems and methods of medicine and his charming personality left a distinct impress on our own work. This plan has been most stimulating to us.

MEDICAL STATISTICS

The same terminology for diagnoses has been used during 1917 as in 1916. Reference to this will be found in the annual reports of 1915 and 1916.

Statistical Table A (see page 115) is a table of diagnoses and does not include any but the first admission of a case unless added diagnoses were made on subsequent admissions. Then only the new diagnoses are tabulated. In this way the figures represent the actual relative frequency of the diseases and pathological conditions as they appeared on the Medical Service. If to the figures presented this year are added the ones presented in the 1916 report the distribution of diseases for two years will be obtained.

Table B (see page 121) is essentially a table of causes of death grouped according to the International Classification of Causes of Death. The chief diagnosis in each case represents the patient. This explains why the figures in Table B do not agree with those in Table A. In Table A all of the diagnoses from a given case appear while in Table B only the chief diagnosis.

Table C (see page 126) is a summary of the medical statistics for 1917.

Table D (see page 127) gives the various types of cardiac arrhythmia and other disturbances in cardiac action made out by electrocardiographic study.

Table A

Table of Medical Conditions

JANUARY 1, 1917, TO JANUARY 1, 1918

Abscess, Abdominal Wall (?—1)*	2	tic (Including Arteriosclerosis	
Abscess, Alveolar (?—3)	10	of Aorta) (?—1)	5
Abscess, Axillary	1	Aortitis, Syphilitic, with Dilata-	
Abscess of Back	1	tion of Aorta (?—3)	10
Abscess of Knee	1	Arrhythmia, Cardiac (for various	
Abscess of Liver (Amœbic?)	1	forms, <i>see</i> Table D, page 127)	
Abscess of Lung	7	Arteriosclerosis, Cerebral (?—1)	3
Abscess of Lung, Miliary	1	Arteriosclerosis, General (?—1) .	91
Abscess, Pelvic (Female)	1	Arthritis	1
Abscess, Perinephritic (?—1) ..	2	Arthritis, Acute (<i>see</i> also Rheu-	
Abscess, Perirectal	1	matism, Acute Articular)	4
Abscess, Peritonsillar	3	Arthritis, Chronic (?—1)	59
Abscess of Testicle	1	Arthritis, Gonorrhœal	5
Abscess of Thigh	2	Arthritis, Subacute (?—1)	2
Abscess of Vulva	1	Arthropathy of Tabes Dorsalis..	1
Acidosis, Non-diabetic	4	Ascites	10
Adams' Stokes Syndrome (?—1)	2	Ascites, Chylous	1
Addison's Disease (?—2)	4	Asthma, Bronchial	36
Adenocarcinoma of Thyroid	2	Atrophy of Optic Nerve	2
Alcoholism, Acute and Chronic		Atrophy, Yellow, of Liver (?—1)	2
(?—1)	24	Botulism (?—1)	1
Anæmia, Pernicious (?—8)	30	Banti's Disease (?—1)	2
Anæmia, Secondary	53	Bronchiectasis (?—2)	6
Anæmia, Splenic	2	Bronchitis, Acute (?—2)	37
Aneurysm of Aorta (?—1)	3	Bronchitis, Chronic (?—1)	35
Angina Pectoris (?—4)	10	Bronchitis, Unclassified	4
Angioneurotic Œdema	1	Bronchitis with Emphysema	12
Anthrax	1	Bursitis, Acute	1
Aorta, Dilatation of, Non-syphili-		Bursitis, Chronic	1

* The question marks mean that diagnoses in these cases were made with reservation, there being enough factors in the case of uncertainty to throw some doubt on the correctness of the diagnosis and yet the diagnosis given expresses as well as we can the patient's condition. To obtain the number of patients in whom diagnosis was made without reservation subtract the number following the question mark from the total.

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Calculus in Ureter.....	1	Dysentery, Amoebic.....	3
Carcinoma of Breast.....	1	Dyspepsia.....	1
Carcinoma of Œsophagus.....	4	Eczema.....	1
Carcinoma of Female Genital Or- gans (Ovary, Uterus) (? — 1) .	2	Embolism, Cerebral (? — 1)	5
Carcinoma of Intestine (? — 3) .	6	Embolism, Pulmonary.....	2
Carcinoma of Liver (? — 2)	6	Emphysema.....	10
Carcinoma of Lymph Glands... .	1	Empyema (Suppurative Pleurisy)	11
Carcinoma of Mediastinal Glands	2	Endocarditis, Acute Vegetative..	9
Carcinoma of Omentum and Peri- toneum.....	2	Endometritis, Gonorrhœal.....	1
Carcinoma of Pancreas (? — 2)	3	Entero-colitis.....	2
Carcinoma of Prostate.....	1	Enteroptosis.....	6
Carcinoma of Rectum.....	2	Epilepsy (? — 4).....	14
Carcinoma of Sigmoid Flexure (? — 1).....	5	Erysipelas.....	6
Carcinoma of Stomach (? — 5) ..	21	Erythema Multiforme.....	3
Cardiospasm.....	2	Erythema Nodosum.....	2
Cellulitis.....	2	Fever, Cause Unknown.....	14
Cerebral Hemorrhage (? — 4) ...	17	Fibromyomata of Uterus.....	2
Cholecystitis, Acute.....	4	Fistula in Ano.....	1
Cholecystitis, Chronic (? — 4) ..	10	Fracture, Colles.....	1
Cholelithiasis (? — 10).....	27	Fracture of Rib.....	2
Chorea.....	6	Fracture of Shoulder, Impacted..	1
Cirrhosis of the Liver (? — 10) ..	24	Furunculosis.....	4
Colitis, Mucous (? — 1).....	5	Gangrene of Scrotum.....	1
Colitis, Ulcerative.....	4	Gangrene of Toe.....	1
Congenital Heart Disease — Pat- ent Ductus Arteriosus (? — 2)	2	Gastritis, Acute.....	1
Cyst, Ovarian.....	1	Gastritis, Alcoholic.....	1
Cystitis, Acute.....	8	Gastroenteritis.....	4
Cystitis, Chronic.....	4	Gastroptosis (<i>see also</i> Splan- chnoptosis).....	4
Delirium Tremens.....	2	Gigantism.....	1
Dementia Paralytica (? — 5) ...	15	Goitre, Cystic.....	2
Dementia Præcox (? — 3).....	6	Goitre, Exophthalmic (<i>see</i> Hyper- thyroidism).....	14
Dermatitis, Exfoliativa.....	1	Gout.....	4
Dermatitis, Herpetiformis.....	1	Gumma of Ankle.....	1
Dermatitis, Unclassified.....	1	Gumma of Elbow.....	1
Dermatitis, Venenata.....	1	Gumma of Liver (? — 1).....	1
Diabetic Gangrene (? — 1).....	3	Hallucinosis, Alcoholic.....	1
Diabetes Insipidus (? — 1).....	1	Headache, Cause Unknown.....	8
Diabetes Mellitus (? — 3).....	69	Hematemesia.....	3
Diarrhœa, Unclassified.....	5	Hematoporphyrinuria.....	2
Diphtheria (? — 1).....	4	Hematuria.....	1
Dislocation of Hip.....	1	Hemianopsia.....	1
Diverticulitis.....	1	Hemachromatosis (? — 1).....	3
		Hemoglobinuria.....	1
		Hemophilia.....	2

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Hernia, Femoral.....	1	Leukemia, Lymphatic.....	3
Hernia, Inguinal.....	9	Leukemia, Myelogenous (? — 1) .	5
Hernia, Umbilical.....	5	Lipomata, Multiple.....	3
Herpes Zoster.....	3	Lung, Congenital Hernia of.....	1
Hodgkin's Disease.....	3	Lymphadenitis, Acute.....	10
Hydrocele.....	1	Lymphosarcoma of Stomach....	1
Hydronephrosis (? — 1).....	3	Malabsorption of Fat.....	1
Hydropericardium.....	1	Malaria (? — 1)	3
Hydropneumothorax.....	1	Measles.....	1
Hydrops of Gall Bladder.....	1	Meniere's Disease (? — 1)	3
Hydrothorax (? — 1)	11	Meningitis (Cause Unknown)....	3
Hyperchlorhydria.....	9	Meningitis, Epidemic Cerebro-	
Hyperemesis (Puerperal) (? — 1)	2	Spinal.....	3
Hypernephroma of Kidney.....	1	Meningitis, Tuberculous.....	4
Hypernephroma of Iliac Veins		Menorrhagia.....	1
and Inferior Vena Cava.....	1	Migraine.....	5
* Hypertension, Non-nephritic		Muscular Atrophy, Progressive.	2
(? — 1)	112	Myelitis.....	3
Hypertension, Nephritic (<i>see</i> Ne-		Myelomata, Multiple (? — 1) ...	2
phritis with Hypertension)....	63	† Myocarditis, Chronic (? — 5)..	125
Hyperthyroidism (Exophthalmic		Myositis.....	3
Goitre).....	14	Neoplasm of Lung (? — 1)	1
Hypochlorhydria.....	5	Nephritis, Acute (? — 3)	19
Hypopituitarism (? — 1)	2	Nephritis, Chronic (? — 28)	55
Hypothyroidism (Myxœdema)		Nephritis, Chronic Parenchyma-	
(? — 3)	8	tous (? — 1)	2
Hysteria (? — 6)	13	Nephritis, Chronic with Hyper-	
Impetigo.....	1	tension.....	63
Infarct of Kidney.....	1	Nephritis, Subacute.....	1
Infarct of Lungs.....	3	Nephrolithiasis.....	1
Infarct of Spleen.....	1	Nephroptosis.....	4
Infection, Colon Bacillus.....	1	Neuralgia (? — 1)	14
Influenza (? — 2)	7	Neurasthenia (? — 5)	25
Insolation.....	2	Neuritis (? — 1)	2
Jaundice, Catarrhal (? — 1)	3	Neuritis, Alcoholic (? — 3)	4
Jaundice, Unspecified.....	2	Neuritis, Multiple (? — 1)	1
Jaundice, Hemolytic.....	1	Neurosis, Cardiac.....	1
Kidney, Congenital Polycystic		Neurosis, Gastric (? — 2)	6
(? — 1)	1	Neurosis, Traumatic (? — 3)	5
Korsakoff's Syndrome.....	1	No Diagnosis.....	7
Laryngitis.....	9	No Disease.....	28

* This diagnosis is used for cases with hypertension in which there is slight evidence of extensive nephritis, cases in which renal disturbance does not seem the primary cause of the hypertension.

† This diagnosis is used only for cases of cardiac insufficiency in which there is no evidence of an organic lesion of the valves.

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Obesity.....	3	Pleurisy, Sero-Fibrinous.....	24
Obstruction, Intestinal.....	4	Pleurisy, Tuberculous (? — 3) ..	5
Obstruction of Portal Vein (? — 1)	1	Pleurisy, Unclassified.....	1
Oöphoritis.....	1	Pneumonia, Broncho (? — 1) ...	19
Ophthalmoplegia, Interna (Syphilitic).....	1	Pneumonia, Hypostatic.....	2
Osteitis Deformans (Paget's Disease).....	1	Pneumonia, Lobar (? — 3)	78
Osteitis of Fibula (? — 1)	1	Pneumonia, Unresolved.....	1
Osteoarthritis.....	1	Pneumophagia.....	1
Osteochondroma.....	1	Pneumothorax.....	1
Osteomalacia.....	1	Poisoning, Acute-Ammonia (? — 1)	1
Osteomyelitis.....	1	Poisoning, Acute-Bichloride (? — 1)	1
Osteosarcoma.....	1	Poisoning, Acute-Phenol.....	1
Otitis Media.....	16	Poisoning, Acute-Strychnine....	1
Otosclerosis.....	1	Poisoning, Chronic Morphin....	2
Pachymeningitis, Hemorrhagica Interna (? — 2)	2	Poisoning, Food.....	2
Pancreatitis, Chronic (? — 2) ...	4	Poisoning, Gas-illuminating.....	1
Papilloma of Bladder.....	1	Poisoning, Lead, Chronic (? — 3)	3
Papilloma of Lip.....	1	Polycythemia (? — 2)	5
Paralysis Agitans.....	1	Polyp of Uterus.....	1
Paralysis, Bulbar.....	2	Polyp of Vagina.....	1
Parotitis, Chronic.....	1	Polyp, Nasal.....	1
Parturition.....	1	Pott's Disease.....	3
Pellagra (? — 1)	4	Pregnancy (? — 2)	12
Pemphigus.....	1	Premature Delivery.....	2
Pericarditis, Acute Fibrinous (? — 3)	12	Prolapse of Rectum.....	1
Pericarditis, Acute Purulent.....	1	Prostatitis, Chronic.....	4
Pericarditis, Chronic Adhesive (? — 2)	6	Prostatitis, Gonorrhœal	1
Pericarditis, Sero-Fibrinous (? — 1)	2	Psoriasis.....	1
Perihepatitis (? — 1)	2	Psychoneurosis (? — 2)	7
Peritonitis, Acute General.....	2	Psychoneurosis Anxiety Type (? — 1)	2
Peritonitis, Acute Local.....	1	Psychoneurosis, Neurasthenic...	1
Peritonitis, Acute Pelvic.....	1	Psychosis Intoxication.....	1
Peritonitis, Chronic.....	2	Psychosis, Melancholic (? — 1)..	1
Peritonitis, Tuberculous (? — 2)	4	Psychosis, Paranoid.....	1
Peritonitis with Adhesions.....	1	Psychosis, Post-Epileptic (? — 1)	1
Pharyngitis.....	16	Purpura.....	3
Phlebitis.....	4	Pyelitis (? — 2)	7
Pleurisy, Acute Fibrinous (? — 1)	14	Pyelonephritis.....	3
Pleurisy, Chronic Fibrinous.....	3	Pyemia.....	1
Pleurisy, Chronic Fibrous.....	5	Pyonephrosis.....	1
		Retinitis, Albuminuric (? — 1) ..	16
		Retinitis, Diabetic.....	1
		Retinitis, Proliferative.....	1

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Retinitis, Unclassified.....	1	Stenosis, Pyloric	1
Rheumatism, Acute Articular... 34		Stomatitis.....	2
Rhinitis.....	1	Stricture of Anus.....	1
Rhinitis, Atrophic.....	1	Stricture of Œsophagus	1
Rhinitis, Vaso Motor (Hay Fever)	1	Syncope from Vaso-Motor Insta-	
Rubella.....	1	bility of Arteries.....	1
Rupture of Heart.....	1	Syphilis (? — 9)	148
Rupture, Œsophageal Varix.....	1	Syphilis of Bones and Joints....	3
Salpingitis.....	3	Syphilis, Congenital (? — 3)	3
Sarcoma of Rib.....	1	Syphilis of Digestive System....	1
Sarcoma of Testicle.....	1	Syphilis of Ear (? — 1)	1
Scabies.....	1	Syphilis of Central Nervous Sys-	
Scarlet Fever.....	1	tem (? — 3)	25
Sciatica.....	1	(See also Tabes Dorsalis and	
Scoliosis.....	4	Dementia Paralytica.)	
Senile Dementia (? — 1)	3	Tabes Dorsalis (? — 5)	34
Senile Gangrene.....	1	Tenia Saginata.....	7
Senility.....	2	Teratoma of Testicle (? — 1) ...	1
Septic Hand.....	1	Thromboangitis (? — 1)	1
Septicæmia, Bacillus Coli.....	1	Thrombophlebitis.....	2
Septicæmia, Pneumococcus.....	1	Thrombosis.....	6
Septicæmia, Staphylococcus.....	2	Thyroiditis, Acute.....	1
Septicæmia, Streptococcus.....	2	Tonsillitis	54
Septicæmia, Streptococcus Viri-		Toxemia of Pregnancy.....	3
dians.....	1	Trichiniasis (? — 1)	2
Serum Disease.....	4	Tuberculosis, Abdominal.....	2
Sinusitis, Acute and Chronic		Tuberculosis of Bladder.....	1
(? — 1)	6	Tuberculosis, Genito-Urinary	
Smallpox.....	1	(? — 1)	1
Spasm of Rectum.....	1	Tuberculosis, Intestinal.....	1
Spina Bifida.....	1	Tuberculosis of Kidneys (? — 1) .	3
Spinal Cord, Dermoid Cyst of...	1	Tuberculosis of Lungs (? — 28) .	64
Spinal Cord, Diffuse Combined		Tuberculosis of Lymph Nodes	
Degeneration of (? — 1)	5	(? — 2)	6
Spinal Cord, Endothelioma of...	1	Tuberculosis, Miliary.....	3
Spinal Cord, Sclerosis, Amyo-		Tuberculosis of Peritoneum....	1
trophic Lateral (? — 1)	1	Tumor of Brain (? — 6)	8
Spinal Cord, Sclerosis, Lateral		Tumor of Mediastinum (? — 1) .	2
(? — 1)	6	Tumor, Retroperitoneal (? — 1) .	2
Spinal Cord, Sclerosis, Multiple		Tumor of Spine (? — 1)	1
(? — 3)	6	Tumor of Testicle (? — 1)	1
Splanchnoptosis (Visceroptosis)..	12	Typhoid Fever.....	13
Splenomegaly.....	4	Ulcer of Duodenum (? — 7)	17
Sprue.....	1	Ulcer of Stomach (? — 3)	11
Stasis, Intestinal.....	2	Ulcer, Syphilitic.....	1
Status Lymphaticus.....	1	Ulcer, Tabetic.....	1

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Ulcer, Unclassified.....	1	Aortic Insufficiency, Mitral In-	
Ulcer, Varicose.....	1	sufficiency, Mitral Stenosis	
Uremia, Acute.....	7	and Tricuspid Insufficiency	3
Uremia, Chronic.....	7	Aortic Stenosis and Mitral In-	
Ureteral Colic.....	1	sufficiency.....	2
Ureteritis, Chronic.....	1	Aortic Stenosis and Mitral In-	
Urethritis, Chronic Gonorrhœal	7	sufficiency and Stenosis.....	1
Urticaria (? — 1)	2	Mitral Stenosis and Insuffi-	
VALVULAR DISEASE, CHRONIC		ciency (? — 1)	26
CARDIAC — TOTAL NUMBER OF		Mitral Stenosis and Insuffi-	
CASES.....	105	ciency and Tricuspid Insuffi-	
<i>Distributed as follows:</i>		ciency.....	6
Aortic Insufficiency (? — 5) ..	17	Mitral Stenosis and Insuffi-	
Aortic Stenosis (? — 1)	4	ciency and Tricuspid Ste-	
Mitral Insufficiency (? — 3) ..	10	nosis and Insufficiency.....	1
Mitral Stenosis (? — 2)	10	Aortic and Mitral Stenosis and	
Tricuspid Insufficiency (? — 1)	1	Insufficiency.....	4
Tricuspid Stenosis (? — 2)....	2	Aortic and Mitral Stenosis and	
Aortic Insufficiency and Aortic		Insufficiency and Tricuspid	
Stenosis.....	2	Insufficiency.....	2
Aortic Insufficiency and Mitral		Varicella.....	1
Stenosis.....	2	Varicocele.....	2
Aortic Insufficiency and Mitral		Vertigo.....	2
Insufficiency.....	11	Vesiculitis, Gonorrhœal.....	2
Aortic Insufficiency, Mitral In-		Vincent's Angina (? — 1)	3
sufficiency and Mitral Ste-		Vitiligo.....	1
nosis.....	1	Vomiting, Neurotic.....	3

Table B

Report of Medical Diseases in Terms of
International Classification

JANUARY 1, 1917, TO JANUARY 1, 1918

Nos. of International Nomenclature	DISEASES AND CONDITIONS	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
GENERAL DISEASES					
1	Typhoid fever	13	..	13	1
4	Malaria	3	2	1	..
5	Smallpox	1	..	1	..
6	Measles	1	..	1	..
7	Scarlet fever	1	..	1	..
9	Diphtheria	3	..	3	..
10	Influenza	3	..	3	..
14	Dysentery	4	1	3	..
18	Erysipelas	3	..	3	..
19	Other epidemic diseases (? —)	2	..	2	..
20	Purulent infection and septicemia (? — 1)	3	..	3	1
22	Anthrax	1	..	1	..
26	Pellagra	3	..	3	2
28	Tuberculosis of the lungs (? — 5)	34	4	30	2
29	Acute miliary tuberculosis	2	..	2	2
30	Tuberculous meningitis	1	..	1	1
31	Abdominal tuberculosis (? — 1)	4	..	4	..
32	Pott's disease	2	..	2	1
34	Tuberculosis of other organs	5	..	5	1
36	Rickets	1	..	1	..
37	Syphilis	331	241	90	1
38	Gonococcus infection	6	..	6	..
40a	Carcinoma of stomach and liver (? — 2)	27	2	25	5
40f	Other malignant tumors of stomach (? — 1)	1	..	1	1
41a	Carcinoma of peritoneum, intestines and rectum	10	1	9	2

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Nos. of International Nomenclature	DISEASES AND CONDITIONS	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
45e	Hypernephroma of kidney	1	..	1	..
42a	Carcinoma of female genital organs (? — 1) .	2	..	2	2
43a	Carcinoma of breast	1	..	1	1
45a	Carcinoma of other organs and organs not specified (? — 2)	8	..	8	4
45f	Other malignant tumors of organs not specified	1	..	1	..
46	Other tumors (tumors of female genital organs excepted) (? — 5)	13	1	12	2
47	Acute articular rheumatism	32	1	31	1
48	Chronic rheumatism and gout	24	5	19	..
50	Diabetes	73	15	58	5
51	Exophthalmic goitre (? — 1)	15	2	13	..
52	Addison's disease	2	..	2	2
53	Leukemia (? — 1)	12	1	11	2
54	Anemia, including chlorosis (? — 5)	45	18	27	6
55	Other general diseases (? — 1)	12	1	11	2
56	Alcoholism (acute and chronic)	6	..	6	..
59	Other chronic poisonings	2	..	2	..
	DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE				
61	Simple meningitis	5	1	4	3
62	Locomotor ataxia (? — 2)	138	111	27	..
63	Other diseases of the spinal cord (? — 1) . . .	13	1	12	1
64	Cerebral hemorrhage, apoplexy (? —)	1	..	1	..
66	Paralysis without specified cause (? — 1) . . .	20	4	16	2
67	General paresis of the insane (? — 1)	37	30	7	..
68	Other forms of mental alienation (? — 2) . . .	6	..	6	..
69	Epilepsy (? — 1)	12	3	9	..
72	Chorea	7	1	6	..
73	Neuralgia and neuritis (? — 5).	8	..	8	..
74	Other diseases of the nervous system (? — 5) .	39	3	36	..
76	Diseases of the ears	4	..	4	..

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Nos. of International Nomenclature	DISEASES AND CONDITIONS	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
	DISEASES OF THE CIRCULATORY SYSTEM				
77	Pericarditis	5	..	5	1
78	Endocarditis	5	..	5	5
79	Organic diseases of the heart (? — 2)	188	48	140	33
80	Angina Pectoris (? — 1)	2	..	2	..
81	Diseases of the arteries, atheroma, aneurysm, etc. (? — 1)	16	..	16	5
82	Embolism and thrombosis	1	..	1	1
83	Diseases of the veins	4	..	4	1
84	Diseases of the lymphatic system	4	1	3	1
85	Hemorrhage, other diseases of the circulatory system	40	4	36	..
	DISEASES OF THE RESPIRATORY SYSTEM				
86	Diseases of the nasal fossæ	5	1	4	..
87	Diseases of the larynx	7	..	7	..
88	Diseases of the thyroid body	3	..	3	..
89	Acute bronchitis	20	1	19	1
90	Chronic bronchitis (? — 1)	24	5	19	1
91	Bronchopneumonia	6	..	6	3
92	Pneumonia	69	1	68	12
93	Pleurisy (? — 1)	18	..	18	1
96	Asthma	31	8	23	..
98	Other diseases of the respiratory system (tuberculosis excepted)	6	..	6	..
	DISEASES OF THE DIGESTIVE SYSTEM				
99	Diseases of the mouth and adnexa	5	..	5	..
100	Diseases of the pharynx	43	3	40	..
102	Ulcer of the stomach	9	1	9	..
103	Other diseases of the stomach (cancer excepted) (? — 1)	28	1	27	2

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Nos. of International Nomenclature	DISEASES AND CONDITIONS	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
104	Diarrhoea and enteritis (under 2 years)	3	..	3	..
105	Diarrhoea and enteritis (2 years and over) (? — 4)	26	..	26	..
107	Intestinal parasites (? — 1)	11	2	9	..
108	Appendicitis and typhilitis (? — 1)	1	..	1	..
109	Hernias; intestinal-obstruction	3	..	3	..
110	Other diseases of the intestines	21	..	21	1
111	Acute yellow atrophy of liver (? — 1)	2	..	2	2
113	Cirrhosis of the liver (? — 4)	19	6	13	5
114	Biliary calculi (? — 2)	15	..	15	..
115	Other diseases of the liver (? — 5)	15	1	14	..
116	Diseases of the spleen	1	..	1	..
117	Simple peritonitis (non-puerperal)	1	..	1	..
NON VENEREAL DISEASES OF THE GEN- ITO-URINARY SYSTEM AND ANNEXA					
119	Acute nephritis (? — 1)	17	1	16	1
120	Bright's disease (? — 2)	73	19	54	16
122	Other diseases of the kidneys and adnexa (? — 2)	17	1	16	2
123	Calculi of the urinary passages	2	..	2	..
124	Diseases of the bladder	5	..	5	..
126	Diseases of the prostate.	2	..	2	..
128	Uterine hemorrhage (non-puerperal)	1	..	1	..
130	Other diseases of the uterus	5	1	4	..
131	Cyst and other tumors of the ovary	1	..	1	..
132	Salpingitis and other diseases of the female genital organs	3	..	3	..
THE PUERPERAL STATE					
134a	Normal labor	3	..	3	..
134b	Accidents of pregnancy (? — 1)	2	..	2	..
136	Other accidents of labor	1	..	1	..
138	Puerperal albuminuria and convulsions	3	1	2	1

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Nos. of International Nomenclature	DISEASES AND CONDITIONS	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
	DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE				
143	Furuncle	1	..	1	..
144	Acute abscess (? — 1)	3	..	3	..
145	Other diseases of the skin and annexa (? — 1)	13	..	13	1
	DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION				
146	Diseases of the bones (tuberculosis excepted) (? — 1)	3	..	3	..
147	Diseases of the joints	29	4	25	..
149	Other diseases of the organs of locomotion	8	1	7	..
	CONGENITAL MALFORMATIONS				
150	Congenital malformations	1	..	1	..
	AFFECTIONS PRODUCED BY EXTERNAL CAUSES				
165	Other acute poisonings (? — 2)	4	..	4	2
168	Absorption of deleterious gases	1	..	1	..
177	Starvation	1	..	1	..
179	Effects of heat	2	..	2	..
	UNCLASSIFIED OR ILL-DEFINED DISEASES				
189	Unclassified or ill-defined	59	2	57	..
	Total all cases discharged in 1917	1921	562	1359	151
	Cases remaining in the wards January 1, 1918	73			
		1994			

Table C

Summary of Medical Report

JANUARY 1, 1917, TO JANUARY 1, 1918

Total number of medical admissions in 1917		1919	
Total number of medical cases remaining in wards January 1, 1917		75	
			1994
Total number of medical re-admissions discharged in 1917	562		
Total number of medical new cases discharged in 1917. .	1359		
		1921	
Total number of medical cases remaining in the wards January 1, 1918		73	
			1994
Results on medical cases discharged in 1917 were as follows:			
Total number discharged well	224		
improved	1097		
unimproved	243		
untreated	60		
transferred to Surgical Service	146		
dead	151		
		1921	
Total number of medical cases remaining in the wards January 1, 1918		73	
			1994

Table D

Electrocardiographic Studies

JANUARY 1, 1917, TO JANUARY 1, 1918

Abnormal form of curve	5
Auricular Disturbance (unknown origin)	4
Auricular Fibrillation	80
Auricular Fibrillation and Flutter	2
Auricular Flutter	6
Bradycardia, Normal	1
Cardiosclerosis	3
Defective Conduction of the Left Branch of the Bundle of His	3
Defective Conduction of the Right Branch of the Bundle of His	15
Delayed Conduction Time.	7
Digitalis Effect	5
Digitalis Intoxication	2
Displacement of the Heart	1
Disturbance of the Pacemaker	1
Heart Block, Complete	12
Heart Block, Partial	5
Hypertrophy, Auricular	14
Hypertrophy, Left Ventricular	128
Hypertrophy, Right Ventricular	46
Premature Auricular Beats	13
Premature Ventricular Beats	40
Premature Ventricular Beats, Interpolated	9
Pulsus Alternans	3
Sinus Arrhythmia	14
Tachycardia, Auricular	1
Tachycardia, Auricular Paroxysmal	1
Tachycardia, Normal	4
Tachycardia, Paroxysmal	1
Variation of the Pacemaker	2

SOCIAL SERVICE WORK

Any consideration of ambulatory medical cases should intertwine with social service work. If we manage these patients most effectively we find many times aid from the social service worker of the greatest value. Not every patient by any means needs social service work. Some need but little else. It makes little odds what the proportionate division of labor is; the important thing is that every now and then, in fact frequently, the social worker is required. So a ready, coöperative social service department is important to the medical work in ward and Out-Door Department. Sometimes it is said that Social Service Departments try to be the tail that wags the dog. This is a reversal of normal relations in dog economy but after all both body and tail seem necessary to a complete comfortable dog and the proportion between body and tail does vary in different sorts of dogs. With us the association between social service and medical work has been closely coöperative and helpful to the medical work. In last year's report both Miss Cheney and myself pointed out need for more paid workers and as this is being written comes news of a gift that will enable us in 1918 to expand social service work along the lines there indicated. This will mean a better service to our patients in 1918 than we were able to give in 1917. Just what that was in 1917 on the social service side the report of the Social Service Department on page 32 will show. We hope that further expansion will be made possible by other gifts for this phase of the work.

OUT-DOOR DEPARTMENT

Since July, 1917, war shortage of physicians has made difficult the Out-Door Department work. We have

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done the best we could. Patients frequently have had long waits for service. They have been remarkably cheerful under the circumstances. I think we have given good service though often delays were unavoidable and must have been irksome. Just at present a system of work by appointment is being tested out. This was discussed and a plan recommended in the 1916 annual report. In the next report its practical working will be discussed. It would seem that its application should bring better and prompter service to our patients. The report of the superintendent elsewhere will show the number of patients handled by the Medical Out-Door Department.

As in previous years we have managed certain types of ambulatory patients in groups or classes, aided by a social service worker. This has been a good plan as we see it. Statements from the reports of these classes made to me by those in charge follow.

CARDIAC CLASS

In May Dr. Denny ceased his supervision of the Cardiac Class to go to France for medical war service. Miss Homans has continued as visitor for these patients supervising them in their homes and sharing in their class instruction. After Dr. Denny's departure various members of the staff gave medical supervision to this group. The following is taken from the report of Miss Homans on the year's work.

The list of patients belonging to this class has reached the number of one hundred and six, forty-six being left in our care from 1916, and sixty new ones being referred this year. About one-third of this latter number were referred from the house and two-thirds from the Out-Door Department. Fifteen of these sixty patients are between the ages of twelve and twenty, but the ages of the whole number range from twelve to eighty years.

We feel more and more convinced, that in spite of the satisfaction it gives to do for older people, that those patients between twelve and forty years, with the emphasis on those under twenty, are the ones who will best repay our efforts. The Children's Hospital is giving close attention to its care of cardiac disease, and of its contributory causes, chorea, rheumatism, etc., and as the children below twelve years go to their Out-Patient Department, and as those above twelve years come to ours, it would seem wise to form some definite plan of coöperation which would be of benefit to the patients of both hospitals, and enable those patients to be followed up during the most important period of their lives.

A great deal more visiting in the homes and schools could be done, and in most cases, outside of the impression that the physician makes on the child and its parents, without which nothing can be accomplished, visiting not only gives a knowledge of home and school condition, but is an important factor in keeping the patient up to a regular attendance at the class.

Of the forty-six patients still left in our care at the beginning of 1917, thirteen have re-entered the house, six because of cardiac decompensation, two because of probable rheumatism and two for tonsillectomy.

There have been nine deaths among these forty-six patients, the ages of those having died ranging from fifteen to forty years. Two who had re-entered the house died there, four have died at home and two others at the Carney and Robert Breck Brigham Hospitals, respectively. The ninth death was that of a girl of fifteen who had come to the Out-Door Department too late for anything to be accomplished, and who died in the house later of acute pericarditis. Among the nine patients who have died there was one, a Scotchman, who had been a member of the class almost from its beginning. I am sure that the help received from Dr. Denny was of inestimable

REPORT OF THE PHYSICIAN-IN-CHIEF

value in enabling him to continue his work and support his wife and child. One can never forget the courage and patience shown by this man.

There have been encouraging instances of young girls and boys failing to show any further symptoms of chorea and cardiac disease, and who are now able to return to school or work. The Placement Bureau belonging to the Boston Public Schools is used in finding proper employment for these patients. Other encouraging instances are those of older people who keep well and at work by means of the treatment and advice given them by the physician in charge of the class, seconded by their own intelligence.

DIABETIC CLASS

During the year 1917 the Diabetic Class has met every Thursday at 2 P. M., with a physician and an assistant in attendance. Dr. Haller supervised the class until his departure for service in the army, when Dr. Drinker, who had started the class in 1915, came back to it for the summer months, and in September Dr. West took medical charge. Mrs. Mark as in past years has done a large part of the work in the class and has contributed much to its efficiency. Her report of the year's work follows.

The conduct of the class has been practically unchanged. The principle is to teach each patient to control his own case, by watching for the appearance of glucose in his urine, making a daily test for glucose, and regulating his diet with the aid of detailed advice as to the kind of food and the quantity safe for him. Each patient is required to return to the Class every week at first, and after he understands how to manage his diet, he returns only once a month.

The following data with reference to the class will serve to show the year's progress:

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Total number of patients seen in 1917	119
Members previous to 1917	62
Of these in attendance 3 years or more	24
Members new in 1917	57
Referred from hospital	23
Seen first in Out-Door Department	40
Of these sent in by outside physician	15
Making only 1 visit.	13
In regular attendance	44
Total satisfactory members of the class	67
Unsatisfactory members of the class	41
Temporary members of the class	11
Total visits of patients to the class	443
Number of patients making less than 5 visits	50
Comparison with 1916:	
Increase in total number of patients	10%
Increase in new patients during year	0%
Increase in patients in regular attendance	22%

The attendance has varied from four to eighteen a day, the variation corresponding to that of the clinic as a whole. There has not been a proportional increase over 1916 equal to that of 1916 over 1915, but there has been no decrease, and the failure to increase is not an element of discouragement. The class is usually quite as large as can be comfortably handled in the afternoon, and it is important to keep the numbers within a limit which will make possible the continuance of the present friendly, informal, personal interviews with the patients.

RENAL CLASS

The Renal Class was started in the Out-Door Department in March, 1917, under the direction of Miss Griffin and Dr. O'Hare. At first meetings were held twice a week, but during the last few months but one meeting has been held, due to stress of other work in the hospital.

With few exceptions the patients are acute or chronic nephritics who have been previously in the hospital. Each renal case as he leaves the hospital is instructed to

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return to the class to be followed there. Fifty-five such patients have attended the class with a total of three hundred and three visits—an average of five to six patients at each meeting.

Each patient comes at least once in three months, but about 40 per cent come much more frequently. Physical and retinal examinations are made at least once in three months and renal function tests (phthalein and blood urea) are done once in two months, if possible. Each patient, too, has a routine blood pressure and urine examination every time he appears; if possible, the urine examination is of a twenty-four hour amount.

At each meeting the work consists of an occasional talk to the whole group, individual consultation with each patient, and the examinations mentioned above. By means of these tests and examinations we can follow quite closely the progress of the disease and can accordingly institute the proper treatment. In some cases this means hospital care, and five of our cases have been, accordingly, referred to the hospital. Three of these cases have died. Four cases have been referred to the hospital for further study and one for a pelvic operation. One case was referred to a convalescent home.

When illness or other cause prevents a patient from coming to the class according to the schedule he is visited in his home by Miss Griffin. Twenty-one such calls have been made.

Another point deserves mention. A few of our cases who report to us are under the charge of their own family physician. When requested a report of the results of tests done and the deductions drawn therefrom has been sent to the physician.

Total number of patients in Renal Class	55
Total number of visits	303
Total number of patients referred to the hospital . . .	10
Total number of patients referred for their nephritis . .	5

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Total number of patients referred for study	4
Total number of patients referred for operation	1
Total number of patients referred to convalescent home	1
Total number of patients who have died	3
Total number of Social Service visits	21

BRONCHIAL ASTHMA

The gift of Mr. Charles F. Choate for the study of bronchial asthma was referred to in the 1916 report. During 1917 active work continued under the direction of Dr. Chandler Walker assisted by Mr. Wodehouse, chemist, and Miss Adkinson, bacteriological technician. The scientific work done is listed on page 137 under "Special Studies" and is discussed on page 141. Twenty-one publications were made in 1917 based on the work done since the receipt of the gift.

In addition to this published work, which undoubtedly will help in improving many physicians' treatment of bronchial asthma, in carrying on the studies we have been able to ameliorate the suffering of a number of individuals. This is a feature of medical investigation worthy of emphasis; the result of the study may be of great value to humanity; the actual investigation helps individuals; a very potent reason why medical investigation should appeal to those in a financial position to encourage investigation.

Up to January 1, 1918, the total number of asthmatics which have been studied by Dr. Walker and his co-workers is 345. Of this number 83 were relieved of asthma, 43 were markedly improved, 20 were improved, 35 were treated but not improved at all and the remaining 165 cases were either not treated at all or treatment has been of too short a duration to determine its value. A total of 50 patients with hay fever have also been studied. Of this number 32 were relieved and prevented from having hay fever the ensuing year, 5 patients

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had much fewer symptoms than usual, 5 were not benefited at all and the remaining 8 patients were not treated.

SPECIAL STUDIES

During 1917 the following scientific papers were published from the Medical Service:

- CHRISTIAN. A Consideration of the Clinical Classification of Chronic Nephritis. *Cleveland Medical Journal*, 1917, XVI, 223.
- The Modern Hospital — Its Form, Function and Work. *New York State Jour. of Medicine*, 1917, XVII, 210.
- The Use of Tests of Renal Function in Cases of Nephritis. *Jour. of Urology*, 1917, I, 319.
- Some Observations on the Use of Diuretics in Nephritis. *Canadian Practitioner and Review*, July, 1917.
- Gout and Infectious Arthritis. *International Clinics*, 1917, II, 1.
- Visceral Disturbances in Patients with Cutaneous Lesions of the Erythema Group. *Jour. Am. Med. Assoc.*, 1917, LXIX, 325.
- The Nervous Symptoms of Polycythemia Vera. *Am. Jour. of the Med. Sciences*, 1917, CLIV, 547.
- Chronic Nephritis, with a Discussion of Functional Tests. *International Clinics*, 1917, III.
- The Significance of Arrhythmias and Systolic Murmurs in Relation to Cardiac Efficiency. *Boston Med. and Surg. Jour.*, 1917, CLXXVII, 750.
- Heart Block in Acute Rheumatic Pericarditis. *Medicine and Surgery*, 1917, I, No. 9.
- PEABODY. Report on the Treatment of Myelogenous Leukemia with Radium. *Boston Med. and Surg. Jour.*, 1917, CLXXVII, 873.
- Clinical Studies on the Respiration. III. A Mechanical Factor in the Production of Dyspnea in Patients with Cardiac Disease. *Arch. of Int. Med.*, 1917, XX, 433.
- PEABODY AND McCLURE. Relation of Vital Capacity of Lungs to Clinical Condition of Patients with Heart Disease. *Jour. Am. Med. Assoc.*, 1917, LXIX, 1954.

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- PEABODY, WENTWORTH AND BARKER. Clinical Studies on the Respiration. V. The Basal Metabolism and the Minute-Volume of the Respiration of Patients with Cardiac Disease. *Arch. of Int. Med.*, 1917, XX, 468.
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- Study V. Studies on the Sensitization of Patients with Bronchial Asthma to the Different Proteins in Wheat and to the Whole Protein of Wheat, Corn, Rice, Barley, Rye and Oat. Jour. Med. Research, 1917, XXXV, 509.
- Study X. Studies on the Sensitization of Patients with Bronchial Asthma to the Proteins in Animal, Fruit and Vegetable Foods. Jour. Med. Research, 1917, XXXVI, 231.
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- Study XIII. The Relationship Between the Cutaneous Reaction, Serum Agglutination Tests and Bacteriological Examination of the Sputum and Nasal Secretions in Determining the Part Staphylococcus Pyogenes Aureus and Albus may play in the Cause of Bronchial Asthma. Jour. Med. Research, 1917, XXXVI, 295.
- Study XVI. The Sensitization of Hay Fever and Asthmatic Patients to the Proteins Found in the Different Parts of Plants and to the Individual Proteins of the Cereals. Jour. Med. Research, 1917, XXXVII, 277.
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- Study VII. Immunochemistry of the Proteins of Horse Dander. Jour. of Immunology, 1917, II, 237.
- Study VIII. Immunochemistry of the Proteins of Dog Hair. Jour. of Immunology, 1917, II, 243.
- Study IX. Immunochemical Studies of the Plant Proteins: Proteins of the Wheat Seed and Other Cereals. Am. Jour. of Botany, 1917, IV, 417.

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WODEHOUSE. Direct Determinations of Permeability. Jour. of Biological Chemistry, 1917, XXIX, 453.

WODEHOUSE AND OLMSTED. Preparation of Animal Food Proteins for Anaphylactic Tests. Boston Med. and Surg. Jour., 1917, CLXXVII, 1.

—Preparation of Vegetable Proteins for Anaphylactic Tests. Boston Med. and Surg. Jour., 1917, CLXXVI, 467.

VAUGHAN. Rapid Examination of Occult Blood by the Benzidin Method. Jour. of Lab. and Clinical Medicine, 1917, II, 3.

My own published studies have in large part consisted in summarizing our experience with renal disease. Since the hospital opened for medical patients we have carried out numerous tests to determine the functional condition of the kidney when diseased in various ways. Much data had been accumulated by the beginning of 1917, and so an analysis of this seemed as if it would be profitable, and this engaged my attention. As we had investigated the patients our conception of kidney disease has changed somewhat and I have grouped patients more in relation to their cardio-vasculo-renal relations, and less attention has been paid to disturbances in the kidney alone. In this it is recognized that the patient with a diseased kidney practically always has disturbances in his heart or blood vessels, and that a proper conception of the patient's condition, what he can do, and how best to treat him, is arrived at only from a consideration of all three factors in each case. Our tests of renal function and our means of studying graphically the circulation taken together have contributed to an improvement in the diagnosis and treatment of patients with chronic kidney disease. In one paper the special usefulness of various tests of renal function is discussed. In another our experiences with diuretic drugs is given and there I have summarized my views as follows:

"If I were to attempt to sum up my views as to the use of diuretic drugs in nephritis I would say that in

uncomplicated nephritis of all types diuretics are either not indicated because there is no need for increased urinary output, or where there is a need for increased urinary output, or where there is a need for diuresis to remove oedema or detoxify, they do no good. In other words, in nephritis as such they should not be used. Reduction of fluid intake, salt-poor diet, sweating and purging are better methods for removing edema. For toxic symptoms, bleeding, sweating and purging are more efficacious than diuretic drugs. On the other hand in patients with cardiac insufficiency and relatively little organic renal lesion diuretics are extremely useful to aid in the removal of fluid accumulated in the body. Under these conditions they seem to work best when given intermittently in part because of their tendency to cause nausea, and in part because study of renal function indicates that frequently following very active diuresis renal function is temporarily depressed. They are most efficient when given after a short period of digitalis therapy. In the patient with edema of nephritic origin without cardiac insufficiency digitalis alone, however, in my experience produces no diuresis, and when followed by a diuretic drug little or no increased urine flow results."

In another paper our experience with heart murmurs and various types of irregularity of the heart as studied by the electrocardiograph have been brought together in a simple practical way as a subject particularly opportune at the time when recruits and draft men for our new army were being examined.

Dr. Peabody and his co-workers, Drs. McClure and Wentworth and Miss Barker, have published a series of studies on the causes of breathlessness in heart disease, and have evolved a mechanical graphic method of using the respiratory capability of an individual as a measure of the functional capacity of his heart in relation to

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damage resulting from disease of it. Their work may be summarized as follows:

The essential difference between normal subjects and patients with heart disease with regard to the production of dyspnea is not that cardiac patients are necessarily more sensitive to any given stimulus to the respiratory center, but that they cannot stand as great a stimulus. Cardiac patients become dyspneic easier than normal subjects because they are unable to meet the rising stimulus to respiration with an adequate increase of pulmonary ventilation. The limitation of the depth of breathing is thus an important factor in the production of dyspnea in patients with heart disease.

They determined the vital capacity of the lungs in normals and compared it with that found in patients with heart disease. As cardiac condition improved vital capacity increased. On the basis of vital capacity in different individuals they could group patients and obtain figures for each expressing their percentage of the average normal value. This figure was found to give a very satisfactory quantitation of the heart's capacity for work.

Drs. Pratt and McClure made an intensive study of several cases of gout which throws much doubt on some of the views generally held in regard to the relationships between disturbed metabolism and the gouty deposits and symptoms of gout. Uric acid retention is common in gout, but is not diagnostic of gout. According to them there is no doubt that uric acid plays a part in the disease, but its mere retention cannot be regarded as the cause of gout.

The various titles of the papers by Dr. Walker and his two associates give a good idea of the investigation of asthma under the Choate Fund. The asthmatic is frequently hypersensitive to some protein substance and his attacks result from the entrance by various paths of

this protein substance into his body. Many proteins may so act — hair, foods, pollens, bacteria, etc. Which one is the problem to answer in the given case? Sometimes the search is long and the path devious. The result is sometimes a great surprise. Study of the patient and consideration of his surroundings usually suggest the clue. A skin test gives the incriminating evidence. The cause found, sometimes it can be removed; in other cases the patient's resistance can be raised so that the protein no longer causes asthma. In 150 cases carefully studied 55 per cent were found sensitive to some protein. Of this group horse hair and horse dandruff was the cause in about 20 per cent, wheat proteins in 15 per cent, bacteria, *staphylococcus aureus*, in 15 per cent, pollens of spring flowers in 15 per cent, autumnal pollens in 10 per cent, the cat in 5 per cent, etc. Sometimes several proteins can cause asthma in the same patient. In about 45 per cent no protein sensitization could be made out. Other factors enter here. Heredity, nervous temperament, and chronic bronchitis are important factors in the cause of these cases. Since the work on which these publications are based was done, further progress has been made and the work is being continued in 1918.

Two studies on cardiac disease, those of Dr. Rapport and of Dr. Koefod in association with Dr. Parkinson, were made in England as part of an extensive investigation of the heart in relation to the stress and strain incident to war, the study being conducted for the British Government by Dr. Thomas Lewis, in 1914 a Physician pro tem. here at the Brigham Hospital. Drs. Rapport and Koefod worked in England as assistants to Dr. Lewis in the interval between graduation and beginning service as house officers with us. Their trip was made possible by a traveling fellowship from Harvard, an interesting example of complex coöperation both inter-institutional and international.

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Dr. Bowen of Buffalo, New York, came for a few weeks' work, and with Dr. Boothby carried out an interesting study of the metabolism and renal function in nephritics as influenced by taking thyroid extract. This substance has been advised as a means of treating Bright's disease. Their study showed not only the inefficiency but the actual damage of such form of treatment.

During the year Dr. Fitz published a paper showing that in the severe diabetic renal function is definitely depressed. This study was begun while Dr. Fitz was an Assistant Resident Physician at the Peter Bent Brigham Hospital and was continued as an Assistant Resident at the Rockefeller Hospital in New York. His paper embodies results on patients studied at both institutions.

Other of the papers are of much interest but space does not suffice for their description.

In concluding the annual report of the work of the Medical Service it is a pleasure to acknowledge the work of many individuals in the hospital family from department heads down to the humblest employees. Their coöperation has made possible our work; their willingness to serve has rendered the daily task a pleasant one. Though those who have so helped are many and all have done their part, to two, I think, the Medical Service this year may express especial thanks — to Miss McCullough who in the trials and difficulties with cooks and high cost of food, has kept going to the wards the regular procession of special weighed diets without which many of our studies would have been impossible, and to Miss Ivers who has taken over the work of our admirable Superintendent of Nurses, Miss Hall, while Miss Hall serves in France, and has kept up the standard of efficiency set by Miss Hall to our complete satisfaction.

HENRY A. CHRISTIAN.

Physician-in-Chief.

Register of Present Members of the Staff

ABBREVIATIONS

P.B.B.H. — Peter Bent Brigham Hospital	Harv. — Harvard University
B.C.H. — Boston City Hospital	H.M.S. — Harvard Medical School
J.H.H. — Johns Hopkins Hospital	J.H.M.S. — Johns Hopkins Medical School
M.G.H. — Massachusetts General Hospital	H.O. — House Officer

*ALEXANDER, HARRY LOUIS.

A.B., Williams, 1910; M.D., Columbia Univ., Col. of Phys. & Surg., 1914; H.O., Presbyterian Hosp., N.Y.C., 1914-16; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1916-July 6, 1917.*

BARROW, WILLIAM HULBERT.

A.B., Harv., 1908; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., Nov. 1, 1916-June 17, 1917*; 1st Lieut. Mass. National Guard, 1st Field Hospital Co.; 1st Lieut. Medical Corps of Regular Army, U. S. A.

BRYANT, JOHN.

A.B., Harv., 1903; *Asst. Res. Surg., Free Hosp. for Women, Brookline, Nov. 1905-June 1906*; M.D., H.M.S., 1907; Instr. in Pathol. & Neuro-pathol., H.M.S., Sept. 1907-June 1908; Surg. House Pupil, M.G.H., Dec. 1908-April 1910; Research in Europe, June 1912-Sept. 1913 & June 1914-Sept. 1914; Asst. in Anatomy, H.M.S., since Sept. 1913; Grad. Asst., M.G.H., Children O.P.D., Jan. 1915, Neurol. O.P.D., Feb. 1915-June 1916; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., Jan. 1915-June 1916; *Vol. Asst., P.B.B.H., July 1916-Jan. 1917*; *Assoc. in Med., P.B.B.H., on leave.*

BURLINGHAM, LOUIS HERBERT.

A.B., Yale, 1902; M.D., J.H.M.S., 1906; House Pupil, M.G.H., 1906-07; *Asst. Res. Phys., M.G.H., 1907-12*; Asst. Adm., M.G.H., 1912; *1st Asst. Supt., P.B.B.H., Oct. 19, 1912-Apr. 30, 1917*; *Curator, P.B.B.H., May 8, 1913-May 10, 1917*; Administrator St. Louis Children's Hospital; Supt. Barnes Hospital, St. Louis, Mo.

CANNON, WALTER BRADFORD.

A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., H.M.S., 1900; Instr. in Zoology, Harv., 1899-1900; Instr. in Physiol., H.M.S., 1900-02; Asst. Prof. Physiol. H.M.S., 1902-06; Geo. Higginson Prof. Physiol., H.M.S.; *Consulting Physiol., P.B.B.H.*; Fellow Am. Acad. 1906; Mem., Am. Philos. Soc., 1908; Mem., Nat. Acad. of Sciences, 1914.

*CARR, GLADYS LYDIA.

M.D., Tufts, 1906; H.O., N.E. Hosp. for Women & Children, 1906-07; Asst. on Maternity Staff, *ibid.*, 1907-08; General Practice, Boston 1907-08; Private Practice Lynn, 1908-14; Head of Roentgen & Electrotherapeutic Depts., N.E. Hosp. for Women & Children; *Roentgenologist, pro*

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tempore, P.B.B.H., July 1, 1914-Feb. 1, 1916; Roentgenologist, P.B.B.H., Feb. 1, 1916-Oct. 31, 1917.

CHASE, HENRY MELVILLE.

S.B., Dartmouth, 1897; M.D., H.M.S., 1901; House Pupil, M.G.H., 1901-02; Asst. Surg., Boston Dispensary, 1906-14; Fellow, Am. Col. of Surg., 1912; Surg., Boston Dispensary; Surg., Berkeley Infirmary; *Assoc. in Surg., P.B.B.H.*

CHEEVER, DAVID.

A.B., Harv., 1897; M.D., H.M.S., 1901; Surg. H.O., B.C.H., 1901-03; Asst. in Anatomy, H.M.S., 1903-08; Asst. Visit. Surg. B.C.H., 1905-12; Demonstr. in Anatomy, H.M.S., 1908-13; *Surg., P.B.B.H.*; Asst. Prof. of Surg. Anatomy, H.M.S.; Asst. Prof. of Surgery, H.M.S.; Chief Surg., 2d Harv. Unit, British Expeditionary Forces, France, Dec. 1915-Mar. 1916.

CHRISTIAN, HENRY ASBURY.

A.B. & A.M. Randolph-Macon, 1895; Grad. Stud., Randolph-Macon, 1895-96; M.D., J.H.M.S., 1900; A.M., Harv., 1903; Asst. Pathol. B.C.H., 1900-02; Asst. Visit. Pathol., B.C.H., 1902-05; Asst. Visit. Pathol., Children's Hospital, Boston, 1902-05; Instr. in Pathol., H.M.S., 1902-05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of Medical Students, M.G.H., 1905-07; Instr. in Theory & Practice of Physic, H.M.S., 1905-07; Asst. Prof. in Theory & Practice of Physic, H.M.S., 1907-08; Phys.-in-Chief, Carney Hosp., Boston, 1907-12; Dean, Faculty of Med. & of Med. School, Harv., 1908-12; Fellow of Am. Acad.; Hersey Prof., Theory & Practice of Physic, H.M.S.; *Phys.-in-Chief, P.B.B.H.*

CUSHING, HARVEY.

A.B., Yale, 1891; A.M., Harv., 1895; M.D., H.M.S., 1895; Hon. F.R.C.S., London, 1913; Hon. A.M., Yale, 1913; D.Sc., Washington Univ., 1915; House Pupil, M.G.H., 1895-96; Res. Surg., J.H.H., 1896-1900; Asst. Instr. & Assoc. Prof. in Surg., J.H.M.S., 1898-1912; *Surg.-in-Chief, P.B.B.H.*; Moseley Prof. of Surg., H.M.S.; Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, Apr.-June 1915; Major, U. S. Army Base Hospital, No. 5, British Expeditionary Force, 1917-

DAY, HILBERT FRANCIS.

Ph.B., Yale, 1901; M.D., H.M.S., 1905; Surg. H.O., B.C.H., Oct. 1905-Nov. 1907; House Phys., Boston Lying-in-Hosp., Nov. 1907-July 1908; 3d Asst. Visit. Surg., B.C.H. (Gynecol. Dept.), 1908-09; 4th Asst. Visit. Surg., B.C.H., 1909; District Phys., Boston Dispensary, Oct. 1909-Oct. 1912; Asst. to Surgeons, Boston Dispensary, Nov. 1911-Nov. 1912; Surg., Maverick Dispensary, E. Boston, 1913-14; Asst. Surg., Boston Dispensary, Nov. 1912-Aug. 1914; Surg. Boston Dispensary; 1st Asst. Surg., Beth Israel Hosp.; *Assoc. in Surg., P.B.B.H.*

*DEAN, ARCHIE LEIGH, JR.

B.S., Cornell, 1913; M.D., Cornell, 1917; *Surg. H.O., P.B.B.H.*

DENNY, GEORGE PARKMAN.

A.B., Harv., 1909; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., June 1, 1913-July 1, 1914*; Vol. Lab. of Physiol. Research, J.H.M.S., 1914-15; Alumni Asst. in Med. H.M.S., 1915-16; Asst. in Clin. Pathol., H.M.S.; *Assoc. in Med., P.B.B.H.*, Attending Phys., St. Luke's Home, Boston; Phys. to Med. Students, H.M.S.

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DEVAN, THOMAS ALAN.

B.S., Rutgers, 1906; M.D., J.H.M.S., 1910; H.O., Presbyterian Hosp., N.Y.C., Jan. 1, 1911-Jan. 1, 1913; *2d Asst. Supt., P.B.B.H., Aug. 1, 1913-May 1, 1917; 1st Asst. Supt., P.B.B.H.*

DRINKER, CECIL KENT.

B.S., Haverford, 1908; M.D., Univ. of Penn., 1913; *Med. H.O., P.B.B.H., Mar. 1, 1914-July 1, 1915; Instr. in Physiol., J.H.M.S., 1915-16; Instr. in Physiol., H.M.S., 1916-17; Res. Phys., P.B.B.H., July 10, 1917-Oct. 15, 1917.*

DRINKER, KATHERINE ROTAN.

A.B., Bryn Mawr, 1910; M.D., Woman's Med. Col. of Penn., 1914; *Asst. Res. Phys., P.B.B.H., July 7, 1917-Sept. 24, 1917.*

FOLIN, OTTO.

S.B., Univ. of Minn., 1892; Ph.D., Univ. of Chicago, 1898; Sc.D., Washington Univ., 1915; Sc.D., Univ. of Chicago, 1916; Member Nat. Acad., 1916; Student, Univs. of Sweden & Germany, 1897 & 1898; Asst. Prof. of Physiol. Chem., Univs. of W. Va., 1899-1900; Research Chem., McLean Hosp., Waverly, 1900-08; Assoc. Prof. of Biol. Chem., H.M.S., 1907-09; Hamilton Kuhn Prof. of Biol. Chem., H.M.S.; Chem., M.G.H.; *Consulting Chem., P.B.B.H.*

FOSTER, JOHN JESS.

B.S., Colby, 1913; M.D., Univ. of Penn., 1917; *Med. H.O., P.B.B.H.; 1st Lieut. M.R.C., U.S.A.*

FROTHINGHAM, CHANNING.

A.B., Harv., 1902; M.D., H.M.S., 1906; Med. H.O., B.C.H., 1906-07, Asst. Visit. Phys., Carney Hosp., O.P.D., Boston, 1908-12; Sec'y, Faculty of Med., Harv., 1908-13; Asst. in Theory & Practice of Physic, H.M.S., 1908-13; Instr. in Med., H.M.S.; 1st Lieut., M.R.C., June 1, 1917-Aug. 4, 1917; Major, M.R.C., Aug. 4, 1917-; June 1, 1917 to Nov. 1917, Med. Off. Train. Camp, Ft. Benj. Harrison; Nov. 1, 1917, Chief Med. Service, Base Hospital, Camp Devens, Ayer, Mass.; *Phys., P.B.B.H., on leave for army service.*

GOLDEN, ROSS.

A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., July 1, 1916-July 18, 1917; Army Med. Sch. Wash., D.C., Section III, Aug. 1917-Oct. 1917; Commissioned 1st Lieut. M.R.C., July 10, 1917; 1st Lieut. M.C.U.S. Army, Dec. 28, 1917.*

GOODALL, HARRY WINFRED.

A.B., Dartmouth, 1898; M.D., H.M.S., 1902; House Pupil, M.G.H., 1902-03; House Pupil, Boston Lying-in-Hosp., 1903; Phys., Boston Dispensary; Asst. Visit. Phys., N. E. Baptist Hosp.; *Assoc. in Med., P.B.B.H., Dec. 12, 1912-Dec. 31, 1917; Instr. in Med., Harv. Grad. School of Med.*

GOODPASTURE, ERNEST WILLIAM.

A.B., Vanderbilt, 1907; M.D., J.H.M.S., 1912; Rockefeller Fellow in Pathol., J.H.U., 1912-14; Pathol., Union Protestant Infirmary, Baltimore, 1913-14; Asst. Res. Pathol., J.H.H., 1913-14; Act. Res. Pathol., J.H.H., 1914-15; Instr. in Pathol., J.H.M.S., 1914-15; *Res. Pathol., P.B.B.H., Sept. 1, 1915-Oct. 1, 1917; Instr. in Pathol., H.M.S.; Fellow in Pathol., Cancer Comm., H.M.S., Sept. 1, 1917-; Asst. Surg. U.S.N.R.F.*

REGISTER OF PRESENT MEMBERS OF THE STAFF

GRABFIELD, GUSTAVE PHILIP.

A.B., Williams, 1912; M.D., H.M.S., 1915; Teaching Fellow, Dept. of Pharmacology, H.M.S., 1915-16; *Med. H.O.*, *P.B.B.H.*, Mar. 1, 1916-June 17, 1917; 1st Lieut., M.R.C., U.S.A., 104th Inf. A.E.F.

HALLER, DAVID ALEXANDER.

A.B., Hampden-Sidney, 1908; M.D., Columbia Univ. Col. of Phys. & Surg., 1913; *Med. H.O.*, *P.B.B.H.*, Nov. 1, 1913-Mar. 1, 1915; *Asst. Res. Phys.*, *P.B.B.H.*, Mar. 1, 1915-Oct. 1, 1916; *Res. Phys.*, *P.B.B.H.*, Oct. 1, 1916-June 6, 1917; Lieut. Med. Reserve Corps, U.S.A., June 6, 1917-Dec. 6, 1917; Dec. 6, 1917, Capt. Med. Reserve Corps, U.S.A.

HARVEY, SAMUEL CLARK.

Ph.B., Yale, 1907; M.D., Yale Med. School, 1911; Alonzo Clark Fellow, Columbia Univ., 1911-12; Instr. in Pathol., *ibid.*, 1912-13; *Asst. Res. Phys.*, Loomis Sanatorium, Loomis, N.Y., 1913-14; *Surg. H.O.*, *P.B.B.H.*, Nov. 1, 1914-Nov. 1, 1915 (resigned); Arthur Tracy Cabot Fellow in Charge of Lab. of Surg. Research, H.M.S., Nov. 1, 1915-Nov. 1, 1916; *Asst. Res. Surg.*, *P.B.B.H.*, Nov. 1, 1916-May 7, 1917; May 7, 1917, M.R.C., U.S.A.

H'DOUBLER, FRANCIS TODD.

B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; Ph.D., *ibid.*, 1910; Stud., Univ. of Wis., Med. School, 1 yr.; Stud., Rush Med. School & Univ. of Philippines, 1 yr.; M.D., H.M.S., 1915; H.O., Augustana Hosp., Chicago, June 1915-Jan. 1916; *Med. H.O.*, *P.B.B.H.*, Jan. 11, 1916-Mar. 1, 1917; H.O., Augustana Hospital, April 1917-Jan. 1, 1918.

*HODGSON, JOHN SPRAGUE.

Ph.B., Brown, 1911; M.D., H.M.S., 1917; Surg. House Pupil, M.G.H., Feb. 1, 1915-Aug. 1, 1916; *Res. Surg.*, M.G.H., Sept. 15, 1916-Nov. 15, 1916; *Surg. H.O.*, *P.B.B.H.*, Nov. 15, 1916-Mar. 1, 1917; *Asst. Res. Surg.*, Mar. 1, 1917-June 22, 1917, *P.B.B.H.*

HOMANS, JOHN.

A.B., Harv., 1899; M.D., H.M.S., 1903; House Pupil, M.G.H., 1903-04; *Asst. in Hunterian Lab.*, J.H.M.S., 1908-09; Vol. *Asst. Surg.*, Children's Hosp., Boston, 1909-10; *Surg.*, M.G.H., D.P.D., 1910-12; *Asst. in Surg.*, H.M.S., 1910-13; *Surg.*, Boston Dispensary, 1913-14; *Assoc. in Surg.*, H.M.S., 1914-15; Instr. in Surg., H.M.S.; *Surg.*, *P.B.B.H.*

HOUSTON, JR., DAVID WALKER.

A.B., Princeton, 1912; M.D., H.M.S., 1916; *Surg. H.O.*, *P.B.B.H.*, July 1, 1916-Nov. 1, 1917; *Asst. Res. Surg.*, *P.B.B.H.*; 1st Lieut. M.R.C., U.S.A.

HOWARD, HERBERT BURR.

A.B., Harv., 1881; M.D., H.M.S., 1884; *Asst. Phys.*, State Infirmary, Tewksbury, Mass., 1884-85; in Practice at Idaho Springs, Colo., 1885-87; *Asst. Phys.*, State Infirmary, 1887-91; Supt., *ibid.*, 1891-97; *Res. Phys.*, M.G.H., 1897-1908; Supt., *P.B.B.H.*; Mem. Mass. State Bd. of Insanity, 1898-1913 (Chairman, 1908-13); Pres., Am. Hosp. Ass'n, 1909-10; Trustee, Gardner State Colony.

JACOBSON, CONRAD.

B.S., Beloit, 1900; Grad. Stud. 3 summer qrs., Univ. of Chicago; *Asst. Prof. of Chem. & Bacteriology*, Armour Inst. of Technology, 1903-05; Research *Asst. in Pathol.*, Univ. of Chicago, 1907-08; M.D., J.H.M.S.,

PETER BENT BRIGHAM HOSPITAL

1911; Asst. in Surg., Hunterian Lab., J.H.M.S., 1911-12; *Asst. Res. Surg., P.B.B.H., Sept. 1, 1912-Sept. 1, 1915*; Asst. in Surg., H.M.S.; *Res. Surg., P.B.B.H.*

JACOBSON, VICTOR CLARENCE.

S.B., Wisconsin, 1915; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H.*

*JONES, MERRITT LA COUNT.

S.B., Univ. of Wis., 1912; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1916*; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1916-March 1, 1917.*

KEEGAN, JOHN JAY.

A.M., Univ. of Nebr., 1912; M.D., Univ. of Nebr., 1915; *Pathol. H.O., P.B.B.H., June 15, 1917-Dec. 15, 1917.*

KING, WILLIAM ROBERT.

B.S., Univ. of Minn., 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H.*

KOEFOD, HILMAR.

B.S., Beloit, 1911; M.D., H.M.S., 1916; Moseley Travelling Fellowship, Harv., in Europe, summer of 1916; *Med. H.O., P.B.B.H., Nov. 1, 1916-Nov. 1, 1917*; 1st Lieut., M.R.C., U.S.A.

KREUTZMANN, HENRY A. R.

M.D., Univ. of Penn., 1916; *Surg. H.O., P.B.B.H.*

LADD, WILLIAM SARGENT.

B.S., Amherst, 1910; M.D., Columbia Univ., Col. of Phys. & Surg., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915-Mar. 1, 1917*; Asst. Phys., Presbyterian Hosp., N.Y.C., Sept. 1, 1917; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N.Y., Sept. 1, 1917.

MACPHERSON, DONALD JOHN.

B.S., Univ. of Rochester, 1911; M.D., H.M.S., 1915; *Med. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1916*; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1916-June 22, 1917*; 1st Lieut., M.R.C., U.S.A.

MCCARTHY, PATRICK THOMAS.

B.S., Univ. of Chicago, 1914; M.D., Rush, 1917; *Surg. H.O., P.B.B.H.*

*MCQUESTEN, PHILIP.

A.B., Dartmouth, 1911; M.D., H.M.S., 1915; Stud., B.C.H. (Pathol. Lab.), 1915-17; *Surg. H.O., P.B.B.H., Mar. 1, 1916-Aug. 17, 1917.*

*MARLOW, SEARLE BISSET.

A.B., Harv., 1912; Stud., H.M.S., 1 yr.; M.D., Syracuse Univ. Med. School, 1916; *Pathol. H.O., P.B.B.H., July 1, 1916-July 11, 1917.*

MONTGOMERY, JAMES BLAINE.

A.B., Dartmouth, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915-Mar. 1, 1917*; House Surgeon, Mass. Char. Eye & Ear Inf., Mar. 1, 1917-July 16, 1917; Grad., Army Med. School, 1917; 1st Lieut., M.C., U.S.A.

*MORRIS, JR., SAMUEL LESLIE.

B.S., Davidson, (N.C.) 1911; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., Nov. 1, 1916-Nov. 1, 1917.*

O'CONOR, VINCENT JOHN.

B.S., Univ. of Mich., 1915; M.D., Rush Med. Col., 1917; *Surg. H.O., P.B.B.H., Jan. 1, 1917-Jan. 1, 1918.*

REGISTER OF PRESENT MEMBERS OF THE STAFF

O'HARE, JAMES PATRICK.

A.B., Harv., 1908; M.D., H.M.S., 1911; Med. H.O., B.C.H., So. Dept., July 1, 1911-Oct. 1, 1911; Med. H.O., Carney Hosp., Boston, 1912-13; Fellow in Med., H.M.S., 1913-15; Asst. Visit. Phys., Carney Hosp., 1913-15; Asst. Visit. Phys., B.C.H.; *Assoc. in Med., P.B.B.H.*, Asst. in Med., H.M.S.; *Acting Physician, P.B.B.H.*

*PARKER, FREDERIC, JR.

A.B., Harvard, 1913; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H.*, Mar. 1, 1917-Apr. 1, 1917.

PEABODY, FRANCIS WELD.

A.B., Harv., 1903; M.D., H.M.S., 1907; House Pupil, M.G.H., 1907-08; Asst. Res. Phys., J.H.H., 1908-09; Fellow in Pathol., J.H.U., 1909-10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911-12; Asst., Rockefeller Inst., 1911-12; *Res. Phys., P.B.B.H.*, Nov. 1, 1912-Sept. 1, 1915 (granted leave of absence from Mar. 1, 1914 to Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation); *Asst. Visit. Phys., P.B.B.H.*, Sept. 1, 1915-Dec. 9, 1915; Alumni Asst. in Med., H.M.S., 1913-15; Asst. Prof. in Med., H.M.S.; Consulting Phys., Collis P. Huntington Memorial Hosp., Boston, Mass.; *Phys., P.B.B.H.* (Leave of absence Aug. 1, 1917—to serve as a member of the American Red Cross Comm. to Roumania.)

*POTTER, WILLIAM HENRY.

A.B., Harv., 1878; D.M.D., Harv. Dental School, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv. Dental School, 1887-88; Clin. Lecturer, *ibid.*, 1890-96; Lecturer, *ibid.*, 1896-1900; Asst. Prof., *ibid.*, 1900-04; Prof. of Operative Dentistry, Harv. Dental School; in practice, Boston; *Consulting Dental Surg., P.B.B.H.*

QUINBY, WILLIAM CARTER.

A.B., Harv., 1899; M.D., H.M.S., 1902; House Pupil, M.G.H., 1902-03; Asst. G.U. Surg. Boston Dispensary, 1907-09; Asst. Surg., N.E. Baptist Hosp., Boston, 1908-14; in charge of Experimental Surg., Brady Clinic, J.H.H., Sept. 1914-June 1916; Assoc. in Urology, J.H.M.S., 1915-16; Instr. in Surg., H.M.S.; Director of Lab. for Surg. Research, H.M.S.; *Assoc. in Urology, P.B.B.H.*

*RAPPORT, DAVID L.

A.B., Harv., 1912; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H.*, Mar. 1, 1917-June 17, 1917.

SAEGER, ERNEST TIRRILL.

B.S., Dartmouth, 1914; M.D., Harv., 1917; *Surg. H.O., P.B.B.H.*

SIMON, HILDA AMANDA.

M.D., Cooper, 1905; *3rd Asst. Supt., P.B.B.H.*

SPILLMAN, RAMSAY.

A.B., Cornell, 1914; M.D., Cornell, 1917; *Surg. H.O., P.B.B.H.*

*STEVENS, FRANKLIN A.

B.S., Univ. of Iowa, 1913; M.D., Univ. of Iowa, 1915; *Asst. Res. Phys., P.B.B.H.*, July 21, 1917-Jan. 1, 1918.

STONE, GEORGE HENRY.

A.B., Bowdoin, 1905; M.D., Bowdoin Med. School, 1908; H.O., Maine Gen. Hosp., 1908-09; in practice, Clinton, Mass., 1909-11; H.O., B.C.H.,

PETER BENT BRIGHAM HOSPITAL*

- Jan. 1912-Jan. 1913; Executive Asst., B.C.H., Jan. 1913-Feb. 1915; 3d Asst. Supt., P.B.B.H., Feb. 1, 1915-May 1, 1917; 2nd Asst. Supt., P.B.B.H.
- STURGIS, CYRUS CRESSEY.
B.S., Univ. of Wash., 1913; M.D., J.H.M.S., 1917; *Med. H.O.*, P.B.B.H.
- TAFT, ANNIE E.
M.D., Tufts, 1907; *Res. Path.*, P.B.B.H.
- TAFT, ROGER BROWNE.
D.M.D., Harv. Dental School, 1908; Asst. in Oral Surg., Harv. Dental School, 1910; Instr. in Oral Surg., Harv. Dental School; in practice, Boston; *Dental Surg.*, P.B.B.H.
- THAXTER, LANGDON THOM.
A.B., Williams, 1911; M.D., H.M.S., 1915; Med. House Pupil, M.G.H., July 1, 1915-Sept. 1, 1916; *Surg. H.O.*, P.B.B.H., Nov. 14, 1916-July 1917; 1st Lieut., M.R.C., U.S.A.
- *TOWNE, EDWARD BANCROFT.
A.B., Harv., 1906 (1907); M.D., H.M.S., 1913; *Surg. H.O.*, P.B.B.H., July 1, 1913-Nov. 1, 1914; *Asst. Res. Surg.*, P.B.B.H., Nov. 1, 1914-Nov. 1, 1915; Lieut. Col. & Surg., 2d Harv. Unit British Expeditionary Forces, France, Dec. 1915-April 1916; Vol. Asst., Dr. Rosenow's Lab., Rochester, Minn., June-Sept. 1916; Fellow pro tempore, Mayo Foundation, Rochester, Minn., Sept. 1916-Jan. 1917; *Asst. Res. Surg.*, P.B.B.H., Sept. 1, 1916-May 7, 1917, M.R.C., U.S.A.
- *TURNER, RALPH WALDO.
M.D., Albany Med. School, 1917; *Surg. H.O.*, P.B.B.H.
- *VAIL, HARRIS HOLMES.
A.B., Yale, 1912; M.D., H.M.S., 1916; *Surg. H.O.*, P.B.B.H., Mar. 1, 1916-May 3, 1917.
- VAUGHAN, WARREN TAYLOR.
A.B., Univ. of Mich., 1913; M.D., Univ. of Mich., Med. School, 1916; *Med. H.O.*, P.B.B.H., July 1, 1916-Nov. 7, 1917; 1st Lieut. M.R.C., U.S.A.
- *VIETS, HENRY ROUSE, JR.
B.S., Dartmouth, 1912; M.D., H.M.S., 1916; *Surg. H.O.*, P.B.B.H., Mar. 1, 1917-Aug. 16, 1917, M.R.C., U.S.A.
- WALKER, CLIFFORD BLACK.
S.B., Univ. of Calif., 1906; Stud., Univ. of Calif., Med. School, 1907-10; M.D., J.H.M.S., 1911; M.A., J.H.U., 1912; Asst. to Dr. Cushing, 1911-12; Sr. Ophthal. House Surg., Mass. Char. Eye & Ear Infirmary, Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; Asst. in Ophthal., H.M.S.; *Assoc. in Surg.*, P.B.B.H.
- WALKER, ISAAC CHANDLER.
A.B., J.H.U., 1905; M.D., J.H.M.S., 1909; Grad. Stud. Lab. of Theory & Practice of Physic, H.M.S., 1910-11; Med. H.O., Carney Hospital, Boston, 1910-11; Lect. on Clin. Microscopy & Physical Diagnosis, Univ. of Iowa, 1911-12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., N.Y.C., 1912; Sr. Med. H.O., P.B.B.H., Nov. 1, 1912-Mar. 1, 1913; *Asst. Res. Phys.*, P.B.B.H., Mar. 1, 1913-Mar. 1, 1914; *Act. Res. Phys.*, P.B.B.H., Mar. 1, 1914-Jan. 1, 1915; *Asst. Res. Phys.*, P.B.B.H., Jan. 1, 1915-Mar. 1, 1915 (granted leave of absence from Mar. 1, 1915-

REGISTER OF PRESENT MEMBERS OF THE STAFF

Sept. 1, 1915); Med. Chief, Hospital A^b 32^{bis} Passy Yonne, France, Mar. 1, 1915–July 1, 1915; *Assoc. in Med., P.B.B.H.*; Asst. in Pharmacol., H.M.S.; Alumni Asst. in Med., H.M.S.; *Acting Phys., P.B.B.H.*

*WEARN, JOSEPH TRELOAR.

B.S., Davidson, 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H.*

WELBOURN, MARSHALL, AGNEW.

B.S., Univ. of Mich., 1913; M.D., Univ. of Mich., Med. School, 1915; *Assoc. in Med., P.B.B.H., July 1, 1915–Mar. 1, 1916; Med. H.O., P.B.B.H., Mar. 1, 1916–July 1, 1917; 1st Lieut., M.R.C., U.S.A.*

*WELLS, WARD STANLEY.

S.B., Grinnell, 1909; M.D., H.M.S., 1916; *Assoc. in Med., P.B.B.H., July 20, 1916–July 18, 1917.*

WENTWORTH, JOHN ALEXANDER.

A.B., Bowdoin, 1909; M.D., H.M.S., 1913; H.O., Hartford Hosp., Hartford, Conn., Sept. 1, 1913–May 15, 1915; *Sr. Med. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1915; Alumni Asst., Clin. Pathol., H.M.S.; Asst. Harv. Infantile Paralysis Commission, Fall 1916; Asst. Res. Phys., P.B.B.H., Nov. 1, 1915–Aug. 1, 1917; Assoc. Phys., Clifton Springs Sanatorium, N. Y.*

WEST, HOWARD F.

A.B., Stanford, 1912; M.D., Stanford, 1915; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1917–Oct. 15, 1917; Acting Res. Phys., P.B.B.H., Oct. 15, 1917–Jan. 1, 1918.*

WOLBACH, SIMEON BURT.

Stud., Harv., 2 yrs.; M.D., H.M.S., 1903; 2d Asst. in Pathol., B.C.H., 1903–04; 1st Asst. in Pathol., *ibid.*, 1904–05; 2d Asst. Visit. Pathol., *ibid.*, 1905–08; Pathol., Long Island Hosp., Boston, 1905–08; Pathol., Boston Floating Hosp., 1905–08; Pathol., Mass. Infants' Asylum, 1905–08; Asst. in Pathol., H.M.S., 1905–06; Instr. in Pathol., H.M.S., 1906–08; Adjunct. Prof. of Pathol. & Bacteriol., Albany Med. Col., 1908–09; Director, Bender Hygienic Lab., Albany, N. Y., 1908–09; Pathol., Albany City Hosp., 1908–09; Pathol., St. Peter's Hosp., Albany, 1908–09; Pathol., St. Margaret's House, Albany, 1908–09; Lecturer in Pathol., McGill Univ., 1909–11; Director, Histol. Lab. McGill Univ., 1909–11; Director, Montreal Gen. Hosp. Lab., 1909–11; Asst. Prof. of Bacteriol., H.M.S., 1910–14; Assoc. Prof. of Bacteriol., H.M.S., 1914–16; Pathol., Children's Hosp., Boston; Assoc. Prof. of Pathol. & Bacteriol., H.M.S.; *Pathol., P.B.B.H.*; Fellow of the American Academy of Arts & Sciences 1914; Visit. Pathol., Children's Hosp., Boston, 1915.

WOOD, NATHANIEL KNIGHT.

A.B., Harv., 1897; M.D., H.M.S., 1901; H.O., B.C.H., Jan. 1902–Mar. 1904; H.O., Boston Lying-in Hosp., June 1904–Dec. 1904; Visit. Phys., Carney Hosp., O.P.D., Oct. 1907–Oct. 1912; Visit. Phys., Boston Consumptives' Hosp., O.P.D., Jan. 1909–Jan. 1917; Phys., Boston Dispensary; *Assoc. in Med., P.B.B.H.*

WRIGHT, MARY.

A.B., Vassar, 1911; M.D., J.H.M.S., 1917; *Med. H.O., P.B.B.H.*

* Owing to war conditions, information may be incomplete.

Register of Former Members of the Staff

BAGLEY, JR., CHARLES.

M.D., Univ. of Md., 1904; B.A., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904-05; Asst. Res. Surg., *ibid.*, 1905-06; Med. Supt., Hebrew Hosp., Baltimore, 1906-10; *Asst. Res. Surg., P.B.B.H., Jan. 1, 1913-Jan. 1, 1914*; Visit. Surg., Hebrew Hosp., Church Home & Infirmary & Hosp. for the Women of Md., Baltimore; Consulting Surg., Baltimore Eye, Ear & Throat Charity Hosp., Emergency Hosp., Annapolis, Md., & Presbyterian Eye, Ear & Throat Charity Hosp., Baltimore; Assoc. in Experimental Neurology, J.H.M.S.

BENET, GEORGE.

Student for 3 yrs., Univ. of S.C., & Univ. of Va.; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., June 1, 1913-July 1, 1914*; Sr. Surg. H.O., St. Luke's Hosp., Chicago, July 1, 1914-Jan. 1, 1915; Lab. Asst., Harv. Unit, Am. Ambulance Hosp., Paris, France, April-July 1915; Surgeon at French Hospital near Annel, 1915-16; Capt. & Asst. Surg., 2d Harv. Unit, British Expeditionary Force, France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., Nov. 1916-Apr. 1917; Surg., Fulham Military Hosp., London, Eng., Dec. 1917; entered Medical Reserve Corps, U.S.A., Dec. 1917. On duty as Asst. Liaison Officer, A.E.F., London, Dec. 1917-.

BLAKE, FRANCIS GILMAN.

A.B., Dartmouth, 1908; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., July 1, 1913-Nov. 1, 1914*; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1914-Sept. 1, 1915*; *Res. Phys., P.B.B.H., Sept. 1, 1915-Oct. 1, 1916*; Moseley Travelling Fellow (Harv.); Asst., Rockefeller Inst. Hosp., Oct. 1916-June 1917; Asst. Prof. of Medicine, Univ. of Minn., June 1917; Visit. phys., Elliott Mem. Hosp., Univ. of Minn. June 1917.

*BOEHM, JULIUS BENJAMIN.

B.S., St. Louis Univ., 1910; M.D., J.H.M.S., 1914; *Surg. H.O., P.B.B.H., Nov. 1, 1914-Nov. 1, 1915 (resigned)*; Res. Surg., Greenpoint Hosp., Brooklyn, N. Y.

BOOTHBY, WALTER MEREDITH.

A.B., Harv., 1902; M.D., H.M.S., 1906; A.M., Harv., 1907; European Clinics for 8 mos., 1907-08; Surg. H.O., B.C.H., 1908-09; Asst. in Anatomy, H.M.S., 1910-14; Asst. in Anesthesia, Harv. Grad. School of Med., 1912-13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anesthetist, B.C.H., 1912; *Supervisor of Anesthesia, P.B.B.H., Dec. 11, 1913-Nov. 14, 1916*; Lect. on Anesthesia, & Instr. in Anatomy, H.M.S., 1914-16; Anesthetist, Harv. Unit, Am. Ambulance Hosp., Paris, France, April-July 1915; Head of Section of Clin. Metabolism, Mayo Clinic, Rochester, Minn., Nov. 1916; Capt. M.R.C. & in charge of anti-gas service of First Army Corps Schools, A.E.F., May 1916.

*CADBURY, WILLIAM WARDER.

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Penn., 1902; Res. Phys., Penn. Hosp., 1903-05; Student, in Vienna, summer of 1905;

REGISTER OF FORMER MEMBERS OF THE STAFF

Instr. in Pathol. & Pharmacodynamics, Univ. of Penn., 1906-07; Pathol., St. Mary's Hosp., Phila., Pa., 1906-07; Pathol., Henry Phipps Inst., for the Study, Treatment, & Prevention of Tuberculosis, 1908-09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pa., 1908-09; Internist, Canton Hosp., Canton, China (granted leave of absence); *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915-Mar. 1, 1916*; College Physician, Canton Christian College, Canton, China.

CARTER, JR., DAVID WENDEL.

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., J.H.M.S., 1914; H.O., Clifton Springs Sanitarium, Summer 1914; *Med. H.O., P.B.B.H., Jan. 4, 1915-July 1, 1916*; Asst. Res. Phys., J.H.H., Aug. 1916-Sept. 1, 1917; Res. Phys., in charge of Private Wards, 1917-18; 1st Lieut. M.R.C., U.S.A.

COBB, STANLEY.

A.B., Harv., 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914-July 1, 1915*; Vol., Lab. of Physiol. Research, J.H.M.S., Nov. 1915-June 1916; Asst. in Physiol., J.H.M.S.; Asst. in Psychiatry, J.H.H., 1916-17; Asst. in Psychiatry & Physiol., of the Nervous System, J.H.M.S.; Asst. Psychiatrist, J.H.H.

COOK, WARD HANCE.

A.B., Univ. of Kan., 1909; A.M., *ibid.*, 1910; Fellow in Zoology, *ibid.*, 1909-10; Instr. in Embryology & Histology, *ibid.*, 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914-July 10, 1915 (resigned)*; 2d Asst. in Pathol., B.C.H., July 10, 1915-July 1, 1916; 1st Asst. in Pathol., B.C.H., July 1, 1916-June 1, 1917; Pathol., Long Island Hosp., Boston, June 1, 1917; Instr. in Pathol., H.M.S., 1917.

COUNCILMAN, WILLIAM THOMAS.

M.D., Univ. of Md., 1878; Stud., Univs. of Vienna & Leipzig; Hon. A.M., Harv., 1899; Hon. A.M., J.H.U., 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anatomy, J.H.M.S., 1890-91; Shattuck Prof. of Pathol. Anatomy, H.M.S.; *Consulting Pathol., P.B.B.H., Mar. 25, 1912-Aug. 14, 1913*; *Pathol., P.B.B.H., Aug. 14, 1913-Dec. 1, 1916 (granted leave of absence from Nov. 9, 1916-Dec. 1, 1916)*; Mem. Dr. Hamilton Rice's Expedition to South America; Fellow Am. Acad. 1895; Mem. Nat. Acad. of Sciences, 1904; Mem. Bd. of Trustees, Am. Med. Ass'n, 1909 (chairman, since 1912).

*CUTLER, ELLIOTT CARR.

A.B., Harv., 1909; M.D., H.M.S., 1913; *Surg. H.O., P.B.B.H., Nov. 1, 1913-Mar. 1, 1915*; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April-June 1915; Res. Surg., M.G.H., Aug. 1915-Sept. 1916; Alumni Asst. in Surg., H.M.S., 1915-16; Vol. Asst., Rockefeller Institute, N.Y.C., Capt., M.R.C., U.S.A.

*DAWSON, ROGER PAUL.

A.B., Holy Cross, 1907; M.D., H.M.S., 1911; *Med. H.O., Carney Hosp., Boston, Apr. 1911-Aug. 1912*; *Med. H.O., P.B.B.H., Nov. 1, 1912-Nov. 1, 1913*; Fellow in Med., H.M.S., 1914-15; Phys., Carney Hosp., O.P.D., Boston, 1914-15; Asst. Phys., Boston Dispensary, O.P.D.; Asst. Phys., M.G.H., O.P.D.; Asst. in Med., H.M.S.; *Assoc. in Med., P.B.B.H., July 1, 1915-Dec. 31, 1916*.

EDWARDS, SUMNER.

A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910-11; M.D., H.M.S., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915-Jan. 6, 1916 (died Jan. 6, 1916)*.

PETER BENT BRIGHAM HOSPITAL

*FALLON, LOUIS F.

M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., July 1, 1916-Nov. 15, 1916.*

*FITZ, REGINALD.

A.B., Harv., 1906; M.D., H.M.S., 1909; Med. House Pupil, M.G.H., 1910-11; Vol. Asst. in Pharmacol. & in Med. Clinic, J.H.H., 1911-12; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912-July 1, 1913; Asst. Res. Phys., P.B.B.H., July 1, 1913-Sept. 1, 1915 (granted leave of absence to Dec. 31, 1916);* Fellow in Physiol., H.M.S., 1914-15; Asst. Res. Phys., Rockefeller Inst. Hosp., N.Y.C., Capt.; M.R.C., U.S.A.

*FLEMING, LE ROY NEWTON.

A.B., Miami, 1910; M.D., J.H.M.S., 1914; Asst. in Surg., J.H.U., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915-Mar. 1, 1916;* Special Student, Univ. of Mich., Oct. 1, 1915-Dec. 1, 1916; Surg. Research, Detroit, Mich.

FORBES, HENRY STONE.

A.B., Harv., 1905; Philippine Islands, 1905-06; Harv. Grad. School, 1906-07; M.D., H.M.S., 1911; Med. H.O., B.C.H., 1911-13; *Sr. Med. H.O., P.B.B.H., June 1, 1913-Nov. 1, 1913;* Phys. for Men, Infirmary, Univ. of Calif., Berkeley, Calif., Mar. 1914-July 1915; American Red Cross, Serbia, July 1915-Feb. 1916; Asst. Phys., M.G.H., O.P.D., M.R.C., U.S.A.

GOETSCH, EMIL.

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. & Assoc. in Anatomy, *ibid.*, 1904-08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908-09; Rush Med. Col., 1906-07; M.D., J.H.M.S., 1909; Asst. in Surg., J.H.M.S., 1909-10; Asst. Res. Surg., J.H.H., 1910-12; *Res. Surg., P.B.B.H., Sept. 1, 1912-Sept. 1, 1915;* Asst. in Surg., H.M.S., 1912-15; Assoc. Surg., J.H.H.

GRAY, HORACE.

A.B., Harv., 1909; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914-Mar. 1, 1916;* Phys., Boston, Mass.; 1st Lieut., M.R.C., U.S.A.

GREY, ERNEST GEORGE.

A.B., Univ. of Wis., 1907; Asst. in Anatomy, *ibid.*, 1907-08; Stud. in Med., Univ. of Wis. Med. School, 1907-08; M.D., J.H.M.S., 1911; Res. H.O., J.H.H., 1911-12; *Surg. H.O., P.B.B.H., Nov. 1, 1912-Feb. 12, 1914;* Asst. Res. Surg. *P.B.B.H., Feb. 12, 1914-Sept. 1, 1916;* Asst. in Surg., H.M.S., 1915-16; Instr. in Surg., J.H.M.S.

HATCH, FLOYD FROST.

A.B., Univ. of Utah, 1912; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Mar. 1, 1914-Jan. 4, 1915 (granted leave of absence from Jan. 4, 1915-Feb. 28, 1915);* Surg. House Pupil, M.G.H., Jan. 4, 1915-Oct. 31, 1916; House Surg., M.G.H., Oct. 31, 1916-Feb. 1, 1917; Private Practice of Surgery, Salt Lake City, Utah. Since Mar. 1, 1917, Surgeon to G.U. Dept., Salt Lake County Hosp.

HORRAX, GILBERT.

A.B., Williams, 1909; M.D., J.H.M.S., 1913; *Surg. H.O., P.B.B.H., July 1, 1913-Nov. 1, 1914;* Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, H.M.S., 1914-15; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1915-Nov. 1, 1916;* Alumni Asst. in Surg., H.M.S., Res. Surg., M.G.H.; M.R.C., U.S.A.

HURWITZ, SAMUEL HARPMANN.

A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Student, Univ. of Strassburg, Germany, 1909-10; Special Student, Inst. of Infectious Diseases, Berlin,

REGISTER OF FORMER MEMBERS OF THE STAFF

Germany, summer 1911; M.D., J.H.M.S., 1912; Res. H.O., J.H.H., 1912-13; *Surg. H.O., P.B.B.H., Nov. 1, 1913-Mar. 1, 1915*; Instr. in Research Med., Geo. Wms. Hooper Foundation for Med. Research, Univ. of Calif., San Francisco, Calif.; Asst. Clinical Prof. of Medicine, Univ. of Calif., San Francisco.

JACK, WILLIAM DAVID.

A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909-10; M.D., J.H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914-Nov. 1, 1915*; Capt. & Asst. Surg., 2d Harv. Unit, British Expeditionary Force, France, Dec. 1915-June 1916; Asst. Res., Brady Inst., J.H.H.; 1st Lieut., M.R.C., U.S.A.

JANNEY, JAMES CRAIK.

A.B., Harv., 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1916*; Asst. Surg., Free Hosp. for Women, O.P.D., Brookline; Capt. M.R.C., Nov. 28, 1917, Commanding Amb. Co. 342.

LAMSON, PAUL DUDLEY.

A.B., Harv., 1905; M.D., H.M.S., 1911; Med. House Pupil, M.G.H., Mar. 1909-Aug. 1910; Lect. Asst. in Pharm., Univ. of Wurzburg, Germany, 1912-13; Sheldon Travelling Fellowship, 1911-13; *Asst. Res. Phys., P.B.B.H., Oct. 1, 1913-Oct. 15, 1914*; Asst. in Exp. Therapeutics, J.H.M.S., 1914-15; Assoc. in Exp. Therapeutics, J.H.M.S.

LEHMAN, EDWIN PARTRIDGE.

A.B., Williams, 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914-July 1, 1915*; Asst. Res. Surg., Barnes Hosp., St. Louis, Mo., Sept. 1, 1915-Sept. 1, 1916; Asst. in Surg., Washington Univ. Med. School, 1916.

LEVINE, SAMUEL ALBERT.

A.B., Harv., 1911; M.D., H.M.S., 1914; *Assoc. in Med., P.B.B.H., July 1, 1914-July 1, 1915*; *Med. H.O., P.B.B.H., July 1, 1915-Nov. 1, 1916*; Moseley Traveling Fellow; Asst., Rockefeller Inst. Hosp., N.Y.C.; 1st Lieut., M.R.C., U.S.A.

LIEB, CLARENCE WILLIAM.

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., H.M.S., 1914; *Pathol. H.O., P.B.B.H., Apr. 1, 1914-June 6, 1914 (resigned)*; Med. Director, "The Glen Springs," Watkins, N. Y., 1914-17 (resigned); Instr. in Medicine, Post Graduate Hosp., Chief, O.P.D. Clinic, N.Y. Hosp.

MARVIN, FRANK WILLIAM.

A.B., Harv., 1910; M.D., H.M.S., 1914; House Pupil, M.G.H., 1914-15; *Surg. H.O., P.B.B.H., Nov. 1, 1915-Mar. 1, 1916*; Phys., Boston, Mass.

MCCANN, WILLIAM SHARP.

A.B., Ohio State Univ., 1911; M.D., Cornell Univ., Med. Col., 1915; Asst. Res. Phys., General Memorial Hosp., N.Y.C., June 1, 1915-Oct. 1, 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915-Nov. 1, 1916 (resigned)*; Arthur Tracy Cabot Fellow in Charge of Lab. of Surg. Research, H.M.S.

McCLURE, CHARLES WALTER.

A.B., Ohio State Univ., 1906; M.D., Starling Med. Col., O., 1910; Med. H.O., St. Francis Hosp., Columbus, O., 1910-11; Asst. in Clin. Med., Starling Ohio Med. Col., 1911-12; Asst., Univ. of Iowa, Med. School, 1912-15; Grad. Stud. in Med., H.M.S., 1915-16; *Asst. Res. Phys., P.B.B.H., July 1, 1916-Nov. 1, 1916*; Alumni Asst. in Med., H.M.S.; Physician-in-Chief St. Lukes Hosp., South Bethlehem, Pa., Aug. 1, 1917-; *Res. Phys., P.B.B.H., June 7, 1917-July 10, 1918.*

PETER BENT BRIGHAM HOSPITAL

MILLET, JOHN ALFRED PARSONS.

A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914-Mar. 1, 1916*; Internist, N.Y. State Inst. for the Study of Malignant Disease, Buffalo, M.R.C., U.S.A.

MORTON, JOHN JAMIESON.

A.B., Amherst, 1907; M.D., J.H.M.S., 1913; *Surg. H.O., P.B.B.H., Mar. 1, 1913-July 1, 1914*; Fellow in Pathol., Rockefeller Inst., N.Y.C., July 1, 1914-Sept. 1, 1915; House Surg., M.G.H., Nov. 1, 1915-Nov. 1, 1916; Asst. Res. Phys., Rockefeller Inst. Hosp., N.Y.C.

PETTIT, ROSWELL TALMADGE.

S.B., Univ. of Chicago, 1908; M.D., Rush, 1913; *Med. H.O., P.B.B.H., Mar. 1, 1914-July 1, 1915*; Phys., St. Margaret's Hosp., Spring Valley, Ill.; Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; 1st Lieut. M.R.C., U.S.A.

*RAND, CARL WHEELER.

A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1912; Res. H.O., J.H.H., 1912-13; *Asst. Res. Surg., P.B.B.H., Oct. 1, 1913-Nov. 1, 1914*; House Surg., Mercy Hosp., Chicago, Dec. 1, 1914-Nov. 1, 1915; Surg., Los Angeles, Calif.

*RHEA, LAWRENCE JOSEPH.

B.S., Univ. of Texas, 1901; M.D., J.H.M.S., 1905; H.O. in Pathol., B.C.H., 1906-07; 2d Asst. in Pathol., B.C.H., Jan. 1907-Aug. 1907; 1st Asst. in Pathol., B.C.H., Aug. 1907-Sept. 1908; Asst. Visit. Pathol., B.C.H., 1908-09; Asst. in Pathol., H.M.S., 1908-09; Instr. in Pathol., H.M.S., 1909-10; Asst. Pathol., B.C.H., 1909-10; Director of Pathol. Lab. & Pathol., Montreal Gen'l Hosp., 1910-12; Lect. in Pathol., McGill Univ., 1910-11; Asst., Prof. of Pathol., McGill Univ., 1911-12; *Res. Pathol., P.B.B.H., July 1, 1912-Oct. 1, 1913*; Director of Pathol. Lab., Montreal Gen'l Hosp.; McGill Gen'l Hosp. Overseas Contingent, France.

RICHARDSON, HENRY BARBER.

A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Mar. 1, 1915-July 1, 1916*; Asst. in Med., J.H.M.S.; Asst. Disp. Phys., J.H.H.

SISSON, WARREN RICHARDS.

A.B., Colgate, 1906; Student of Med., Freiburg, Germany (summer semester), 1910; Student, Univ. of Munchen (winter semester), 1910-11; Student, Univ. of Heidelberg (summer semester), 1911; M.D., J.H.M.S., 1912; House pupil, M.G.H. (Children's Med. Ward), July 1912-Jan. 1913; *Med. H.O., P.B.B.H., Mar. 1, 1913-Mar. 1, 1914*; *Res. Pathol., P.B.B.H., Mar. 1, 1914-Apr. 1, 1915*; Instr. in Pathol., H.M.S., 1914-15; H.O., B.C.H. (So. Dept.), summer 1915; Sr. H.O., Boston Floating Hosp., July 1, 1915-Sept. 15, 1915; Instr. in Pediatrics, J.H.M.S.; Asst. Pediatrics, H.M.S.; Visit. Phys., M.G.H.

SMILLIE, WILSON GEORGE.

A.B., Colorado, 1908; M.D., H.M.S., 1912; *Med. H.O., P.B.B.H., Nov. 1, 1912-Mar. 1, 1914*; *Asst. Res. Phys., P.B.B.H., Mar. 1, 1914-Sept. 1, 1914*; Asst. Instr., Dept. of Preventive Med., H.M.S., 1914-15; Instr., Dept. of Preventive Med., H.M.S., 1915-16; Research Fellow, Rockefeller Inst., N.Y.C.

SMITH-PETERSEN, MARIUS NYGAARD.

B.S., Univ. of Wis., 1910; Univ. of Wis., Med. School, 1910-12; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914-Nov. 1, 1915*; Res. Surg.,

REGISTER OF FORMER MEMBERS OF THE STAFF

Harv. Unit, Am. Ambulance Hosp., Paris, France, April-July 1915;
House Pupil, M.G.H. (Orthopedic Service).

***STODDARD, JAMES LEAVITT.**

A.B., Harv., 1910; M.D., H.M.S., 1914; *Pathol. H.O., P.B.B.H., July 1, 1914-July 1, 1915; Act. Res. Pathol., P.B.B.H., July 1, 1915-Sept. 1, 1915;* Research Fellow in Pathol., H.M.S.

THOMPSON, CHARLES BAKER.

A.B., Haverford, 1909; M.D., J.H.M.S., 1913; *Med. H.O., P.B.B.H., Nov. 1, 1913-Nov. 1, 1914;* 2d Asst. Res., Phipps Psychiatric Clinic, J.H.H., 1914-15; 1st Asst. Res., Phipps Psychiatric Clinic, J.H.H., 1915-16; Examining Psychiatrist & Executive Secy., Mental Hygiene Soc. of Md.; Asst. Dispensary Psychiatrist, Phipps Psychiatric Clinic, J.H.H.; Psychiatrist, Hebrew Hospital Dispensary.

TRANTER, CHARLES LEE.

B.S., Univ. of Calif., 1911; M.D., Univ. of Calif., Med. School, 1913; *Med. & Surg. H.O., Univ. of Calif. Hosp., 1913-14;* Asst., Univ. of Calif. Hosp. (Nerve O.P.D.), 1914-15; Asst. in Neurol., Univ. of Calif., Med. School, 1915; *Asst. Res. Surg., P.B.B.H., Jan. 8, 1916-Jan. 1, 1917;* Asst. in Neurol., Univ. of Calif., Med. School, 1917.

***VAN GORDER, GEORGE WILSON.**

A.B., Williams, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., Mar. 1, 1915-July 1, 1916;* House Surg., St. Anthony Hosp., Labrador, July 1, 1916-Oct. 1, 1916; Med. House Pupil, M.G.H., Oct. 1, 1916-Jan. 1, 1917; House Surg., Free Hosp. for Women, Brookline.

WATKINS, S. SHELTON.

A.B., Central Univ. of Ky., 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1914; *Med. & Surg. H.O., Church Home & Infirmary, Baltimore, Jan. 1914-Apr. 1914;* 3d Asst. Supt., *P.B.B.H., May 1, 1914-Jan. 15, 1915;* Asst. in Clin. Laryngology, J.H.M.S.; Asst. Disp. Laryngologist, J.H.H.; Asst. Res. Surg., J.H.H.; member of Dr. L. F. Barker's staff at 1035 N. Calvert St., Baltimore, Md.

***WEGEFARTH, PAUL.**

A.B., J.H.U., 1908; Student of Med., Strassburg & Berlin, Germany, 1909-11; M.D., J.H.M.S., 1912; *Surg. H.O., P.B.B.H., Nov. 1, 1912-Mar. 1, 1914;* Asst. Res. Phys., Church Home & Infirmary, Baltimore, 1914; Phys., San Diego, Calif.

***WEISMAN, PAUL GERHARDT.**

B.S., Univ. of Mich., 1911; M.D., Univ. of Mich., Med. School, 1913; H.O., Providence City Hosp. (Contagious Wards), Jan-Apr. 1914; H.O., R.I. Hosp., Apr. 1914-Apr. 1916; *Asst. Res. Phys., P.B.B.H., Apr. 1, 1916-Aug. 1, 1916;* H.O., & 2d Asst. Res., Union Protestant Infirmary, Baltimore.

WOODS, ALAN CHURCHILL.

A.B., J.H.U., 1910; M.D., J.H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914-Nov. 1, 1915;* Fellow in Exp. Med., & Asst. in Ophthal., Univ. of Penn., Med. School, Philadelphia, M.R.C., U.S.A.

WOODWARD, HARRY WHITING.

A.B., Bowdoin, 1910; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., Mar. 1, 1915-July 1, 1916;* H.O., Boston Lying-in Hosp., Sept. 1916.

***YOUNG, WILLIAM W.**

A.B., Randolph-Macon, 1909; M.D., J.H.M.S., 1913; *Med. H.O., P.B.B.H., July 1, 1913-Feb. 14, 1914.*

Officers of the Institution

JANUARY 1, 1918

President

CHARLES P. CURTIS (France)

Pres. Pro Tem. beginning Oct. 11, 1917

WALTER HUNNEWELL

Treasurer

EDMUND D. CODMAN

Secretary

LAURENCE H. H. JOHNSON

MEMBERS OF THE CORPORATION

Feb. 7, 1918	. .	CHARLES F. CHOATE, JR.	. .	30 Central St.,	Boston
May 8, 1902	. .	ALEXANDER COCHRANE	. . .	40 Central St.,	Boston
May 8, 1902	. .	EDMUND D. CODMAN	. . .	27 Kilby St.,	Boston
Apr. 15, 1915	. .	CHARLES P. CURTIS	. . .	Ames Building,	Boston
June 16, 1909	. .	*Irvin McD. Garfield	. . .	30 State St.,	Boston
Oct. 2, 1902	. .	AUGUSTUS HEMENWAY	. . .	53 State St.,	Boston
Feb. 7, 1918	. .	FRANCIS L. HIGGINSON, JR.	. .	44 State St.,	Boston
May 8, 1902	. .	HENRY S. HOWE	. . . . .	89 Franklin St.,	Boston
May 8, 1902	. .	WALTER HUNNEWELL	. . .	87 Milk St.,	Boston
May 8, 1902	. .	LAURENCE H. H. JOHNSON	. .	27 Kilby St.,	Boston
June 16, 1909	. .	*JOHN P. REYNOLDS	. . . . .	30 State St.,	Boston
May 8, 1902	. .	WILLIAM R. TRASK	. . . . .	40 State St.,	Boston

STANDING COMMITTEES OF THE TRUSTEES

Building Committee

JOHN P. REYNOLDS, *Chairman*

CHARLES P. CURTIS

WALTER HUNNEWELL

LAURENCE H. H. JOHNSON

HERBERT B. HOWARD, M.D., *Secretary*

* Appointed by the Governor of the Commonwealth under an Act approved May 8, 1909.

OFFICERS OF THE INSTITUTION

Auditing Committee

WILLIAM ROPES TRASK
AUGUSTUS HEMENWAY

Committee on Finance

EDMUND D. CODMAN
WALTER HUNNEWELL
HENRY S. HOWE
LAURENCE H. H. JOHNSON

Committee on Nominations

CHARLES P. CURTIS (France)
EDMUND D. CODMAN
IRVIN McD. GARFIELD

Committee on Rules

CHARLES P. CURTIS (France)
EDMUND D. CODMAN
IRVIN McD. GARFIELD

VISITING COMMITTEE FOR 1917

CHARLES P. CURTIS	January
JOHN P. REYNOLDS	February
JOHN P. REYNOLDS	March
HENRY S. HOWE	April
LAURENCE H. H. JOHNSON	May
WALTER HUNNEWELL	June
EDMUND D. CODMAN	July
WILLIAM R. TRASK	August
IRVIN McD. GARFIELD	September
ALEXANDER COCHRANE	October
AUGUSTUS HEMENWAY	December

VISITING COMMITTEE FOR 1918

AUGUSTUS HEMENWAY	January
JOHN P. REYNOLDS	February
JOHN P. REYNOLDS	March
HENRY S. HOWE	April
LAURENCE H. H. JOHNSON	May
WALTER HUNNEWELL	June
EDMUND D. CODMAN	July
WILLIAM R. TRASK	August
IRVIN McD. GARFIELD	September
IRVIN McD. GARFIELD	October
ALEXANDER COCHRANE	November
AUGUSTUS HEMENWAY	December

PETER BENT BRIGHAM HOSPITAL

MEDICAL ADVISER TO CORPORATION

Appointed

July 9, 1914 FREDERICK C. SHATTUCK, M.D.

EXECUTIVE COMMITTEE OF THE STAFF

HENRY A. CHRISTIAN, M.D.

HARVEY CUSHING, M.D. — on leave, May 7, 1917.

DAVID CHEEVER, M.D. — May 7, 1917, (Acting)

S. BURT WOLBACH, M.D.

HERBERT B. HOWARD, M.D., *Secretary*

ADMINISTRATIVE DEPARTMENT

Superintendent

Service began

May 1, 1908 HERBERT B. HOWARD, M.D.

Assistant Superintendents

Oct. 19, 1912 LOUIS H. BURLINGHAM, M.D., *Curator* — resigned May 1, 1917.

Aug. 1, 1913 THOMAS A. DEVAN, M.D.

Feb. 1, 1915 GEORGE H. STONE, M.D.

Oct. 25, 1917 HILDA A. SIMON, M.D.

Curator

May 19, 1917 JOSEPH B. HOWLAND, M.D.

BOARD OF CONSULTATION

Appointed

Mar. 25, 1912 WALTER B. CANNON, M.D., *Consulting Physiologist*

Mar. 25, 1912 OTTO FOLIN, Ph.D., *Consulting Chemist*

Jan. 13, 1916 WILLIAM H. POTTER, D.M.D., *Consulting Dental Surgeon*

MEDICAL DEPARTMENT

Service began

May 1, 1912 HENRY A. CHRISTIAN, M.D., *Physician-in-Chief*

July 1, 1912 CHANNING FROTHINGHAM, M.D., *Physician*

Dec. 9, 1915 FRANCIS W. PEABODY, M.D., *Physician*

Dec. 12, 1912 HARRY W. GOODALL, M.D., *Associate in Medicine*
(Boston Dispensary)

Dec. 12, 1912 NATHANIEL K. WOOD, M.D., *Associate in Medicine*
(Boston Dispensary)

Sept. 1, 1915 I. CHANDLER WALKER, M.D., *Associate in Medicine*

July 1, 1915 GEORGE P. DENNY, M.D., *Associate in Medicine*

July 1, 1915 JAMES P. O'HARE, M.D., *Associate in Medicine*

OFFICERS OF THE INSTITUTION

Jan. 1, 1917	JOHN BRYANT, M.D., <i>Associate in Medicine</i>
Nov. 1, 1917	EVELINE B. LYLE, M.D., <i>Acting Associate in Medicine</i>
Nov. 1, 1917	WORTH HALE, M.D., <i>Associate in Medicine</i>
Nov. 1, 1917	A. S. KIRKWOOD, M.D., <i>Associate in Medicine</i>
Oct. 1, 1916	DAVID A. HALLER, M.D., <i>Resident Physician</i> , resigned June 6, 1917.
Nov. 1, 1915	JOHN A. WENTWORTH, M.D., <i>Assistant Resident Physician</i> , resigned Aug. 1, 1917.
Sept. 15, 1916	HARRY L. ALEXANDER, M.D., <i>Assistant Resident Physician</i> , resigned July 6, 1917.
Nov. 1, 1916	DONALD J. MACPHERSON, M.D., <i>Assistant Resident Physician</i> , resigned June 22, 1917.
Jan. 13, - Jan. 20, 1916	} WARFIELD T. LONGCOPE, M.D., <i>Visiting Physician, pro tempore</i>
June 6, 1917	
	CHARLES W. McCLURE, M.D., <i>Acting Resident Physician</i> , resigned July 10, 1917.
July 10, 1917	CECIL K. DRINKER, M.D., <i>Resident Physician</i> , resigned Oct. 15, 1917.
July 10, 1917	KATHERINE R. DRINKER, M.D., <i>Assistant Resident Physi- cian</i> , resigned Sept. 24, 1917.
July 21, 1917	FRANKLIN A. STEVENS, M.D., <i>Assistant Resident Physician</i> , resigned Jan. 1, 1918.
Aug. 1, 1917	HOWARD F. WEST, M.D., <i>Assistant Resident Physician</i> , to Oct. 15, 1917 (<i>Acting Resident Physician</i> , Oct. 15, 1917-Jan. 1, 1918).

SURGICAL DEPARTMENT

Service began

Sept. 1, 1912	HARVEY CUSHING, M.D., <i>Surgeon-in-Chief</i> on leave May 7, 1917.
Oct. 1, 1912	DAVID CHEEVER, M.D., <i>Surgeon — Acting Surgeon-in-Chief</i> , May 7, 1917.
May 1, 1912	JOHN HOMANS, M.D., <i>Surgeon</i>
Nov. 17, 1914	HENRY M. CHASE, M.D., <i>Associate in Surgery</i> (Boston Dispensary)
Nov. 17, 1914	HILBERT F. DAY, M.D., <i>Associate in Surgery</i> (Boston Dispensary)
Mar. 1, 1915	CLIFFORD B. WALKER, M.D., <i>Associate in Surgery</i>
June 19, 1916	WILLIAM C. QUINBY, M.D., <i>Associate in Urology</i>
Sept. 1, 1915	CONRAD JACOBSON, M.D., <i>Resident Surgeon</i>
Jan. 1, 1917	EDWARD B. TOWNE, M.D., <i>Assistant Resident Surgeon</i> , resigned May 7, 1917.
Nov. 1, 1916	SAMUEL C. HARVEY, M.D., <i>Assistant Resident Surgeon</i> , resigned May 7, 1917.
Nov. 1, 1916	MERRITT L. JONES, M.D., <i>Assistant Resident Surgeon</i> , resigned Mar. 1, 1917.
July 1, 1917	PHILIP McQUESTEN, M.D., <i>Assistant Resident Surgeon</i> , resigned Aug. 17, 1917.
Nov. 1, 1917	DAVID W. HOUSTON, M.D., <i>Assistant Resident Surgeon</i> .

PETER BENT BRIGHAM HOSPITAL

PATHOLOGICAL DEPARTMENT

Service began

Dec. 1, 1916 S. BURT WOLBACH, M.D., *Pathologist*
 Sept. 1, 1915 ERNEST W. GOODPASTURE, M.D., *Resident Pathologist*,
 resigned Oct. 1, 1917.
 Nov. 1, 1917 ANNIE E. TAFT, M.D., *Resident Pathologist*

ROENTGENOLOGIST

Feb. 1, 1916 GLADYS L. CARR, M.D., resigned Oct. 31, 1917.

DENTAL SURGEON

Jan. 13, 1916 ROGER B. TAFT, D.M.D.

MEDICAL HOUSE OFFICERS

Service began

Service ended

Nov. 1, 1915 . . .	WILLIAM S. LADD, M.D.	Mar. 1, 1917
Jan. 11, 1916 . . .	FRANCIS T. H'DOUBLER, M.D. . . .	Mar. 1, 1917
Mar. 1, 1916 . . .	MARSHALL A. WELBOURN, M.D. . .	July 17, 1917
Mar. 1, 1916 . . .	GUSTAVE P. GRABFIELD, M.D. . . .	June 17, 1917
July 1, 1916 . . .	WARREN T. VAUGHAN, M.D. . . .	Nov. 7, 1917
July 1, 1916 . . .	ROSS GOLDEN, M.D.	July 18, 1917
Nov. 1, 1916 . . .	HILMAR KOEFOD, M.D.	Nov. 1, 1917
Nov. 1, 1916 . . .	WILLIAM H. BARROW, M.D. . . .	June 17, 1917
Mar. 1, 1917 . . .	FREDERIC PARKER, M.D.	Apr. 1, 1917
Mar. 1, 1917 . . .	DAVID L. RAPPORT, M.D.	June 17, 1917
July 1, 1917 . . .	WARD STANLEY WELLS, M.D. . . .	July 18, 1917
		<i>Service will end</i>
July 1, 1917 . . .	WILLIAM ROBERT KING, M.D., . .	Nov. 1, 1918
July 18, 1917 . . .	VICTOR CLARENCE JACOBSON, M.D.	July 18, 1918
Oct. 15, 1917 . . .	CYRUS CRESSEY STURGIS, M.D. . .	Oct. 15, 1918
July 1, 1917 . . .	JOHN HESS FOSTER, M.D.	June 30, 1918
June 15, 1917 . . .	JOSEPH TRELVAR WEARN, M.D. . .	June 30, 1918

Associate in Medicine

July 1, 1916 . . . WARD S. WELLS, M.D. July 1, 1917

SURGICAL HOUSE OFFICERS

Service began

Service ended

Nov. 1, 1915 . . .	JAMES B. MONTGOMERY, M.D. . . .	Mar. 1, 1917
Nov. 1, 1916 . . .	JOHN S. HODGSON, M.D.	Mar. 1, 1917
Mar. 1, 1916 . . .	PHILIP McQUESTEN, M.D.	July 1, 1917
Mar. 1, 1916 . . .	HARRIS H. VAIL, M.D.	May 3, 1917
July 1, 1916 . . .	DAVID W. HOUSTON, JR., M.D. . .	Nov. 1, 1917
Nov. 14, 1916 . . .	LANGDON T. THAXTER, M.D. . . .	Nov. 14, 1917
Nov. 1, 1916 . . .	SAMUEL L. MORRIS, JR., M.D. . .	Nov. 1, 1917
Mar. 1, 1917 . . .	HENRY ROUSE VIETS, JR., M.D. .	Aug. 16, 1917

OFFICERS OF THE INSTITUTION

Jan. 1, 1917	. . .	VINCENT J. O'CONOR, M.D.	. . .	<i>Service ended</i> Jan. 3, 1918
May 15, 1917	. . .	ARCHIE LEIGH DEAN, M.D.	. . .	Sept. 15, 1918
June 15, 1917	. . .	ERNEST T. SAEGER, M.D.	. . .	<i>Service will end</i> Oct. 15, 1918
June 30, 1917	. . .	RAMSAY SPILLMAN, M.D.	. . .	Oct. 30, 1918
Aug 15, 1917	. . .	RALPH WALDO TURNER, M.D.	. . .	Aug. 15, 1918
Dec. 15, 1917	. . .	PATRICK T. MCCARTHY, M.D.	. . .	Dec. 15, 1918

PATHOLOGICAL HOUSE OFFICERS

July 1, 1916	. . .	SEARLE B. MARLOW, M.D.	. . .	<i>Service ended</i> July 1, 1917
June 15, 1917	. . .	JOHN JAY KEEGAN, M.D.	. . .	Dec. 15, 1917

SCHOOL OF NURSING

*Superintendent of Nurses and
Principal of the School of Nursing*

Service began

July 12, 1912 CARRIE M. HALL, R.N.
on leave May 7, 1917.

Acting Superintendent of Nurses

May 7, 1917 LEONE N. IVERS, R.N.

Instructor in Theory

Oct. 1, 1912 SUSAN A. WATSON, R.N.

Instructor in Practice

June 12, 1915 EMMELINE K. MILLS, R.N.

Supervisor

May 7, 1917 JULIA A. CLARK.

Supervisors

Oct. 1, 1916 GERTRUDE M. SMITH, R.N.
Nov. 1, 1917 PHOEBE L. CARSON, R.N.

Night Supervisor

June 17, 1917 HELEN V. DOWNING, R.N.

Social Service Worker

Aug. 17, 1914 ALICE M. CHENEY, R.N.

PETER BENT BRIGHAM HOSPITAL

Dietitian

Dec. 10, 1912 E. GRACE McCULLOUGH

Apothecary

Dec. 2, 1912 HARRY H. COMAN
on leave April 6, 1917.

April 6, 1917 ARCHIBALD P. W. TWOMBLY,
(Acting)

Clerk

April 29, 1912 LIDA E. CRAWFORD

Housekeeper

Nov. 1, 1912 ELIZABETH M. PACKARD

Chief Engineer

Oct. 21, 1911 JOHN A. AITKEN

