Annual report of the Peter Bent Brigham Hospital : 1919.

PETER BENT BRIGHAM HOSPITAL : BOSTON

SIXTH ANNUAL REPORT

FOR THE YEAR 1919

CAMBRIDGE
THE UNIVERSITY PRESS
1920

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.

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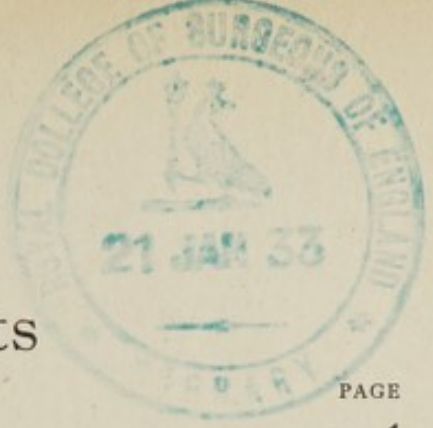

Contents

President's Report

During the past year the physicians and surgeons who have been serving with the Army and Navy returned to their duties, and the work of the hospital has resumed its normal activities.

During the war and until April, 1919, Dr. Herbert B. Howard voluntarily continued to serve as superintendent of the hospital, although he had arrived at the age of retirement. The trustees feel a deep sense of gratitude to him for so doing, and on his retirement passed the following resolution:

"Resolved, that the following memorandum be spread upon the records of this meeting (May 8, 1919):

"Upon the retirement of Dr. Herbert B. Howard from the Superintendency of the Peter Bent Brigham Hospital, which office he has held from the very beginning of its activities, the Trustees wish to express their high appreciation of his zeal, his devotion to his work, and his untiring and faithful attention to the building up of an efficient organization. His deep knowledge of and long experience in hospital management has been an important contribution to the success of this institution, and his loyalty in remaining at his post during the trying period of the war, after the time of his retirement had arrived, is gratefully acknowledged. To this the Trustees would add their personal good wishes, and their hope that his well-earned retirement may bring him many years of health and usefulness."

On the retirement of Dr. Howard the hospital is fortunate in having been able to obtain the services as superintendent of Dr. Joseph B. Howland, long connected with the Massachusetts General Hospital.

The trustees take this opportunity to record their appreciation of the long, faithful and valuable services of

Dr. Thomas A. Devan, First Assistant Superintendent, with the hospital since August 1, 1913, who resigned to accept a professorship at Rutgers College; also of Miss E. Grace McCullough, Dietitian, and Miss Susan A. Watson, Instructor in Theory in the School of Nursing, both of whom served the hospital since its foundation, and who resigned during the past year to accept positions of responsibility and distinction in other educational institutions.

In another part of the volume will be found a report concerning the work done by Dr. I. Chandler Walker during the past three years in the study of the causes of Asthma and the cure and relief of asthmatic patients. Much has been accomplished in the treatment of Asthma patients, and this work, made possible by the generosity of Mr. C. F. Choate, Jr., will continue under his direction.

The trustees record with great regret the death during the past year of Mr. Alexander Cochrane, the first president of the board of trustees. There is printed on another page the resolution adopted at the time of his death.

They also regret that Mr. Augustus Hemenway, who served on the board of trustees since the foundation of the hospital, resigned his position as trustee during the past year; he has been a faithful, valuable officer and a generous friend to the hospital.

Dr. Henry A. Christian, Physician-in-Chief to the hospital, accepted with the approval of the trustees the position of Chairman of the Division of Medical Sciences of the National Research Council, Washington, D. C., for a term of one year from October 1, 1919. While the hospital will lose during this time Dr. Christian's services, it will ultimately benefit by his experience and efforts, and the trustees record their appreciation of the importance of the position and the honor thereto attached.

When the Peter Bent Brigham Hospital was organized its future was planned to take part in educational and

research work in order that the sick persons received in its wards as well as all others might be more successfully treated; to that end there were retained and invested what seemed at that time to be a sufficient part of the original endowment, not only to maintain the wards but to support the research work that it was planned to develop in the future. But the purchasing power of the hospital's income has so decreased that not only has there been a deficit in running expenses for the past year, but the hope for developments must be delayed until further financial aid is given. The hospital was designed and equipped and the staff of the hospital are peculiarly qualified to carry to a successful end the research work described below. The trustees submit to those who are interested in charitable work of this character that gifts to the hospital for any of these purposes will result in the relief not only of those now suffering, but also of the generations who are to follow.

$10,000 per annum for a consecutive investigation of Bright's disease (nephritis) with particular reference to treatment, the investigation to be continued for a minimum of five years. Minimum amount needed $50,000.

$150,000 to $200,000 to provide an income to pay the salary of a trained chemist, chemical technicians and to provide chemical supplies and apparatus.

Several research fellowships at $1200 to $2000 per annum. Such gifts may be either in the form of funds yielding an annual income of such amount or in funds to be spent outright for such a purpose.

Dr. Harvey Cushing, Surgeon-in-Chief reports "that among other opportunities we are not taking full advantage of the unusual number of patients coming to his clinic with brain tumors and with pituitary disease. An important part of this work lies in the prevention of blindness through early operation for these conditions. Our knowledge of these matters could be greatly increased through the undivided attention of one or two well-

trained young men who could be put to work upon these subjects in the laboratories. The income of $20,000 would provide for such assistants."

The trustees take this occasion to thank the staff and the employees for the faithful work that they have done for the hospital during the past year.

C. P. CURTIS,
President.

BOSTON, DECEMBER 31, 1919.

Mr. Alexander Cochrane

FIRST PRESIDENT OF THE BOARD OF TRUSTEES
OF THE
PETER BENT BRIGHAM HOSPITAL

Died

APRIL 10, 1919

AT a meeting of the Board of Trustees held May 8, 1919, the following resolution was passed:

Resolved, that in the death of Alexander Cochrane, who served as its first President from 1902 until 1915, and thereafter as one of its Board of Trustees, the Peter Bent Brigham Hospital loses a trusted adviser, one who through these years, especially during the difficulties of its organization, gave to this institution all those qualities of character and intellect, that energy of spirit which made him conspicuous and successful in other fields and caused his advice to be widely sought both in business and public service, and that we, his associates, here record our deep sense of such loss and our sorrow as his personal friends.

Gifts to the Hospital During Year 1919

Jesse Koshland, 501 Summer Street, Boston	$25.00
Archibald Bunn, 18 Aspinwall Avenue, Brookline .	2.00
Victor J. Hanslick, 104 Central Street, Somerville .	15.00
Ellis Worthington, 1269 Commonwealth Avenue, Boston	1.00
Hyman Livingston	4.00
Mrs. Bessie Jacobson, 19 Fayston Street, Roxbury	2.00
Mrs. Granville Johnson, 99 Chauncy Street, Boston	15.00
Amie Blais, Suncook, N. H.	3.00
Mrs. Caroline Harlow, 99 Pinckney Street, Boston	10.00
Joseph Armitage, 28 Riverdale Road, Newton . .	2.00
George L. Ware, 350 Chestnut Hill Ave., Brookline	12.00
Patrick Ford, 13 Linden Park Street, Roxbury . .	10.00
Thomas B. Doolittle	10.00
Charles F. Choate, Jr., additional gift to Choate Fund for investigation of Bronchial Asthma . .	2500.00
Permanent Charity Fund, Boston Safe Deposit & Trust Company, Trustee, to be used for general purposes of the Social Service Department . . .	2500.00
New England Surgical Dressing Committee — gift .	10,000.00

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, 1919, is as follows:

INCOME

Real Estate Receipts:		
Rent	$189,251.72	
Taxes paid by tenants	20,369.86	
Insurance paid by tenants	2,455.20	$212,076.78
Interest on Investments:		
On bonds	$60,171.00	
On mortgages	7,204.52	
On notes	2,568.92	
	$69,944.44	
Dividends	21,888.34	91,832.78
Bank interest		672.79
Total income		$304,582.35

EXPENDITURES

Taxes	$65,298.84	
Building repairs, etc.	8,769.93	
Insurance	9,951.38	
Salaries	7,800.00	
Legal expenses	985.42	
Audit	450.00	
Safe deposit box rent	70.00	
Appraising securities	25.00	
Commissions to brokers on leases	260.00	
Interest on loans	4,388.71	
Revenue stamps on notes	10.00	
Cash and record books	6.00	
Printing checks	7.50	
Total expenditures	$98,022.78	
Bond premiums amortized	745.51	
		$98,768.29

Net investment income available for operating expenses		$205,814.06
Net payments for operating expenses, as shown by Superintendent's statement appended	$212,195.27	
Less gain in Superintendent's supplies	614.87	211,580.40
Balance transferred to and deducted from reserved income		$5,766.34
Balance reserved income, January 1, 1919		17,776.59
Balance reserved income, December 31, 1919		$12,010.25

Schedule of Property

Land and buildings occupied for hospital, including furniture and fixtures	$1,804,761.43
Mortgages	163,221.40
Notes:	
Ayer Mills, 5%, Construction and Equipment notes, 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	774,166.79
Land corner Albany and Dover Streets	110,221.90
5–11 Tremont Row	493,352.48
224–230 Congress Street	100,493.77
108–114 Lincoln Street	159,618.76
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	54,569.50
148–150 Hanover Street	60,787.78
Amount carried forward	$4,170,588.35

Amount brought forward	$4,170,588.35
1–7 Sudbury Street	70,159.03
88–92 Court Street	171,695.71
94–98 Arch Street and 13–17 Otis Street	168,318.16
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. Ry. 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
60,000 Portland & Ogdensburg R. R. Co., 4½% bonds, 1928	60,725.21
25,000 Long Island R. R. Co., Gold Debenture 5% bonds, 1934	24,000.00
5,000 Kansas City & Memphis Ry. & Bridge Co., 5% bonds, 1929	5,073.77
100,000 Chicago, Burlington & Quincy R. R. Co., Ill. Div., 3½% bonds, 1949	89,077.50
50,000 Kansas City Stock Yards Co., 5% bonds, 1920	50,000.00
20,000 Washington Water Power Co., 5% bonds, 1939	20,325.40
50,000 Boston & Maine R. R. Co., 4½% bonds, 1929	51,349.19
Amount carried forward	$5,888,828.06

	Amount brought forward	$5,888,828.06
50,000	Interborough Rapid Transit Co., 5% bonds, 1966	49,500.00
50,000	Burlington, Cedar Rapids & Northern R. R. Co., 5% bonds, 1934	53,875.69
25,000	Baltimore & Ohio R. R. Co., So. Western Div., 3½% bonds, 1925	22,125.00
25,000	N. Y. Central & Hudson River R. R. Co., 1st mortgage 3½% bonds, 1997	21,875.00
50,000	Cleveland, Lorain & Wheeling R. R. Co., 5% bonds, 1933	53,471.09
25,000	New York Central & Hudson River R. R. Co., Debenture, 4% bonds, 1934 .	23,937.50
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
25,000	Quincy Market Realty Company, 5% bonds, 1964	25,000.00
75,000	Chicago & North Western Railway Co., Extension 4% 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
56,800	Pere Marquette Ry. Co., 5% First Mortgage bonds, 1956	49,420.00
50,000	Atchison, Topeka & Santa Fé 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., Equipment, 4½% bonds, 1920	49,725.00
15,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1924	14,893.50
15,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1925	14,886.00
5,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1926	4,960.00
15,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1927	14,875.50
	Amount carried forward	$6,573,797.34

Amount brought forward			$6,573,797.34
50,000 Liberty Loan, 4¼% bonds, 1928 . .			50,000.00
50,000 Liberty Loan, 4¼% bonds, 1938 . .			50,000.00
Cash:			
Operating Expense Fund . . .		$20,000.00	
Cash in Banks		17,604.57	37,604.57
Superintendent's Inventories			39,431.23
			$6,750,833.14
Less Notes payable			100,000.00
			$6,650,833.14
Included in the above Schedule of Property are the following special funds:			
CHOATE FUND	$4,502.76		
Less amount expended	4,351.30	$151.46	
PERMANENT CHARITY FUND — Boston Safe Deposit & Trust Co., Trustee	3,433.97		
Less amount expended	2,744.66	689.31	
JOHN P. REYNOLDS MEMORIAL FUND		1,000.00	
HEMENWAY SQUASH COURT		11,050.00	
Donation for free bed in honor of Mrs. James Lawrence, Jr.		734.00	
SURGICAL DRESSING FUND — Donation from the New England Surgical Dressing Committee . . .		10,000.00	
Fund for investigating obstinate cases of asthma		800.00	
Training School Deposit Fund . . .		1,450.00	25,874.77
			$6,624,958.37
Viz.:			
Peter Bent Brigham Hospital Account . . .		$6,612,948.12	
Reserved Income Account . .		12,010.25	
		$6,624,958.37	

EDMUND D. CODMAN,
Treasurer.

Report of the Superintendent

This is the sixth annual report of the hospital, covering the year 1919. Physicians, nurses, and others connected with the hospital but on leave of absence for war service have one by one returned to duty. Dr. John Homans, the last of the medical staff to leave the Army medical service, returned on June 27. On September 1 Miss Carrie M. Hall, Superintendent of Nurses, resumed her duties after an absence on war service since May, 1917.

Thanks are due Miss Leone N. Ivers for the able manner in which she conducted the Training School during Miss Hall's absence.

Dr. Herbert B. Howard, Superintendent of the hosiptal from its beginning, and who during the war reached the retiring age set by the Trustees for members of the staff, continued in office until May 1, a service of exactly eleven years. He is called to mind almost daily as the writer sees new evidence of his unusual ability as a builder and an organizer. We all hope he may enjoy fully his well-earned rest.

Dr. Thomas A. Devan, first assistant superintendent, left the hospital on July 1 to accept the position of Professor of Hygiene at Rutgers College.

Miss E. Grace McCullough, with the hospital as dietitian since its beginning, left on May 31 to take up similar work at the Peking Union Medical College, Peking, China.

Miss Susan A. Watson, teacher in theory in the School

of Nursing since October, 1912, left at the end of the year to take up similar work in the training school of Washington University, St. Louis, Missouri.

Dr. George H. Stone, second assistant superintendent, succeeded Dr. Devan. Dr. Andrew Nichols, 3d was appointed second assistant superintendent on July 1. Miss Mildred M. Hubbard was appointed executive assistant on June 11.

Dr. Elba D. McCarty, resident roentgenologist, left to take up private practice on October 14, and was succeeded by Dr. Lawrence Reynolds, formerly an assistant roentgenologist at Johns Hopkins Hospital.

On June 1 Miss Octavia Hall was appointed dietitian.

On page 183 will be found the war service record of members and former members of the medical, administrative, and nursing staff. It is a record we are proud of. The list would have been longer if the earnest wishes of individuals had been considered. These may be called members of the Home Service, and their records we are none the less proud of.

The hospital cared for more patients this year than ever before, although the number of days' treatment fell slightly below that of 1918. The number of visits in the Out-Door Department exceeded that of any previous year with the exception of 1917.

The Asthma clinic cared for three hundred and sixty new cases during the year. On October 4 the clinic was transferred to the Out-Door Department where patients have since been seen on Monday afternoons and Saturday mornings.

Compared with last year there was an increase in the number of patients paying less than the regular board rate and a decrease of the number of free patients.

The total operating expenses as compared with the previous year increased 14 per cent; food costs alone increased 23 per cent, notwithstanding a constant attempt

to economize. An examination of Table I and II will show comparative costs and other data.

A new entrance gate and walk to the Administration building was completed in July, adding to the safety and comfort of those coming to the Out-Door Department and hospital on foot.

Alterations have been made in the rooms on the ground floor of Ward A to make offices for the four visiting physicians and surgeons, with the necessary examining rooms and a reception room. Enclosed, fireproof stairs have been built from the main floor to the ground floor outside Ward A to give more convenient access to the offices by private patients.

In the store a milk room has been built and equipped. It will make possible handling the milk in a cleaner and safer way.

We have need of new buildings. Our nurses' home is outgrown; nurses are sleeping in a dormitory originally intended for the mechano-therapy room; they also occupy two houses on Wigglesworth Street. Neither of these places is satisfactory and an addition to the nurses' home is desirable.

The Out-Door Department will be more satisfactorily run when additional examining rooms and a new entrance for emergency cases are provided for the surgical department on the ground floor. The Urological department has outgrown its quarters on the main floor. The hydro-therapy rooms, for which space is provided on the third floor, should be finished and equipped.

Quarters for the resident staff are crowded, necessitating the placing of two beds in some rooms.

For months at a time the private ward has been full and had a considerable waiting list. Occasionally, members of the staff have had to send their patients to other hospitals. An additional story would give thirteen more patients' rooms which should be sufficient for the present

needs of the staff, and a source of financial aid to the hospital.

I wish to take this opportunity to thank the Trustees for many courtesies and advice, and the staff and officers of the hospital for hearty coöperation in the work of the year.

JOSEPH B. HOWLAND, M.D.,

Superintendent.

DECEMBER 31, 1919.

Table I

Comparative Tables of Statistics

Hospital Wards and Single Rooms

	1919	1918
Patients in hospital first of year:		
Medical	83	73
Surgical	79	87
Total	162	160
Patients admitted during the year:		
Medical	2,411	2,373
Surgical	1,871	1,652
Total	4,282	4,025
Patients treated in hospital wards and private rooms during the year:		
Medical	2,494	2,446
Surgical	1,950	1,739
Total	4,444	4,185
Patients discharged during the year:		
Well	1,533	1,684
Improved	1,828	1,530
Unimproved	175	176
Untreated	486	261
Died	253	372
Total	4,275	4,023

	1919	1918
Patients in hospital end of year:		
Medical	79	83
Surgical	90	79
Total	169	162
Total patients day's treatment:		
Paying patients	39,919	41,553
Part paying patients	11,503	6,923
Free patients	14,124	18,193
Total	65,546	66,669

Percentage:	1919	1918
Paying patients	61+	62+
Part paying patients	18−	10+
Free patients	22+	27+
Total	100	100
Average patients per day:		
Paying patients	109+	114−
Part paying patients	32−	19−
Free patients	39−	50−
Total	180−	183−
Average time per patient in hospital	15+ days	17− days
Daily average cost per patient	$5.76−	$4.81−
Daily cost per capita for provisions for all persons supported	.51−	.44−
Patients were admitted as follows:		
Paying regular rate or more	3,008	2,678
Paying less than regular rate	463	247
Free	811	1,100
Total	4,282	4,025

Out-Door Department

	1919	1918
Number of cases treated (new cases)	7,631	7,952
Medical	3,814	3,812
Surgical	3,561	3,574
Ear	....	75
Throat	....	217
Eye	....	78
Prenatal	8	43
Urological	248	153
Number of visits	49,972	45,153
Medical	19,956	17,569
Surgical	25,023	23,321
Ear	....	521
Throat	....	435
Eye	....	204
Prenatal	42	143
Urological	4,951	2,960
Patients arrived:		
A. M. 8–10	13,707	12,846
10–12	11,907	11,819
P. M. 12– 2	7,885	6,490
2– 3	7,415	6,473
3– 4	5,015	3,835
4– 6	4,043	3,690
Total	49,972	45,153
Cost of maintenance of Out-Door Department	$20,557.07	$18,989.10
Daily average cost per patient	.41+	.43−

Ambulance

Ambulance calls during the year	755	1,081
Average calls per day	2.07 −	2.96+
Mileage for patients	4,425	6,267
Other business	2,254	1,580
Total mileage	6,679	7,847

X-Ray

	1919	1918	1919	1918	1919	1918
	No. of Patients		No. of Plates		No. of Treatments	
January	408	329	896	737	0	10
February	353	318	903	637	1	7
March	403	262	1,055	532	3	5
April	425	271	906	570	0	4
May	484	313	950	616	0	0
June	470	226	862	445	1	0
July	504	257	1,012	558	0	0
August	481	270	877	648	0	1
September	461	223	798	481	0	0
October	533	345	886	545	4	0
November	538	288	975	547	18	0
December	540	304	947	678	17	0
Total	5,600	3,406	11,067	6,994	44	27

Table II

Year	Expenses	Receipts	No. patients admitted to wards	Total days treatment	Average stay in hospital	Average cost per day per house patient	Daily cost per capita for provisions per person	Out-Door Department			
								Cost of maintenance	New cases treated	Visits	Average cost per visit
1913	$190,510.41	$36,571.58	1,370	27,157	20— days	$7.02—	.53—				
1914	256,423.25	69,251.23	2,843	49,295	17+ "	5.15+	.35—	$10,081.39	8,347	30,434	.33+
1915	269,913.46	88,651.55	3,417	60,242	18— "	4.48—	.33+	12,108.39	8,536	36,523	.33+
1916	308,413.81	116,519.00	3,712	65,291	18— "	4.72—	.35—	16,551.07	9,810	47,687	.35—
1917	324,777.80	138,512.48	3,674	65,129	18— "	4.93+	.40—	19,140.56	10,995	53,405	.36—
1918	321,547.28	154,026.47	4,025	66,669	17— "	4.81—	.44—	18,989.10	7,952	45,153	.43—
1919	377,253.15	193,641.63	4,282	65,546	15+ "	5.76—	.51—	20,557.07	7,631	49,972	.41+

Table III

Residences

	1919	1918
Alabama	..	2
Arkansas	..	1
California	2	10
Colorado	4	6
Connecticut	23	17
Delaware	1	..
District of Columbia	3	2
Florida	3	4
Georgia	2	2
Indiana	3	1
Illinois	8	4
Iowa	4	3
Kansas	3	6
Kentucky	1	1
Louisiana	..	3
Maine	51	55
Maryland	4	2
Massachusetts (except Boston)	1,282	1,137
Boston	2,637	2,533
Michigan	1	2
Minnesota	..	5
Mississippi	2	2
Missouri	3	7
Montana	..	2
Nebraska	..	2
New Hampshire	87	41
New Jersey	9	8
New York	34	33
North Carolina	4	6
North Dakota	1	2
Ohio	14	5
Oklahoma	4	5
Oregon	1	2
Carried forward	4,191	3,911

	1919	1918
Brought forward	4,191	3,911
Pennsylvania	10	17
Rhode Island	21	14
South Carolina	..	2
South Dakota	..	2
Tennessee	1	2
Texas	5	13
Utah	..	1
Vermont	15	15
Virginia	5	1
Washington	..	8
Wisconsin	1	6
Canada	26	33
China	1	..
England	3	..
Italy	1	..
Japan	2	..
Total	4,282	4,025

Table IV

Birthplaces

	1919	1918
Alabama	3	6
Arizona	..	3
Arkansas	4	5
California	9	13
Colorado	1	7
Connecticut	60	43
Delaware	4	..
District of Columbia	2	3
Florida	2	10
Georgia	5	12
Idaho	1	..
Illinois	30	30
Indiana	7	4
Iowa	12	12
Kansas	8	15
Kentucky	10	5
Louisiana	3	7
Maine	176	198
Maryland	12	9
Massachusetts (except Boston)	1,364	1,039
Boston	145	474
Michigan	4	15
Minnesota	6	9
Missouri	7	20
Mississippi	3	5
Montana	1	1
Nebraska	2	4
Nevada	1	1
New Hampshire	183	146
New Jersey	14	12
New Mexico	2	1
New Orleans	..	1
Carried forward	2,081	2,110

	1919	1918
Brought forward	2,081	2,110
New York	156	157
North Carolina	16	8
North Dakota	1	5
Ohio	39	20
Oklahoma	1	5
Oregon	..	3
Pennsylvania	38	59
Rhode Island	38	19
South Carolina	17	7
South Dakota	..	1
Tennessee	12	6
Texas	2	12
Utah	2	2
Vermont	71	64
Virginia	31	19
Washington	2	4
West Virginia	1	..
Wisconsin	11	10
Total Americans	2,519	2,511
Africa	1	1
Arabia	2	..
Armenia	50	15
Asia Minor	..	1
Austria	26	14
Belgium	5	4
Canada	400	338
China	1	9
Cuba	2	..
Denmark	3	4
Egypt	10	..
England	87	108
Finland	3	3
France	4	3
Germany	56	51
Greece	76	59
Carried forward	726	610

	1919	1918
Brought forward	726	610
Holland	2	9
Hungary	4	4
India	..	4
Ireland	331	258
Italy	125	106
Japan	..	2
Mexico	2	5
Norway	7	7
Panama	..	1
Portugal	2	6
Prussia	2	..
Roumania	6	3
Russia	405	367
Scotland	37	40
South America	1	4
Spain	3	3
Sweden	54	40
Switzerland	4	7
Syria	7	..
Turkey	20	22
Wales	13	10
West Indies	12	6
Total foreigners	1,763	1,514

Table V

Occupations

MALES	1919	1918
Accountants	10	10
Actors	2	3
Agents	10	9
Ammunition factory	1	..
Artists	5	3
Auctioneers	1	..
Authors	1	..
Automobile repairers	..	2
Bakers	8	12
Bankers	3	2
Barbers	17	7
Bartenders	8	14
Blacksmiths	8	4
Boiler makers	1	6
Bookbinders	1	1
Bookkeepers	10	10
Bootblacks	..	1
Box makers	..	3
Bricklayers	3	..
Brokers	5	3
Butchers	12	7
Butlers	2	..
Cabinet makers	..	2
Candy makers	6	..
Carpenters	41	32
Cashiers	2	1
Chauffeurs	53	52
Chefs	2	..
Chemists	..	6
Cigar dealers	..	1
Cigar makers	10	14
Civil engineers	1	4
Carried forward	223	209

MALES	1919	1918
Brought forward	223	209
Cleaners	2	3
Clergymen	13	13
Clerks	86	69
Coachmen	1	..
Collectors	2	..
Confectioners	..	11
Contractors	6	..
Cooks	33	24
Dentists	5	1
Detectives	..	1
Draughtsmen	6	..
Drivers	..	52
Druggists	18	11
Editors	..	9
Electric engineers	..	2
Electricians	27	21
Elevator men	2	16
Engineers	43	27
Expressmen	5	7
Engravers	..	6
Farmers	33	22
Firemen	13	39
Fishermen	2	..
Florists	1	3
Foremen	10	15
Fruit dealers	11	..
Furniture dealers	..	7
Furniture movers	7	5
Furriers	..	1
Garage men	3	6
Gardeners	7	7
Gas fitters	2	1
Grocers	9	7
Hardware dealers	5	6
Harness makers	2	..
Hotel proprietors	..	2
Housemen	2	5
Icemen	1	2
Carried forward	580	610

MALES	1919	1918
Brought forward	580	610
Inspectors	20	9
Insurance agents	8	9
Iron workers	7	..
Janitors	21	12
Jewelers	4	3
Journalists	2	..
Junk dealers	5	8
Laboratory employees	2	4
Laborers	80	130
Laundrymen	2	5
Lawyers	15	8
Leather workers	8	4
Letter carriers	1	..
Librarians	8	..
Lighthouse keepers	2	..
Liquor dealers	2	1
Locksmiths	1	..
Longshoremen	3	3
Lumbermen	6	..
Machinists	79	70
Managers	17	20
Manufacturers	9	19
Marble cutters	1	..
Marketmen	2	1
Masons	2	5
Meat cutters	10	4
Mechanical engineers	..	1
Mechanics	21	11
Merchants	23	18
Messengers	1	3
Milk dealers	..	1
Mill hands	25	22
Miners	1	1
Minors	11	5
Missionaries	1	..
Musicians	7	3
Music teachers	..	2
Navy	6	..
Carried forward	993	992

MALES	1919	1918
Brought forward	993	992
No occupation	105	37
Nurses	9	..
Opticians	2	..
Orderlies	9	7
Painters and paper-hangers	33	27
Peddlers	10	3
Physicians	59	46
Piano movers	3	..
Plasterers	1	2
Plumbers	7	19
Police officers	19	7
Porters	30	3
Post office clerks	6	..
Printers	19	14
Professors	2	3
Rabbis	..	1
Radio-operators	..	2
Ranchers	2	..
Railroad employees	15	15
Real estate dealers	13	9
Restaurant keepers	14	5
Retired	20	16
Roofers	1	2
Rubber workers	..	2
Salesmen	62	91
Seamen	2	228
Secretaries	9	2
Sheet metal workers	7	20
Ship builders	12	17
Shippers	10	10
Shoemakers	70	31
Shoe shop employees	24	17
Silversmiths	1	..
Soldiers	9	10
Stablemen	2	14
Stationary engineers	..	4
Steam fitters	18	..
Stenographers	2	2
Total males	1,600	1,658

MALES	1919	1918
Brought forward	1,600	1,658
Stewards	4	4
Stone cutters	..	3
Storekeepers	6	5
Street railway employees	32	19
Students	134	183
Superintendents	12	10
Tailors	57	38
Teachers	6	5
Teamsters	17	..
Telegraph operators	3	4
Telephone operators	..	6
Tinsmiths	..	3
Trustees	1	..
Undertakers	6	2
Upholsterers	2	..
Waiters	19	16
Watchmakers	1	2
Watchmen	20	8
Others	235	210
Total males	2,155	2,176

FEMALES	1919	1918
Actresses	3	7
Bookbinders	3	3
Bookkeepers	18	19
Box factory	2	..
Candy makers	3	2
Cashiers	11	6
Chemists	2	..
Cleaners	2	..
Clerks	53	51
Cooks	17	13
Dietitians	3	2
Domestics	96	159
Dressmakers	15	20
Electricians	1	..
Carried forward	229	282

FEMALES	1919	1918
Brought forward	229	282
Governesses	1	1
Hairdressers	5	..
Home	1,252	789
Housewives	62	162
Laundry maids	18	10
Librarian	1	..
Lodging house	6	6
Manicurist	1	..
Matrons	7	1
Mill operatives	29	11
Milliners	2	5
Minors	6	4
Missionaries	5	..
Musicians	1	..
Music teachers	..	3
No occupations	41	43
Nurses	112	199
Photographer	1	..
Physicians	3	..
Rubber workers	1	..
Saleswomen	11	20
Seamstresses	17	10
Secretaries	9	4
Shippers	1	..
Shoe shop employees	11	8
Social workers	..	2
Stenographers	29	41
Students	118	93
Superintendents	1	..
Tailoresses	3	2
Teachers	46	23
Technicians	2	..
Telephone operators	9	..
Typists	2	..
Waitresses	31	26
Watchmaker	1	..
Others	53	104
Total females	2,127	1,849

Table VI

Expense and Revenue Statement

Administration Expenses

	1919		1918	
Salaries, officers and clerks	$22,062.22		$21,751.32	
Office expenses	19.64		36.39	
Stationery, printing and postage	5,106.81		4,447.27	
Telephone and telegraph	5,407.08		3,688.04	
Liability insurance	1,571.84		1,280.07	
Miscellaneous	1,238.06		567.66	
Total administration expenses		$35,405.65		$31,770.75

Professional Care of Patients

Salaries and wages:				
Physicians and surgeons	$18,196.55		$15,253.59	
Supt. of nurses and assistants	5,709.08		4,740.16	
Nurses	7,788.12		7,925.87	
Special nurses	17,262.92		5,026.71	
Orderlies	5,029.09		4,068.71	
Druggists	2,882.90		3,014.03	
Ward employees	5,967.25		5,736.48	
Record clerks	8,905.04		7,447.27	
Instrument repairing	112.50		.....	
		$71,853.45		$53,212.82
Training school:				
Salaries of instructors	$3,312.77		$2,830.33	
Supplies	3,316.58		2,889.55	
		6,629.35		5,719.88
Medical and surgical supplies:				
Apparatus and instruments	$1,477.47		$1,262.24	
Medical and surgical supplies	12,745.09		18,781.32	
Alcohol	713.38		1,226.81	
Liquors and wines	....		36.51	
		14,935.94		21,306.88
Out-Door Department:				
Wages	$6,029.64		$5,593.27	
Supplies	6,473.17		5,338.17	
		12,502.81		10,931.44
Carried forward		$105,921.55		$91,171.02

	1919		1918	
Brought forward . . .		$105,921.55		$91,171.02
Photography and X-ray:				
Salaries and labor	$5,583.15		$3,806.49	
Supplies	7,173.24		5,048.76	
		12,756.39		8,855.25
Library		809.44		831.92
Total professional care of patients		$119,487.38		$100,858.19

Department Expenses

Ambulance:				
Labor	$2,269.49		$2,133.32	
Supplies	1,002.88		920.25	
		$3,272.37		$3,053.57
Laboratories:				
Labor	$10,904.58		$8,767.58	
Supplies	3,805.04		3,411.01	
		14,709.62		12,178.59
Housekeeping:				
Labor	$24,039.56		$20,610.20	
Supplies	9,383.35		9,027.36	
		33,422.91		29,637.56
Kitchen:				
Labor	$9,744.48		$8,318.48	
Supplies	1,157.74		598.86	
		10,902.22		8,917.34
Laundry:				
Labor	$7,247.43		$5,299.19	
Supplies	2,463.04		2,965.06	
		9,710.47		8,264.25
Steward's department:				
Labor	$2,501.92		$2,134.96	
Provisions:				
Bread	4,014.23		3,592.55	
Milk and cream	19,562.91		16,470.81	
Groceries	16,354.34		9,546.60	
Butter and eggs	15,132.54		12,689.94	
Fruit and vegetables . .	10,092.66		7,816.47	
Meat, poultry, and fish .	23,688.12		22,033.48	
		91,346.72		74,284.81
Total department expenses		$163,364.31		$136,336.12

General House and Property Expenses

	1919		1918	
Electrical Department	$3,501.15		$2,710.93	
Heat, light, and power	30,000.00		30,000.00	
Fuel and oil	278.75		509.06	
Gas	2,888.50		1,579.52	
Ice	. . . . .		. . . . .	
Water	4,154.40		3,685.00	
Maintenance real estate and buildings	13,121.33		8,220.63	
Maintenance machinery and tools	66.00		380.75	
Plumbing and steam fitting .	4,811.83		3,559.33	
Insurance	412.85		937.00	
Total general house and property expenses . . .		$59,234.81		$51,582.22

Expenses from Special Funds

Choate Fund	$4,351.30		$3,072.90	
John P. Reynolds Memorial Fund	44.75		38.85	
Permanent Charity Fund . .	2,744.66		2,066.03	
Training school deposit fund .	50.00		. . . . .	
		$7,190.71		$5,177.78

Corporation Expenses

Salaries, officers and clerks . .				
Stationery, printing and postage				
Legal expenses				
Taxes				
Medical adviser	$1,000.00		$1,000.00	
Miscellaneous (Ward A Alterations)	3,535.56		. . . . .	
Pension	2,400.00		. . . . .	
Total corporation expenses		$6,935.56		$1,000.00
Additional payment on heat, light, and power		$25,000.00		$25,000.00

SUMMARY

Expenses

	1919	1918
Total administration expenses	$35,405.65	$31,770.75
Total professional care of patients' expenses	119,487.38	100,858.19
Total department expenses	163,364.31	136,336.12
Total general house and property expenses	59,234.81	51,582.22
Total hospital expenses	$377,492.15	$320,547.28
Corporation expenses	6,935.56	1,000.00
	$384,427.71	$321,547.28
Special Funds:		
Choate Fund	4,351.30	3,072.90
Training school deposit fund	50.00	. . . .
John P. Reynolds Memorial Fund	44.75	38.85
Permanent Charity Fund	2,744.66	2,066.03
	$391,618.42	$326,725.06
Additional payment on heat, light, and power	25,000.00	25,000.00
Grand Total	$416,618.42	$351,725.06

Revenue

	1919		1918	
Administration receipts		$2,391.15		$4,658.73
Professional care of patients' receipts:				
Board of priv. rm. patients	$43,787.83		$28,939.49	
Board of ward patients	92,548.33		85,310.50	
Special nurses	18,827.49		5,638.40	
Out-Door Department	13,772.35		13,300.66	
Photography and X-Ray	9,956.01		5,797.20	
Miscellaneous	9,776.30		7,794.81	
		188,668.31		146,781.06
Department receipts:				
Ambulance	$1,939.28		$2,014.63	
Miscellaneous	742.89		572.05	
General house and property receipts		2,682.17		2,586.68
Total hospital receipts		$193,741.63		$154,026.47
Cash from Treasurer:				
Current Expenses	$212,195.27		$192,559.66	
Choate Fund	4,351.30		3,072.90	
Training School Deposit Fund	50.00		. . . . .	
Permanent Charity Fund	2,744.66		2,066.03	
Ward A Alterations	3,535.56	222,876.79	. . . . .	197,698.59
Grand Total		$416,618.42		$351,725.06

Statement of Stock on Hand

	1919	1918
Administration supplies	$2,160.38	$3,625.68
Professional care of patients' supplies .	13,080.02	12,100.32
Department supplies	21,653.94	20,796.19
General house and property supplies .	2,536.89	2,294.17
	$39,431.23	$38,816.36

Report of the School of Nursing

THE year ends with the following enrollment of graduate and pupil nurses:

Superintendent of Nurses	1
Assistant Superintendent of Nurses	1
Instructors	2
Assistant Instructor	1
Supervisors	2
Night Supervisor	1
Graduate head nurses of wards and departments	12
Graduate nurse anaesthetists	2
Pupil nurse anaesthetist	1
Pupils	84
Affiliated pupils' Army Nursing School	7
Pupils in preliminary course	29
Total	143

As the need for preparing large numbers of nurses for patriotic services had ceased with the ending of the war it was decided not to admit a class in May as during the two previous years. Therefore, only fifty-five probationers have been admitted as against seventy-five the previous year. Of the fifty-five, nine have withdrawn, seventeen have been accepted into the school, and twenty-nine are still serving their probationary term.

It is a striking fact that twenty-eight other pupils have withdrawn from the school or been dropped in the past twelve months as against nine the previous year and six in 1917. Presumably this falling off is due to cessation of interest in the profession of nursing following the close of the war, as the majority of those withdrawing were of the number who were stimulated to enter from patriotic motives but whose interest was not sufficiently

sustained to carry them through to graduation after the motive provided by war had been eliminated.

Miss Leone N. Ivers continued to be Acting Superintendent of Nurses until September first when the Superintendent of Nurses returned from overseas service to resume her duties. Miss Ivers remains as Assistant Superintendent of Nurses as before the war.

Affiliations for pediatric and obstetric training, which subjects are required for eligibility for State Board examinations for nurses, are as follows:

Affiliations with the Children's Hospital, the Boston Dispensary, and the Boston Floating Hospital provide three-month courses in pediatrics for thirty-one pupils annually.

Affiliations with the New York Nursery and Child's Hospital and the New York Lying-In Hospital provide three-month courses in obstetrics for thirty pupils annually.

Three pupils have completed four-month courses in Public Health Nursing at the School for Public Health Nurses under the terms of scholarships provided by the American Red Cross. This arrangement terminates in June, 1920. It is most desirable that some new arrangement be made to give a larger number of the pupils of this school annually the opportunities afforded by this specialized training.

Two nurses, one a graduate of this school, have been admitted to the operating rooms for instruction in the administration of anaesthetics under the supervision of Miss Hunt and Miss Gerrard.

Seven pupils of the Army School of Nursing were received in affiliation for experience in the care of women patients for a period of four months beginning September 15. This affiliation, together with the ending of the vacation season, made it possible, in October, to resume the eight-hour day which had been changed to

a ten-hour day on August 1, on account of shortage of nurses. These hours are quite too long for the conservation of the health of nurses and some means must speedily be found for shortening the hours of night nurses who are now doing a tour of twelve-hour duty.

Our housing conditions remain unsatisfactory. The nurses' building cares for 101 nurses with much crowding. The Zander Room, used as a dormitory, has 17 beds and is entirely inadequate for the proper housing of pupils. The two houses on Wigglesworth Street, with their inferior plumbing and lack of central heating facilities, provide twenty-five more beds, but even with these there are accommodations for the admission of but a small class in January, and that will mean another shortage of nurses in about a year's time.

A new nurses' building or an annex is very much needed. This should have rooms for at least a hundred nurses, to replace the quarters now in use which are not suitable, to provide separate quarters for night nurses, and to allow for further expansion. It should also provide better recreation rooms, additional class rooms, and a diet laboratory.

Several changes in teaching and supervisory positions have occurred. Miss McCullough, dietitian to the hospital and instructor in dietetics in the School of Nursing, resigned June 1 to take up important work in China under the Rockefeller Foundation. Miss Octavia Hall has taken up her duties acceptably. Miss Mills, for five years instructor in the practice of nursing, resigned September 1 and was succeeded by Miss Hanna S. Peterson.

A number of the graduates of this school are now holding important posts in the hospital and school. Owing to illness Miss Sharpe has had to retire as surgical supervisor. Miss Anna G. McKeon of this school succeeded her. Miss Marguerite Robb succeeded Miss McKeon as night supervisor. Miss Margaret Smith has

filled a large need as assistant instructor in theory. Several others are serving as head nurses and assistants in the operating and X-ray rooms. Graduates of the school are in demand for positions in other institutions and in the various fields of public health nursing.

Through all the period of the influenza epidemic, which lasted well into the year, and the resulting shortage of nurses, the high standard of teaching has been maintained.

Grateful acknowledgment is made to the members of the resident staff of physicians and surgeons for their thorough coöperation in supplying satisfactory lecture courses to second-year pupils and for care rendered members of the school during illness.

Exercises for the fifth graduating class were held November 14. Mr. Curtis, President of the Board, presided. The address was made by the Principal of the School of Nursing. The class numbered thirty-two members. The Dr. John P. Reynolds Gold Medal for efficiency was awarded to Martha Ruth Smith. Honorary diplomas were awarded to Miss Susan A. Watson, who for seven years has loyally, thoroughly, and conscientiously performed the duties of instructor in theory and who leaves early in the New Year to fill a similar position in Washington University training school, St. Louis, Missouri, and to Miss Leone Norton Ivers, who for the same period has given faithful service in all the departments of the training school but especially for conspicuously good work as Acting Superintendent of Nurses during the period of the war.

CARRIE M. HALL,
Superintendent of Nurses
and Principal of School of Nursing.

DECEMBER 31, 1919.

Social Service

THE completion of the fifth year of Social Service at the Peter Bent Brigham Hospital shows an encouraging increase of usefulness. In the first year there were 365 patients referred; during the past year, 1919, there were 1134 patients brought to the attention of social service* — an increase of 516.

Another gift, $2500, from the Permanent Charity Fund, for which this department was very grateful, made it possible to attend to the above number of patients.

The plan of work carried out last year has been generally followed this year: a social worker each for the medical wards, the surgical wards, the Out-Door Department, the diabetic clinic and the heart clinic, with addition this year of a social worker for the gastric, tuberculin, and venereal clinics.

A system of follow-up has been carried on for patients with reportable specific diseases and certain other infectious diseases; also for patients who have been advised to return for observation or treatment.

Another innovation this year was the introduction of occupational therapy in hospital and out-patient wards. A full-time paid worker was engaged to take charge of this work; she and two volunteers have, in the four months the work has been in process, taught or assisted 136 patients in basketry, bead-work, wood-carving, and many other kinds of handicraft. The response to this work has been most enthusiastic from both patients and doctors. One patient who has been in our wards for several months,

* This number includes for the first time those patients about whom Social Service has been consulted by outside agencies in regard to finding out diagnosis, prognosis, general fitness for work, and kind of after-care recommended.

obliged to avoid all eye strain on account of numerous thromboses, writes to the occupational worker: "I also want to tell you how much I appreciate all you have done to make my days here easier and happier, and particularly the special effort you made to help me finish my Christmas tray." It is hoped not only that this work will give pleasure but that the therapeutic effect of pleasant occupation will be of real value in hastening recovery and that it will tend to benefit the patient's mental and physical condition.

Reports of the heart and diabetic clinics are given with the Physician-in-Chief's report, as it is difficult to determine in these clinics where the medical service ends and social service begins.

In the diabetic clinic a good deal of time is spent in going over with the patients the doctor's directions and showing them how to regulate their diet, at the same time giving suggestions as to how the diet may be made varied and economical.

With the heart clinic there is more outside work done, as a knowledge of the patient's life at home, at school, or at work is of value to the doctor in advising the patient. There probably is no more satisfactory group to work with than the heart clinic, as a great deal can be done for the child or young adult with a beginning heart lesion. The prognosis is good if the patient is examined from time to time in a heart clinic and advised by the doctor just how much exercise he should take; then visited at home and at school by the social worker, and the mother and teacher instructed how to follow the doctor's advice, and told the necessity of having the patient regularly report to the clinic. If the patient is working, the employer can be asked to readjust the patient's tasks to his strength or sometimes a lighter job can be found for the patient.

Work in the venereal clinic was too recently begun to publish any results. In the tuberculin clinic the social

worker exercises a supervision over the members of the class, keeping a weekly schedule of the weight changes and general reaction to the treatment on the part of each patient. Besides this supervision, at least one call is made at the home of each person in the class. It is obvious that the whole purpose of the tuberculin course is defeated unless an active anti-tuberculosis regime is instituted in the home. This calls for knowledge of home conditions on the part of the doctor in charge, and it also calls, usually, for instructions in the home regarding rest, diet, and general hygiene.

The service rendered by the Women's Motor Department of the American Red Cross Society has been of the same inestimable value as in the past two years. About four hundred trips have been made in bringing patients in for treatment or taking them from the hospital to their homes. We wish to express our appreciation for this service.

As in the past years, the coöperation of charitable agencies in Boston has been admirable; especial mention is due the Associated Charities.

The Social Service Department wishes to express its appreciation also to the members of the Peter Bent Brigham Hospital for the cordial spirit of help and interest it has met with everywhere; and to the medical and surgical staffs for their generous gift of money and time for the enjoyable Christmas-tree celebration in the wards.

In looking forward to the work of the coming year new emphasis should be made on the need of further opportunities for the handicapped. With the experience and knowledge gained in reconstruction work from the war, communities should be from now on equipped to give opportunities for work of all classes of handicapped people. Another need is a place where a person who is ill, but not ill enough to be admitted to a hospital, can be

nursed for a small sum, or free if necessary; or where a patient can go who is discharged from a hospital and either has no home or no one at home to care for him, but who needs a little more nursing-care than it is possible to give in our convalescent homes.

The following description of case work is given with the idea of making clearer to the lay-reader the kinds of problems referred to the Social Service Department.

A young Italian woman referred from the Out-Door Department for supervision in the heart clinic; diagnosis: mitral stenosis. A social worker called at the home and found mother in bed seemingly very weak, a baby lying beside her, three other small children running in and out of the room. The rooms were in great disorder and there was no food in the house. The husband had gone out for help; he had been staying home from work trying to care for his family. The worker immediately telephoned the Associated Charities who sent in food at once. The following day arrangements were made to admit patient to the Peter Bent Brigham Hospital. The Children's Mission was asked to take care of the four children while the mother was in the hospital; this they did and found a good home for the children in the country where they have the best of care. The children are bright and attractive; both parents seem above the usual type met here. The husband found a new job and is regularly paying for board of children. Patient is to be sent to country for a while after leaving hospital and then supervised after she returns home to see that she does not overdo and that she comes into the heart clinic from time to time.

A boy, 14 years old, in surgical ward. He had an amputation of one leg following a bad accident in which he was run over by a motor-truck. The doctor who attended him described him as "the grittiest chap I ever saw." The boy's father is a chronic invalid unable to work; the family is supported by an older brother and sister. The boy had been going to a parochial school before his accident but did not want to go back; he wanted to go to some trade school, so arrangements were made for him to enter the Industrial School for Crippled Children on St. Botolph Street. He is attending there regularly

and likes it very much. At the earnest request of the boy and his mother an effort is under way to secure him a wooden leg.

A young woman comes to the Out-Door Department for examination. It was found she was pregnant and had a G. C. infection. She was referred to Social Service for advice and friendly interest. The patient appeared to be much younger than she was and below normal mentally. Her family consists of a father and mother, three older sisters and two younger brothers; the income is small. The social worker called at the home to help the family make some plan for the patient. It was decided that the best thing to do was to send her to the Brook Ward, Homeopathic Hospital for treatment, where she could stay until after confinement. Before taking her there she was examined at the Psychopathic Hospital and reported to be of a mental age of 8.7 with a variation of 12 years. The Boston Legal Aid Society was then asked to take action in regard to the man who was responsible for patient's condition. They have done so and the case is to be settled in court. The social worker is in close touch with both family and patient and has been able to encourage and help them a great deal by sympathy and counsel.

A 14-year-old girl comes to the Out-Patient Department with a skin infection called scabies. The doctor asks Social Service to call at home to learn condition of rest of family and to assist in clearing up the trouble. Social Service finds all of the nine children more or less seriously affected and the mother herself ill, not taking the proper remedial measures. Treatment is carefully outlined and explained but a later call shows that instructions are not followed and conditions are worse. Mother is not very coöperative, not strong enough to do necessary work, and unable to pay for help. Through a charitable agency of the neighborhood a woman is found to do the necessary laundering and scrubbing, and a District Nurse is called in to supervise. At last report most of the children are entirely free from the infection and the others improving. Best of all, the coöperation of the mother, without which the case seemed almost hopeless, has been secured.

A bright Italian boy, 14 years old, in the surgical ward. He was admitted for an operation for brain tumor. The operation relieved the pain but could not restore sight. The doctor

who referred him wanted something done in regard to his future education. A social worker called at the patient's home. The family lived on the first floor of a three-tenement house; rooms large with plenty of air and light; also very neat and clean. The family consists of a father, born in Italy; a mother, a gentle mannered, soft voiced, motherly woman who idolizes patient and who comes from Genoa for which she still longs; a boy about 23 years old who has been in the U. S. Navy seven years and fought in France (war souvenirs on table); a boy about 20 years old in the U. S. Navy; a girl 18 years old, working. The father and mother speak English haltingly, although 28 years in America. They are anxious to have patient go on with his education and willing to have him go away to school. Accordingly arrangements were made through the Commission for the Blind to send patient to the Perkins Institution for the Blind. He is there now and the reports are that he is doing well and is very happy. The family are paying what they are able to pay for his care.

The boy of 16 years, supervised in the home through the heart clinic, and who was provided with a loom by the Tide-Over League, has improved so much, contrary to our predictions of last year, that he has not only found for himself, but has held, since September, an ideal position in Stowell's watch-repair department. He takes charge of the watches which go through the department, and also has time to study watch repairing, so that his earning capacity will probably increase. We feel that his work with the loom, followed by six weeks in the country last summer, where he was sent by the Children's Mission, added to his own good sense in taking care of himself, have been largely responsible for his present well being. He still reports regularly to the heart clinic.

A young colored woman comes to the Out-Patient clinic very ill, needing hospital care. The doctor asked Social Service to arrange for the care of her two children; one a child of two years and a nursing baby, four weeks old. A call was made at the home; the patient and two children were in bed with no one to care for them. The husband of patient was in a hospital in Texas. He had sailed on a vessel as cook last August and had fallen through a hole on ship sustaining a fracture of elbow and lower arm resulting in an ankylosis of elbow joint and fingers. The patient had received no money from him

since he left and had done laundry work as long as she was able before the birth of her baby. A friend of the mother was willing to take the older child and Social Service asked the Infants' Hospital to take the baby, which they did. The patient was brought to the Peter Bent Brigham Hospital and admitted to the medical ward; diagnosis: tuberculosis of the glands. The prognosis was poor and after two months' stay in hospital Social Service was told patient ought to have bed care for several months in a sanatorium. As patient had no lung involvement it was impossible to get her into a state sanatorium and an application was made to St. Monica's Home for Colored Women where she was admitted. In the meantime, a brother-in-law was found who had a comfortable home and who with his wife was glad and willing to take the baby when it was discharged from the Infants' Hospital. Letters were written to the hospital in Texas and offices of the Steamship Company. Finally the husband returned home; he was able to get around but unable to use the injured arm. Social Service is helping him in his efforts to find work while action has been taken to get compensation for his injuries. The baby is taken to the Children's Hospital for regulation of feeding and occasionally to St. Monica's Home to see his mother.

Number of patients dealt with in Social Service Department during the year 1919	1134
Old	142
New	992
Referred from House Medical Service	206
Referred from House Surgical Service	104
Referred from O. D. D. Medical Service	334
Referred from O. D. D. Surgical Service	86
Referred from O. D. D. Urological Service	6
Referred from outside agencies	256

Of the 310 patients referred from House Medical and Surgical Service, 100 were referred by the Admitting Office.

These were referred for:

Hospital care	82
Medical treatment	50
Diabetic Clinic	56
Heart Clinic	50

Tuberculin Clinic	10
After care	
Permanent care	73
Convalescent care	70
Rest and vacation	50
Private sanatoria	10
Tuberculosis sanatoria	77
Instruction in diet and general hygiene	13
Advice and supervision	60
Friendly interest	36
District nurse	12
Apparatus	10
Occupational work	4
Education of the handicapped	2
Employment or adjustment of work	36
Financial aid	23
Care of children or of family	29
Transportation	23
Information	161
Return for treatment	54
Compensation for injury	1

The following resources were used:

Hospitals and Institutions —	
Peter Bent Brigham Hospital	
House, and Out-Door Department	54
Asthma Clinic	1
Diabetic Clinic	56
Heart Clinic	50
Luetic Clinic	1
Tuberculin Clinic	10
Other General Hospitals	11
Psychopathic Hospital	5
Holy Ghost Hospital for Incurables	3
Tuberculosis Institutions	51
The House of the Good Samaritan	9
The Infants' Hospital	1
Private Hospitals and Sanatoria	26
Chickering House	31
St. Luke's Home for Convalescents	17
Milton Convalescent Home	10
The Channing Home	5
Convalescent Home for Jewish Women	6
St. Monica's Home	2
Llewsac Lodge	1
Talitha Cumi Home	3

Salvation Army Home	1
The New England Home for Little Wanderers	1
Boston Nursery for Blind Babies	1
Industrial School for Crippled and Deformed Children	1
Massachusetts School for the Feeble Minded	1
Harvard University Dental School	1

Organizations:

Board of Health	13
Institutions Department	9
Associated Charities	
Boston	11
Lynn	1
Somerville	1
Malden	2
Fitchburg	1
Brockton	3
New Hampshire	1
American Red Cross, Home Service	11
Federated Jewish Charities	10
Young Women's Christian Association	2
District Nursing Association	31
Social Service in various hospitals	11
Industrial Aid Society	15
Jamaica Plain Friendly Society	3
Brookline Friendly Society	2
Town of Brookline Relief Fund	3
Massachusetts Commission for the Blind	1
Boston Provident Association	2
Children's Aid Society	4
Children's Mission	6
Woman's Educational and Industrial Union	2
Industrial Accident Board	1
Lend-a-Hand Society	4
Morgan Memorial	1
Young Men's Christian Union, Country Week	4
Legal Aid Society	1

Miscellaneous:

Information given	166
Medical treatment obtained	64
Advice and supervision	68
Friendly interest	22
Transportation provided	20
Employment	11
Apparatus obtained	3
Friends and family provide	36
Patient makes own plans	27

Aid unnecessary	30
Unable to locate	7
Died	5
Pending	22

Staff of Workers

Alice M. Cheney, *Head Worker*

Heart Clinic, General Department
Miss Katherine A. Homans, *Volunteer*

Diabetic Clinic, Gastric Clinic, House Medical
Mrs. Florence W. Mark

Tuberculin Clinic, House Surgical, Out-Patient Surgical
Mrs. Lida T. Parkins

Genito-Urinary Clinic, General Department
Miss Margaret A. Hayden

Out-Patient Medical, General Department
Miss Mina M. Brown

House Medical, General Department
Miss Alice M. Cheney

Occupational Therapy
Mrs. Eleanor W. Stone

Volunteers

Miss Eleanor Baldwin Mrs. Elsie P. Whitney

Clerk

Mrs. Mabel A. Lindsay

ALICE M. CHENEY,
Head Worker.

Report of the Pathologist

THE figures for the Department are as follows:

Autopsies, Medical Service	55
Autopsies, done outside for the Medical Service	4
Autopsies, Surgical Service	47
Total	106
Reports on surgical specimens	861
Reports on bacteriological specimens	633
Guinea-pig inoculations for suspected tuberculosis	134
Total	1,734

The total number of deaths in the hospital was 253, of which 152 occurred in the Medical Service, and 101 in the Surgical Service. The 102 autopsies, excluding the four upon patients who died following discharge, based on 253 deaths gives a percentage of 40.0 for the year. Including the four outside autopsies, the Medical Service has a percentage of 38.8 for the year; the Surgical Service's percentage is 46.5.

The number and percentages of autopsies for preceding years were:

Year	No.	Per cent
1918	145	40.0
1917	114	55.6
1916	113	49.54
1915	101	47.6
1913 and 1914	147	58.5

These figures indicate a slight falling off in the total number of autopsies and in the percentage for 1918, due in all probability to the general conditions of the times.

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

Year	No.
1918	2224
1917	1248
1916	1140
1915	1030
1914	847

The large number of examinations in 1918 was due in part to the many throat cultures made in the first months of the year when there were a few cases of diphtheria in the hospital, so that the number of examinations in 1919 (1734) represents an increase in this type of service.

The bacteriological records of 1919 are of much more value than those of preceding years owing to the services of Miss Grant who was appointed in October, 1918 for the duration of the war. It is highly desirable that her place should be filled by a permanent employee.

In lines of original investigation the Department has not been very productive owing to the rapid shifting of the staff.

Dr. Franz Wulffaert, who was appointed House Officer in January, 1918 and Resident Pathologist in July, 1918, resigned in June, 1919.

Miss Madeline P. Grant, who was appointed Bacteriological Assistant in October, 1918, was automatically dismissed by the terms of her appointment in August, 1919.

Dr. Victor C. Jacobson was appointed Pathological House Officer January 1, 1919 and Resident Pathologist July 1, 1919. He resigned October 1, 1919 to take a position as Assistant Professor of Pathology in the University of Wisconsin.

Dr. E. A. Greenspon was appointed Resident Pathologist September 28, 1919.

Dr. F. D. Adams was appointed Pathological House Officer October 8, 1919.

Well-trained men in pathology are in such demand that it is difficult to fill positions, and the difficulty of retaining

men who have secured a training here is becoming a problem. In this connection may again be mentioned the advisability of creating a place for a second house officer in order to insure having at all times at least one man in the Department with at least six months' training.

A room adjoining the pathological suite of rooms has been fitted with shelves for the storage of specimens designed for teaching purposes. This was done in response to frequent requests for such material by members of the hospital staff engaged in the teaching of students and nurses.

Research

Dr. Wolbach was absent from June 20 to July 20 in Mexico for the purpose of making studies on Typhus Fever. The material obtained has enabled him to demonstrate the causal agent of the disease and to classify it in the new group of parasites of which the cause of Rocky Mountain Spotted Fever is the type.

Publications

S. B. Wolbach: "Studies on Rocky Mountain Spotted Fever." Journal of Medical Research, November, 1919, Vol. XLI, No. 1. This is a monograph of two hundred pages and twenty-one plates, and includes the studies made by Dr. Wolbach in 1916, 1917, and 1918.

Victor C. Jacobson: "A New Standard Solution for Sabli's Modification of Gower's Hemoglobinometer." Journal of the American Medical Association, October 25, 1919, Vol. 73. Dr. Jacobson has substituted a permanent solution of rufigallic acid to take the place of the instable hemoglobin solution formerly used.

Dr. W. T. Councilman and Dr. E. W. Goodpasture have on occasions given their services in the absence of the Pathologist,

S. B. WOLBACH.

Report of the Surgeon-in-Chief *

The Brigham Hospital is seven years old. There hangs in the House Officers' dining room the first group picture, taken in April, 1913, of the original band who came together to constitute the professional, nursing, and administrative staff of the hospital. In the group are a few guests, and the two central figures are John Collins Warren and William Osler, whose recent death has been felt so acutely by the entire medical profession. I have always thought of these two men as our guardian spirits of medicine and surgery — the Cosmos and Damian of the institution.

It happened that Sir William Osler was in this country on a visit and though we were in no condition to have a formal opening his presence forced the occasion, for we wished his baptism even though the hospital, with the exception of a single ward which was given over to House Officers, patients, operating plant, and kitchen, was still in the stage of scaffolding and plaster. His influence, indeed, even without this early blessing of our venture, was strong among us. Councilman was an old friend and colleague of the early days at Johns Hopkins, Christian

* The onus of these reports for the past three years has fallen on the willing shoulders of my colleague, Dr. Cheever. He, with the Resident Surgeon, Dr. Conrad Jacobson, though they would much rather have done otherwise, remained behind to cover the general surgical work of the hospital with such haphazard assistance as they could obtain after Base Hospital No. 5, largely recruited from the Brigham Hospital staff, went overseas. This was in May, 1917, and as the 1916 report had been belated the duty of completing it, as well as the two succeeding reports, devolved upon Dr. Cheever. I cannot adequately express my feelings of obligation, both to Dr. Cheever and to Dr. Jacobson, for their unselfish devotion to their hospital duties during the two years' absence of the Base Hospital group. Theirs was a far harder task, and in my estimation the service stripes should equally belong to them.

was a pupil, and the writer had been for many years a junior colleague, though not on his own service.

His address to us, which was taken down at the time, was informal and not given with any expectation of publication, though it deserves reprinting in full. What he said was usually wise, and as he gave us some admonitions and wise counsel it is perhaps fitting at this time to recall some of his words.

* * * I have seen today what I have always wished would come here in Boston, what I have always thought would come: I have seen a new and perfectly striking departure in hospital growth. When I first became connected with the Toronto General Hospital it was organized according to the old plan, under which services were not divided and a man took three months at a time in medicine and surgery. This meant of course an extremely mixed service — the attendant might operate for a compound fracture and the next thing on his hands be a case of pneumonia. And perhaps it was but natural that there should be a great deal of opposition when medicine and surgery were divided, for nearly every physician, when he sees an operation going on, feels he could do it much better himself, and there is scarcely a surgeon who has not aspirations towards the treatment of pneumonia. Even today this old-fashioned system still prevails in a number of our large teaching hospitals, and in many of them the House Physician stays only six months.

At the Johns Hopkins Hospital we made a new departure in hospital management — that is, a new departure in this country, but by no means in medical education, for we simply adopted a combination of German and English methods. In the first place we were paid officials of the hospital. We followed the German system of organization in appointing a head of the service, with a group of house physicians and a group of subordinates and with proper clinical laboratories. And we adopted the English plan of regarding the student as a part of the hospital organization — as large a part as an interne or nurse — of making him feel that he was not in the ward simply as a matter of granting him certain rights but that he was there to get his education as a clinical clerk or surgical dresser. I have always felt that as soon as a student enters the hospital

he should begin to get his information just as he gets it when he goes out into practice, by daily contact with patients in the Out-Patient Department and wards.

I understand that you are to have at first only the medical and surgical departments but that these will be much larger than the average medical and surgical services. And so far as concerns the first function of a hospital — namely, the care of the patient — your organization and equipment seem to me to leave nothing whatever to be desired. I have never seen wards that have pleased me as much; indeed the whole arrangement — for nurses, for private patients, for ward patients — everything, so far as equipment is concerned — is the last word, I think, in hospital development.

The second function — the instruction of the student — you will have to work out, and no doubt this will be done easily and smoothly. You will have to assign a sufficient number of men and you will have to see that those men are not overdriven. One of the great problems of a medical school is the arrangement of the students' time. You cannot ask a man to spend much time in the wards if overburdened with lectures: he must have a certain number of hours free for hospital work. I have no doubt, however, that you can develop here a scheme for the instruction of the student that will be better than any that has yet been devised.

The third function of a hospital of this sort — namely, its duty to the profession at large for the extension of knowledge — is one which you will look forward to, I know, with the greatest interest. This of course is the highest function of a hospital, one to which the profession often has not been quite awake and of which the public has not been appreciative. But it is a purpose which the modern university hospital must place equally with the care of the patient and the teaching of the student. In a hospital of this type, with ample facilities and capable men especially selected, with good laboratories and a sufficient number of men devoted to laboratory work, there is no question but that many problems of medicine and surgery can be tackled successfully, for the great benefit of the profession and of the public.

There should be no difference, from a university standpoint, between a large clinical community and a chemical laboratory. I mean to say that they should be conducted on the same lines and that the directors of both should spend most of their time

in their workshops. And this brings me to the final point on which I wish to touch and which is one of the most satisfactory features of this hospital — namely, the fact that you are going to have the directors of your surgical and medical clinics doing practically all of their work in the hospital. It isn't possible to estimate the value of this single feature in the development of hospital work in this country. The plan isn't a new one, though I believe it has been attempted in only one or two other places. I would not limit a man's contact with the profession or with the public, or cut off his private work altogether, for I do not think this would be advisable; but the important thing, and the departure which makes the completion of this hospital so very significant in the history of the profession, is the fact that you are setting a pace which others will follow, in having the men in charge of your medical and surgical services working practically on a university basis as full-time men.

Now of course it will be very difficult at first to get this great place in smooth running order. Looking back I remember that when we opened the Johns Hopkins Hospital we had a great deal of trouble at first in getting good nurses and also in getting trained house officers. It was two or three years before things ran smoothly. But it will do you good to have preliminary worries and troubles. It is not a bad thing to have little frictions and difficulties, which really enable you to shake down more comfortably afterwards. And if you will face them in the proper spirit they will work out and adjust themselves without any doubt. After all, it is a matter of give and take, of feeling that you are a part of a great organization, that you are taking a very important step in medical education, and that this is a great thing for the city and for the country in the future development of medicine.

These were inspiriting words. Let us take note of them and see in how far we have lived up to the expectations of our friend and counsellor.

(1) The Care of the Patient. I think here we have nothing to regret. They are safeguarded in many ways — by our elaborate and detailed records in which the hospital may justly take pride, for we are told by those who presumably know that they are excelled nowhere; by an automatic follow-up system which requires reports

after an interim of a year or two from discharged cases before their histories are bound; by our staff organization whereby a student, the House Officer, an Assistant Resident, the Resident himself, and an attendant all pass upon each case and vie with each other in the desire to throw diagnostic and therapeutic light on the disorder; by a most fastidiously conducted operating room in which, the year through, the same safeguards are followed by all surgeons alike and the uncertainties due to personal foible or frequent change are avoided; by the fact that rich and poor alike enjoy the same privileges and secure exactly the same treatment at the hands of the same people.

(2) Our Teaching Obligations. Here too we have done fairly well, thanks to our fortunate geographical position and our compact hospital organization, though by no means as well as Dr. Osler's words implied that we might do. There are two other general hospitals which bear a relation to the Medical School, similar to our own, their advantage lying in their honorable history, in their greater size and corresponding wealth of clinical material, their disadvantage lying in the fact that their attendants are as yet not full-time appointees, and in their comparative remoteness from what must be the centre of teaching activities — the School.

We are in duty bound to make the most of our advantages under these circumstances as a teaching institution, and after all, it is not the great number of patients that a student sees that is of subsequent value to him, but it is rather the habits of observation acquired through the detailed study of comparatively few cases, provided the conditions are sufficiently varied, that establish the ground-work he needs for his future career. We have succeeded in introducing a clinical clerk and dresser system for fourth-year students which the other hospitals so far as their regulations permit have also adopted. Each student serving all day in the wards should have at least

one of the day's admissions turned over to him for history and examination, should follow his case in time to the operating room where he cleans up and participates as an assistant, and at the ward visit should report the case to the visiting attendant in place of the House Officer in whose ward and under whose direction he is serving.

Thus the gain becomes mutual — students become an invaluable part of the hospital machine and in return they are supervised and directed in this work by all members of the staff. Indeed it goes without saying that everyone, from the newest House Officer to the Chief of Service serving in a hospital with a School connection such as we have, should be regarded as a member of the teaching force, whether or not his name appears in the medical school catalogue.

An error in our original hospital plans and construction has been atoned for by the later erection of a teaching amphitheatre unsurpassed for its purposes by any that I know, and, as clinical exercises come more and more to replace old-time lectures, third and fourth year students will come to meet less and less often in the medical school lecture rooms and more and more in this place. Every other week Dr. Cabot is giving his justly celebrated medico-pathological conferences here during the present school year, and I am sure if the matter were left to the students' choice on the basis of convenience, all would be held here. From a teaching point of view we must confess to some shortcomings so far as the third-year students' Out-Patient opportunities are concerned, but to this we will return.

(3) The Extension of Knowledge. One thing that must be borne in mind by those who have at heart the hospital's contributions to knowledge is, that, with the same sized residential and house-officer group with which we started out, we are now doing more than double the

amount of obligatory work at the bedside, and this falls particularly hard on the Surgical Staff owing to the increasing number of hours which must be spent by them at the operating tables. Thus in 1913 and 1914 together there were only 1647 entries in the operating-room book; during the past year alone there were 1935. With all this, as the detailed methods essential to good clinical work become augmented from year to year, there are an increasing number of tests and examinations to be made at the bedside.

At present such hours as can be stolen by members of the staff for literary work — far less for serious research which requires time and uninterrupted composure — are few and far between. Thus, our late Resident, Dr. Jacobson, is staying on for six months to put together for publication some experimental studies largely finished before he came here as Assistant Resident seven years ago. The duties of the Resident, now assumed by Dr. Cutler, to the wards and patients, to the students and nurses as an instructor, to the operating room as its organizer, have become increasingly arduous and complex. He should have at least four assistants under him.

True, it cannot be expected of all members of a hospital staff that they have a spirit of investigation and thereby contribute to knowledge. There are of course two types of research for information: (1) the collection of facts and data on a given subject and their interpretation; (2) the creation of new knowledge. The latter requires imagination and is more rare. Both, however, are more or less interdependent, and light can be thrown on disease and knowledge extended by even statistical studies of cases and results, of which all are capable, but even this becomes nigh impossible, and for a resident or house officer, who has tendencies and capabilities in this direction, to undertake a piece of actual research would mean one of two things — the neglect of his primary duty to

the patients, or an investigation effectually blocked by interruptions.

We, in short, must have a larger staff if we are not going to fall behind in our obligations in this all important respect. There is no dearth of applicants. There has never been a time in our short history when so many promising young men have expressed the desire to come and work with us as volunteer assistants. There is no dearth of material. Like other hospitals, our wards are filled with cases presenting interesting problems, the possible solution of which can only come by concentrated attention. There is no dearth of space. We have admirable laboratories, but the surgical laboratory in particular has, since the war, fallen into disuse as no one has time to properly utilize it.

Thus we are lamentably short of suitable opportunities for those whose duty is not to care for our individual patients but to advance knowledge which may be applied to patients everywhere, in our own as well as in other hospitals. These special workers should be selected young men from here or elsewhere who have finished their hospital positions and who wish to take a year or two for detailed study in some special field with the expectation, often realized, of furthering our understanding of the subject in hand. There is little that these highly desirable persons need in addition to the opportunity already here. But that little is essential — a bare living wage, a study and bedroom.

In short, it is vital, if we are to live up to what is expected of us and what we are capable of, that our house-officer quarters be enlarged and that provision be made for an increment in our staff. As my colleague, Dr. Christian, has emphasized, an institution cannot mark time; it goes ahead or falls behind, one or the other. Unfortunately it must be the duty of the staff to point these things out; others must provide the funds which

can be available for research. There can be no possible investment more remunerative in the long run nor more satisfying to the giver than a sum of money put at the disposition of an institution of this kind — and the same thing applies to all hospitals similarly equipped — for special investigation by a well-trained young man who, for the purposes of furthering his studies, can be freed for the time being from the killing routine of the clinic and operating room. A notable example of this is the work done on Dr. Christian's service by Dr. Channing Walker on the subject of asthma, made possible by the fund given for this special purpose.

An insistent desire for progress in a forward direction and discontent with the stationary type of machine is a healthy spirit in any hospital, and so long as it exists the calamity of self-satisfaction may be avoided. To quote again, if I may, from Dr. Osler, there are three signs by which fogyism can be recognized in an institution (or man). They are: "First, a stage of blissful happiness and contentment with things as they are; secondly, a supreme conviction that the condition of other people and other institutions is one of pitiable inferiority; and thirdly, a fear of change, which 'not alone perplexes but appalls.'"

Consultants, Consultations and Specialization. When the hospital was first organized it was built up around the two major services of medicine and surgery, and the early plan was to appoint a pathologist, a pharmacologist, and a physiologist as Consultants. So far as pathology was concerned this was of course an insufficient recognition, and Dr. Councilman was soon made Pathologist-in-Chief to the hospital, and the department has been one of the most active and productive in the institution. The two other positions have not been utilized to the full, either to the benefit of the hospital or the incumbents, though there is little doubt but that physiology

and pharmacology could be utilized in some ways as effectively in the clinic as pathology.

The only other position as Consultant was given to Professor Potter of the Dental School who, with various assistants, has covered for us this particular field of work. Drs. Taft, Brigham, and now Dr. Kasanjian, have been successively appointed as incumbents of the junior position. Dr. Kasanjian served for several years as a member of the Second Harvard Unit with the British Expeditionary Force, was decorated for his services, and has made a notable report on wounds of the face and jaws.

From the outset, wishing to build securely on our small though solid foundation, the Surgical Department, with this exception, spread itself over the whole field of surgery. The senior attendants had all been trained primarily as general surgeons rather than as specialists, though some of them have come to devote themselves to special lines of work.

It has been the policy, therefore, to cover the general field as well as our capabilities enabled us to, and in the event of some obscure condition arising, with which we did not feel capable of dealing, we either asked for advice from our medical school colleagues or promptly transferred the patient to other hands, either for an opinion or for treatment.

A rapidly growing institution in its early years, like an adolescent child at the same stage with too many lessons, may have to be "taken out of school" with the complaint of growing pains. One of two plans may be adopted to prevent this — occasional help from a tutor or fewer studies. Thus in the case of the hospital we could pursue one of the following two courses, the second in my estimation being preferable.

(1) We could appoint as Consultants individuals who would cover for us each of the many special fields of surgical work, and there can be no doubt but that men

with a primary general training who have subsequently perfected themselves as surgical specialists are likely to do their special work more effectively and perfectly than those who have not so specialized. In our present stage of development the drawbacks to this plan lie on the "too many lessons" basis, as will be pointed out.

(2) The other policy would be to do as we have done — to cover these fields ourselves as well as possible, and to ask for aid from time to time from such individuals as were most likely to throw light on obscure and difficult problems, leaving the positions in the various specialties open so that they could be filled by junior appointees who cared to work here as full time voluntary assistants or associates in order profitably to utilize such material in these special fields as comes to hand.

Thus Dr. Walter Boothby, originally the official anaesthetist of the hospital, after a period of study in Haldane's laboratory in Oxford, occupied himself here for the first several years with studies of respiration, organized a special laboratory for the purpose, introduced into the hospital the routine use of metabolism studies, and made valuable contributions to this important subject. On his departure with his assistant, Miss Sandiford, to take a similar position at the Mayo Clinic, the laboratory has been transferred temporarily to the direction of Dr. Peabody of the medical service, and continues to be under the charge of Miss Tompkins, who received her training in the Carnegie Nutrition Laboratory under Dr. Benedict. Meanwhile, Miss Gerrard, one of Dr. Boothby's pupils, has become our chief anaesthetist, dividing this responsibility with Miss Hunt, who also has had a long experience with the administration of anaesthetics.

Again, for several years Dr. Clifford B. Walker, after completing his service at the Eye and Ear Infirmary, served with us as an associate, covering the eye, ear, nose,

and throat work, and his valuable contributions, particularly in the field of ophthalmology in connection with our rather unusual material, were a great credit, not only to himself but to the hospital. On his regretted withdrawal to enter private practice the department which he had built up has necessarily and properly been drawn in again and, up to their abilities, been covered by the surgeons of the general staff.

Positions such as those held by Dr. Boothby and Dr. Walker are difficult to fill, and it is right and proper that they should again be swallowed up in the general service until other equally capable and enthusiastic individuals appear to renew these traditions or to devote their entire time to blazing out new paths in such directions as their abilities and inclinations may lead them. It must always be borne in mind that from such beginnings actual permanent subdepartments may grow, and indeed should be encouraged to grow; but this means provision for further permanent enlargements of the staff, for individuals working on such a basis in time require assistants and they in turn their assistants.

Only in the case of genito-urinary surgery has a permanent appointment been made in the person of Dr. Quinby who, with an assistant, Dr. O'Conor, has taken over the urological material in the clinic and unquestionably has not only treated the cases with greater skill but has made far more use of the material in the way of publications than would otherwise have been done even though the work was carried on sufficiently well from the patients' standpoint before his appointment. In case he should be lured away from us, by better opportunities than we can offer him, the genito-urinary material will unquestionably fall off, but it can be and should be covered again by the general surgeons as before, who will profit by the traditions he has left. The same thing would hold true of my own neurological work.

The difficulties which confront the so-called hospital "Consultant" are many, and they exist not only on his side but on the side of the institution. This I think is universally recognized. If there is an officially appointed consultant from outside, let us say to cover diseases of the eye, there is an inevitable tendency for the House Officers, as well as their seniors, to neglect making the most thorough examination of which they are capable. The patient is merely referred to the consultant for an opinion and he is expected to make the necessary examinations and notations on the case. This I think is bad for the staff and unsatisfactory for the consultant. The position, in short, which if made at all should be an agreeable one, is apt to become a chore.

The solution which seems unquestionably best in our own case and doubtless would be best in many other communities is that all medical school heads of departments should be regarded without a titular appointment, as potential consultants to any of the hospitals affiliated with the school. They unquestionably would regard it as a compliment to be called by any sister institution to see patients with obscure diseases on which their experience might throw some light. This should not be abused, and certainly such calls should be relatively infrequent. Furthermore, all such consultations should so far as possible be avoided by sending the patient to the consultant or to his hospital whenever feasible, if for no other reason than to save his time. If the consultant, however, is called it should be made possible for him to see a patient with the least possible delay. His presence should take precedence over any other activity, a house officer should invariably meet him, all possible records of the case should be ready at hand, and the visiting surgeon or physician who requested the consultation should if possible meet him at the patient's bedside.

Roving consultations of this sort conducted in this

way represent, in my belief, the ideal relationship for visiting attendants in affiliated hospitals. Ever since the opening of the Brigham and of the Children's Hospital such a relationship has been cultivated, and the appointment, for example, of Dr. Lovett as Consulting Orthopedist to the Brigham Hospital or of myself as Consulting Neuro-Surgeon to the Children's Hospital could in no way improve the eminently satisfactory arrangement which now exists and which leaves to either institution the privilege of calling in anyone else they desire.

These generalizations regarding the position of the specialists and the relation of the service to outside consultations at this period of our growth reflect the opinions which I have expressed on other occasions.*

The complexion of a clinic is naturally somewhat colored by the main interests of its chief. Be his main contributions in gynecology, orthopedics, or urology — or it might be even in some special disorder such as thyroid diseases, as was true of Kocher's clinic in Berne, or tumors of the breast or hernia, as was once the case at the Johns Hopkins — cases will be sent by outside physicians because of this primary occupation. In my own case, interest in the surgical diseases of the central nervous system has led to their presence in the clinic in numbers somewhat disproportionate to those of other hospitals, but this is the only way by which progress is made, and it in no way affects the value of the general service as a teaching service except to give it variety. Tomorrow the diseases of the chest, or fractures, or even possibly surgical diseases of the spleen or the heart, might conceivably become the predominant feature of the clinic.

And so far as I can see it makes little difference what a chief of clinic devotes himself to so long as some advance

* Cf. The First Annual Report of the Brigham Hospital, p. 42 et seq.; also The Special Field of Neurological Surgery, The Johns Hopkins Hospital Bulletin, 1905, xvi, 77, and *ibid.* 1910, xxi, 325.

in general knowledge is encouraged thereby. Indeed, it might not be what is regarded as surgical at all — our original studies of metabolism, for example. And in my belief the director of a surgical clinic might make his clinic a success without being an operating surgeon if he has qualities of leadership, or administrative abilities, or the capacity to stimulate others. All these things are desirable, but they rarely co-exist in one person, and an institution must often be content with one useful quality in its departmental heads and supplement the missing ones by juniors possessing them. I have often felt that it would be an instructive experiment, and possibly not without value to our respective services, if Dr. Christian and I could change places for a month in each year.

The Out-Door Department. A large ambulatory clinic is not an essential to a hospital, even to a teaching institution like ours. The great hospital in Berne, for example, had none, though under Kocher it was one of the most productive in Europe. Nevertheless it is very desirable as a feeder to the clinic, as a means of following treatment, instituted in the house, of patients living in the neighborhood, and as a teaching centre for third-year students. Though it has not been particularly nursed, though it is conducted by junior house officers, controlled to be sure by senior members of the staff who are on continuous duty here, it nevertheless has grown rapidly up to the possibilities of allotted space.

The attention of the Trustees has been called to the fact of the crowded quarters and the urgent need of their extension if we are perhaps to meet our obligations to the community in this respect, well provided as it is by the remarkably active and well-conducted ambulatory clinics at the Massachusetts General Hospital, the City, the Boston Dispensary, and the Relief Station. It was our early expectation that the house officers in charge might, during their term of out-patient duty, have time for some

investigative work, but the increasing number of patients, without corresponding increase in staff, has rendered this program incapable of fulfillment.

Dr. Quinby reports that the work in the newly established Urological Service has increased considerably during the year. In addition to the routine types of treatment, there has been formed a class for the administration of tuberculin to those patients suffering from tuberculosis of the urinary tract. The results of this have been most gratifying in many instances. It is a pleasure to acknowledge the efficient aid of the Social Service Department in the conduct of this class, and in visits to the patients' homes, where suggestions are made as to proper hygiene. The administration of arspenamine to those patients having syphilis who are unable to enter the wards has been continued as before. There has been no instance of unpleasant results from the administration of this drug, although the doses given were usually of the same amount as when the patient enters the ward.

A comparison of the attendance at the urological clinic during this year with that of 1918 is of interest, and about represents the growth possible in the ambulatory clinic in general.

	Visits by new cases	Visits by old cases	Total
1918	159	2754	2913
1919	334	4580	4914

The facilities for study and treatment of these patients are restricted to three rooms. The dimensions of two of these rooms are 9 x 12 feet; of the third 8 x 9 feet. While this space has thus far been fairly adequate, it will soon cease to be so should the clinic increase in size beyond its present numbers. A consideration of much greater importance, however, is that such limitation of space makes the use of the clinic for the teaching of students practically impossible. Therefore it is greatly to be hoped that the

Trustees will find it possible to adopt the plans for enlarging the clinic rooms which are already under consideration.

Publications *

BAILEY, P. A case of thoracic stomach. Anatomical Record, 1919, Vol. XVII, 107–109.

CUSHING, H. Concerning the establishment of a national institute of neurology. Address before the American Medico-Psychological Association, 75th annual meeting. American Journal of Insanity, 1919, Vol. LXXVI, 113–129.

—— Some neurological aspects of reconstruction. Address before the Congress of American Physicians and Surgeons. Archives of Neurology and Psychiatry, 1919, Vol. II, 493–504.

—— The story of U. S. Army Base Hospital No. 5. Cambridge, University Press, 1919, 118 pp.

—— Neurological surgery and the war. Boston Medical and Surgical Journal, 1919, Vol. CLXXXI, 549–552.

CUTLER, E. C. War surgery under front-line conditions. Annals of Surgery, 1919, Vol. LXX, 695–712.

GOETSCH, E. The occurrence of gastric mucosa in a case of Meckel's diverticulum producing intestinal obstruction. Johns Hopkins Hospital Bulletin, 1919, Vol. XXX, 143–161.

HORRAX, G. Observations on a series of gunshot wounds of the head. British Journal of Surgery, 1919, Vol. VII, 10–54.

HORRAX, G. and HOLMES, G. Disturbances of spatial orientation and visual attention, with loss of stereoscopic vision. Archives of Neurology and Psychiatry, 1919, Vol. I, 385–407.

* The annual list of papers by the surgical staff has fallen off. This evident lowering of productiveness can be ascribed partly to the war and partly to the pressure of hospital work, to which I have referred. The list includes the 1919 papers published under the names of existing members of the staff or by former members based on work done here and credited to the hospital.

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—— An account of some experiments upon volunteers to determine the cause and modes of spread of influenza. Public Health Reports, 1919, Vol. XXXIV, No. 33.

O'CONOR, V. J. Torsion of the spermatic cord. Report of two cases and review of the literature. Surgery, Gynaecology and Obstetrics, 1919, Vol. XXIX, 580–584.

PENFIELD, W. G. The treatment of severe and progressive hemorrhage by intravenous injections. American Journal of Physiology, 1919, Vol. XLVIII, 121–132.

QUINBY, W. C. Standardization of methods in cases of prostatic obstruction. American Journal of the Medical Sciences, 1919, Vol. CLVII, 390.

—— Some urological aspects of dermoid cysts. Journal American Medical Association, 1919, Vol. LXXIII, 1045–1048.

—— Lympho-blastoma (lympho-sarcoma) of the prostate. Transactions American Association Genito-Urinary Surgeons, 1919.

QUINBY, W. C. and BAZETT, H. C. A new method for crossed circulation experiments, with some observations on the nature of pressor reflexes. Quarterly Journal Experimental Physiology, 1919, Vol. XII, 199–226.

Classification and Tabulation of Diagnoses and Operations on the Surgical Service

We are by no means satisfied with the classification of diseases here employed, and I presume a corresponding dissatisfaction exists on the part of all who must compile such records. In 1818 David Hosack prepared a *System of Practical Nosology*, to which he prefixed a synopsis of the systems of Sauvages, Linnæus, Vogel, Sagar, Macbride, Cullen, Darwin, Chrichton, Pinel, Parr, Swediaur and Young, and he just missed including another by Dr. Good. He quotes Linnæus to the effect that "systematic arrangement is the Ariadnean thread without which all is confusion," and he advocates an analogous arrangement as necessary to medicine. As a matter of fact there invariably remains a great deal of confusion in spite of the most carefully arranged systematic program.

In our first annual report for the years 1913–1914 we tabulated our surgical diagnoses alphabetically under anatomical "systems" and gave two separate tables—*one* of the diseases and condition — "well," "improved," "unimproved," etc. on discharge; *the other* a separate table of the surgical operations. This involved an unnecessary reduplication of tables so that in the second report (1915) the two tables were fused, the operations performed being given in juxtaposition to the diagnoses. Moreover in the first report, as is the custom in some other hospitals, we had made our number of diagnoses correspond with the number of patients, recording only the essential disorder leading to the hospital admission and disregarding others which the patient might also present. A decision was often difficult and when we came to adopt the plan followed in our second report it

was necessary to increase the diagnoses, if we were to properly record all operations and to place them in association with the maladies for which they were undertaken.

Comment was made upon the lack of conformity in these matters in hospital reports in general and it was suggested that the value of these tabulations would be increased if the hospitals in a given community, such as our own, would come to adopt a uniform system. An interhospital committee which was appointed came to agree upon a classification of diseases, and a pamphlet, now in its fourth edition, which most of the local hospitals follow, was issued. It incorporates the international classification section numbers, and may be of possible aid in the compilation of vital statistics, though this is somewhat doubtful. However, in our subsequent three reports (1916–17–18) this arrangement has been followed, though we have continued to fuse the two tables.

There is, furthermore, no satisfactory terminology of operative procedures in general use, and though a local interhospital committee was appointed a few years ago to consider the matter also, they came to no agreement mutually acceptable to all or mutually adaptable to the requirements or customs of the several hospitals represented.

It would be an exceedingly desirable thing if, possibly through the agency of the American College of Surgeons, steps were taken to systematize these matters and to inaugurate a uniform method of presenting the surgical reports from all major hospitals in the country. If this were done our hospital reports might become of greater clinical value for reference than many of the occasional papers in medical literature, and I see no reason why they should be surrendered, as many of them are, to the administrative activities of the institution alone, which after all are merely incidental to the main purpose of the institution — the professional care of the patients.

From the administrative point of view, hospital reports in general agree fairly closely in their manner of presenting the business affairs of the institution, together with the inclusion of tables representing the occupations, places of birth, of residence, and so on, of the patients. These, it seems to me, in their present form are quite useless, and in some reports, like the elaborate one from the Massachusetts General Hospital, the mere tabulation of occupations, carried into subheadings, occupies eleven pages. Though amusing it is of no great interest to know that 1 Umbrella Mender or 1 Gill Box Tender in Worsted Mill, 1 Strap Finisher in Artificial Limb Factory, or that out of 66 Shoe Factory Operators, arranged in 31 subdivisions, there was 1 Bottom Finisher, 1 Welt Beater, and so on, who entered the hospital. What might be of value, in view of our present interest in industrial medicine, is to know what ailments these various people presented — the 20 Barbers, the 84 Carpenters, the 99 Clerks, and 970 people without occupation — to see whether their tasks or absence of tasks had any possible bearing on their disorder, but even this would hardly be worth while when numbers rarely run over two figures. There is one thing further in which these reports all agree: namely, in making an appeal for bequests and endowments; and I cannot escape the feeling that possible readers would be much more influenced in this direction by greater emphasis laid on the results of clinical investigation and less on the dry bones of housekeeping and the hotel register.

From the clinical point of view, on the other hand, there is an extraordinary degree of variation in these reports. Some hospitals, like the Boston City, have abandoned altogether any presentation of the customary tables of disease, operations with their results, and so on, limiting their pages largely to administrative details alone. A still more radical departure in the other direction has been made by the Presbyterian Hospital in New

York which, in addition to its Fiftieth Annual Report from which all medical and surgical tables have been omitted, has issued a supplementary Medical and Surgical Report which is devoted to a series of essays on special subjects by members of the staff. One section of this volume is given over to an analysis of the 116 deaths which occurred on the surgical service, but as the number of cases admitted to the service as well as the number of operations performed are not given, no percentage estimates can be made. This is going to the other extreme in the swing of the pendulum.

No two hospitals, in short, follow a similar program and I have found it exceedingly difficult to get answers to the few immediate questions for which answers were desired. One of them concerned the discrepancy between the annual number of recorded diagnoses and discharges (or admissions). How far should one go in respect to multiple diagnoses? A patient with the complaint of facial neuralgia may have a large lipoma on her back and both conditions be operated upon at separate sessions. Another may enter for an acute alveolar abscess and prove to have a gastric ulcer, and yet every patient with neuralgia or gastric ulcer who proves to have a small lipoma or a chronic alveolar abscess incidental to their main disorder should not necessarily have a double diagnosis therefor.

I find that since we have made a quasi surrender to multiple diagnoses the excess diagnoses over admissions for each year have been 32.3 per cent; 22.2 per cent; 30.9 per cent; 26.6 per cent; and 32.1 per cent, so that on our rather loose system we have come to record an average of 29 per cent more diagnoses than patients. Other hospitals run this up to 50 per cent excess and if carried to its extreme it might be made 100 per cent or more. It cannot always be determined, for many reports fuse the medical and surgical diagnoses though they give

a separate table of operations and list the admissions separately.

Again, there should be more uniformity in the recording of what are to be considered "operations," for it affects enormously the mortality rate, which can be made anything one desires if, as is the custom in some hospitals, all fatalities occurring within twenty-four hours of admission are *excluded*, or if such minor procedures as the exploratory use of the hollow needle or cystoscopic examinations are *included*, as perhaps they should be, as they may be dangerous and may require an anaesthetic. Here there is the greatest possible lack of uniformity in custom. Our records for the past year show 2021 patients discharged and only 1563 operations (77.3 per cent of the cases), with 102 fatalities, 79 following some operative procedure, giving a postoperative mortality, influenced considerably by my own type of critical procedures, of 5 per cent, the highest we have recorded. The Massachusetts General Hospital Report for 1918 records 4167 surgical discharges and 4119 operations (99.2 per cent of the cases), with a 3.8 per cent operative mortality. At the Johns Hopkins the 2808 operations (general surgery and urology, black and white, combined) considerably exceed the number of discharges (2654), whereas in the Lakeside Hospital, as in our own case, the number of recorded operations is only about 75 per cent of the patients admitted. A possible explanation of these discrepancies is at hand here at the Brigham, for the tabulation of operations which accompanies this report does not correspond at all with the records of the operating room itself, where the recorded number is 1929, including cystoscopic examinations, alcohol injections for neuralgia, and so on, whereas in the accompanying tabulations it is only 1563. This would drop our operative mortality from 5 per cent to 4 per cent. A further influence lies in the fact that many operations are done in several stages,

usually with repeated anaesthesia, and should possibly be recorded as separate operations in view of the fact that some risk of fatality is always taken.*

From most of the hospital reports I have consulted it is impossible to draw any comparative conclusions, but from those in which this is possible it is interesting to gather that the size of an individual surgical service which can be well handled covers annually about 2000 admissions (the Johns Hopkins Hospital 2097; the Brigham 2032; the Lakeside in Cleveland 1697; the Presbyterian in New York 1901, etc.), and when this is much exceeded, hospitals have to divide the work into two services (the Massachusetts General 4038) or more (as the Boston City with 6686 admissions and five services). It becomes apparent, furthermore, that the operative mortality, when it can be estimated by the figures given, averages around 4 per cent unless innumerable minor procedures are included.

The following table has been compiled from our previous annual reports, and it is hoped can be made an object of

Year	Discharges	Deaths	General mortality %	Diagnoses	Excess %	Patients operated	Case %	Operations recorded	Post-operative deaths	Case mortality %	Operative mortality %
1913–14	2164	118	5.45	2164	0	. . .	. . .	1647	90	. .	5.46
1915	1780	89	5.00	2366	32.3	1328	74.6	1526	72	5.4	4.7
1916	1921	93	4.84	2348	22.2	1422	74.0	1632	68	4.8	4.1
1917	1947	74	3.80	2533	30.9	1457	74.8	1639	54	3.7	3.2
1918	1785	71	3.97	2315	29.6	1304	73.1	1474	61	4.7	4.1
1919	2021	102	5.05	2659	31.07	1411	69.8	1563	79	5.6	5.05

comparison by other surgical services elsewhere in similar institutions so that we may all keep a corresponding score and agree upon certain common rules of play.

* This, however, may be more or less offset by the fact that during one anaesthetization recorded in the operating room as a single procedure several operations may be performed for different conditions and so come to be recorded in this tabulation made up from the completed histories.

Headings from the excellent summary of the surgical services of the Lakeside Hospital, Cleveland (52nd Annual Report, 1918, p. 93), has in the main been adopted.

From what I have gathered in the making of these admittedly somewhat casual studies, I am led to believe that a surgical service of approximately 125 beds through which approximately 2,000 patients pass in the course of a year, with something like 1,700 of the patients operated upon, giving an operative mortality of something below 4 per cent, is about the average that one may expect, and is about as large a service as one organized group can satisfactorily cover. There will be a wide divergence in other figures until we can come to some agreement — figures which relate to the excess diagnoses over discharges, to the number of operations recorded for each patient subjected to operation, and consequently to the percentage mortality per operation. Every hospital will naturally have these figures more or less altered by factors which color the character of its surgical service — those in which there is a very active traumatic service, those so situated that they receive only patients who come from a distance and being well enough to travel possibly represent good surgical risks, those like our own where there is an unusual preponderance of operations, such for example as those for brain tumor, in which there is an unusual operative hazard. It may be noted in the above table that during the two years of my absence the operative mortality percentage dropped from approximately 5 per cent to 4.1 per cent and 3.2 per cent.

The End-Result System. There is no question as to the great service rendered by Dr. E. A. Codman in his emphasis laid upon the desirability that hospitals, as well as surgeons, keep track of their end results. This was fully commented upon in my first report. Whether or not the trustees of hospitals will take full cognizance of this matter for purposes of comparative study of the results of

different hospitals is doubtful. The general system otherwise falls to the ground, and I do not see how in a large hospital it can be thoroughly done unless, as I formerly suggested, each institution annually appoint one of its outgoing house officers as a Registrar with a special staff of clerks according to the plan followed in most British hospitals. It is a colossal task and requires a trained medical man, not only with a knowledge of diseases and an ability to interpret properly patients' replies to questionnaires, but possessed also with the instincts of a lexicographer.

My own feeling is that an annual questionnaire such as Dr. Codman has advocated is not feasible, and it is our custom to request by letter a report from patients, from whom we have not heard in the interval, before our histories come to be bound, which is usually from a year to eighteen months after the patient's discharge. All casual correspondence is of course also included.

Only in the case of a search for information regarding new topics do I feel that it is really important to follow cases in great detail, valuable as it might be for us to have annual reports from all of our hernias, breast tumors, and so on. I have had a recent experience in following up 332 cases of Gasserian ganglion operations for neuralgia, and it has been a six months' task with immeasurable correspondence with the patients themselves, and with their physicians and friends when no reply has been forthcoming. It has been possible to receive replies from 300 (90 per cent) of the cases giving the data I immediately desired, but if one should attempt to do a thing of this sort for all conditions all the time we would be doing little else, and it is improbable that the one particular point we wished to get information about would be obtained from the mere automatic sending out of a general letter of inquiry.

This same thing is true of such a tabulation as I gave

in a recent monograph on a special topic, the acoustic neuromas, and it is hoped that the table may from time to time be brought up to date to give specific information of the duration of life of these patients, treated in a certain way, until a standard can be established which will be of use here and elsewhere; not because someone else who may get less good results should therefore not be permitted to do such operations, but for the purpose of encouraging someone else to get better results. I feel that it is this type of end-result group study which is of infinitely more value to a hospital and to surgeons in general than elaborate annual studies of end results of all the cases of all kinds from the service.

What I would like to see established would be an inter-hospital investigation of this sort, under the aegis of the College of Surgeons. Undoubted benefits would ensue, I believe, if, for example, all the hospitals in this community, or a selected group more widely distributed, should agree to concentrate their statistical studies for a given year on a certain topic — let us say, for example, on their results of operation for exophthalmic goitre, or for cancer of the stomach, covering, let us say, a ten-year period, and eliminating all other considerations except for the barest figures regarding the other surgical work of the institution for the year. If some such plan were put in operation, the College could assemble the data from the various hospital reports material which would become of enormous value to clinicians, and these reports would become of great service to Medicine instead of being, as they are, largely of comparative interest alone to hospital administrators.

Surgical Diagnoses and Operations

JANUARY 1, 1919, TO JANUARY 1, 1920

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION I				
	SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
20	Abscess, deep	6	1		
	Incision — drainage	.....	.....	4	
	Incision — drainage — exploratory laparotomy	.....	.....	1	1[27]
25	Actinomycosis	1			
	Drainage	.....	.....	1	
22	Anthrax	1			
143	Carbuncle of back	1			
	Incision — drainage	.....	.....	1	
143	Carbuncle of lip	1			
143	Carbuncle of neck	9	2		
	Excision — drainage	.....	.....	2	2[39–57]
	Incision — drainage	.....	.....	7	
143	Carbuncle of scalp	1	1		
144	Cellulitis of chin	1			
	Excision of tissue	.....	.....	1	
144	Cellulitis of face	2	1		
	Incision — drainage	.....	.....	1	1[75]
144	Cellulitis of finger	1			
144	Cellulitis of foot	3			
	Incision — drainage	.....	.....	1	
144	Cellulitis of hand	2			
	Incision — drainage	.....	.....	1	
144	Cellulitis of leg	3			
	Incision — drainage	.....	.....	2	
	Incision — drainage — secondary suture — skin graft	.....	.....	1	
144	Cellulitis of neck	2			
	Incision — drainage	.....	.....	1	
144	Cellulitis of neck and jaw	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
144	Cellulitis of thigh	1	1		
	Excision of tissue	.....	.....	1	1[43]
144	Cellulitis of thumb	1	1		
	Incision — drainage	.....	.....	1	1[72]
86	Coryza	1			
9	Diphtheria	1			
18	Erysipelas	3			
143	Furunculosis	3			
	Incision — drainage	.....	.....	3	
37	Gumma of thigh	1			
10	Influenza	2			
61	Meningitis, cerebrospinal	1			
92	Pneumonia, unspecified	5			
	Appendicectomy	.....	.....	1	
91	Pneumonia, broncho-	5			
92	Pneumonia, lobar	4			
	Appendicectomy	.....	.....	1	
20	Septicemia	6	2		
37	Syphilis	10			
29	Tuberculosis, miliary	3			
1	Typhoid fever	1			
37	Ulcers, syphilitic	1			
	SECTION II				
	DISEASES DUE TO ANIMAL PARASITES				
	(No cases)				
	SECTION III				
	DISEASES OF METABOLISM				
50	Acidosis	1			
55	Diabetes insipidus	1			
50	Diabetes mellitus	15*			
50	Gangrene, diabetic	7			
	Amputation of arm	.....	.....	1	
	Amputation of thigh	.....	.....	3	1[32]
	Incision — drainage	.....	.....	1	
103	Vomiting, recurrent	1	1		
	Finney pyloroplasty	.....	.....	1	1[67]

* Three deaths recorded under cellulitis of thumb, septic hand and arm, and diabetic gangrene.

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION IV				
	DISEASES PECULIAR TO INFANCY				
151	Marasmus	1			
	SECTION V				
	DISEASES DUE TO PHYSICAL AGENTS				
167	Burns, 1st, 2nd, and 3rd degree	1	1		
167	Burns, 2nd and 3rd degree	2			
167	Burns, 2nd degree	1	1		
167	Burns, 3rd degree	1			
167	Burns, electric, 1st, 2nd, and 3rd degree	1			
181	Shock, electric	1	1		
	SECTION VI				
	POISONINGS, INTOXICATIONS				
56	Alcoholism	2			
165	Poisoning, acute mercury bichloride	2	1		
59	Poisoning, chronic morphine	1			
59	Stomatitis, mercurial	1			
	SECTION VII				
	TUMORS, NOT OF SPECIAL ORGANS				
45	Adenocarcinoma of parotid gland	1			
	Excision	.....	.....	1	
46	Angioma of forearm	1			
	Excision	.....	.....	1	
45	Carcinoma of chest wall	3			
	Excision of nodule	.....	.....	2	
46	Cyst, dermoid of forehead and eyelid	1			
	Excision	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
46	Lipoma of forehead	1			
	Excision	.....	.....	1	
46	Lipoma of shoulder	1			
	Excision	.....	.....	1	
46	Lipoma of thigh	2			
	Excision	.....	.....	2	
53	Lymphoma, malignant (Hodgkin's Disease)	3			
46	Myoma of thigh	1			
	Exploration of tumor	.....	.....	1	
45	Sarcoma of thigh	2			
	Amputation of hip	.....	.....	1	
99	Tumor of parotid gland, mixed, non-malignant	1			
	Excision	.....	.....	1	
	SECTION VIII				
	CONGENITAL MALFORMATIONS				
150(3)	Absence of kidney	1			
150(3)	Anomaly, cervical skin folds	1			
150(3)	Diverticulum of bladder	1			
	Excision	.....	.....	1	
150(3)	Double ureter and kidney	1			
	Nephrectomy	.....	.....	1	
150(3)	Double uterus	2			
	Hysterectomy	.....	.....	1	
150(3)	Double vagina	1			
150(3)	Ectopic kidney	1			
150(3)	Hermaphroditism	1			
150(1)	Hydrocephalus	5	1		
	Exploration and repair of defect	.....	.....	1	
	Transsinoidal drainage	.....	.....	1	1[10]
150(3)	Nystagmus	1			
150(3)	Oxycephaly	1			
150(3)	Pilonidal sinus	5			
	Excision	.....	.....	5	
150(3)	Polycystic kidneys	1			
150(3)	Spina bifida	1			
150(3)	Undescended testicle	6			
	Transposition	.....	.....	5	
	Orchidectomy	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION IX				
	GENERAL INJURIES AND DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES				
144	Abscess of ankle	1			
	Incision — drainage	.....	.....	1	
144	Abscess of arm	1			
84	Abscess, axillary	2			
	Excision — drainage	.....	.....	1	
144	Abscess of back	3			
	Incision — drainage	.....	.....	2	
	Curetting sinus	.....	.....	1	
144	Abscess of buttocks	2	1		
	Incision — drainage	.....	.....	2	1[36]
144	Abscess, cervical	10			
	Incision — drainage	.....	.....	10	
144	Abscess of hand	1			
	Incision — drainage	.....	.....	1	
144	Abscess, inguinal	3			
	Incision — drainage	.....	.....	3	
144	Abscess of leg	1			
	Incision — drainage	.....	.....	1	
32	Abscess, lumbar	1			
	Incision — drainage	.....	.....	1	
133	Abscess, subpectoral	1			
	Incision — drainage	.....	.....	1	
144	Abscess of thigh	2			
	Incision — drainage	.....	.....	2	
186	Contusions, various	42			
175	Crush of foot	1			
	Removal of tissue — skin graft	.....	.....	1	
186	Foreign body in cheek	1			
	Excision	.....	.....	1	
186	Foreign body in leg (bone plate)	1			
	Excision	.....	.....	1	
186	Foreign body in wrist	2			
	Excision	.....	.....	2	
142	Gangrene of hand	1			
	Amputation of finger	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
142	Gangrene of toe	2			
	Amputation of toe	.....	.....	2	
186	Hematoma of scalp	1			
144	Septic arm	1			
	Incision — drainage — ligation of artery — reamputation of stump	.....	.....	1	
144	Septic hand	4	1		
	Incision — drainage	.....	.....	3	1[87]
144	Septic hand and arm	1	1		
	Incision — drainage	.....	.....	1	1[76]
144	Septic finger	5			
	Incision — drainage	.....	.....	3	
144	Septic thumb	1			
	Incision — drainage	.....	.....	1	
34	Tuberculosis of buttock	1			
	Excision of sloughing area	.....	.....	1	
	Tumors of skin				
44	Carcinoma	1			
	Excision	.....	.....	1	
44	Epithelioma	1			
	Amputation of leg	.....	.....	1	
145	Fibroma	1			
	Excision	.....	.....	1	
145	Ulcers of leg	2			
44	Ulcer of face, rodent	1			
170	Wound, gunshot, of neck	1	1		
	Ligation of carotid artery—removal of bullet	.....	.....	1	1[69]
170	Wound, gunshot, of thigh	1			
	Excision and partial closure of bullet tract	.....	.....	1	
20	Wound, infected	1			
186	Wounds, lacerated	27			
	Amputation of finger — suturing of tendon	.....	.....	1	
	Amputation of thumb	.....	.....	1	
	Suturing of wound	.....	.....	10	
	SECTION X SPECIAL SKIN DISEASES				
145	Condyloma acuminatum	1			
	Excision	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
145	Kraurosis	1			
	Excision of tissue	.....	.....	1	
150	Nevus pilosus	1			
	SECTION XI				
	DISEASES OF CIRCULATORY SYSTEM				
	A. Arteries				
81	Aneurism, aortic	3			
81	Aneurism, arteriovenous	1			
81	Arteriosclerosis	4			
81	Dilatation of aorta	1			
142	Gangrene of foot, senile	1			
	Amputation of leg	.....	.....	1	
81	Intermittent claudication	1			
82	Thrombosis of mesenteric artery	1			
81	Tortuosity of internal carotid artery	1			
	Exploration of artery	.....	.....	1	
	B. Heart				
85	Auricular fibrillation	1			
79	Chronic cardiac valvular disease				
	Aortic insufficiency	1			
	Mitral stenosis and insufficiency	2			
79	Dilatation of heart	1			
78	Endocarditis, acute	1			
85	Hypertension	1			
79	Hypertrophy of heart	1			
79	Myocarditis, chronic	1			
	C. Veins				
83	Phlebitis	3			
83	Thrombophlebitis	4			
	Incision — drainage	.....	.....	1	
83	Varicose ulcers	2			
	Excision — skin graft	.....	.....	2	
83	Varicose veins	34			
	Excision	.....	.....	30	
83	Varicose veins and ulcers	4			
	Excision (skin graft — 1)	.....	.....	2	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION XII				
	DISEASES OF THE LYMPHATIC SYSTEM				
145	Elephantiasis	1			
	Kondoleon operation	.....	.....	1	
84	Lymphadenitis, acute	5			
	Excision of glands	.....	.....	1	
	Incision — drainage	.....	.....	1	
84	Lymphangitis, acute	6			
34	Tuberculosis of cervical lymph glands	24			
	Excision of glands	.....	.....	19	
	Excision of glands — tonsillectomy	.....	.....	1	
	Incision — drainage	.....	.....	2	
	Tumors of lymph glands				
45	Carcinoma, metastatic	3			
	Excision of glands	.....	.....	3	
	SECTION XIII				
	DISEASES OF THE BLOOD				
54	Anemia, pernicious	1			
54	Anemia, secondary	1			
55	Hemophilia	1			
	SECTION XIV				
	DISEASES OF THE DUCTLESS GLANDS				
	B. Pituitary Gland				
55	Acromegaly with tumor	4	1		
	Transphenoidal with partial removal of struma	.....	.....	4	1[12]
55	Acromegaly without tumor	3			
52A	Dyspituitarism with tumor	25			
	Exploration, subtemporal (1st stage)	.....	.....	1	
	Extirpation of tumor, partial (2nd stage)	.....	.....	1	
	Transfrontal	.....	.....	6	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Transfrontal (2 stages)	.....	.....	1	
	Transphenoidal	.....	.....	6	
	Transphenoidal with evacuation of cyst	.....	.....	2	
52A	Hypopituitarism with tumor	4			
	Transfrontal	.....	.....	2	
	Transphenoidal	.....	.....	2	
52A	Hypopituitarism without tumor	1			
55	Infantilism	1			
	C. Spleen				
116	Hypertrophy of spleen	1			
	Splenectomy	.....	.....	1	
116	Parasitic disease of spleen	1			
116	Splenitis	2			
	Splenectomy	.....	.....	1	
54	Splenomegaly (Banti's disease)	1			
116	Tumor of spleen	1			
	F. Thyroid				
88	Dysthyroidism	1			
88	Goitre, exophthalmic (to include hyperthyroidism)	16			
	Ligation of superior thyroid arteries	.....	.....	4	
	Ligation of artery — partial thyroidectomy (2 stages)	.....	.....	2	
	Thyroidectomy, partial	.....	.....	8	
88	Myxedema	1			
	Tumors of the thyroid				
88	Adenoma	7			
	Excision	.....	.....	4	
	Thyroidectomy, partial	.....	.....	3	
45	Carcinoma	1			
	Thyroidectomy, partial	.....	.....	1	
88	Cyst	2			
	Excision	.....	.....	2	
88	Goitre, colloid	2			
	Thyroidectomy, partial	.....	.....	2	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION XV				
	DISEASES OF THE NERVOUS SYSTEM				
	A. Brain				
60	Abscess, cerebral	1	1		
	Evacuation of abscess — craniotomy	.....	.....	1	1[9]
60	Abscess of temporal lobe	1	1		
	Drainage	.....	.....	1	1[4]
81	Arteriosclerosis, cerebral	1	1		
74	Ataxia, cerebellar	1			
74	Cephalocele	1			
82	Embolism, cerebral	1			
60	Encephalitis	5			
60	Encephalitis lethargica	2			
69	Epilepsy	15			
	Circumcision	.....	.....	1	
	Osteoplastic exploration	.....	.....	1	
74	Epilepsy, Jacksonian	1			
	Osteoplastic exploration	.....	.....	1	
66	Hemiplegia	1			
64	Hemorrhage, cerebral	1			
64	Hemorrhage, pontine	1			
186	Intracranial injury				
	Concussion	4			
	Contusion	3			
	Unspecified	2			
74	Pneumatocele	1			
	Tumors of brain (for pituitary, see ductless glands)				
	Cerebrum				
45	Adenocarcinoma	1			
	Craniotomy, exploratory — extirpation	.....	.....	1	
45	Carcinoma, metastatic	1			
74	Cyst	1			
75	Endothelioma	9	2		
	Exploration (negative)	.....	.....	1	1[18]
	Exploration, cerebral — division of trigeminal root (2 stages)	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Extirpations (partial)	.....	.....	1	
	Extirpations (total)	.....	.....	5	1[3]
74	Glioma	12	6		
	Decompression, subtemporal	.....	.....	1	
	Osteoplastic operation with partial extirpation	.....	.....	1	
	Exploration, suboccipital	.....	.....	2	2[2-16]
	Exploration for presumed acustic tumor	.....	.....	1	1[17]
	Extirpation	.....	.....	2	1[13]
74	Gliomatous cyst	4			
	Evacuation of cyst	.....	.....	3	
	Evacuation of cyst with extirpation of nodule	.....	.....	1	
	Secondary exploration	.....	.....	1	
74	Papilloma (choroid plexus)	1	1		
	Exploration, suboccipital	.....	.....	1	1[15]
30	Tuberculoma	1			
	Decompression, subtemporal	.....	.....	1	
74	Tumor, metastatic	1			
74	Uncertified	18	1		
	Craniotomy	.....	.....	1	
	Decompression, subtemporal	.....	.....	5	
	Exploration and decompression	.....	.....	5	
	Exploration, suboccipital	.....	.....	1	
	Ventricular puncture	.....	.....	1	1[1]
	Pons				
	Glioma, uncertified	1			
	Cerebellum				
	Intracerebellar				
	Gliomatous cyst	12	2		
	Evacuation — fixation of cyst wall	.....	.....	7	
	Exploration, suboccipital	.....	.....	4	1[6]
	Ventricular puncture — subtemporal decompression — suboccipital exploration with evacuation of cyst (3 stages)	.....	.....	1	1[8]
30	Tuberculoma	1	1		
	Extirpation of tumor	.....	.....	1	1[11]
74	Uncertified	4			
	Exploration, suboccipital	.....	.....	3	
	Extracerebellar (cerebello-pontine)				
	Acusticus neuroma	7	1		

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Enucleation, subcapsular	.....	.....	2	1[7]
	Exploration, suboccipital	.....	.....	1	
74	Cholesteatoma	1			
	Extirpation	.....	.....	1	
74	Endothelioma	1			
	Enucleation, partial	.....	.....	1	
74	Hypoglossus neuroma	1			
	Exploration, alto-occipital	.....	.....	1	
74	Uncertified	3			
74	Pseudo tumor				
	Cerebri	17			
	Cerebelli	4			
	B. Cerebrospinal Affections				
63	Rhinorrhœa, cerebrospinal	1			
63	Sclerosis, multiple	4	1		
	Laminectomy	.....	.....	1	
37	Syphilis of central nervous system	7			
	C. Meninges				
61	Arachnoiditis, chronic circumscribed	2	1		
	Exploration, cerebellar	.....	.....	2	1[5]
61	Meningitis, cerebral	1			
37	Meningitis, syphilitic	1			
30	Meningitis, tuberculous	1	1		
	Exploratory trepanation	.....	.....	1	1[14]
	D. Mental Affections				
154	Dementia senile	1			
68	Dementia precox	1			
74	Idiocy	2			
68	Insanity, manic-depressive	1			
	Melancholia	1			
	Psychosis, manic	1			
74	Neurosis, traumatic	10			
	Psychoneurosis				
73	Hysteria	3			
74	Neurasthenia	7			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
68	Psychasthenia	2			
68	Sex-hypochondriasis	1			
74	Psychopathic inferiority, constitutional	2			
	Other psychopathies				
154	Senile psychosis	1			
	E. Miscellaneous				
74	Cephalalgia	2			
74	Migraine	1			
63	Paralysis agitans	1			
74	Tic convulsif	1			
	F. Peripheral Nerves				
186	Injury to median nerve	2			
	Suture of nerve	.....	.....	2	
73	Neuralgia				
	Coccygodynia	2			
	Excision of coccyx	.....	.....	1	
	Trigeminal, minor	15			
	Alcohol injection	.....	.....	11	
	Trigeminal, major	28			
	Avulsion of sensory root	.....	.....	25	
	Neurectomy	.....	.....	2	
73	Neuritis, peripheral	1			
73	Neuritis, trigeminal	1			
66	Paralysis of cranial nerves	1			
74	Paralysis, obstetrical	1			
74	Paralysis of peripheral nerves	3			
73	Polyneuritis	1			
	Tumors of peripheral nerves				
74	Neurofibromatosis	2			
	Excision	.....	.....	2	
74	Neuroma	1			
	Excision	.....	.....	1	
74	Tumor	1			
	G. Spinal Cord				
63	Atrophy, progressive muscular	1			
63	Myelitis, transverse	3			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations		
		Total	Deaths	Total	Deaths	
63	Paraplegia, transverse	1				
63	Pseudo tumor of spinal cord	1				
63	Sclerosis, lateral	4				
	Excision of sinus in back	.....	.....	1		
	Laminectomy for presumed tumor	.....	.....	1		
	H. Sympathetic Nervous System					
74	Disease of sympathetic nervous system (unspecified)	1				
142	Raynaud's disease	2				
145	Scleroderma	1				
	J. Myopathies					
149	Myalgia	1				
	SECTION XVI					
	DISEASES OF BONES, JOINTS, MUSCLES, TENDONS, AND FASCIA					
	A. Diseases of Bones and Cartilages					
185	Fractures					
	Acetabulum	1				
	Capitellum	1				
	Clavicle	2				
	Colles'	4				
	Reduction, closed	.....	.....	1		
	Reduction, open	.....	.....	2		
	Femur	6	1			
	Bone plating	.....	.....	1		
	Reduction	.....	.....	1		
	Fibula	5				
	Reduction	.....	.....	1		
	Skin graft	.....	.....	1		
	Fibula, compound	1				
	Reduction, open	.....	.....	1		
	Humerus	4	1			
	Reduction	.....	.....	2		1[44]
	Reduction, open	.....	.....	1		

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Humerus, olecranon, radius and ulna	1			
	Reduction	.....	.....	1	
	Jaw	1			
	Lumbar vertebrae	1			
	Metacarpal bone	1			
	Nasal bone	1			
	Reduction	.....	.....	1	
	Olecranon	2			
	Reduction, open	.....	.....	1	
	Os magnum	1			
	Patella	1			
	Pelvis	3			
	Cystostomy, suprapubic	.....	.....	1	
	Pubic bone	3			
	Radius	2			
	Radius and ulna	2			
	Reduction	.....	.....	1	
	Ribs	6			
	Scaphoid	1			
	Spine	2	1		
	Skull	9	3		
	Craniectomy	.....	.....	2	
	Suturing of wounds	.....	.....	1	1[63]
	Skull (old)	12			
	Decompression, subtemporal	.....	.....	1	
	Tarsal	1			
	Thumb	1			
	Thumb, compound, comminuted	1			
	Amputation	.....	.....	1	
	Tibia	7			
	Reduction	.....	.....	1	
	Tenotomy	.....	.....	1	
	Tibia and fibula	17			
	Reduction	.....	.....	5	
	Reduction — bone plating — reduction (2 stages)	.....	.....	1	
	Bone plating — removal of bone plate (2 stages)	.....	.....	1	
	Tibia and fibula, compound, comminuted	2			
	Bone plating — removal of bone plate (2 stages)	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Reduction — exploration — amputation — secondary suture — incision and drainage of stump (5 stages)	.....	.....	1	
	Zygoma	1			
146	Osteomyelitis	13			
	Amputation of toe	.....	.....	1	
	Curetting	.....	.....	4	
	Excision of sinus — drainage	.....	.....	1	
	Incision — drainage	.....	.....	1	
	Reamputation of thumb	.....	.....	1	
	Removal of sequestrum	.....	.....	1	
	Resection of rib	.....	.....	1	
146	Periostitis of mandible	1			
37	Periostitis, syphilitic	2			
34	Tuberculosis of bones	2			
	Amputation of forearm	.....	.....	1	
32	Tuberculosis of spine	1			
	Incision — drainage	.....	.....	1	
	Tumors of bone				
45	Carcinoma	1			
46	Chondroma (chest wall)	1			
	Excision	.....	.....	1	
45	Chondrosarcoma	1			
	Amputation of hip	.....	.....	1	
46	Cyst of bone	1			
	Curettage	.....	.....	1	
46	Osteoma	1			
	Excision	.....	.....	1	
45	Sarcoma of cranium, melanotic	1			
	Osteoplastic resection	.....	.....	1	
170	Wound, gunshot, of frontal bone	1			
	Removal of bullet	.....	.....	1	
170	Wound, gunshot, of skull	3			
	Closure of cranial defect by bone implantation	.....	.....	1	
	B. Diseases of the Joints				
147	Ankylosis	1			
	Amputation of finger	.....	.....	1	
147	Arthritis, non-traumatic, non-infectious	5			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
38	Arthritis, gonorrhœal	5			
147	Arthritis, hypertrophic	2			
147	Arthritis, infectious	3			
	Tonsillectomy	.....	.....	1	
147	Contraction	1			
	Exploration of tendon	.....	.....	1	
186	Dislocation of coccyx	1			
186	Dislocation of humerus	1			
	Resection of head of humerus	.....	.....	1	
186	Dislocation of semi-lunar cartilage	3			
	Reduction	.....	.....	1	
	Removal	.....	.....	1	
147	Osteoarthritis	4			
147	Relaxed sacro-iliac joint	1			
186	Sprains, various	2			
186	Synovitis, traumatic	6			
33	Tuberculosis of hip	2			
	Exploration — drainage	.....	.....	1	
33	Tuberculosis of knee	1			
33	Tuberculosis of sacro-iliac synchondrosis	1			
	Drainage	.....	.....	1	
33	Tuberculosis of wrist	1			
	C. Other Diseases of the Locomotor System				
149	Amputation stump, painful	1			
	Plastic	.....	.....	1	
149	Bursitis, acute	1			
149	Bursitis, chronic	1			
	Exploration	.....	.....	1	
149	Contraction, cicatricial	2			
	Plastic	.....	.....	2	
149	Hammer toe	3			
	Amputation	.....	.....	3	
149	Strain	5			
149	Torticollis	1			
	Resection of sterno-cleido-mastoid muscle	.....	.....	1	
34	Tuberculosis of bursa	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
34	Tuberculosis of costal cartilage	1			
	Resection of cartilage	.....	.....	1	
186	Wound of extensor tendons of wrist	1			
	Repair of tendons	.....	.....	1	
	SECTION XVII				
	DISEASES AND INJURIES OF THE EYE AND EAR				
	Diseases of the Eye				
	E. Cornea				
75	Keratitis	1			
	J. Uveal Tract				
75	Choroiditis	1			
	K. Retina				
75	Hemianopsia	1			
	M. Optic Nerve				
75	Amblyopia, toxic	1			
75	Atrophy, primary optic	4			
75	Neuritis, supraorbital	1			
	Neurectomy	.....	.....	1	
	O. Orbit				
75	Foreign body in orbit	1			
	Exploration of orbit (2 operations)	.....	.....	1	
46	Dermoid cyst of angle of orbit	1			
	Excision of cyst	.....	.....	1	
	P. Disturbances of Motion				
66	Paralysis, oculo-motor	1			
	Diseases of the Ear				
	S. External Auditory Canal				
143	Furuncle of canal of ear	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	V. Middle Ear and Mastoid				
76	Otitis media, acute	3			
76	Otitis media, chronic	3			
76	Otitis media, suppurative, acute	5			
	W. Internal Ear				
76	Labyrinthine syndrome	1			
	SECTION XVIII				
	DISEASES OF THE NOSE AND ACCESSORY SINUSES				
146	Sinusitis	8			
	Drainage (excision of turbinates, incidental 1)	.....	.....	4	
	Tumors of nose				
86	Epithelioma	1			
	Plastic on nose, skin graft	.....	.....	1	
	SECTION XIX				
	DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS, AND PALATE				
100	Abscess, tonsillar	1			
	Incision — drainage	.....	.....	1	
86	Adenoids, hypertrophied	1			
	Adenoidectomy	.....	.....	1	
99	Concretion in salivary gland	1			
	Excision of submaxillary gland	.....	.....	1	
99	Fordyce's disease	1			
	Excision	.....	.....	1	
99	Hypertrophy of lip	1			
	Excision of tissue	.....	.....	1	
100	Hypertrophy of tonsils	1			
	Tonsillectomy	.....	.....	1	
37	Syphilis of buccal cavity	1			
100	Tonsillitis, acute	4			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
100	Tonsillitis, chronic	29			
	Tonsillectomy	.....	.....	29	
100	Tonsillitis, chronic with hypertrophied adenoids	2			
	Tonsillectomy — adenoidectomy	.....	.....	2	
	Tumors				
39	Carcinoma of buccal cavity	1			
	Cauterization	.....	.....	1	
39	Carcinoma of lip	1			
	Excision	.....	.....	1	
99	Epithelioma of lip	1			
	Excision	.....	.....	1	
100	Vincent's angina	1			
	SECTION XX				
	DISEASES OF THE JAW, TEETH, AND GUMS				
99	Alveolar abscess	3			
99	Pyorrhœa alveolaris	1			
	Tumors of jaw				
146	Adamantinoma	1			
	Excision, partial	.....	.....	1	
146	Cyst	1			
	SECTION XXI				
	DISEASES OF THE TONGUE				
	Tumors of tongue	1			
99	Epithelioma	.....	.....	1	
	Excision	1			
99	Papilloma	.....	.....	1	
	Excision				
	SECTION XXII				
	DISEASES OF THE ESOPHAGUS				
103	Cardiospasm	2			
101	Diverticulum of esophagus	1			
	Tumors of esophagus				
40	Carcinoma	4			
	Gastrostomy	.....	.....	3	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations		
		Total	Deaths	Total	Deaths	
	SECTION XXIII					
	DISEASES OF THE STOMACH					
117	Adhesions, perigastric	1				
	Gastrojejunostomy — release of adhesions	.....	.....	1		
56	Gastritis, alcoholic	1				
103	Gastritis, chronic	1				
103	Gastroptosis	2				
189	Pneumophagia	1				
103	Stasis, gastric	1				
103	Stenosis, pyloric	3				
	(*One case included under carcinoma of stomach*)					
	(*Also two cases included under ulcer, pyloric*)					
	Tumors of stomach					
40	Adenocarcinoma	1				
	Resection of stomach	.....	.....	1		
40	Carcinoma	17	5			
	Gastrojejunostomy	.....	.....	3		1[38]
	Laparotomy, exploratory	.....	.....	3		1[47]
	Resection of stomach — gastrojejunostomy	.....	.....	2		
102	Ulcer, peptic	16				
	Cauterization of ulcer — gastrojejunostomy	.....	.....	2		
	Finney pyloroplasty	.....	.....	1		
	Finney pyloroplasty — cholecystostomy	.....	.....	1		
	Gastrojejunostomy	.....	.....	5		
	Gastrojejunostomy — cholecystostomy	.....	.....	1		
	Resection of ulcer	.....	.....	2		
	Resection of ulcer — gastrojejunostomy	.....	.....	1		
102	Ulcers, pyloric	1				
	Pyloroplasty	.....	.....	1		
	SECTION XXIV					
	DISEASES OF THE INTESTINES					
110	Adhesions, intestinal	7				
	Division of adhesions (appendicectomy, incidental 3)	.....	.....	3		

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Finney pyloroplasty (appendicectomy, incidental 1)	.....	.....	1	
110	Adhesions, post-operative	2			
108	Appendicitis	3			
	Appendicectomy	.....	.....	1	
108	Appendicitis, acute	54			
	Appendicectomy	.....	.....	47	
	Appendicectomy — drainage of subcecal abscess	.....	.....	1	
108	Appendicitis, acute with abscess	14	3		
	Appendicectomy — drainage	.....	.....	13	3[43-45 59]
	Drainage of abscess	.....	.....	1	
108	Appendicitis, acute with perforation	4			
	Appendicectomy — drainage	.....	.....	4	
108	Appendicitis, acute with peritonitis	8	1		
	Appendicectomy — drainage	.....	.....	8	1[33]
108	Appendicitis, chronic	58			
	Appendicectomy (dilatation and curettage, incidental 1)	.....	.....	49	
	Appendicectomy — pyloroplasty	.....	.....	1	
108	Appendicitis, subacute	28			
	Appendicectomy	.....	.....	20	
105	Colitis, chronic	1			
110	Constipation, chronic	19			
110	Diverticulitis with perforations	2	2		
	Colostomy	.....	.....	1	1[77]
	Drainage of accompanying peritonitis	.....	.....	1	1[40]
110	Enteroptosis	2			
110	Failure of rotation of large intestine	1			
110	Fistula, duodenal	1			
110	Fistula, fecal	3			
	Closure of colostomy	.....	.....	1	
	Repair	.....	.....	1	
110	Gangrene of intestines	1	1		
	Resection	.....	.....	1	1[34]
110	Hemorrhage, intestinal	1			
109	Obstruction, acute intestinal	13	3		
	Appendicectomy	.....	.....	1	
	Colostomy	.....	.....	1	1[54]
	Release of obstruction	.....	.....	3	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Release of obstruction — jejunostomy	.....	.....	2	2[30–51]
	Resection of intestine	.....	.....	1	
109	Obstruction, chronic intestinal	2			
	Release of obstruction	.....	.....	1	
	Release of obstruction — jejunostomy	.....	.....	1	
109	Obstruction, subacute intestinal	2			
186	Rupture of small intestine	1	1		
	Repair of perforation	.....	.....	1	1[60]
110	Splanchnoptosis	5			
	Tumors of intestines				
41	Carcinoma	12	3		
	Colostomy	.....	.....	5	
	Colostomy — ileostomy — resection of rectosigmoid	.....	.....	1	1[50]
	Cecostomy — resection (2 stages)	.....	.....	1	
	Jejunostomy	.....	.....	1	
	Laparotomy, exploratory	.....	.....	1	1[46]
105	Ulcers, duodenal	8			
	Excision — gastrojejunostomy	.....	.....	2	
	Gastrojejunostomy	.....	.....	3	
105	Ulcers, duodenal, perforated	1			
	Cauterization — gastrojejunostomy (appendicectomy, incidental 1)	.....	.....	1	
105	Ulcer, gastro-jejunal	1			
	Cauterization	.....	.....	1	
	SECTION XXV				
	DISEASES OF THE LIVER AND GALL DUCTS				
115	Abscess of the liver	1			
	Incision — drainage	.....	.....	1	
115	Abscess, pericystic	1			
	Drainage	.....	.....	1	
115	Adhesions about gall bladder	1			
	Division of adhesions	.....	.....	1	
115	Cholangitis, chronic	2			
	Laparotomy, exploratory	.....	.....	1	
115	Cholangitis, subacute	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Laparotomy, exploratory (appendicectomy, incidental 1)	.....	.....	1	
115	Cholecystitis, acute	6			
	Cholecystectomy	.....	.....	2	
	Cholecystostomy	.....	.....	2	
115	Cholecystitis, chronic	11			
	Cholecystectomy (appendicectomy, incidental 2)	.....	.....	6	
	Cholecystectomy — choledochostomy	.....	.....	3	
115	Cholecystitis, subacute	1			
114	Cholecystitis, acute and cholelithiasis	4			
	Cholecystectomy	.....	.....	1	
	Cholecystectomy — repair of bile duct (appendicectomy, incidental 1)	.....	.....	1	
114	Cholecystitis, chronic and cholelithiasis	20			
	Cholecystectomy	.....	.....	10	
	Cholecystectomy — choledochostomy	.....	.....	6	
	Cholecystostomy	.....	.....	1	
114	Cholecystitis, subacute and cholelithiasis	3			
	Cholecystectomy (appendicectomy, incidental 1)	.....	.....	1	
	Cholecystectomy — choledochostomy	.....	.....	1	
114	Cholecystitis, cholelithiasis and stone in common duct	4	2		
	Cholecystectomy — choledochostomy (appendicectomy, incidental 1)	.....	.....	3	2^{62-64}
	Cholecystectomy — choledochotomy	.....	.....	1	
114	Cholelithiasis	45	3		
	Cholecystectomy (appendicectomy, incidental 9)	.....	.....	17	
	Cholecystectomy — choledochostomy (appendicectomy, incidental 2)	.....	.....	11	2^{52-56}
	Cholecystectomy — choledochotomy (appendicectomy, incidental 1)	.....	.....	1	
	Cholecystostomy	.....	.....	1	
	Choledochostomy	.....	.....	3	1^{49}
115	Empyema of gall bladder	3			
115	Jaundice, catarrhal	1			
	Tumors of liver and gall ducts				
	Carcinoma	3			
	Laparotomy, exploratory	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION XXVI				
	DISEASES OF THE PANCREAS				
118	Pancreatitis, acute	2	1		
	Choledochostomy	.....	.....	1	1[58]
118	Pancreatitis, chronic	1			
	Tumors of pancreas				
40	Carcinoma	3	2		
	Cholecystduodenostomy	.....	.....	2	1[66]
	Laparotomy, exploratory	.....	.....	1	1[71]
	SECTION XXVII				
	DISEASES OF THE ABDOMEN AND PERITONEUM IN GENERAL				
118	Abscess, subphrenic	1			
	Drainage	.....	.....	1	
117	Adhesions, pelvic	3			
	Separation of adhesions	.....	.....	2	
149	Diastasis of recti	1			
	Repair (appendicectomy, incidental 1)	.....	.....	1	
109	Herniæ				
	Epigastric	3			
	Repair	.....	.....	2	
	Epigastric, strangulated	1	1		
	Repair	.....	.....	1	1[55]
	Femoral	5	1		
	Repair	.....	.....	3	1[65]
	Femoral, strangulated	3	1		
	Repair	.....	.....	3	1[48]
	Inguinal	141			
	Repair (appendicectomy, incidental 1)	.....	.....	132	
	Inguinal, strangulated	10	1		
	Repair	.....	.....	9	1[73]
	Resection of gangrenous intestine — repair	.....	.....	1	
	Lumbar	1			
	Repair	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Umbilical	6			
	Repair	.....	.....	4	
	Repair — secondary suture of abdominal wound	.....	.....	1	
	Ventral	18			
	Repair (appendicectomy, incidental 1)	.....	.....	14	
	Repair — plastic on abdominal wall	.....	.....	1	
117	Peritonitis, acute general	6	2		
	Abdominal drainage	.....	.....	2	1[61]
	Enterostomy	.....	.....	1	1[70]
	Ileostomy	.....	.....	1	
	Laparotomy, exploratory	.....	.....	1	
	(Also one fatal case included under diverticulitis)				
117	Peritonitis, pelvic	2			
31	Peritonitis, tuberculous	4			
	Laparotomy, exploratory (orchidectomy, incidental 1)	.....	.....	2	
31	Tuberculosis, abdominal	3			
	Laparotomy, exploratory	.....	.....	1	
	Tumors of abdomen and peritoneum				
45	Carcinoma	2	1		
	Excision	.....	.....	1	
45	Carcinomatosis	6			
46	Fibroma	1			
	Excision	.....	.....	1	
45	Lymphosarcoma	1			
	Laparotomy, exploratory	.....	.....	1	
45	Sarcomatosis	2	1		
	Laparotomy, exploratory	.....	.....	1	1[41]
	SECTION XXVIII				
	DISEASES OF THE RECTUM AND ANUS				
110	Abscess, ischio-rectal	4			
	Incision — drainage	.....	.....	4	
110	Abscess, peri-anal	4			
	Incision — drainage	.....	.....	4	
110	Fissure of anus	8			
	Dilatation of sphincter	.....	.....	8	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
110	Fistula, ischio-rectal	24			
	Excision of fistulous tract	.....	.....	6	
	Excision of rectal polyp — excision of rectal end of fistula	.....	.....	1	
	Incision of fistulous tract	.....	.....	15	
110	Fistula, perineal, tuberculous	1			
37	Gumma of rectum	1			
83	Hemorrhoids (unqualified)	8			
	Clamp and cautery	.....	.....	7	
	Excision	.....	.....	1	
83	Hemorrhoids, external	5			
	Excision	.....	.....	5	
83	Hemorrhoids, internal	27			
	Clamp and cautery	.....	.....	13	
	Excision	.....	.....	14	
83	Hemorrhoids, internal and external	3			
	Clamp and cautery	.....	.....	2	
	Excision	.....	.....	1	
110	Incontinence of feces	1			
110	Prolapse of rectum	3	1		
	Excision	.....	.....	1	
	Fixation of uterus and rectum	.....	.....	1	
	Plastic plication of pelvic floor — ventral fixation of uterus	.....	.....	1	1[73]
145	Pruritus ani	2			
110	Rectal bleeding	1			
110	Spastic anal sphincter	1			
	Dilatation of sphincter	.....	.....	1	
110	Stricture of rectum	3			
	Dilatation of sphincter	.....	.....	1	
	Excision of stricture	.....	.....	1	
31	Tuberculosis of rectum	1			
	Tumors of rectum				
41	Carcinoma	7	2		
	Colostomy	.....	.....	1	
	Extirpation (1st stage)	.....	.....	1	1[53]
	Extirpation (2 stages)	.....	.....	2	
41	Lymphoma, malignant	1			
	Excision — cauterization	.....	.....	1	
110	Polyp, rectal	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION XXIX				
	DISEASES OF THE LARYNX				
	(No cases)				
	SECTION XXX				
	DISEASES OF THE TRACHEA AND BRONCHI				
96	Asthma	1			
90	Bronchitis (unqualified)	1			
89	Bronchitis, acute	4			
	SECTION XXXI				
	DISEASES OF THE LUNGS				
98	Abscess of lung	4	2		
	Thoracostomy	.....	.....	3	2^{68-74}
82	Embolism, pulmonary	3			
97	Emphysema	1			
28	Tuberculosis, pulmonary	14			
	SECTION XXXII				
	DISEASES OF THE PLEURA AND MEDIASTINUM				
93	Abscess, mediastinal	1			
	Incision — drainage	.....	.....	1	
93	Empyema	18			
	Exploration of thorax	.....	.....	1	
	Incision — drainage of local abscess	.....	.....	1	
	Thoracostomy, intercostal	.....	.....	9	
	Thoracostomy — resection of rib	.....	.....	4	
93	Pleurisy (unqualified)	1			
93	Pleurisy with effusion	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION XXXIII DISEASES OF THE KIDNEY AND URETER				
123	Calculus, ureteral	5			
	Cystotomy — ureterotomy	.....	.....	1	
123	Calculus, ureteral, impacted	2			
	Removal of calculus	.....	.....	1	
	Ureterotomy	.....	.....	1	
123	Colic, ureteral	1			
122	Hematuria (essential)	4			
122	Hydronephrosis	3			
	Exploration of kidney and abdomen — pyelotomy	.....	.....	1	
	Exploration of kidney — transplantation of ureter	.....	.....	1	
	Pyelotomy	.....	.....	1	
122	Infection of kidney, hematogenous	1			
	Pyelotomy	.....	.....	1	
119	Nephritis, acute	6			
	Tonsillectomy	.....	.....	1	
120	Nephritis, chronic	9			
120	Nephritis, chronic infectious	1			
	Nephrectomy	.....	.....	1	
120	Nephritis, chronic interstitial	1			
120	Nephritis, chronic parenchymatous	1			
123	Nephrolithiasis	18			
	Appendicectomy	.....	.....	1	
	Nephrectomy	.....	.....	2	
	Nephrotomy	.....	.....	2	
	Pyelotomy	.....	.....	5	
	Pyelotomy — nephrotomy	.....	.....	1	
122	Nephroptosis	6			
	Nephropexy (appendicectomy, incidental 1)	.....	.....	4	
	Nephropexy — partial decortication	.....	.....	1	
122	Pyelitis	42			
	Exploration of kidney	.....	.....	1	
	Exploration of ureter	.....	.....	1	
	Laparotomy, exploratory (appendicectomy, incidental 1)	.....	.....	1	
	Nephrectomy	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Pyelotomy, exploratory	.....	.....	2	
	Release of adhesions — nephropexy	.....	.....	1	
122	Pyelonephritis	5			
122	Pyonephrosis	7	2		
	Laparotomy, exploratory — plastic on pelvis and ureter	.....	.....	1	
	Nephrectomy	.....	.....	2	1[31]
122	Stricture of ureter	1			
34	Tuberculosis of kidney	11	2		
	Exploration of kidney	.....	.....	1	1[20]
	Nephrectomy	.....	.....	8	1[23]
34	Tuberculosis of ureter	3			
	Exploration of ureter	.....	.....	1	
	Ureterectomy, partial	.....	.....	1	
	Tumors of kidney				
45	Carcinoma	1			
	Nephrectomy	.....	.....	1	
122	Cystic kidney	1			
45	Hypernephroma	4	1		
	Exploration of kidney	.....	.....	1	1[29]
	Nephrectomy	.....	.....	2	
45	Papillary-cyst-adenoma	1			
	Nephrectomy	.....	.....	1	
122	Tumor	1			
120	Uremia	5			
83	Varix of papilla of kidney	1			
	Nephrectomy	.....	.....	1	
	SECTION XXXIV				
	DISEASES OF THE BLADDER				
124	Adhesions, perivesical	1			
	Laparotomy, exploratory — release of adhesions	.....	.....	1	
123	Calculus, vesical	9			
	Cystotomy, suprapubic	.....	.....	3	
	Litholapaxy	.....	.....	4	
	(*Also one case included under carcinoma of prostate*)				
	(*Also one case included under hypertrophy of prostate*)				

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
124	Cystitis, unqualified	8			
124	Cystitis, acute	2			
124	Cystitis, chronic	18			
	Cystotomy, suprapubic	.....	.....	1	
124	Diverticulum of bladder	3			
	Excision of diverticulum	.....	.....	3	
124	Enuresis, nocturnal	1			
124	Incontinence, urinary	4			
	Cystotomy, suprapubic — plastic on neck of bladder	.....	.....	1	
	Plastic on neck of bladder	.....	.....	1	
	Plastic on urethra — reefing of sphincter	.....	.....	1	
124	Micturition, frequent	3			
124	Micturition, painful	2			
124	Retention of urine (observation case)	1			
124	Trigonitis	1			
34	Tuberculosis of bladder	2			
	Tumors of bladder				
45	Carcinoma	8			
	Cystectomy, partial — reimplantation of ureter	.....	.....	1	
	Cystotomy, suprapubic — excision — cauterization	.....	.....	2	
	Cystotomy, suprapubic — prostatectomy, perineal	.....	.....	1	
124	Papilloma	4	1		
	Excision	.....	.....	2	1[22]
124	Ulcer of bladder	1			
124	Ulcer of bladder, contracting	2			
	Cauterization	.....	.....	1	
	Cystotomy, suprapubic	.....	.....	1	
	SECTION XXXV				
	DISEASES OF THE URETHRA, MALE AND FEMALE				
125	Abscess, periurethral	2			
	Perineal section	.....	.....	1	
125	Caruncle of urethra	1			
	Excision	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
125	Erosion of urethra	1			
125	Fistula, recto-urethral	1			
	Cystostomy, suprapubic — prostatectomy, partial — repair of fistula	.....	.....	1	
125	Fistula, urethral	6			
	Dissection — curettage	.....	.....	2	
	Repair	.....	.....	2	
125	Prolapse of urethra	1			
	Resection of urethra	.....	.....	1	
125	Rupture of urethra	1			
	Suture of urethra	.....	.....	1	
125	Stricture of urethra	16	1		
	Cystotomy, suprapubic	.....	.....	1	
	Cystotomy, suprapubic — retrograde catheterization	.....	.....	1	1[24]
	Divulsion of stricture	.....	.....	1	
	Urethrotomy	.....	.....	11	
	Tumors of urethra				
125	Polyps	1			
125	Urethritis	3			
38	Urethritis, gonorrhœal	5			
186	Wound, lacerated of urethra	1			
	Perineal section	.....	.....	1	
	Repair	.....	.....	1	
	SECTION XXXVI				
	DISEASES OF THE MALE GENERATIVE ORGANS				
	B. Penis				
186	Foreign body in penis	1			
	Removal	.....	.....	1	
37	Gumma of penis	1			
145	Keratosis of prepuce	1			
127	Phimosis	3			
	Circumcision	.....	.....	3	
	Tumors of penis				
45	Epithelioma	1			
	Amputation of penis — excision of glands	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	C. Prostate				
126	Abscess of prostate	3			
	Incision — drainage	.....	.....	2	
126	Hypertrophied prostate	38	5		
	Drainage of infected bladder sinus	.....	.....	1	
	Cystotomy, suprapubic for hemorrhage	.....	.....	1	
	Prostatectomy, perineal	.....	.....	9	
	Prostatectomy, punch operation	.....	.....	1	
	Prostatectomy, suprapubic (one stage)	.....	.....	20	2[21–25]
	(Eight operations for median bar)				
	Prostatectomy, suprapubic (two stages)	.....	.....	4	1[26]
126	Prostatitis, unqualified	1			
	Prostatectomy, suprapubic	.....	.....	1	
126	Prostatitis, chronic	6			
	Prostatectomy, perineal	.....	.....	1	
	Prostatectomy, suprapubic	.....	.....	1	
126	Prostatitis, gonorrhœal	2			
	Laparotomy, exploratory	.....	.....	1	
34	Tuberculosis of prostate	1			
	(Included under tuberculosis of vesicles)				
	Tumors of prostate				
45	Carcinoma	5			
	Prostatectomy, perineal	.....	.....	2	
	Prostatectomy, suprapubic	.....	.....	1	
	D. Scrotum				
37	Gumma of scrotum	1			
127	Hydrocele	18			
	Excision of sac	.....	.....	13	
	Eversion of sac	.....	.....	1	
	Inversion of sac	.....	.....	2	
127	Hydrocele of tunica vaginalis	1			
	Excision	.....	.....	1	
83	Varicocele	14			
	Excision	.....	.....	13	
	E. Seminal Vesicles				
34	Tuberculosis of seminal vesicles	1			
	Vesiculectomy — vasectomy — epididymectomy — partial prostatectomy	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	F. Testicle				
127	Abscess of epididymis	1	1		
	Epididymotomy	.....	.....	1	1[28]
127	Epididymitis, chronic	1			
	Epididymectomy — partial vasectomy	.....	.....	1	
38	Epididymitis, gonorrhœal	4			
	Epididymectomy	.....	.....	3	
37	Gumma of testicle	1			
127	Torsion of spermatic cord	1			
	Orchidectomy	.....	.....	1	
34	Tuberculosis of epididymis	3			
	Epididymectomy	.....	.....	2	
	(*Also one case included under tuberculosis of vesicles*)				
34	Tuberculosis of vas deferens	1			
	(*Included under tuberculosis of vesicles*)				
	SECTION XXXVII				
	DISEASES OF THE FEMALE GENERATIVE ORGANS				
	A. General and Functional				
130	Abscess, pelvic	2			
	Drainage	.....	.....	2	
130	Cellulitis, pelvic, with abscess	1			
	Hysterectomy, supravaginal — salpingo-oöphorectomy	.....	.....	1	
132	Cyst of perineum	1			
	Excision of cyst	.....	.....	1	
130	Dysmenorrhœa	4			
	Dilatation and curettage	.....	.....	1	
132	Dyspareunia	1			
	Dilatation and curettage — plastic operation on vaginal introitus	.....	.....	1	
132	Laceration of pelvic floor (old)	2			
	(*One case included under uterine prolapse*)				
	(*Also one case included under retroversion*)				

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
130	Menopause	4			
	Dilatation and curettage	.....	.....	2	
128	Menorrhagia	10			
	Dilatation and curettage	.....	.....	9	
130	Menstruation, irregular	1			
132	Relaxed pelvic floor	15			
	Excision of stump of cervix — suspension of pelvic floor	.....	.....	1	
	Colporrhaphy, anterior and posterior	.....	.....	4	
	Colporrhaphy, anterior and posterior — hysterectomy — salpingectomy — suspension of cervix	.....	.....	2	
	Trachelorrhaphy — perineorrhaphy	.....	.....	1	
	Trachelorrphaphy — ventral suspension	.....	.....	1	
	Perineorrhaphy	.....	.....	1	
	(*Also one case included under retroversion*)				
132	Sterility	1			
	B. Fallopian Tubes *				
132	Hydrosalpinx	3			
	Salpingo-oöphorectomy (appendicectomy, incidental 1)	.....	.....	3	
132	Pyosalpinx	13	1		
	Salpingo-oöphorectomy (appendicectomy, incidental 3)	.....	.....	8	1[35]
	Salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	1	
	Dilatation and curettage	.....	.....	1	
	(*Also one case included under salpingitis*)				
	(*Also two cases included under myoma of uterus*)				
132	Salpingitis	7			
	Salpingectomy, left	.....	.....	1	
	Salpingo-oöphorectomy	.....	.....	1	
	Salpingo-oöphorectomy — hysterectomy	.....	.....	1	
	Salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	2	

* Operative titles which follow do not show whether one or both ovaries were removed at operation.

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
132	Salpingitis, acute	4			
	Salpingectomy, left (appendicectomy, incidental 1)	.....	.....	1	
	Salpingo-oöphorectomy (appendicectomy, incidental 1)	.....	.....	2	
	Salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	1	
132	Salpingitis, chronic	19			
	Salpingectomy	.....	.....	1	
	Salpingectomy — ventral suspension . .	.....	.....	1	
	Salpingo-oöphorectomy (appendicectomy, incidental 3)	.....	.....	5	
	Salpingo-oöphorectomy — hysterectomy, supravaginal	.....	.....	1	
	Salpingo-oöphorectomy—panhysterectomy	.....	.....	1	
	Salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1). .	.....	.....	2	
	(Also one case included under myoma of uterus)				
38	Salpingitis, gonorrhœal	2			
132	Salpingitis, subacute.	1			
	Salpingectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	1	
	C. Ovary				
132	Abscess, ovarian	2			
	(Included under pyosalpinx)				
132	Abscess, tubo-ovarian	8			
	(Included under pyosalpinx)				
132	Oöphoritis, acute	5			
	(One case included under myoma of uterus)				
	(Also one case included under pyosalpinx)				
	(Also three cases included under salpingitis)				
132	Oöphoritis, chronic	2			
	Oöphorectomy	.....	.....	1	
	(Also one case included under salpingitis)				
42	Tumors of ovary				
	Carcinoma.	1			

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
132	Cyst of broad ligament	2			
	Excision of cyst	.....	.....	1	
	Excision of cyst — panhysterectomy	.....	.....	1	
131	Cyst of ovary	15			
	Oöphorectomy	.....	.....	3	
	Resection of cyst (appendicectomy, incidental 2)	.....	.....	4	
	Resection of cyst — salpingectomy — suspension of uterus (appendicectomy, incidental 1)	.....	.....	1	
	Salpingo-oöphorectomy	.....	.....	2	
131	Cyst, dermoid	3	1		
	Resection of cyst (appendicectomy, incidental 1)	.....	.....	1	
	Resection of cyst — cecostomy	.....	.....	1	1[19]
	Oöphorectomy	.....	.....	1	
	Fibroma	1			
	Oöphorectomy	.....	.....	1	
	D. Uterus				
130	Anteflexion	1			
130	Endocervicitis	7			
	Dilatation and curettage	.....	.....	6	
	Dilatation and curettage — cauterization of cervix	.....	.....	1	
38	Endocervicitis, gonorrhœal	2			
	Cauterization of cervix	.....	.....	1	
130	Endometritis	2			
	Dilatation and curettage	.....	.....	2	
130	Endometritis, chronic	8			
	Dilatation and curettage	.....	.....	7	
130	Endometritis, hyperplastic	7			
	Dilatation and curettage	.....	.....	7	
130	Erosion of cervix	1			
130	Hypertrophied cervix	1			
130	Lacerated cervix (old)	9			
	Trachelorrhaphy	.....	.....	3	
	(Also four cases included under cystocele and rectocele)				
	(Also one case included under prolapse of uterus)				

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
128	Metrorrhagia	6			
	Dilatation and curettage	.....	.....	3	
	(Also one case included under salpingitis)				
130	Procidentia	2			
	Colporrhaphy, anterior — ventral fixation	.....	.....	1	
130	Prolapse of uterus	16			
	Amputation of cervix — colporrhaphy, anterior and posterior — salpingo-oöphorectomy — hysterectomy, supravaginal — ventral fixation (appendicectomy, incidental 1)	.....	.....	1	
	Amputation of cervix — perineorrhaphy — hysterectomy, supravaginal — salpingo-oöphorectomy — ventral suspension of cervix (appendicectomy, incidental 1)	.....	.....	1	
	Cauterization of cervix — panhysterectomy	.....	.....	1	
	Colporrhaphy, anterior and posterior — salpingo-oöphorectomy — hysterectomy, supravaginal — suspension of cervix (appendicectomy, incidental 1)	.....	.....	1	
	Hysterectomy, supravaginal — ventral fixation of uterus	.....	.....	1	
	Trachelorrhaphy — colporrhaphy, anterior and posterior — salpingectomy — hysterectomy, supravaginal (appendicectomy, incidental 1)	.....	.....	1	
	Myomectomy — ventral fixation (appendicectomy, incidental 1)	.....	.....	1	
	Perineorrhaphy — ventral suspension (appendicectomy, incidental 1)	.....	.....	1	
	Posterior fixation of cervix — colporrhaphy, anterior and posterior	.....	.....	1	
	Ventral fixation — trachelorrhaphy	.....	.....	1	
	Ventral suspension (appendicectomy, incidental 2)	.....	.....	3	
130	Retroversion of uterus	38			
	Hysterectomy, supravaginal — ventral suspension	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Ventral fixation	.....	.....	2	
	Ventral suspension (appendicectomy, incidental 13)	.....	.....	26	
	Tumors of uterus				
129	Adenoma	1			
	Laparotomy, exploratory — amputation of cervix	.....	.....	1	
42	Carcinoma	9			
	Panhysterectomy	.....	.....	4	
42	Chorioepithelioma	2			
	Hysterectomy, supravaginal — salpingo-oöphorectomy	.....	.....	1	
	Panhysterectomy — salpingo-oöphorectomy	.....	.....	1	
129	Fibromyoma	44			
	Dilatation and curettage	.....	.....	1	
	Hysterectomy, supravaginal	.....	.....	22	
	Myomectomy	.....	.....	9	
	Panhysterectomy	.....	.....	1	
129	Myoma	22			
	Dilatation and curettage	.....	.....	1	
	Hysterectomy, supravaginal	.....	.....	18	
	Panhysterectomy	.....	.....	1	
	(Also two cases included under prolapse of uterus)				
129	Polyp	6			
	Excision of polyp	.....	.....	5	
	E. Vagina				
132	Atresia of vagina	1			
	Plastic on vagina	.....	.....	1	
124	Cystocele	7			
	Colporrhaphy, anterior	.....	.....	2	
	Colporrhaphy, anterior and posterior	.....	.....	2	
124	Cystocele and rectocele	14			
	Colporrhaphy, anterior and posterior	.....	.....	5	
	Colporrhaphy, anterior and posterior — amputation of cervix (appendicectomy, incidental 1)	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Colporrhaphy, anterior and posterior — trachelorrhaphy	.....	.....	1	
	Perineorrhaphy	.....	.....	3	
	Trachelorrhaphy — perineorrphahy	.....	.....	1	
	(*Also two cases included under prolapse of uterus*)				
110	Fistula, recto-vaginal	1			
	Tumor of vaginal wall				
42	Carcinoma	1			
132	Ulceration of vagina	1			
132	Vaginitis	2			
	Dilatation and curettage	.....	.....	1	
38	Vaginitis, gonorrhœal	2			
	F. Vulva				
132	Abscess of Bartholin's gland	2			
	Excision	.....	.....	2	
38	Chancroid of vulva	1			
145	Pruritus vulvae	1			
	Tumors of vulva				
132	Cyst of Bartholin's gland	1			
	Excision	.....	.....	1	
83	Varix of vulva	1			
	Suture of vein	.....	.....	1	
	SECTION XXXVIII				
	Puerperal State				
134	Abortion	2			
	Dilatation and curettage	.....	.....	1	
134	Abortion, threatened	2			
134	Hydramnios	1			
141	Mastitis, lactative	1	1		
	Incision — drainage	.....	.....	1	1[79]
134	Miscarriage	23			
	Dilatation and curettage	.....	.....	13	
134	Pregnancy	17			
	Caesarian section	.....	.....	1	
	Dilatation and curettage	.....	.....	1	

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	Laparotomy, exploratory	.....	.....	2	
	Removal of fetus	.....	.....	1	
134	Pregnancy, extra-uterine	5			
	Salpingectomy (appendicectomy, incidental 3)	.....	.....	5	
136	Subinvolution of uterus	1			
	SECTION XXXIX				
	DISEASES OF THE BREAST, MALE AND FEMALE				
	(Non-Puerperal in the Female)				
133	Abscess of breast	2			
	Incision — drainage	.....	.....	2	
133	Hypertrophied breast	1			
133	Mastitis, acute	1			
	Incision — drainage	.....	.....	1	
133	Mastitis, chronic	1			
	Excision of breast	.....	.....	1	
133	Mastitis, chronic cystic	1			
	Plastic resection of breast	.....	.....	1	
	Tumors of breast				
43	Carcinoma	31			
	Excision of breast and axillary glands (skin graft 2)	.....	.....	28	
43	Cystadenoma, papillary	1			
	Excision of breast and axillary glands	.....	.....	1	
133	Cyst	3			
	Excision of breast	.....	.....	2	
	Excision of cyst	.....	.....	1	
133	Fibroma	1			
	Excision	.....	.....	1	
	SECTION XL				
	ANAPHYLAXIS				
	(No cases)				

Nos. of International Nomenclature	Diseases and Conditions	Diagnoses		Operations	
		Total	Deaths	Total	Deaths
	SECTION XLI ILL DEFINED, OR UNCLASSIFIED DISEASES				
189	Debility	1			
189	Fever, cause unknown	3			
	Splenectomy	.....	.....	1	
85	Hemorrhage, postoperative	2			
189	No diagnosis	5			
189	No disease	9			
189	Wound of operation	5			
	Excision of rib	.....	.....	1	
	Incision — drainage	.....	.....	1	
	Exploration of sinus	.....	.....	1	
	Total	2,659	102	1,563	79

Summary of Statistics

JANUARY 1, 1919, TO JANUARY 1, 1920

Total number of surgical admissions in 1919	2,032	
Total number of cases remaining in the wards Jan. 1, 1919	79	
		2,111
Total number of surgical cases discharged, including 30 cases transferred to Medical Service	1,919	
Total number of deaths	102	
(*Post-operative*, 79 — *Non-operative*, 23 — *total*, 102)		
	2,021	
Total number of surgical cases remaining in the wards Jan. 1, 1920	90	
		2,111
Total number of operations		1,563
Incidental operations		76
Total		1,639

Post-Operative Fatalities

Since our first report, we have adhered to the custom of recording all fatalities which have occurred in the hospital subsequent to operations, whether or not the operation or the anaesthetic appeared to be in any way responsible, or in fact related to the patient's death. It becomes increasingly doubtful to me whether this feature of our report is at all useful or even serves the purpose originally held in mind, of frank admission of our occasional surgical accidents or lack of surgical judgment.

The making of these case abstracts is laborious and as a matter of fact it would probably be of much more benefit to those who might come to read these and similar

reports to have the details of the many surgical successes rather than those of the occasional fatalities, even though we may perhaps learn most from our own and others' errors.

I still have no satisfactory answer to the question raised in my first report as to why it has become customary to limit tabulations of therapeutic results to the surgical service of hospitals. For, if surgical information of this kind is useful or desirable, the therapeutic results from accidents and failures of medical procedures, now that they have come to be of such character as the administration of salvarsan, lumbar puncture, and the like, should be equally illuminating. Then, too, possibly all deaths should be recorded on both services, for errors of omission (surgical or medical) may sometimes be more culpable and should be as frankly admitted as errors of commission. As a matter of fact, surprisingly few fatalities are in any way attributable to therapeutic measures — possibly ten in this following series — but those that are so attributable should be brought to light.

Abstracts of Fatalities on the Neurological Service

Out of the 198 operations performed on the central nervous system in the neurological service, actively reestablished in March, after a lapse of two years, there have been 18 fatalities, as tabulated chiefly under Sections XIV and XV, giving a 9.1 per cent mortality.

1. Exploratory Ventricular Puncture for Possible Dilatation of Ventricles. 10026.

A priest, 42 years old, transferred from the Medical Service, profoundly unconscious, after an illness of three weeks, which began with dull mentality and drawling of speech. Three days before admission his left arm became weak and his vision rapidly failed. Examination: choked discs of high grade; spasticity of left arm and both legs; marked ankle clonus. Condition precluded operation. An exploratory puncture of the right ventricle was made, no anesthesia being necessary. A small amount of dark brown fluid was obtained. Ventricle not dilated. The patient died a few hours later.

Autospy: Not permitted.

Diagnosis: Cerebral tumor, right hemisphere, not verified.

2. Suboccipital Exploration for Supposed Cerebellar Tumor. 10252.

A boy of 9½ years, transferred from the Medical Service April 5, 1919. He had symptoms of two years' duration. These consisted in headache, dizziness, nausea, and vomiting, which were severe at first, but ceased rather abruptly in March, 1918. In October, 1918, he had an acute febrile upset, and in January, 1919, began having difficulty in walking, with tendency to drag the left leg, and a little later his right leg also became involved. Examination showed slight degree of choked discs, a little unsteadiness on his feet, slight spasticity of the left side, and fine nystagmus to right and left. There was marked suboccipital tenderness.

A cerebellar operation was performed with negative findings aside from pressure. He never regained consciousness, and died the following day with hyperthermia.

Autopsy: A large glioma of the basal ganglion, principally on the right side, destroying the right thalamus. There was very marked dilatation of both lateral ventricles.

3. Extirpation of Large Cerebral Endothelioma. 10224.

A physician of 43 years, referred by Dr. Hoover of Cleveland. An obscure history for many years with suspected psychosis and focal epilepsy, followed by slight weakness with spasticity of the right arm and leg. A diagnosis of presumable endothelioma was made. An osteoplastic resection disclosed the growth and it was enucleated in the same session. The growth took its origin from the longitudinal sinus and there was considerable bleeding, but this was controlled with muscle implantation. Death occurred within an hour.

Autopsy: Showed complete removal of the tumor and no subsequent bleeding.

Note: This operation unquestionably should have been performed in two stages. It was my first major civil operation after two years' absence. Desperate as these enucleations may sometimes be, far more difficult cases

of the same kind have been carried through with success and the mortality of these procedures should be very low.

4. Drainage of Abscess of Temporal Lobe Following Carbuncle of Scalp. 10281.

A man, age 26, admitted with a temperature of 103 and a carbuncle in the temporal region, which was radically treated and which healed. On the fourteenth day he developed a partial aphasia and the next day became stuporous. The temporal region was trephined. An exploratory needle was introduced through the dura and at the depth of 5 cm. a staphylococcus abscess was encountered. This was drained, though unsuccessfully. The patient gradually failed, and died evidently of a meningitis seven days later.

No autopsy.

5. Cerebellar Operation for Presumed Tumor — Chronic Arachnoiditis. 10355.

A Hebrew, 33 years of age, with recurring attacks of severe headache for fifteen years. A subtemporal decompression was performed in 1912 at the Massachusetts General Hospital for presumed tumor. Marked improvement followed. An aggravation of symptoms for the past eight months pointing definitely to the cerebellum, with unsteadiness, ataxia, vertigo, secondary optic atrophy, etc. Referred by the Psychopathic Hospital. Diagnosis — cerebellar tumor. Patient in semi-stupor. At operation several huge cysts from chronic arachnoiditis were found deforming the cerebellum in most extraordinary fashion. These were evacuated. He made a perfect recovery from the anesthetic. Thirty-six hours later had a sudden upset with respiratory failure.

Autopsy: Refused.

6. Cerebellar Exploration for Presumed Acoustic Tumor. 10572.

A woman, age 29, referred by Dr. McCain of Arcola, Ill., with a pronounced cerebellar syndrome of two years' duration, giving a story typical of an acoustic neuroma of an advanced grade. The anesthetic was very badly taken with respiratory difficulty from the outset. Artificial respiration necessary. Marked tension of the cerebellum precluding proper exploration. Artificial respiration continued for several hours. Consciousness never regained.

Autopsy: An extensive glioma of pons and medulla, which must have originated in the acoustic nucleus, giving primary acoustic symptoms.

7. Operation for Acoustic Neuroma. 10670.

A woman of 52 years with typical history of acoustic neuroma of five years' duration, transferred from the Medical Service where she had been admitted with a diagnosis of exophthalmic goitre. She had outspoken Graves' disease but a choked disc was disclosed and her cerebellar symptoms recognized. At the operation the tumor was exposed and treated by an intracapsular thorough enucleation. She did very well for the first three weeks and was up and about the ward, but finally began to fail, became increasingly feeble, and died of inanition forty-seven days after the operation with no apparent symptom of intracranial complication.

No autopsy.

8. (1) Ventricular Puncture. (2) Right Subtemporal Decompression. (3) Suboccipital Exploration with Evacuation of Large Gliomatous Cyst of Cerebellum. 10690.

A man 32 years old, referred by Dr. Russell of Buffalo, N. Y., with symptoms of two months' duration. These consisted in headache, vomiting, diplopia, failing vision, and difficulty in gait and speech. Examination showed bilateral choked discs, ataxia in both upper extremities, positive Romberg and staggering gait. Four days after admission to the hospital he had a sudden complete respiratory failure, which was relieved after prolonged artificial respiration by ventricular puncture, the needle being left in place all night. The next day a subtemporal decompression was performed under local anesthesia, and the patient was relieved until the evening, when his respirations again ceased, but were brought back by another ventricular puncture, again leaving the needle in place all night. The following day a suboccipital exploration was carried out under local anesthesia, disclosing a cyst of the right cerebellar hemisphere. This was evacuated. The patient's condition remained very poor and he died in the evening of a thermoregulatory disturbance, temperature rising to 108 F.

No autopsy.

9. (1) Evacuation of Frontal Lobe Abscess. (2) Craniotomy for Presumed Deep Abscess of Brain. 10717.

A boy of 12 years. A bullet wound with a 22 caliber revolver in the forehead seven months before admission. He had been operated upon elsewhere five months after the injury and a piece of the bullet removed. Two months previous to admission he received a jar from jumping into a ditch. This was followed by headache, vomiting, and double vision. Examination showed choked discs, apathy and irritability, while the X-ray revealed the foreign body in the posterior orbital region. Operation under local anesthesia; the track of the missile was followed and an abscess disclosed. This was irrigated and a catheter left in for drainage. The patient did not do well and a week later another larger abscess cavity was found at a depth of 3 cm. and this also drained. Patient improved temporarily but again became very dull, so that a month after the last procedure another attempt was made to find a deep-seated abscess. This disclosed a large collection of pus at a different point. Death occurred two months after admission.

Autopsy: Showed several large abscess cavities filling the right hemisphere.

10. Trans-sinoidal Drainage for Congenital Hydrocephalus. 10778.

A 9 months' old, congenitally hydrocephalic baby. After several preliminary ventricular and spinal punctures, a flap was turned down from over the anterior fontanelle and a silver tube introduced through the longitudinal sinus into the ventricle. Bleeding was controlled by a stamp of fascia and the reflected flap. Death occurred the following morning with hyperthermia.

No autopsy.

11. Extirpation of Tuberculoma of Cerebellum. 10912.

A man of 27, who had a previous history of primary lues actively treated; ten months ago a left orchidectomy for tuberculosis; six months prior to admission onset of pain in the back of the neck and later headaches, diz-

ziness, and vomiting; two weeks before entry unsteadiness in gait, with tendency to deviate to the right. Examination revealed bilateral choked discs, nystagmus, suboccipital tenderness, and slight hypotonicity of the right side. Blood Wassermann reaction negative. At operation under novocaine anesthesia a large tuberculoma was enucleated from the left cerebellar hemisphere. He did exceptionally well for four weeks after the operation and was about to be discharged to Saranac when he began to have some fever and was retained. Eight weeks after the operation he succumbed to generalized tuberculous meningitis.

No autopsy.

12. Transphenoidal Operation for Pituitary Struma. 10941.

An acromegalic of 42, who had been refused operation the previous month but returned with increasing loss of vision. At operation through the transphenoidal route a large amount of typical pituitary struma was removed from within the sella turcica. There were no special operative complications, but next day the patient was mentally unbalanced, temperature rose to 103° F., and there was a cerebrospinal fluid leak from the right nostril. Two days after operation she died with symptoms of meningitis.

No autopsy.

13. Cerebral Exploration for Tumor of Left Hemisphere. 11078.

A man of 43 years, referred by Dr. Burris of Dartmouth, N. S., with a history of focal epilepsy of five years' duration involving the right side, together with failing vision. In 1915 he had been operated upon in England, a left cerebral exploration being performed. This operation was followed by aphasia, from which he partially recovered. Fairly well until eight months before admission, since when he began again to have severe seizures and became apathetic and mentally deranged. Examination showed partial aphasia, pupillary inequality, bilateral secondary optic atrophy, right facial weakness, and deviation of tongue to the left. At operation a large glioma of the left cerebral hemisphere was disclosed and partially removed. This procedure was attended by considerable hemorrhage, but the patient stood it well and left the operating room in fair condition. He never regained consciousness, however, and died two days later.

No autopsy.

14. Cerebral Puncture for Possible Brain Abscess. (Tuberculous Meningitis.) 11346.

A 15-year old girl perfectly well until twelve days before admission. At that time she received a slight blow on the head. Two days later, left frontal headaches, dizziness, nausea, and faintness, followed by partial right-sided paresis, aphasia, and drowsiness. Examination showed fever of 100° to 102° F., bilateral early edema of the optic discs, hypoesthesia of right half of body, motor aphasia, and suggestive Kernig sign. The spinal fluid showed a cell count of 170 per c.mm. and positive globulin reaction. At operation a small exploratory incision and burr opening was made over the left parietal region, with the hope that an abscess might be discovered. Negative findings. The patient continued a downward course and died eight days later. Subsequent report from spinal fluid inoculated into guinea pig was tuberculosis.

No autopsy.

15. Cerebellar Exploration for Presumed Tumor. 11462.

A baby 15 months old with hydrocephalus, apparently of only two months' duration, following a fall. Referred by Dr. Elsaesser of Youngstown, Ohio. Symptoms pointed suggestively to a cerebellar lesion and it was thought that there might be a cystic glioma. Examination showed a marked extensor rigidity with exaggerated reflexes, bilateral choked disc of 5 D. and great unsteadiness with ataxia of extremities. The child was semiconscious and operation was performed under local anesthesia. The cerebellum was exposed but nothing except a great excess of cerebrospinal fluid was found. The patient seemed temporarily greatly improved but subsequently failed, and died seven days after operation.

Autopsy: Disclosed an enormous dilatation of the ventricles with a huge papillomatous tumor of both choroid plexuses.

16. Cerebellar Exploration for Presumed Cerebellar Tumor. 11515.

A boy of 14, referred by D. Weatherby of Altamahon, N. C., who had a positive Wassermann reaction two years previous to admission. He had been treated actively for lues since that time. One year before coming to the hospital he began to have headache, vomiting, failing vision, and unsteady gait. Examination disclosed bilateral secondary optic atrophy, nystagmus, inactive pupils, separation of cranial sutures, incoördination of left arm and leg, positive Romberg and reeling gait. At operation a large gliomatous cyst of the cerebellum was encountered, evacuated, and the wound closed without incident. He made an uneventful convalescence and two weeks after operation had been sitting up. An unaccountable upset occurred, patient became semiconscious, temperature rose in a few hours to 107° F. with fatality.

Autopsy: Revealed a small fresh hemorrhage in the medulla remote from the field of operation, probably from some unrecorded recent trauma.

17. Cerebellar Exploration for Presumed Cerebellar Tumor. 11613.

A girl of 20 years, who three months previous to admission had a general convulsive seizure. Since that time headache, vomiting, double vision, and tinnitus. Examination showed bilateral choked discs, nystagmus ataxia, positive Romberg, exaggerated deep reflexes on the left, with positive Babinski and tendency to ankle clonus. A cerebellar exploration was carried out with negative findings. The patient made a good ether recovery but had a sudden upset twenty-four hours later, and died with marked signs of a left hemiplegia.

Autopsy: A deep-seated glioma of the right cerebral hemisphere.

18. Right Subtemporal Decompression — Brain Tumor — Endothelioma of Right Gasserian Ganglion and Right Temporal Lobe. 9788.

Male, 42 years. Semiconscious. History of pain in the right side of face and head, loss of vision, dizziness, staggering gait, vomiting of some nine to ten weeks' duration, leading to stupor and incontinence. History of recent extraction of teeth and subsequently of drainage of right maxillary antrum but with no relief. High-grade choked disc, swelling and tenderness over temporal region, right exophthalmos, edema, and ptosis of right upper eyelid. Weakness of right face and left arm and leg. Diagnosis: brain tumor, right temporal lobe or abscess, temporal region associated

with recent sinus operation. Operation January 14, 1919. Novocaine. Right subtemporal decompression. Extremely tense, dry brain. Flattened convolutions. No fluid on ventricular puncture. No tumor observed. Temporary relief from decompression, relapsing into coma with death on eighth day.

Autopsy: Showed endothelioma of gasserian ganglion with perforation of middle fossa and extension into temporal lobe.

ABSTRACTS OF FATALITIES IN UROLOGICAL SERVICE

19. Excision of Dermoid Cyst of Ovary — Cecostomy for Ileus. 10055.

A single woman of 43 years had been having severe dysuria and loss of weight for four months. Two months later obstinate constipation and suprapubic pain appeared. Examination showed a tumor filling the whole pelvis and communicating with the bladder, which showed severe infection. At operation the tumor was removed. It was found to be a dermoid cyst of the right ovary which had become adherent to all the pelvic structures, including the bladder, with which it freely communicated. The patient died on the seventh day after operation of intestinal obstruction from pelvic peritonitis. Pathological examination of the cyst showed both acute and chronic inflammation of its wall.

Autopsy: Showed Generalized fibrinous peritonitis; cecal fistula; necrosis of posterior wall of bladder with cystitis and cellulitis of perivesical tissue; paralytic ileus; edema of lungs.

20. Exploration of Left Kidney for Tuberculosis. 10548.

A man of 52, of a heavy and rather flabby build, has had recurrent attacks of pain in each loin for three years. Eighteen months ago severe pain on urination began, and this has more recently been accompanied by great frequency. Examination showed an intense involvement of the bladder by tuberculosis. Repeated efforts lasting nearly a month failed to show the condition of either kidney. Since patient was rapidly failing exploratory operation was undertaken on the left kidney. This showed no evident disease, and so it was not removed. During operation patient showed very poor heart action. He died three days later with signs of cardiac failure.

No autopsy.

21. Suprapubic Partial Prostatectomy. 10240.

A man of 65 years had symptoms of prostatic obstruction for about a year. Cystoscopy showed a median bar obstruction with no infection of the bladder. This was removed by suprapubic operation. On the third day following, all bleeding having ceased, and the patient being apparently quite normal, there occurred an attack of acute pain in the pelvis and chest followed by unconsciousness and death in ten minutes.

Autopsy: Showed Pulmonary embolism; thrombosis of veins of prostatic plexus; early colloid carcinoma of bile passages; papillary cystadenoma of right kidney; anomaly of inferior vena cava.

22. Excision of Papilloma of Bladder. 10696.

A man of 68 years had marked emphysema and bronchitis for nine years. He has had frequent attacks which he called asthma, during which the

breathing became very labored, causing much agony. During the past twelve months there has been much difficulty on urination with straining and occasionally profuse hematuria. Examination showed a large papilloma of the bladder. This was removed through a suprapubic opening of the bladder, under spinal anesthesia. He died two days later of pulmonary edema and cardiac failure.

No autopsy.

23. Nephrectomy for Tuberculous Pyonephrosis. 10732.

Patient was a very poorly nourished Italian woman of 31 years, who had been acutely ill for four months. An abscess in the left flank had been opened by her attending physician at this time, since when it had continued to drain pus. On entrance her pulse was very rapid and weak, and her general appearance precarious. Nine days later a tuberculous kidney was removed. Operation was very difficult because of infection and resulting adhesions. The patient died about six hours later.

No autopsy.

24. Evacuation of Periurethral Abscess; Suprapubic Cystotomy for Retrograde Catheterization. 11156.

A mulatto 70 years old entered, complaining of great difficulty on urination. Since eighteen years of age he has had difficulty on account of strictures, for which several operations have been performed. For the past eighteen years there has been a urinary fistula in the perineum. Two weeks before entrance an abscess formed in this region and urination became increasingly difficult. The patient's general condition was poor and the lungs showed marked chronic bronchitis. Under local anesthesia the abscess in the perineum was opened. Since previous disease had destroyed all anatomical landmarks, the bladder was opened two days later and continuity of the urethra restored by retrograde catheterization. This operation was done under spinal anesthesia. Death occurred twelve days later with signs of bronchopneumonia.

Autopsy: Showed Chronic bronchitis with bronchiectatic cavities and bronchiectatic abscesses; acute purulent bronchitis; bronchopneumonia; chronic emphysema with emphysematous bullæ; emphysema of mediastinum; chronic fibrous pleuritis; chronic cystitis; chronic prostatitis; chronic urethral stricture; multiple diverticula of jejunum and sigmoid flexure; hemorrhage into right adrenal.

25. Suprapubic Prostatectomy; Exploratory Laparotomy for Ileus. 11217.

A man of 60 years had signs of obstruction by the prostate for six months. General condition was good. The prostate was removed six days after entrance by the suprapubic route. During the operation the peritoneal cavity was inadvertently opened, but was immediately closed. Signs of ileus began on third day after operation. There being no improvement after two days, the abdomen was opened in the hope of finding a point of intestinal obstruction which might be relieved. No definite angulation was found, but the pelvis was the site of a moderate degree of peritonitis. Death occurred an hour later.

No autopsy.

26. Suprapubic Prostatectomy (Second Stage). 11215.

A man of 74 years began to suffer from obstruction by the prostate ten years before entrance. The bladder was drained and preoperative treatment continued for about a month, when the prostate was removed. The general condition of the patient was not satisfactory at any time and death occurred thirteen days later.

Autopsy: Showed Pyelonephritis; multiple renal cysts; pyoureters; chronic cystitis; prostatectomy; acute bronchitis; bronchopneumonia; fatty myocarditis; acute splenitis; chronic fibrous pleuritis; arteriosclerosis; mural thrombi of aorta; aneurysm of left common iliac artery.

27. Drainage of Lumbar Abscess. Exploratory Laparotomy. Transfusion. 11482.

A woman 53 years old entered the hospital for the relief of a painful swelling in the left flank. Examination showed a fluctuant mass; probably a perinephritic abscess. This was incised under a general anesthetic, and after evacuation of its contents a rather thin-walled, pulsating mass was felt in the general region of the kidney. A diagnosis of aneurysm, probably of the renal artery, was made. Seven days later a sharp prostrating hemorrhage occurred from the wound. The following morning the abdomen was opened with a view to tying the renal artery by this route. The aneurysm was found to be of the aorta, however, and not of the renal artery. Surgical treatment was therefore abandoned. During this operation the patient was also transfused. Eleven days later there occurred a hemorrhage of such degree that the patient died.

Autopsy: Showed infectious aneurysm of abdominal aorta with rupture into psoas abscess; psoas abscess; pyelonephritis; chronic fibrous pleuritis; cavernoma of liver; healed pulmonary tuberculosis; acute splenitis.

28. Bilateral Epididymotomy. 11500.

A man 60 years old entered the hospital for the relief of an acute prostatitis. Gradually an abscess formed which drained freely by urethra. Involvement of each epididymis then took place, and these abscesses were drained by operation on the twenty-fifth day after admission. Examination showed that the infection was due to the bacillus mucosus capsulatus. Death occurred nine days later of bronchopneumonia due to the same organism.

No autopsy.

29. Exploration of Left Kidney for Hypernephroma. 11567.

A man of 67 years presented on entrance a large, painless mass filling the whole left side of the abdomen. A diagnosis of hypernephroma was made, and the grave doubt of the possibility of its removal by operation explained to the patient. He elected operation, which was done twelve days later. After a very hard and tedious dissection it was found that the hypernephroma had grown into the renal vein and thence into the vena cava, which was almost occluded. It was therefore impossible to remove the mass. Patient died in collapse about three hours later.

No autopsy.

ABSTRACTS OF FATALITIES ON THE GENERAL SURGICAL SERVICE

30. Release of Constricting Band and Enterostomy for Acute Intestinal Obstruction; Postoperative. Cholelithiasis and Acute Cholecystitis — Pneumonia. 9720.

Female, 50 years. Referred to the hospital for lower abdominal pain and vomiting of six days' duration. History of varicose vein and umbilical hernia operation three years ago. Symptoms began six to seven days ago with pain in the upper abdomen, becoming diffuse, with marked gaseous distention, nausea, and vomiting. Has been treated for several days for indigestion. During the last three days vomiting constant and fecal. Complete obstruction. Appears very sick and cyanotic. Temperature, 97.3; pulse, 140; respirations, 28; white count, 7000. Abdomen hugely dilated, quite tender, evidence of shifting dullness. No masses made out; well-healed scar of previous operations; no evidence of hernia. Enemata ineffectual for gas or feces. Diagnosis: intestinal obstruction, probably from post-operative band. Operation under ether, patient refusing local anesthesia. Difficult anesthesia on account of frequent vomiting of fecal material. Mid-line incision; clear fluid. Distended bowel; constriction of small intestine by omental adhesion attaching sigmoid to pelvis; proximal bowel much distended. Incision of constricting band; Mixter tube sutured into the dilated bowel; discharge of a large amount of gas and liquid feces. Patient's condition extremely poor. Died shortly after the operation.

Autopsy: Showed bronchopneumonia, bilateral; acute cholecystitis; cholelithiasis; fibrinous peritonitis localized; chronic glomerular nephritis; arteriosclerosis.

31. Nephrectomy for Pyonephrosis. Death from Pulmonary Embolism. 9738.

Male, 50 years. Patient had been ill in greater or less degree for three years, with evidence of a renal infection associated with stone, causing intermittent fever and physical depreciation. Two years ago he recovered partially after the spontaneous rupture of a large abscess into the urinary tract. Contrary to urgent advice, he has continued for months to carry on important war work at the expense of progressive weakness and continued fever. Three weeks ago a bladder stone was successfully crushed and removed in order to permit him to continue his work. His general condition, however, not improving, he entered the hospital, and under gas-oxygen anesthesia a large left pus kidney was removed without incident. The immediate convalescence was satisfactory, but on the fourth day, without prodromal symptoms, he died of pulmonary embolism.

Autopsy: Showed a perfectly satisfactory condition of the operative field; cardiac and pulmonary embolism, probably of renal vein and inferior vena cava origin.

32. Amputation of Right Thigh for Diabetic Gangrene of Right Leg — Septicaemia. 9750.

Male, 36 years. Referred from the Medical Service for infected gangrene of the left foot and leg of some ten to twelve days' duration. A diabetic. Has run a temperature of septic character, going to 103°. Never sugar-

free on the Medical Service. Owing to extremely septic condition an emergency amputation advised. There is a lymphangitis extending to the knee. Temperature, 104°. Diagnosis: diabetic gangrene, left foot; question of septicæmia. Spinal anesthesia, novocaine: 150 mgms. of novocaine introduced into the spinal canal between the third and fourth lumbar vertebræ. Head of the table tipped and the anesthesia allowed to extend above the umbilicus. Amputation of the left thigh at the lower third; very little bleeding. Vessels unusually sclerotic. Spinal anesthesia extremely satisfactory. In spite of the amputation the temperature ranged from 103° to 105°; pulse, 120–160; respirations, 25–30. Stump showed no definite evidence of infection. Died on the sixth day after operation.

Autopsy: Not permitted.

33. Appendicectomy — Drainage for Appendicitis, Acute, with Peritonitis. Pneumonia. 9767.

Female, 13 years. Referred for right lower abdominal pain of thirty-six hours' duration. Onset with pain about the umbilicus, crampy colicky in character, nausea, and vomiting. Localization of pain in twenty-four hours to the right lower quadrant. Temperature, 101°; pulse, 130; white count, 7000. Some tenderness on deep palpation in the right lower quadrant; no evidence of fluid. Diagnosis: acute appendicitis, subsiding. Immediate operation — ether; McBurney incision. Definite purulent exudate; retrocecal appendix, gangrenous, perforated. Appendicectomy; drain into the pelvis. Profuse drainage of a fecal character. On the twentieth day after operation had a sudden rise in temperature, pulse, and respirations, with pulmonary signs. Pulmonary signs gradually extended to both lungs. Died on the thirtieth day after operation.

Autopsy: Not permitted.

34. Resection of Intestines for Gangrene (Mesenteric Thrombosis). Carcinoma of the Stomach — Abdominal Carcinomatosis. 9846.

Male, 58 years. Has been a patient on the Medical Service on several occasions for secondary lues, mitral insufficiency, chronic nephritis, and has received intraspinal and intravenous treatment. Five days ago, dull aching pain about the umbilicus with nausea and vomiting and a history of having vomited a large amount of bloody fluid about a week before entrance. During the last two days abdominal symptoms have become more marked. A tarry stool passed within twenty-four hours. Temperature, 99.4°; pulse, 112; respirations, 28; white count, 25,000. Abdomen rigid; spasm and tenderness over the whole lower abdomen, more marked on the left. Fecal vomiting. Abdomen slightly distended. Diagnosis: beginning peritonitis, probably from a ruptured gastric ulcer or possibly appendix. Patient's condition extremely poor. Immediate operation under gas oxygen and ether. Low mid-line incision. Small amount of free abdominal fluid. Gangrenous portion of ileum fourteen to fifteen inches in length with three or four gangrenous areas. Vessels to gangrenous loop appeared to be thrombosed. Resection and end-to-end anastomosis. Huge, irregular mass occupied the entire greater curvature of the stomach. Many large masses also in the gastrocolic omentum. Many large metastatic areas or glands along the spine. Following operation, progressive weakness; tem-

perature normal; pulse becoming more rapid and weak; vomiting occasionally. No infection of the wound. Died on the fifth day after operation.

Autopsy: Not permitted.

35. Bilateral Salpingo-Oöphorectomy and Drainage for Extensive Pelvic and Lower Abdominal Peritonitis. 9868.

Female, 35 years. In very poor condition, with obvious lower abdominal peritonitis. Temperature, 102° F.; pulse, 120; white count, 35,000. Examination showed a large mass in the pelvis of doubtful character. Diagnosis lay between septic abortion, ruptured extra-uterine pregnancy with associated peritonitis, or salpingitis with peritonitis. Seen in consultation by Dr. F. S. Newell, who concurred that something must be done in spite of her poor condition. Under light ether anesthesia the lower abdomen was rapidly opened, a diffuse purulent peritonitis found, two enormous pus tubes rapidly removed, the pelvis washed out, and a drain inserted. The patient appeared to rally from the immediate operation but became toxic and exhausted and died in about twenty-four hours.

Autopsy: Not permitted.

36. Incision and Drainage of Abscess of Buttocks and Retroperitoneal Degenerated Carcinoma of the Sigmoid. 9878.

Male, 54 years. Referred for pain in the lower abdomen and buttocks of ten to eleven days' duration. Has had several admissions into this hospital, the first one about a year ago, when he came in for urinary symptoms, there being passage of gas and fecal matter through the urethra. On exploratory operation there was found a large carcinoma of the sigmoid which had involved the bladder. As condition was entirely inoperable, a permanent colostomy was done. Since operation the patient has been in the hospital several times for kidney lesions, there evidently being a pyonephrosis and pyo-nephritis. Buttocks became extremely painful and tender. Has had no discharge of fecal matter from the colostomy for several days. On admission, temperature, 102.4°; pulse, 120; white count, 19,000. Huge indurated, blackish areas on both buttocks. Diagnosis: bilateral ischiorectal abscess; question of abscess in the inguinal canal and left scrotum. Operation — gas oxygen. Incision and drainage of huge perirectal abscess, evidently degenerated carcinoma. Later on the left scrotum became gangrenous and was incised, discharging fecal matter and colon-smelling pus. Patient's condition evidently terminal. Died on the sixth day.

Autopsy: Not permitted.

37. Incision and Drainage of Septic Hand — Septicemia. 9943.

Female, 85 years. Referred for infected finger of two to three weeks' duration, following a burn. She is mentally deficient. On admission, temperature, 103°; pulse, 110; white count, 42,000. A very cyanotic, sick, irrational patient. Dorsum of the right hand is very swollen with definite area of gangrene at the end of the index finger. On pressure, pus oozes out from the tip of the finger. Tender over palm. Marked enlargement of the axillary lymph glands; no definite lymphagitis. Diagnosis: septic finger; question of palmar abscess; probably septicæmia. Operation: gas-oxygen anesthesia. Incision over the index finger shows necrotic tendons,

necrosis extending towards the base of the thumb, involving the palmar fascia above the angular ligament. Multiple incisions made for drainage. Following operation, a septic temperature, going to 106°, irrational and incontinent. Not conscious for forty-eight hours before death. Died on the sixth day.

Autopsy: Showed cellulitis of hand (right); acute bronchitis; septicemia and pylephlebitis of right arm and forearm; hydrothorax (bilateral); pulmonary emphysema.

38. Gastro-Jejunostomy for Inoperable Carcinoma of the Stomach — Erysipelas. 9947.

Male, 53 years. An emaciated man presenting the typical history and findings of gastric carcinoma and depreciating in condition rapidly from persistent vomiting. Under novocaine infiltration anesthesia the abdomen was opened; very extensive inoperable carcinoma found; posterior gastro-jejunostomy done. Vomiting was relieved and the operative condition appeared good. However, the patient failed rapidly, developed facial erysipelas, and died eight days after operation.

Autopsy: Not permitted.

39. Incision and Drainage of Carbuncle of Neck — General Septicemia — Diabetes Mellitus. 10019.

Male, 43 years. Referred to the hospital for huge carbuncle of neck of about ten to eleven days' duration. On admission patient's temperature was 100–103°; white count, 15,000. The whole back of the neck is indurated. The center is soft and pus exudes from multiple sinuses: an unusually extensive carbuncle. Urine shows a large amount of sugar and some acetone. Patient unaware that he had diabetes. Operation — gas oxygen. Patient's condition was so septic that excision of the soft central area and undercutting of the periphery with radial incisions seemed to be advisable. Necrotic area curetted well out; packed with gauze. Patient continued to run a high temperature in spite of the good condition of the wound and neck. Died on the twenty-second day. Condition probably septicemia.

Autopsy: Showed active pulmonary tuberculosis; pulmonary edema; carbuncle of neck with cervical adenitis; cerebral meningitis, streptococcal; acute ependymitis; cirrhosis of liver; septic spleen; multiple adenomata of the adrenals; arteriosclerosis of iliac arteries (medial type); glycosuria; chronic cholecystitis; chronic interstitial pancreatitis.

40. Abdominal Drainage for General Peritonitis Due to Perforated Diverticulitis. 10109.

Male, 46 years. Referred for severe sudden upper abdominal pain of seven to eight days' duration, followed by nausea and vomiting and general abdominal tenderness. General condition very poor. On admission, temperature 103°; white count, 16,000; respirations very rapid. Was cyanotic and had the peritoneal facies. Abdomen moderately distended, extremely tender both right and left with definite spasm and shifting fluid. Enemata ineffectual. Diagnosis: peritonitis due to a ruptured strangulated internal hernia or carcinoma of the sigmoid. Immediate operation — gas oxygen anesthesia. Mid-line incision; abdomen filled with pus. All bowel en-

countered red and distended, covered with fibrin. Sigmoid and descending colon covered with blackish-looking fibrin, suggestive of gangrene. Epiploices hard and indurated; definite perforation of a diverticulum, with discharge of fecal contents. Evidently no attempt at walling-off. Perforation repaired. Two cigarette drains led into the pelvis. Died about three hours after the operation.

Autopsy: Not permitted.

41. Exploratory Laparotomy for General Abdominal Sarcomatosis. 10131.

Female, 42 years. A pale and rather debilitated woman with a history of about eight weeks of abdominal pain, "gas," nausea, and occasional vomiting; slight fever; leucocytosis of 16,000. An irregular mass felt in the right iliac region, palpable also by vagina. Definite diagnosis not made. Exploratory laparotomy under ether anesthesia by the drop method disclosed enormously swollen retro-peritoneal lymph glands. Frozen section diagnosis: lymphoblastoma. There were coexistent fibroids of the uterus and double hydrosalpinx. Immediate closure. The patient made a good primary operative recovery but died nine days after operation with a rather sudden attack of cyanosis and dyspnœa, probably due to pulmonary embolus.

Autopsy: Not permitted.

42. Streptococcus Cellulitis of the Right Thigh from Old Burn. 10163.

Female, 49 years. Extensive scald of abdomen and thigh eleven days before admission, with high temperature. Rapidly progressing streptococcus cellulitis, with skin necrosis. This was cleared up by Carrel-Dakin treatment and three and one-half weeks after admission the whole sloughing area was excised under gas-oxygen anesthesia. The infection cleared up entirely and some healing began, but the patient died with evidence of uræmia one week later.

Autopsy: Not permitted.

43. Appendicectomy and Drainage for Acute Appendicitis with Abscess — Abdominal Tuberculosis. 10181.

Male, 29 years. Referred to the hospital for diffuse lower abdominal pain. Onset with a chill and crampy pain in the upper abdomen, localizing in both right and left lower quadrants. Has been nauseated on several occasions and vomited once. Temperature has been as high as 103°. Referred to the hospital on the ninth day. General condition poor. Temperature, 102.4°; pulse, 106; respirations, 28; white count, 5000. Moderate distention of the abdomen; diffuse tenderness with spasm over the whole lower abdomen, more on the right than on the left. Fluid present. Diagnosis: pelvic appendicitis; walled-off abscess. Immediate operation — ether. Omentum was a thick mat, studded with tubercles attached to the anterior abdominal wall. A large amount of clear straw-colored fluid. General peritoneal tuberculosis involving appendix. Appendix acutely inflamed, with a dark green area giving out thick greenish-yellow pus. Appendicectomy; drain behind cecum; a piece of omentum removed for diagnosis. Drain removed in forty-eight hours, followed by discharge from sinus. Later on, sloughing of the wound. Temperature, from 97 to 103° in spite of

good drainage. Died on the thirty-third day after operation. Specimens removed showed tuberculosis of both omentum and appendix.

Autopsy: Not permitted.

44. Reduction of Impacted Fracture of the Neck of the Humerus. 10199.

Male, 62 years. Four days before admission patient fell upon the right shoulder, sustaining an impacted fracture. A markedly debilitated and feeble appearing man with considerable alcoholic history. Under gas-oxygen anesthesia the impaction was broken up and traction applied by weights in an abducted position. Immediate recovery from the anesthetic good. Twelve days later he became irrational, incontinent, and disoriented, with slight temperature. Forcible restraint had to be used, and he died of exhaustion twenty days after admission.

Autopsy: Not permitted.

45. Appendicectomy—Drainage, for Acute Appendicitis with Abscess. 10371.

Male, 53 years. Transferred from the Medical Service, complaining of lower abdominal pain and vomiting of about nine days' duration. Initial symptoms began twelve days ago with epigastric distress about the umbilicus, nausea, vomiting, followed by localization of tenderness in the right lower quadrant. Has been treated conservatively for indigestion. On admission patient's temperature ran form 99.5° to 102°, with a definite septic tendency. White count, 1200. Abdominal tenderness, most marked in the right lower quadrant, where a definite tender mass was felt, leading to a diagnosis of retrocecal abscess from a ruptured appendix. Operation — ether — appendicectomy; right rectus incision. No general peritonitis; large retrocecal abscess from a gangrenous perforated appendix. Appendicectomy; one drain into the abscess cavity. Following operation there was gradual increase in patient's pulse rate to 150, accompanied by vomiting. Patient died while stomach tube was being passed. Death on the third day after operation.

Autopsy: Not permitted.

46. Exploratory Laparotomy for General Abdominal Carcinomatosis (Carcinoma of Ascending Colon). 10412.

Male, 43 years. Progressive asthenia and anemia for five years. Studied on the Medical Service for six weeks, where marked anemia of secondary type, occult blood in the stools, and free fluid in the abdomen were found. X-ray studies of the gastro-intestinal tract, negative. General physical examination failed to show cause of the condition. Transfused three times with temporary improvement. Diagnosis: probable deep-seated malignant disease in the abdomen, possibly of lymphoblastoma type. Exploratory laparotomy under gas oxygen with local novocaine infiltration and a few drops of ether. Abundant, slightly bloody ascites. Extensive adenocarcinoma involving the posterior aspect of the ascending colon without constriction. Very extensive peritoneal implantations and glandular metastases. Frozen section diagnosis: adenocarcinoma. Immediate closure. Patient died the next day, suddenly, with convulsions, probably due to cerebral embolus.

Autopsy: Not permitted.

47. Exploratory Laparotomy — Carcinoma of the Stomach — General Abdominal Carcinomatosis with Portal Obstruction. 10459.

Male, 70 years. Referred from the Medical Service, where he had been admitted a few hours previously. Well until about four to five months ago, when he noticed a prominence of the lower abdomen. Marked constipation for four days, four to five weeks ago, relieved by treatment. Came to the O. D. D. two weeks ago for general weakened condition and for distention of the abdomen. Refused to enter hospital. For four days there has been absolute constipation and vomiting of fecal matter. Abdomen was hugely distended, full of fluid. Large, firm mass could be palpated, occupying the area from pubes to the umbilicus. Enemata are ineffectual. Diagnosis: intestinal obstruction; carcinoma; general abdominal carcinomatosis. Operation under gas oxygen; left rectus incision; large amount of yellowish clear fluid; all bowel matted together in hard fibrous adhesions; bowel wall white, extremely thick. A narrow fringed, hard, firm, nodular omentum. Nodules over the bladder serosa. Stomach could not be palpated separately from the huge malignant process in the upper abdomen comprising stomach, duodenum, and pancreas, with portal stasis. A small piece of omentum excised for diagnosis. Closure. Died of cachexia on the ninth day after operation.

Autopsy: Showed scirrhous carcinoma of pylorus extending to omentum and transverse colon with matastases to parietal peritoneum over bladder and sigmoid flexure; chronic diffuse fibrous peritonitis.

48. Release and Repair of Strangulated Femoral Hernia. Death from Post-Operative Rupture of Gangrenous Intestine. 10521.

Female, 73 years. Fairly well nourished, with history of complete constipation for three days, with vomiting and tendency to abdominal distention but no pain. Immediate operation; gas-oxygen anesthesia. A small loop of ileum was found strangulated in a femoral hernia. After release the circulation appeared to return sufficiently to warrant replacement without resection. Hernia repaired. Normal convalescence for nearly three days, when there was complaint of abdominal pain and evidence of early peritonitis. Operation under gas-oxygen anesthesia. A perforation of the ileum was found at the site of the strangulation with considerable extravasation into the pelvis and lower abdomen. Enterostomy; lavage of the lower abdomen; drainage. The operation was poorly borne and the patient died six hours later.

Autopsy: Not permitted.

49. Secondary Choledochostomy with Removal of Calculus from Ampulla of Vater. 10527.

Male, 24 years. Six months previously a choledochostomy and cholecystectomy were done for cholelithiasis, at which time it was thought that a stone was inadvertently pushed into the hepatic duct, whence it could not be dislodged. Papilla dilated in the hope that it might be passed. Operative recovery and complete freedom from symptoms until eleven days before readmission, when occurred pain and jaundice. Operation under ether by the drop method; stormy anesthesia, rapid pulse. A long and trying operation — the common duct explored, the duodenum mobilized, and the ampulla of Vater opened from behind, removing an obstructing

calculus. Incision into the ampulla closed and common duct drained. Post-operative course stormy. The wound became steeped in bile and broke down. Occasional vomiting; no evidence of peritonitis; pancreatitic leakage suspected but not proved. Marked unwillingness to coöperate; tendency to disorientation, so that he insisted on getting out of bed and smoking and stealing tobacco from other patients. Recovery seemed probable until the day before his death, when exhaustion became marked. Temperature practically normal after the primary operative exacerbation. Death three weeks after operation.

Autopsy: Not permitted.

50. Intestinal Obstruction — Resection of Recto-Sigmoid for Carcinoma. 10530.

Male, 50 years. Previous history of two months of progressive emaciation with enlargement of the abdomen; increasing constipation with occasional vomiting for two and a half weeks; persistent vomiting, marked distention, and complete obstruction for three days before admission to the Medical Service. Operation — laparotomy under gas oxygen and novocaine infiltration. Condition seemed to justify adequate exploration rather than a preliminary colostomy. Ileal enterostomy; resection of adenocarcinoma of the recto-sigmoid with end-to-side anastomosis. Operation apparently well borne and primary convalescence satisfactory for three days, with good intestinal drainage. Death on the fifth day from paralytic ileus with toxemia.

Autopsy: Showed a limited local peritonitis about the anastomosis without gross leakage.

51. Release of Post-Operative Obstructing Band — Enterostomy for Acute Intestinal Obstruction. 10596.

Male, 21 years. Referred to the hospital for lower abdominal pain and distention, constipation of five to six days' duration. There is a history of an emergency operation — appendicectomy with drainage — some seventeen months ago while in the Army service abroad. No bowel movements since onset of symptoms. Urinary retention for two days requiring catheterization. General condition very poor. Temperature, 102°; pulse, 130; respirations, 25–30; white count, 4000. Abdomen hugely distended; shifting dullness. Well-healed scar of previous drainage operation. Patient vomiting definitely fecal material. Diagnosis of acute intestinal obstruction, probably associated with previous appendicectomy. Immediate operation — gas oxygen. Mid-line incision, large amount of clear fluid in abdomen. Strangulation of ileum by hard fibrous band connected with the root of the mesentery. Band cut; Mixter tube enterostomy done in the distended ileum, obtaining several pailsful of fecal material. Throughout all the bowel were innumerable areas, purplish-red in character, suggestive of hemorrhagic infarcts. Pulse extremely weak, of small volume. There was rather persistent vomiting in spite of good drainage and lavage of stomach. Died about fifteen hours after operation.

Autopsy: Not permitted.

52. Cholecystectomy — Choledochostomy. Cholelithiasis — Carcinoma of Gall-Bladder. 10633.

Female, 45 years. Repeated attacks of upper right abdominal pain of fifteen months' duration. Typical biliary colic, nausea, and vomiting,

jaundice, persisting for several days, but no definite chill or fever. Diagnosis: cholelithiasis with common duct obstruction. Operation — ether — tense, distended gall-bladder with calculi; ampulla of gall-bladder, cystic duct, and common duct encased in a hard, firm mass covered with fibrinous exudate; suspicious of malignancy but considered inflammatory; common duct huge; no stones palpable. Gall-bladder removed; common duct drained; no stones; cigarette drain to stump of cystic duct. Symptoms of uremia developed four to five days after operation. Death on the fifth day. Pathological Report: carcinoma of ampulla of gall-bladder, rupturing into common duct.

Autopsy: Showed chronic choledochitis; cholelithiasis (common duct); general acute peritonitis; lobar pneumonia, right lower lobe; chronic vascular nephritis.

53. Abdomino-Perineal Extirpation of Carcinoma of Rectum — First Stage. 10634.

Female, 58 years. Somewhat obese; blood pressure, 200. Alternating constipation, diarrhœa, and rectal pain for six weeks. Rectal examination showed carcinoma of the rectum, the lower limit of which was 5 cm. from the anus — apparently operable. Operation under quiet ether anesthesia by the drop method. Sigmoid divided above the growth; lower sigmoid mobilized and pushed downward, and the pelvic peritoneum closed above it; left inguinal colostomy. Operation difficult on account of obesity but was well borne. Death occurred on the third day with pulmonary symptoms.

Autopsy: Showed acute bronchopneumonia. Abdominal condition satisfactory.

54. Colostomy for Intestinal Obstruction Due to Recurrent Carcinoma of Prostate. 10645.

Male, 58 years. Was a patient in this hospital about three years ago with urinary symptoms leading to a diagnosis of hypertrophied prostate. Perineal prostatectomy performed. Pathological diagnosis: carcinoma. Wound healed. No particular urinary trouble since. Several months later had an orchidectomy and epididymectomy done for epididymitis. During the last year became progressively weaker, lost a large amount of weight. Periods of marked distention and difficulty with bowel movements. Complete constipation both for feces and gas during the last six days with increasing abdominal distention. Temperature, 99°; pulse, 110; white count, 11,000. Huge abdominal distention; evidence of fluid in flanks. Rectal examination shows rectum entirely occluded by extrarectal mass, evidently recurrent carcinoma in pelvis; radically inoperable. Operation under gas oxygen; left rectus incision; huge sigmoid; large amount of brownish abdominal fluid. Huge mass filling the entire pelvis, including the recto-sigmoid. Knuckle of sigmoid pulled out, sutured to the adbomen; Mixter tube inserted. Evacuation of large amount of gas and feces. Patient died of cachexia in eleven days.

Autopsy: Showed carcinoma of prostate with invasion into the rectum and bladder; double broncho-pneumonia; left renal hydronephrosis; right renal pyelonephritis; bilateral hydroureter with right ureteritis.

55. Repair of Epigastric Hernia — Incarcerated (Stomach). 10654.

Male, 76 years. Hernia above umbilicus for seven to eight years. No special discomfort until six weeks before admission, when hernia became irreducible and has been so ever since. Three days ago hernial mass became larger and nausea and vomiting appeared, vomitus being bloody in character. Bowel movements have been regular. Examination showed a large, rather soft, doughy mass above the umbilicus, evidently an incarcerated ventral or epigastric hernia. Mass is not tender; skin above it not discolored. No abdominal distention. Operation — gas-oxygen anesthesia. An elliptical mid-line incision, excising the umbilicus. Large elliptical sac dissecting its way between fascia and subcutaneous fat containing viscus, which proved to be anterior wall of stomach which had become incarcerated. Constricted portion of stomach deep purple but becoming of good color on application of warm salt. Repair of hernia by overlapping from right to left. Post-operative course characterized by temperature of 100.6°; pulse from 110 to 130; respirations, 25 to 40. Pulse always poor, not responding well to digitalis. No definite evidence of lung involvement until last three days. Died on the ninth day after operation, of pneumonia(?).

Autopsy: Not permitted.

56. Cholecystectomy — Choledochostomy for Acute Pancreatitis and Cholelithiasis — Acute Nephritis — Uremia. 10712.

Female, 56 years. Referred for recurring attacks of pain in the upper abdomen for six years. Attacks sudden, radiating to the back and shoulder typical of gall-stones. Last attack four days ago. On admission, temperature, 99.2°; pulse, 88; white count, 16,000. Patient looked ill; prostrated; severe pain in upper abdomen and back; questionable jaundice; whole upper abdomen markedly tender. Diagnosis: cholelithiasis; question of pancreatitis. Operation — very small amount of clear fluid in abdomen; hard, firm, contracted gall-bladder with acute fibrinous exudate on surrounding bowel and omentum; common duct huge, thick-walled; pancreas hard and firm, no soft areas suggestive of abscess. Cholecystectomy and choledochostomy. Gall-bladder and common duct filled with stones. Common duct drainage. Two days after operation, suppression of urine — 50 c.c. per day being given out and practically no elimination of phthalein. Patient became delirious, with a high degree of acidosis and uremia. Urinary output never more than 100 c.c. per day. Died on the twenty-sixth day after operation.

Autopsy: Not permitted.

57. Incision of Carbuncle of Neck — General Septicemia. 10746.

Male, 41 years. Referred for general malaise, weakness, fever of some three weeks' duration. Three weeks before admission patient had a small furuncle on his neck, for which he applied local measures. Two weeks ago began to have symptoms of general malaise, headache, fever, nausea, and vomiting. Four days ago the supposed furuncle or carbuncle was incised without any relief. On admission, temperature, 103°; pulse, 120; white count, 16,000. Patient looked extremely anemic and ill. Considerable edema about the scalp and neck. Many small ecchymotic spots over the whole head, which gave the impression of hemorrhagic pyemic areas. No definite fluctuation of localization of pus. Diagnosis of septicemia was

made. Under gas oxygen a small incision was made through the supposed furuncle without finding any definite abscess. Died within twenty-four hours.

Autopsy: Not permitted.

58. Choledochostomy — Drainage of Lesser Peritoneal Cavity and Retroperitoneal Tissue for Acute Pancreatitis. 10747.

Female, 38 years. History of cholecystostomy operation for removal of gall-bladder calculus some fifteen to eighteen years ago. Illness of forty-eight hours' duration; symptoms: some pain in upper abdomen, nausea, vomiting, marked prostration. Temperature, 101°; pulse, 110; white count, 19,000. Marked abdominal distention, tenderness and spasm on the right side. Fluid in the abdomen. Diagnosis: acute pancreatitis; cholelithiasis. Immediate operation. A very small amount of free fluid in abdomen; atrophied appendix; gall-bladder thick and reddened; common duct large; all fatty tissues infiltrated with blood, with here and there fat necrosis. Retroperitoneal tissue behind the duodenum gangrenous. No stones could be palpated in the common duct or gall-bladder. Pancreas about three to four times normal size, swollen and edematous; looked greenish-white through the edema, with no definite areas of localized pus. Owing to the patient's poor condition a choledochostomy only was done. Common duct clear; papilla patent. Large common duct catheter; foramen of Winslow and retroperitoneal tissues drained. Died in about thirty hours, with vomiting of a large amount of dark brown fluid; very weak pulse; cyanosis and cold extremities.

Autopsy: Showed acute hemorrhagic pancreatitis with fat necrosis of mesentery omentum, pancreas and peripancreatic tissue; chronic cholecystitis; chronic choledochitis.

59. Appendicectomy — Drainage for Acute Appendicitis with Abscess — Pneumonia. 10752.

Male, 27 years. Referred for acute pain in right lower abdomen of three and one-half days' duration, later becoming diffuse, localizing in the right lower quadrant, associated with nausea and vomiting. Temperature, 100.9°; white count, 21,000. Diffuse abdominal tenderness; mass in the right lower quadrant. No definite area of shifting dullness. Diagnosis: acute appendicitis with abscess. Immediate operation — ether. Large appendiceal abscess behind the cecum and underneath the terminal ileum. A large amount of colon pus; the cecum friable. Appendicectomy; drainage of abscess cavity. Profuse drainage. On the third day, definite signs of consolidation in both lungs; temperature, 100.6° to 103°; pulse, 150; respirations 45 to 60. Died of extensive pneumonia — both lungs, front and back — on the fifth day after operation.

Autopsy: Not permitted.

60. Abdominal Drainage — Repair of Perforated Gangrenous Bowel — Intestinal Obstruction — Post-Operative Adhesions — General Peritonitis. 10759.

Male, 54 years. Complaint, lower abdominal tenderness and severe crampy abdominal pain of four to five days' duration. Patient in this hospital eleven months ago and operated on for a retro-cecal appendiceal

abscess; prolonged convalescence with drainage. Well until four to five days ago, when he had a severe, griping lower abdominal pain, becoming diffuse; nausea and vomiting; abdominal distention; complete constipation for feces and flatus. Referred to the hospital on the fifth day. Temperature, 99.4°; pulse, 92; white count, 20,000. Abdomen distended, tender, and rigid, with shifting fluid. Enemata ineffectual. Diagnosis: intestinal obstruction either due to paralytic ileus or post-operative band; peritonitis. Immediate operation, gas oxygen; mid-line incision, purulent abdominal fluid containing particles of digested food. Bowel moderately distended, reddened, and injected. In pelvis were collapsed and distended loops of bowel. Small perforation in distended purple bowel, above a constricted area. Peritonitis. Suture of perforation; drainage of pelvis. Death in six hours.

Autopsy: Not permitted.

61. Cholecystostomy — Drainage of Abdomen for General Peritonitis Due to Rupture of Gall-Bladder — Empyema of Gall-Bladder — Cholelithiasis. 10761.

Male, 64 years. Referred to the hospital as an emergency case, complaining of lower abdominal pain of ten to eleven days' duration. Symptoms initiated by a vague upper abdominal pain and discomfort, finally becoming intensely aggravated during the last four days, with severe paroxysms all over the abdomen. Marked abdominal distention; complete constipation for four days; vomiting of thirty-six hours' duration. Very sick looking man. Temperature, 101°; pulse, 106; white count, 5,000. Abdomen diffusely distended, exquisitely tender. Marked spasm and rigidity; shifting dullness in both flanks. Enemata ineffectual for gas or feces. Diagnosis: general peritonitis due to some ruptured viscus as the gall-bladder or appendix. Immediate operation under gas oxygen. Right rectus incision. Abdomen filled with black, syruppy fluid; atrophied appendix, not inflamed; intestines intensely reddened and injected; huge mass in right upper abdomen, soft and mushy, surrounded by omentum; a large, gangrenous gall-bladder with four to five perforations, discharging purulent bile; three huge stones, one impacted in the ampulla of the gall-bladder. No stones felt in the common duct. Gall-bladder drained by large rubber tube; abdominal and pelvic drainage by right and left lower quadrant incisions into abdomen. Fowler position. Patient treated as a case of general peritonitis. Died about five hours after operation.

Autopsy: Not permitted.

62. Cholecystectomy — Choledochostomy for Acute Cholecystitis and Cholelithiasis. Common Duct Obstruction — Acute Nephritis — Uremia. 10858.

Female, 51 years. Referred from the Medical Service as an emergency case. Recurring attacks of pain in the upper right abdomen for three years; last attack four to five weeks ago, with persistent jaundice. During the last forty-eight hours, renewed pain and soreness in the upper right abdomen with increasing temperature and leucocyte count. Obese woman. Temperature, 100° to 103°; white count, 12,000. Tenderness in the upper right abdomen. Diagnosis: acute cholecystitis, cholelithiasis — common duct obstruction. Immediate operation under gas oxygen — very thick, fatty abdominal wall; gall-bladder large, thick-walled, edematous; large stone;

common duct much dilated, filled with sandy, grumous material. Cholecystectomy and choledochostomy; irrigation of hepatic ducts. Purulent bile from common duct. Common duct tube drainage. Operation followed by decrease in jaundice; profuse drainage of bile. On the fourth day suppression of urine, 24 c.c. being voided while intake was 4,000 c.c. No phthalein output. Died of uremia on the fifth day after operation.

Autospy: Showed acute hemorrhagic nephritis with marked fatty degeneration of kidneys; early acute yellow atrophy of liver.

63. Suture of Lacerated Wound of Face — Multiple Fractures. 10866.

Male, 76 years. A rather feeble man, brought to the hospital as an accident case, after being struck by an automobile. Was in marked shock but in about half an hour became conscious and quite rational. Many lacerated wounds over forehead. Fractures of the left frontal bone and left zygoma and a comminuted fracture of the nasal bone. Fracture of the spine of the left scapula and of the left humerus. Expectorating blood sputum. A few stitches put in the lacerated wounds of the forehead without any anesthesia. Died in two hours.

Autopsy: Not permitted.

64. Cholecystectomy and Choledochostomy — Incidental Appendicectomy — For Cholecystitis and Cholelithiasis: Common Duct Obstruction — Uremia. 10886.

Female, 67 years. Referred for severe attacks of pain in the upper abdomen during the last eight to nine years, with occasional jaundice; typical of gall-stones. A poorly nourished woman. Has had five attacks during the last three weeks. While under observation on the Medical Service, developed a temperature to 103°, with soreness in the upper right quadrant, abdominal pain, tenderness, and spasm. White count was 12,000. Was seen in consultation and a diagnosis of cholecystitis made; question of common duct involvement; cholelithiasis. Operation — ether. Gall-bladder shrunken, thick-walled, fibrous. Many adhesions between omentum and under surface of the liver. Common duct huge; large stones. Stomach, pancreas, and duodenum normal. Cholecystectomy; choledochostomy; incidental appendicectomy. Common duct tube drainage. Five days after operation patient began to have suppression of urine in spite of large intake of fluids; phthalein going down to 10 per cent. High nitrogen urea in blood. Died on the ninth day with symptoms of uremia.

Autopsy: Not permitted.

65. Repair of Femoral Hernia — Recurrent. 10924.

Female, 40 years. Re-entry. Two operations in P. B. B. H. in 1914; one, nephropexy; the second, removal fetus and membranes. In 1916, appendectomy and repair right femoral hernia at another hospital. In 1918 hernia again repaired at another hospital, following obstruction symptoms. A thin, poorly nourished patient with a recurrent right femoral hernia, a small umbilicus hernia, and the signs of an arrested pulmonary tuberculosis. Heart apparently sound. Operation upon femoral hernia; ether. During dissection in the old scar below Poupart's ligament the saphenous vein was torn into just at its point of entry into the main femoral vessel. Considerable bleeding until femoral vessel was ligated. Patient's

pulse became almost inperceptible; shock. Heat, subpectoral saline, and rectal fluid given. Death within one and one-half hours. An operative fatality apparently, although the amount of blood lost alone did not seem to be sufficient to bring about such a marked condition of shock.

Autopsy: Not permitted.

66. Cholecystenterostomy for Carcinoma of Head of Pancreas. 11046.

Male, 72 years. Painless jaundice for a month following "indigestion" with little loss of weight but considerable secondary anæmia. Tense palpable gall-bladder; deep jaundice; absence of bile in stools; constant presence of blood in stools. Operation — ether — cholecystenterostomy. Steady failure following operation, with vomiting and evidence of nephritis. Jaundice disappeared; bile present in stools. Death three weeks after operation.

Autopsy: Not permitted.

67. Pyloroplasty (Finney) for Pylorospasm. 11114.

Female, 72 years. Intermittent vomiting without detectable cause for five years. For eight weeks previous to operation, persistent vomiting. Roentgen examination of intestinal tract negative except for questionable filling defect in pyloric antrum. Visible gastric peristalsis. Absent hydrochloric acid in gastric contents. Diagnosis: questionable malignancy at pylorus. Exploratory operation under novocaine followed by gas oxygen. Findings negative except for hypertrophied pyloric ring. Finney pyloroplasty. Death in four weeks, following uninterrupted vomiting and progressive weakness due to starvation. Feeding by rectum and by duodenal tube unavailing.

Autopsy: Not permitted.

68. Thoracostomy (Rib Resection) for Abscess of Lung. 11158.

Male, 55 years. Chronic cough for five years, following operation at another institution for appendicitis. Foul abundant sputum for seven weeks. Roentgen study suggests lung abscess confined to upper right lobe. General condition fair. Operation — novocaine — rib resection. Drainage of large abscess with necrotic walls. Immediate coughing with tendency to extrude necrotic lung. Tube drainage. Rapid failure and death in six days.

Autopsy: Not permitted.

69. Ligation of Common Carotid Artery (Right) for Gunshot Wound — Removal of Bullet. 11184.

Male, 24 years. Brought to hospital immediately after being shot with thirty-two caliber revolver bullet. Wound of entrance in mid-line just below thyroid cartilage. No wound of exit. Pulse, good quality. Breathing easy. No evidence of injury of trachea or pharynx. Fairly tense nonpulsating hæmatoma on right, below level of thyroid cartilage, pushing trachea slightly to left. Slight bloody ooze only from wound. Diagnosis: injury to some artery in neck. Injury to common carotid considered unlikely. Operation — novocaine — chloroform (light). Ligation of common carotid for through-and-through bullet wound about an inch below bifurcation. Moderate hemorrhage during exposure. Removal of bullet through second incision. Immediate respiratory difficulty, with pallor,

cyanosis, and violent respiratory movements on compression of vessel. Complete immediate paralysis of left side of body. Unconsciousness. Death in eighteen hours with partial return to consciousness but with continuation of violent respiratory effort. Paralysis complete on left. Paralysis of deglutition. Pulse steadily increased in rate and failed in strength.

Autopsy (medicolegal): Extensive infiltration of blood about carotid sheath, extending into mediastinum. No injury to structures other than common carotid by bullet or operative procedure. Cerebral vessels and Circle of Willis essentially normal. No detectable changes in brain.

70. Enterostomy for General Peritonitis, Intestinal Obstruction — Pneumonia. 11192.

Male, 25 years. Ill fourteen days; chills and fever, cough, vomiting, abdominal pain, two bowel movements in ten days. Temperature, 100.6°; white blood count 21,000; pulse, almost imperceptible. Regurgitation of stomach contents; abdomen distended and tympanitic except for dullness in flanks and signs of free fluid. Rapid, shallow respirations; râles and dullness at both bases. After some improvement with treatment and fluids for six hours, enterostomy under local anesthesia. General peritonitis with much free, thin, brownish, foul-smelling fluid. Death in two hours.

Autopsy: Not permitted.

71. Exploratory Laparotomy for Carcinoma of Pancreas. 11277.

Male, 33 years. Emaciation and loss of strength for three months. Advanced secondary anemia. Partial intestinal obstruction at hepatic flexure. Novocaine exploration showed advanced carcinoma of head of pancreas, involving stomach and hepatic flexure. Death three weeks after operation, following progressive failure without complications.

Autopsy: Showed carcinoma of head of pancreas involving the stomach and duodenum; metastases to liver and regional lymph nodes; invasion of portal vein and inferior vena cava by tumor; fatty myocarditis.

72. Drainage of Cellulitis (Gangrene) — Right Thumb. Diabetes Mellitus. 11365.

Female, 63 years. Referred to the hospital from the O. D. D. where a partial amputation of the right thumb had been done for an increasing cellulitis following a thorn prick. History of sugar in urine for ten years. Drainage under local anesthesia. Condition of thumb slowly improved. In five weeks of careful diet, sugar free. Patient up and about ward. Suddenly felt faint; collapsed; vomited repeatedly; cold and clammy; severe abdominal pain in the left lower quadrant; irregular respirations; and death within thirty minutes.

The undertaker reported an injected and discolored mesentery with an exudate in the peritoneal cavity, probably mesenteric embolus or thrombosis.

Autopsy: Not permitted.

73. Plastic Plication of the Pelvic Floor and Ventral Fixation of the Uterus for Prolapse of the Rectum. 11410.

Female, 63 years. A senile-appearing woman who had had two previous laparotomies and the removal of a breast. A rectal operation, probably of

Whitehead type, had been performed at another hospital, as a result of which a stricture developed, for which an extensive mobilization of the lower rectum had been done with excision of the stricture and suture of the rectum to the cutaneous border, at this hospital, four months ago. The net result is complete prolapse of the rectum with total incontinence. There is general relaxation of the pelvic floor, and an obturating and supporting apparatus has been worn without relief. The patient did not seem a good operative risk, but demanded relief. Under satisfactory ether anesthesia by the drop method, the abdomen was opened and the recto-uterine pouch was obliterated by peritoneal sutures. The uterus was bisected and the two muscular flaps were sutured to the rectus sheathe. The operation was well borne. Fairly satisfactory post-operative convalescence for six days. On the seventh day occurred an acute exacerbation of pulse and temperature with persistent vomiting and rapid failure. Death occurred on the eighth day, the exact cause not being evident.

Autopsy: Not permitted.

74. Thoracostomy (Trochar-Catheter) for Abscess of Lung. 11437.

Male, 40 years. Following operation for appendicitis seven weeks earlier at another institution, developed productive cough and foul sputum. Entered hospital on the Medical Service showing evidence of pneumonia in right lung and abscess in lower left lung. Origin thought to lie in septic infarcts or post-operative unresolved pneumonia. Patient on Medical Side for one week, very sick, raising much blood (clots) and purulent foul sputum. Operation — thoracostomy under novocaine, by tube trochar method in left lower back. Heavy foul purulent material obtained. Drainage into bottle. Rapid deterioration, failing pulse after operation. Death in ten days.

Autopsy: Not permitted.

75. Incision and Drainage (Five Operations) for Osteomyelitis of Right Mandible with Cellulitis of Face. 11451.

Three weeks before entrance, extraction of decayed tooth in right lower jaw. Entered hospital after spontaneous rupture of abscess had taken place externally. Diffuse swelling and cellulitis of right side of face and jaw. Sustained high temperature, pulse, and respiration. Five operations for drainage under gas oxygen and novocaine without affecting course of disease. Evidence of endocarditis. Evidence of septic bronchitis or bronchopneumonia. Death one month after admission.

Autopsy: Showed osteomyelitis of right mandible; acute sinusitis of right antrum; cerebral meningitis; bronchopneumonia.

76. Multiple Incisions for Drainage of Septic Left Hand and Arm. Diabetes Mellitus — Acidosis. 11456.

Male, 59 years. Entered the hospital for infected hand and arm caused by needle prick while operating on a gangrenous appendix, some seven days previously. History of diabetes of twelve years' duration, glycosuria being kept in check by changes in diet. Had treatment for septic hand and lymphangitis before entering hospital. On entrance had septic temperature — 98 to 101°; white count, 15,000. Was very drowsy. High sugar, diacetic acid, and acetone content in urine. Streptococcus infection of dorsum of

left finger, hand, and forearm. Multiple incisions for drainage under novocaine and one under brief gas oxygen. Sloughing of extensor tendons on dorsum of hand. Intractible diabetes, never sugar-free. Death on twenty-third day — septicemia and acidosis.

Autopsy (medico-legal): Showed multiple drainage wounds; sloughing of tendons on extensor surface of forearm and hand. Septic olecranon bursa.

77. Colostomy for Diverticulitis of Sigmoid. 11586.

Male, 65 years. Diarrhœa for six months. Low abdominal pain with distention and incomplete obstruction for four days. No loss of weight or strength. Normal temperature. White count, 20,000. Rœntgen examination shows obstruction in sigmoid at pelvic brim. No mass felt by rectum. Operation — novocaine and ether. Muscle-splitting incision in lower left abdomen. Extensive multiple diverticulitis of sigmoid for six inches. Extensive sloughing of walls. Foul fluid fills pelvis. Diseased portion of intestine brought out. Rubber tissue drainage of pelvis. Opening made in sigmoid above disease. Death in two days with evidence of peritonitis.

Autopsy: Not permitted.

78. Repair of Strangulated Inguinal Hernia, Left. Post-Operative Pneumonia. 11694.

Male, 76 years. Referred for strangulated left inguinal hernia of seven to eight hours' duration. Has had hernia for some twenty years. Several attacks of irreducibility, two in the last week, requiring reduction by physician. Extreme pain and vomiting. Hernia irreducible in spite of efforts of himself and physician. Examination showed a huge bulging mass in the left inguinal region and in scrotum. Marked edema of scrotum, abdominal wall and penis. Ecchymosis of scrotum and perineum. Diagnosis: strangulated inguinal hernia, left. Operation — gas oxygen. Sac full of black fluid, huge loop of purple bowel and mesentery, sixteen to eighteen inches in length, becoming viable on observation and with applications of warm salt solution. Very adherent sac. Repair of hernia. Immediate recovery from anesthetic. Irrational, incontinent, twelve hours after operation; temperature to 101°; pulse to 116; respirations 20 to 35. Bronchopneumonia. Died on the third day.

Autopsy: Not permitted.

79. Multiple Incisions for Drainage of Breast Abscess. General Septicemia, Streptococcus. 11695.

Female, 23 years of age. Referred from Medical Service for high fever, pain, and swelling in left breast, pain in left hip and knee of some three days duration. Normal delivery twelve days before. Onset with chills and fever, headache, nausea and vomiting, pain and swelling of right breast, pain in left knee and hip, and expectoration of bloody sputum. On admission to Medical Service, temperature form 103 to 105°; pulse, 120 to 140; respirations, 25 to 40; white count, 25,000. Condition first thought to be pneumonia but no definite pulmonary signs on several days' observation. Surgical consultation. A very toxic appearing woman. Left breast hugely swollen, red, tender; two green, gangrenous areas about 3 cm. in diameter in the upper outer and lower inner quadrants, from which thin streptococcus pus was exuding. Examination of hip and knee showed only fairly well-

marked pain on active and passive motion. Vaginal examination showed a moderately tender uterus. Diagnosis: general septicemia associated with her recent pregnancy; multiple abscesses in the breast with sloughing areas. Operation — gas oxygen — three incisions made through the gangrenous and fluctuant areas; thin streptococcus pus. Breast lactating. Temperature continued to 106°; pulse to 142; respirations, 65. Death on the fifth day. Cultures of abscess cavity showed streptococcus and staphylococcus aureus.

Autopsy: Not permitted.

HARVEY CUSHING,
Surgeon-in-Chief.

Report of the Acting Physician-in-Chief

During the year 1919 the various members of the staff who had been away on war service returned, so that by September the staff was again complete. On October 1, 1919, the Physician-in-Chief, Dr. Henry A. Christian, was given a leave of absence for one year to act as Chairman of the Division of Medical Sciences of the National Research Council, with headquarters situated in Washington, D. C.

In addition to the group of resident and visiting physicians who carry on the routine care of the patients and who on this account have only a limited amount of time for research work the medical service is fortunate in having a number of younger physicians who are given the title of Associates and who put in variable amounts of time in research problems in the wards, laboratories, and Out-Patient Department of the hospital. These Associates, of whom at the end of the year there were seven, in addition to working upon their research problems have been active in grouping the patients in the Out-Door Department into classes so that special attention, study, and care of people suffering from the same disease could be given. This grouping of patients by diseases has added tremendously to the success in their treatment.

These Associates also add to the reputation of the hospital by their research work and make it possible to give the ward patients special attention along the most advanced lines in regard to both diagnosis and treatment. It is hoped that the number of Associates will steadily

increase and that the hospital will be able to offer them suitable opportunities for work.

Every effort should be made to secure special funds for research problems, since it is at such a plant as this that special problems may be worked out to the best advantage. For this work one of the existing Associates is always available or a new one may be added. The splendid advance in our knowledge of asthma and protein sensitization that has been made in recent years is the direct result of the generosity of Mr. C. F. Choate, Jr. It is to be hoped that other gifts of this sort for the investigation of special problems may be forthcoming.

In last year's report Dr. Christian called attention to the need of a larger resident staff in order to be able to offer to the patients all the various advances in diagnosis and treatment of disease that have been made in internal medicine during the recent years. This work is now being done, but in order to accomplish it the Associates have to be called upon and the resident physicians are crowded so that they have little opportunity for any investigative work which is so important to them and to the hospital. It is to be hoped that additional assistance may be given the medical service in the number of resident physicians and in the amount of skilled laboratory assistants so that advance in medical knowledge may continue as well as the application of advances made by others.

The trustees of the hospital provided offices during the year for the visiting physicians and surgeons in addition to those already provided for the physician and surgeon-in-chief. The wisdom of this step seems already proved. For it means that the doctors who have these offices are able to spend much more of their time in the hospital and are more available for aid in the care of the patients, when some unexpected problem confronts the resident staff. The resident physicians naturally feel much more at liberty to seek the visiting physician in his office in the

hospital than they would to try to reach him at his office outside after he had left the hospital for the day.

The convenience and the saving of time for the visiting physicians in having all their business concentrated in one office in the hospital is also marked, and the time thus saved for the physician can be devoted to hospital work. The public is now becoming enough enlightened in regard to the proper method of medical examination so that they do not hesitate to come to an office in a hospital for private consultations; for they realize the advantages which such a location offers the physician in the way of equipment for special examinations.

The term of service of the medical house officers who entered the hospital during the year 1919 has remained less than the usual sixteen months, as the program of a year's service instituted during the war was still in force. The length of service, however, has been gradually extended, and those physicians who enter upon their work in 1920 will have the full sixteen months of service.

During the early part of 1919 the epidemic of Influenza was still present in Boston and the hospital still had reserved several wards for these cases, but the number of cases was much less and no severe strain was put upon the house or nursing staff in handling them. No additional information in regard to the disease or the handling of it was obtained in addition to that which had been obtained from the cases studied in 1918.

Medical Statistics

The usual tables which cover the distribution of cases for 1919 are recorded this year as in the past without comment. The same doubt exists in the mind of the Acting Physician-in-Chief as apparently existed last year in Dr. Christian's mind in regard to the value of these statistics in a report of this sort.

The same terminology for diagnoses has been used during 1919 as in the years 1916, 1917, and 1918. Reference to this will be found in the Annual Reports of 1915 and 1916.

Statistical Table A (see page 156) 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, 1917, and 1918 reports the distribution of diseases for the four years will be obtained. In this table not every diagnosable condition in the individual patient is included, but only the more significant ones. For example, obviously the majority of the cases of cardiac insufficiency, whatever the cause, have evidences of chronic passive congestion of the liver, but such a diagnosis is to be understood as included in the diagnosis of the cardiac condition. In the same way many patients have pyorrhoea alveolaris and a certain amount of infection about the roots of the teeth. The diagnosis alveolar abscess, however, is made only on those cases in which this was an important feature requiring treatment, or was closely related in a causal relation to some other diagnosed condition.

Table B (see page 165) is essentially a table of causes of death grouped according to the International Classification of Causes of Death and is based on the nomenclature used by the United States Bureau of Census. The chief diagnosis in each case represents the patient, and the patient appears under only one diagnosis. This explains why the figures in Table B do not agree with those in Table A.

Table C (see page 170) is a summary of the medical statistics for 1919.

Table D (see page 171) gives the various types of cardiac arrhythmia and other disturbances in cardiac action made out by electrocardiographic study. Here are tabulated only the diagnoses in such cases as had electrocardiograms taken. If, for instance, auricular fibrillation was diagnosed merely on the type of pulse irregularity made out by the palpating finger or by the stethoscope, it is not included in this table.

Table A

Table of Medical Conditions

January 1, 1919, to January 1, 1920

Abdominal Pain, Cause Unknown	3	Adenocarcinoma of Ascending Colon	1
Abortion, Incomplete (? — 1)*	1	Adenoma of Thyroid	1
Abrasion of Toes	1	Adherent Pericardium	1
Abscess, Alveolar (? — 1)	13	Adhesions, Intestinal	2
Abscess of Brain	1	Adhesions, Pelvic	1
Abscess of Breast (Puerperal)	1	Albuminuria, Orthostatic (? — 1)	7
Abscess, Cold, of Groin (? — 1)	1	Alcoholism, Acute and Chronic	5
Abscess, Deep, Under Scapula	1	Alopecia	1
Abscess, Deep, Tuberculous	1	Amenorrhoea	2
Abscess of Liver	1	Amputation Stump, Painful	1
Abscess of Lung	3	Amyloid Kidney (? — 1)	2
Abscess of Mediastinum	1	Anemia, Pernicious (? — 3)	28
Abscess, Palmar	1	Anemia, Secondary	19
Abscess of Pectoral Muscle	1	Aneurism of Aorta	5
Abscess, Pelvic (Female)	1	Angina Pectoris (? — 5)	14
Abscess, Perinephritic	1	Angioneurotic Edema (? — 1)	2
Abscess, Perianal	1	Angiospasm, Cerebral	1
Abscess, Perirectal	1	Ankylosis of Hip	1
Abscess, Peritonsillar	2	Anorexia	1
Abscess, Subphrenic	1	Anteflexion of Uterus	1
Abscess, Suprascapular	1	Aorta, Dilation of, Non-Syphilitic	25
Achlorhydria	1	Aortitis, Acute Infectious	1
Achylia Gastrica	4	Aortitis, Syphilitic (? — 1)	19
Acidosis, Diabetic	1	Aphasia	1
Acne Vulgaris	1	Apoplexy	1
Adams-Stokes Syndrome	2	Appendicitis (? — 1)	1
Addison's Disease (? — 2)	2	Appendicitis, Acute with Abscess	3
Adenitis, Acute Cervical	1		
Adenitis, Chronic Cervical	4		

* 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.

Appendicitis, Acute with Perforation	1
Arteriosclerosis of Aorta	2
Arteriosclerosis, Cerebral (? — 2)	6
Arteriosclerosis, General	176
Arteriosclerosis, Peripheral	1
Arteriosclerosis of Retinal Vessels	3
Arthritis, Acute (*see also* Rheumatism, Acute Articular)	4
Arthritis, Chronic (? — 1)	25
Arthritis, Chronic Hypertrophic	3
Arthritis, Chronic Infectious	24
Arthritis, Chronic Infectious, Hypertrophic Type	2
Arthritis Deformans (? — 1)	1
Arthritis, Gonorrhoeal (? — 2)	4
Arthritis, Infectious (? — 1)	2
Arthritis, Septic	1
Arthritis, Subacute Infectious	3
Arthritis, Syphilitic	2
Arthropathy, Charcot's	3
Ascites	10
Ascites, Chylous	1
Ascites, Tuberculous	1
Asthenia, Neurovascular	1
Asthma, Bronchial (? — 1)	37
Astigmatism (? — 1)	2
Atelectasis	1
Atony of Stomach	1
Atrophy, Acute Yellow, of Liver	3
Atrophy of Optic Nerve, Primary	3
Atrophy of Optic Nerve, Secondary	1
Atrophy of Optic Nerve, Syphilitic	1
Atrophy of Testes	2
Auricular Fibrillation	33
Auricular Fibrillation, Paroxysmal	3
Banti's Disease (? — 1)	2
Bradycardia	2
Bronchiectasis (? — 5)	10
Bronchitis, Acute	53
Bronchitis, Chronic (? — 1)	24
Bronchitis, Fibrinous	1
Bronchitis, Subacute	2
Bronchitis, Unclassified	3
Bronchitis with Emphysema	29
Burns, 2nd degree	1
Bursitis, Acute	1
Bursitis, Chronic	1
Bursitis, Subacromial	1
Bursitis, Subdeltoid	2
Calculus in Ureter (? — 1)	4
Carbuncle	1
Carbuncle of Buttock	1
Carcinoma of Adrenals	1
Carcinoma of Bile Ducts	1
Carcinoma of Bladder	1
Carcinoma of Bones	1
Carcinoma of Brain, Metastatic	1
Carcinoma of Breast	4
Carcinoma of Cecum (? — 1)	1
Carcinoma of Chest Wall	1
Carcinoma of Duodenum	1
Carcinoma of Esophagus	3
Carcinoma of Cervix of Uterus	3
Carcinoma of Head of Pancreas	3
Carcinoma of Intestine (? — 1)	2
Carcinoma of Liver	8
Carcinoma of Lung	3
Carcinoma of Lymph Glands, Cervical	1
Carcinoma of Lymph Glands, Cervical and Mediastinal	1
Carcinoma of Mediastinum	1
Carcinoma of Neck	1
Carcinoma of Omentum	1
Carcinoma of Ovary	1
Carcinoma of Pancreas	4
Carcinoma of Peritoneum (? — 1)	4
Carcinoma of Pleura	1
Carcinoma of Prostate (? — 1)	1
Carcinoma of Pylorus	1
Carcinoma of Rectum	1
Carcinoma of Sigmoid	1
Carcinoma of Spine	2
Carcinoma of Spinal Cord	1
Carcinoma of Splenic Flexure	1
Carcinoma of Stomach (? — 2)	25
Carcinoma of Stomach and Liver	1

Carcinoma of Subcutaneous Tissues	1
Carcinoma of Transverse Colon	1
Carcinoma of Uterus (? — 1)	1
Cardiospasm (? — 1)	2
Caries of Teeth	6
Caruncle of Urethra	1
Cataract	1
Cellulitis	1
Cephalalgia	1
Cerebral Hemorrhage (? — 4)	22
Cerebral Softening	2
Cervical Rib	1
Chancroid	1
Chills, Cause Unknown	1
Choked Disc	3
Cholangitis	2
Cholecystitis (? — 1)	1
Cholecystitis, Acute and Cholelithiasis	1
Cholecystitis, Acute and Cholelithiasis with Stone in Common Duct	1
Cholecystitis, Chronic (? — 2)	6
Cholecystitis, Chronic and Cholelithiasis (? — 1)	6
Cholelithiasis (? — 10)	24
Chorea	9
Chorioretinitis	2
Choroiditis, Disseminated	1
Choroiditis, Syphilitic	1
Cirrhosis of the Liver (? — 2)	23
Cirrhosis of the Liver, Syphilitic (? — 1)	1
Claudication, Intermittent	1
Colic, Lead (? — 1)	1
Colic, Renal	1
Colitis (? — 1)	2
Colitis, Acute	2
Colitis, Chronic	2
Colitis, Chronic Ulcerative	1
Colitis, Mucous (? — 1)	1
Colitis, Ulcerative	1
Condyloma, Syphilitic	1
Congenital Defect in Heart (? — 1)	1
Congenital Heart Disease	
Aortic Stenosis	1
Patent Ductus Arteriosus	1
Congestion of Viscera, Chronic Passive	1
Conjunctivitis	1
Constipation	57
Coxa Vara	1
Cretinism	1
Cyst of Bartholin's Gland	1
Cyst of Kidney, Congenital	1
Cyst of Liver (? — 1)	1
Cyst, Ovarian (? — 1)	5
Cyst, Ovarian, Dermoid	1
Cystitis, Acute (? — 1)	5
Cystitis, Chronic	9
Cystitis, Subacute	1
Cystitis, Unclassified	3
Cystocele	1
Cystocele and Rectocele	3
Deafness	2
Debility	10
Decubitus	4
Defective Conduction, Right Branch of Bundle of His	1
Deformity of Uvula	2
Delayed Conduction	1
Dementia Paralytica (? — 3)	8
Dementia Precox	3
Dementia Senile (? — 2)	5
Dermatitis Venenata	1
Deviation of Nasal Septum	4
Diabetes Inspidus	1
Diabetes Mellitus (? — 1)	46
Diarrhoea, Chronic	2
Diarrhoea, Unclassified	6
Dilatation of Colon	1
Diphtheria Bacillus Carrier	1
Dislocation of Hip	1
Dislocation of Hip, Congenital	1
Dislocation of Shoulder Joint	1
Disturbance of Glands of Internal Secretion (? — 1)	1
Diverticula of Bladder	1
Diverticulitis (? — 1)	1
Dysentery, Chronic Bacillary	1

Dysmenorrhoea	5
Eczema	1
Eczema, Chronic	2
Edema of Larynx	1
Edema, Pulmonary	2
Effort Syndrome	3
Elephantiasis	1
Embolism, Brachial Arteries	1
Embolism, Cerebral (? — 1)	1
Embolism, Coronary	1
Embolism, Mesenteric Arteries (? — 2)	2
Embolism, Pulmonary	2
Emphysema (? — 1)	27
Empyema	16
Empyema of Antrum of Highmore	3
Encephalitis Lethargica (? — 1)	5
Encephalomalacia	1
Endocarditis, Acute	4
Endocarditis, Subacute	1
Endocervicitis	1
Endocervicitis, Chronic (? — 1)	1
Endocervicitis, Gonorrhœal (?—1)	1
Endometritis, Chronic	1
Endothelioma of Scalp	1
Enlarged Subtrigonal Glands	1
Enteroptosis	3
Epididymitis, Acute	1
Epididymitis, Chronic	3
Epididymitis, Tuberculous	1
Epilepsy (? — 6)	19
Epileptic Equivalent	1
Epithelioma of Dura of Brain	1
Eruption of Skin, Papular	1
Erysipelas	2
Erythema Multiforme	1
Erythema Nodosum	4
Erythromelalgia	1
Exhaustion	7
Extrasystoles	8
Fever, Cause Unknown	5
Fibroid of Uterus	1
Fibromyoma of Uterus	1
Fibrosis of Uterus	2
Fistula in ano	1
Fracture of Clavicle	2
Fracture, Colles'	1
Fracture of Femur	1
Fracture of Humerus, Pathological	1
Fracture of Mandible	1
Fracture of Rib (? — 1)	1
Fracture of Skull, Old	1
Fragilitas Osium (? — 1)	1
Furunculosis	2
Ganglion	1
Gangrene, Diabetic	1
Gangrene of Intestine	1
Gangrene of Leg	1
Gangrene of Lung	1
Gastritis, Acute	1
Gastroenteritis	2
Gastroptosis (*see also* Splanchnoptosis)	6
Gingivitis	1
Glaucoma, Unclassified	1
Glycosuria	4
Goitre, Cystic	1
Goitre, Diffuse Colloid	8
Goitre, Unclassified	1
Gonococcus Infection (? — 2)	4
Gout (? — 1)	11
Gumma of Breast	1
Gumma of Palate	1
Gumma of Penis and Scrotum	1
Gumma of Rectum	1
Gumma of Tongue	1
Hallux Valgus	1
Headache, Cause Unknown	5
Hematemesis	1
Hematuria	2
Hemianopsia	2
Hemiplegia	4
Hemoptysis	1
Hemorrhage, Internal (Abdominal)	1
Hemorrhage of Laryngeal Blood Vessel (? — 1)	1
Hemorrhage, Pontine	2
Hemorrhage from Operative Wound	1
Hemorrhage, Retinal	1

Hemorrhoids, External	5	Hypochlorhydria	19
Hemorrhoids, Internal and External	1	Hypochondriasis	4
Hemorrhoids, Strangulated	1	Hypochondriasis, Syphilitic	1
Hemorrhoids, Unclassified	6	Hypopituitarism (? — 1)	1
Hemothorax	1	Hypotension	1
Hernia, Diaphragmatic	1	Hypothyroidism (Myxedema) (? — 3)	8
Hernia, Epigastric	1	Hysteria	12
Hernia, Femoral	1	Indigestion, Gastric	2
Hernia, Inguinal	22	Infarcts of Cerebral Hemisphere	1
Hernia, Umbilical	4	Infarcts of Lungs	8
Hernia, Ventral	4	Infarcts of Spleen	1
Herpes Zoster	6	Infarcts of Spleen, Septic	1
Hodgkin's Disease	1	Influenza (? — 8)	119
Horseshoe Kidney	1	Injury to Ligament of Ankle	1
Hydrocele	4	Insolation	1
Hydrocephalus, Internal	1	Iritis, Unclassified	3
Hydronephrosis (? — 2)	4	Jaundice, Catarrhal (? — 1)	6
Hydropericardium	1	Jaundice, Familial	1
Hydropneumothorax	2	Keratosis, Senilis	1
Hydrops of Gall Bladder	2	Kinked Ureter	1
Hydrosalpinx	1	Laceration of Cervix	4
Hydrothorax	11	Laceration of Perineum	1
Hyperacidity	2	Lactation	1
Hyperchlorhydria	7	Laryngitis, Acute and Chronic	11
Hyperchylia Gastrica	1	Leucorrhœa	2
Hyperemesis Gravidarum	4	Leukemia, Lymphatic (? — 1)	4
Hypernephroma of Kidney	2	Leukemia, Myelogenous	3
Hypersecretion, Gastric	1	Lipoma of Axilla	1
* Hypertension, Non-nephritic (? — 1)	122	Lipoma of Back	1
Hyperthyroidism (Exophthalmic Goitre) (? — 1)	12	Lipoma of Breast	1
Hypertrophy of Heart (? — 3)	43	Lymphadenitis, Chronic	3
Hypertrophy of Adenoids (? — 1)	1	Lymphadenitis, Tuberculous	1
Hypertrophy of Labium Majus	1	Lymphadenitis, Unclassified	3
Hypertrophy of Liver	1	Lymphangitis	1
Hypertrophy of Prostate	7	Malaria (? — 2)	5
Hypertrophy of Spleen	2	Malignancy of Kidney	1
Hypertrophy of Tonsils	5	Malignancy of Lung	2
Hypertrophy of Tonsils and Adenoids	1	Malignant disease of Intestine (? — 1)	1
Hypoacidity	1	Manic Depressive Insanity	1
		Mastitis, Chronic (Non-puerperal)	1

* This 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.

Mastitis, Chronic Cystic (Non-puerperal)	1
Mastoiditis, Unclassified	3
Measles	1
Melancholia, Involution	1
Meningitis, Epidemic Cerebro-spinal	4
Meningitis, Lepto	1
Meningitis, Spinal	1
Meningitis, Syphilitic	2
Meningitis, Tuberculous (? — 3)	5
Meningitis, Unclassified (? — 1)	3
Menopause	6
Menopause, Premature (? — 1)	1
Menorrhagia	1
Metrorrhagia	1
Migraine	8
Muscular Atrophy, Progressive (? — 1)	1
Myalgia of Lumbar Muscles	1
Myelitis, Transverse	1
Myeloma, Multiple	2
†Myocarditis, Chronic (? — 4)	128
Myoma of Uterus (? — 1)	2
Myopia	1
Nephritis, Acute	11
Nephritis, Chronic (? — 14)	52
Nephritis, Chronic with Hyper-tension	86
Nephritis, Subacute	2
Nephrolithiasis (? — 3)	4
Nephroptosis	2
Neurasthenia (? — 8)	58
Neuritis	7
Neuritis, Optic	1
Neurosis, Cardiac	2
Neurosis, Functional (? — 1)	1
Neurosis, Gastric (? — 2)	12
Neurosis, Intestinal	1
Neurosis of Larynx (? — 1)	1
Neurosis, Occupational	1
Neurosis, Traumatic	1
Neurosis, Vaso-motor	2
No Diagnosis — Unknown Disease	6
No Disease	23
Nystagmus	1
Obesity	12
Obstruction, Intestinal	2
Obstruction of Portal Vein (? — 1)	1
Opacity in Vitreous	1
Ophthalmia, Gonorrhœal	1
Ophthalmoplegia, External	1
Ophthalmoplegia, Recurrent (? — 1)	1
Orchitis, Acute	1
Orchitis, Syphilitic	1
Osteitis Deformans (Paget's Disease)	4
Osteoarthritis	4
Osteoarthritis, Chronic Infectious	1
Osteomalacia	1
Otitis Media, Acute	1
Otitis Media, Acute Suppurative	1
Otitis Media, Chronic	3
Otitis Media, Chronic Suppurative	1
Otitis Media, Subacute, Tuberculous (? — 1)	1
Pancreatitis, Acute Hemorrhagic (? — 1)	1
Pancreatitis, Chronic	1
Papillitis, Optic	1
Papilloma of Bladder	1
Paralysis, Anterior Tibial Nerve	1
Paralysis, Facial	7
Paralysis, Facial, Hypoglossal and Glossopharyngeal	1
Paralysis of Vocal Cord	1
Paraplegia, Ataxic	1
Paratyphoid Fever	2
Parotitis (Not Mumps)	1
Pellagra	1
Pediculosis Capitis	1
Perforation of the Sigmoid	1

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

Pericarditis, Acute	1
Pericarditis, Acute with Effusion	3
Pericarditis, Acute Fibrinous	6
Pericarditis, Chronic	3
Pericarditis, Chronic Adhesive	2
Pericarditis, Purulent	1
Perihepatitis, Chronic	3
Perinephritis	1
Perisplenitis	1
Peritonitis, Acute General	3
Peritonitis, Chronic	4
Peritonitis with Adhesions	1
Peritonitis, Tuberculous (? — 1)	3
Pertussis	1
Pharyngitis	27
Phimosis	1
Phlebitis	3
Pleurisy with Adhesions	3
Pleurisy, Acute Fibrinous (? — 1)	22
Pleurisy, Chronic	2
Pleurisy, Chronic Fibrinous	5
Pleurisy, Chronic Fibrous	6
Pleurisy, Sero-Fibrinous	15
Pleurisy, Tuberculous (? — 3)	4
Pleurisy, Unclassified	3
Pneumonia, Broncho (? — 5)	102
Pneumonia, Hypostatic	1
Pneumonia, Interstitial	1
Pneumonia, Lobar	36
Pneumonia, Organizing	1
Pneumonitis	1
Pneumophagia	4
Pneumothorax	1
Poisoning, Acute Bichloride (? — 1)	5
Poisoning, Acute Mercury	2
Poisoning, Acute Morphia	1
Poisoning, Acute Veronal (? — 1)	1
Poisoning, Chronic Arsenic	1
Poisoning, Chronic Lead	2
Poisoning, Chronic Mercury	1
Poisoning, Chronic Morphia	2
Poisoning, Chronic Tetrachlorethane	1
Poisoning, Chronic Tobacco (? — 1)	1
Poisoning, Drug (? — 1)	1
Poisoning, Food (? — 1)	1
Poisoning, Gas, Illuminating	2
Poisoning, Methyl-Alcohol	1
Polyarthritis, Chronic Hypertrophic	1
Polycystic Kidney	2
Polycythemia	2
Polyserositis (Pick's Disease)	1
Positive Wassermann	24
Positive Wassermann, Spinal Fluid	1
Pregnancy (? — 3)	21
Premature Delivery	1
Proctitis	1
Progressive Lenticular Degeneration (? — 1)	1
Prolapse of Uterus	3
Pronated Feet	1
Prostatitis, Chronic (? — 1)	6
Prostatitis, Gonorrhœal	1
Prostatitis, Hypertrophic	1
Pruritus Vulvae	2
Psoriasis	5
Psychæsthenia	2
Psychoneurosis, Anxiety Type	3
Psychoneurosis, Hypochondriacal Type	1
Psychoneurosis, Hysterical	1
Psychoneurosis, Unclassified	3
Psychopathic Inferiority, Constitutional	1
Psychopathic Personality (? — 1)	7
Psychosis, Post-Influenzal (? — 1)	1
Psychosis, Toxic	3
Pterygium	3
Purpura	2
Purpura, Hemorrhagic	1
Pyelitis (? — 1)	11
Pyemia	1
Pylorospasm (? — 1)	1
Pyonephrosis	2
Pyorrhœa Alveolaris	4
Raynaud's Disease (? — 1)	1
Rectocele	2
Regurgitation, Gastric	2

Relaxed Perineum	1
Relaxed Sacro-Iliac Synchondrosis	1
Retarded Mental Development (? — 1)	3
Retention of Urine	1
Retinitis, Albuminuric	15
Retroflexion of Uterus	1
Retroversion of Uterus	9
Rheumatism, Acute Articular	20
Rhinitis, Acute and Chronic	3
Rupture of Heart	1
Salpingitis, Chronic (? — 2)	2
Salpingitis, Unclassified	2
Salpingitis of Eustachian Tube	1
Sarcoma of Elbow Joint (? — 1)	1
Sarcoma of Lymph Glands	1
Scabies	5
Scarlet Fever	1
Sciatica	9
Sclerosis, Coronary (? — 1)	1
Sclerosis, Multiple (? — 2)	4
Sclerosis, Posterior Spinal	1
Scoliosis	4
Septic Finger	1
SEPTICEMIA	
Organism not Isolated (? — 1)	4
Staphylococcus	3
Streptococcus (? — 1)	4
Streptococcus Hemolytic	3
Sepsis, Localized of Tibia	1
Singultus	1
Sinus of Chest Wall	1
Sinusitis, Acute and Chronic (? — 2)	24
Spasm, Gastric	1
Spasm, Pyloric	1
Speech Defect, Anatomical	1
Spina Bifida	1
Spinal Canal, Dermoid Cyst of (? — 1)	1
Spinal Cord, Sclerosis, Amyotrophic Lateral	1
Spinal Cord, Sclerosis, Combined	2
Spinal Cord, Sclerosis, Lateral	1
Splanchnoptosis (Visceroptosis)	14
Splenitis, Chronic (? — 1)	1
Splenomegaly	3
Sprain of Hip	1
Sprue	1
Stasis, Gastric	1
Stenosis, Pyloric	1
Sterility	2
Stomatitis	3
Stomatitis, Herpetic	1
Stone in Ampulla of Vater	1
Stone in Common Duct	1
Strabismus	5
Strain of Ankle	1
Strain of Back	4
Strain of Eye	1
Strain of Feet	1
Strain, Sacro-Iliac	3
Stricture of Rectum	1
Stricture of Ureter	1
Stricture of Urethra	3
Subinvolution of Uterus	1
Synovitis, Chronic	1
Syphilides, Palmar	1
Syphilis (? — 3)	181
Syphilis of Central Nervous System (? — 7)	30
Syphilis, Congenital (? — 1)	1
Syphilis of Liver	1
Syphilis of Lung (? — 1)	1
Syphilis of Stomach (? — 1)	2
Syphilis of Vocal Cord	1
Syringomyelia (? — 1)	3
Tabes Dorsalis (? — 3)	26
Tabetic Bladder (? — 1)	1
Tachycardia	1
Tachycardia, Paroxysmal	3
Talipes Equino Valgus	2
Talipes Equino Varus	1
Talipes Valgus, Acquired	1
Tenia Saginata	4
Teniasis (? — 1)	1
Tenosynovitis	1
Thickened Pleura	1
Thrombophlebitis	2
Thrombosis (? — 4)	17
Tic Convulsif (? — 1)	2

Tinea Versicolor	2
Tonsillitis	51
Tracheitis	5
Trichomonas Intestinalis	1
Tuberculosis, Abdominal	2
Tuberculosis of Bladder	1
Tuberculosis of Femur	1
Tuberculosis, Intestinal	3
Tuberculosis of Joints	1
Tuberculosis of Kidneys (? — 1)	2
Tuberculosis of Kidney, Ureter and Bladder	1
Tuberculosis of Lungs (? — 33)	70
Tuberculosis of Lymph Glands	3
Tuberculosis, Miliary	2
Tuberculosis of Peritoneum (? — 1)	3
Tuberculosis of Pleura	4
Tuberculosis of Spine	1
Tumor of Abdomen (? — 1)	1
Tumor of Brain (? — 3)	15
Tumor, Ovarian	1
Tumor of Pineal gland	1
Tumor, Pituitary (? — 1)	1
Tumor of Spinal Cord (? — 2)	2
Typhoid Fever (? — 1)	8
Ulcer of Duodenum (? — 1)	12
Ulcer, Gastric (? — 7)	23
Ulcer of Leg, Syphilitic	1
Ulcer of Urethral Meatus	1
Ulcer, Varicose	1
Ulcus Molle	1
Undescended Testicle	1
Unerupted Tooth	1
Uremia	7
Uremia, Acute (? — 1)	2
Uremia, Chronic (? — 1)	5
Ureteritis	1
Urethritis, Acute	1
Urethritis, Acute Gonorrhœal	1
Urethritis, Chronic Gonorrhœal	2
Urethritis, Gonorrhœal	4
Urticaria	5
Vaccinia	1
VALVULAR DISEASE, CHRONIC CARDIAC	
Total Number of Cases (? —11)	98
Aortic Insufficiency (? — 1)	12
Aortic Stenosis (? — 1)	1
Mitral Insufficiency (? — 3)	20
Mitral Stenosis (? — 3)	7
Pulmonary Stenosis (? — 1)	1
Tricuspid Insufficiency (? — 1)	1
(a) Aortic Insufficiency and Aortic Stenosis	5
(b) Aortic Insufficiency and Mitral Stenosis	1
(c) Aortic Insufficiency and Mitral Insufficiency	13
(c) Aortic Insufficiency and Stenosis and Mitral Insufficiency	1
(d) Aortic Insufficiency, Mitral Insufficiency and Mitral Stenosis	9
(g) Aortic Stenosis and Mitral and Tricuspid Stenosis and Insufficiency	1
(h) Mitral Stenosis and Insufficiency (? — 1)	26
Varix	7
Vaso-Motor Instability	1
Ventricular Ectopic Premature Beats, Extrasystoles	2
Vesiculitis	1
Vitiligo	2
Volvulous, Temporary (? — 1)	1
Vomiting, Cause Unknown	1
Vomiting of Pregnancy	1
Wounds, Infected	1
Wound of Operation	2
Xanthoma of Eyelid	1

Table B

Report of Medical Diseases in Terms of International Classification

January 1, 1919, to January 1, 1920

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	9	..	9	1
4	Malaria	3	..	3	..
6	Measles	1	..	1	..
7	Scarlet fever	1	..	1	..
8	Whooping cough	1	..	1	..
10	Influenza (? — 3)	117	1	116	31
14	Dysentery	1	..	1	..
18	Erysipelas	5	4	1	..
19	Other epidemic diseases	4	..	4	..
20	Purulent infection and septicemia	7	..	7	5
26	Pellagra	3	2	1	..
28	Tuberculosis of the lungs (? — 5)	32	2	30	3
30	Tuberculous meningitis (? — 1)	3	..	3	3
31	Abdominal tuberculosis (? — 1)	4	..	4	..
32	Pott's disease	1	..	1	..
34	Tuberculosis of other organs	5	1	4	..
36	Rickets	1	..	1	..
37	Syphilis (? — 7)	628	514	114	..
38	Gonococcus infection	5	..	5	..
40	Cancer and other malignant tumors of stomach and liver (? — 1)	29	..	29	4
41	Cancer and other malignant tumors of peritoneum, intestines, rectum (? — 1)	9	2	7	1
42	Cancer and other malignant tumors of female genital organs (? —1)	6	1	5	..
43	Cancer and other malignant tumors of the breast	3	..	3	1

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
45	Cancer and other malignant tumors of other organs	23	..	23	4
46	Other tumors (tumors of female genital organs excepted) (? — 3)	17	..	17	..
47	Acute articular rheumatism	20	1	19	..
48	Chronic rheumatism and gout	26	2	24	..
50	Diabetes	57	10	47	4
53	Leukemia	11	3	8	3
54	Anemia, chlorosis (? — 2)	42	11	31	5
55	Other general diseases	8	2	6	..
56	Alcoholism	5	..	5	2
57	Chronic lead poisoning (? — 1)	3	..	3	..
58	Other chronic occupation poisonings	1	..	1	..
59	Other chronic poisonings	2	..	2	..
	DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE				
60	Encephalitis (? — 1)	6	..	6	2
61	Simple meningitis	5	..	5	1
62	Locomotor ataxia	180	159	21	..
63	Other diseases of the spinal cord (? — 4)	13	..	13	..
64	Cerebral hemorrhage, apoplexy	7	..	7	2
66	Paralysis without specified cause	4	..	4	..
67	General paralysis of the insane	7	..	7	..
68	Other forms of mental alienation (? — 1)	8	1	7	..
69	Epilepsy (? — 3)	16	2	14	..
72	Chorea	9	1	8	..
73	Neuralgia and neuritis	20	..	20	..
74	Other diseases of the nervous system (? — 6)	70	..	70	..
75	Diseases of the eyes and their annexa	14	7	7	..

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				
78	Acute endocarditis	2	..	2	..
79	Organic diseases of the heart	146	50	96	24
80	Angina pectoris	6	1	5	..
81	Diseases of the arteries, atheroma, aneurysm, etc.	48	4	44	11
82	Embolism and thrombosis	2	..	2	1
83	Diseases of the veins	2	..	2	..
84	Diseases of the lymphatic system	1	..	1	..
85	Hemorrhage; other diseases of the circulatory system	49	8	41	1
	DISEASES OF THE RESPIRATORY SYSTEM				
86	Diseases of the nasal fossæ	15	1	14	..
87	Diseases of the larynx	4	..	4	..
88	Diseases of the thyroid body	20	3	17	1
89	Acute bronchitis	24	..	24	..
90	Chronic bronchitis (? — 1)	26	5	21	1
91	*Broncho-pneumonia	10	..	10	4
92	Pneumonia	32	..	32	9
93	Pleurisy	21	..	21	2
94	Pulmonary congestion, pulmonary apoplexy	1	..	1	..
96	Asthma	37	7	30	1
98	Other diseases of the respiratory system	3	2	1	..

* This figure gives an inadequate idea of the actual number of cases of broncho-pneumonia, because in the International Classification if the broncho-pneumonia is in sequence to an acute infectious disease such as influenza the cases are tabulated under that heading and not as cases of broncho-pneumonia. The actual number of cases of broncho-pneumonia was 102, of which 48 died. Most of these were in sequence to influenza and appear under that heading in the table.

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 DIGESTIVE SYSTEM				
99	Diseases of the mouth and annexa	4	..	4	..
100	Diseases of the pharynx	43	1	42	..
102	Ulcer of the stomach (? — 4)	18	1	17	..
103	Other diseases of the stomach (? — 1)	24	..	24	..
105	Diarrhœa and enteritis	22	..	22	..
107	Intestinal parasites (? — 1)	6	..	6	..
108	Appendicitis and typhlitis	3	..	3	..
109	Hernia; intestinal obstruction	3	..	3	1
110	Other diseases of the intestines	35	..	35	..
111	Acute yellow atrophy of the liver	2	..	2	2
113	Cirrhosis of the liver	34	24	10	1
114	Biliary calculi (? — 6)	25	3	22	1
115	Other diseases of the liver (? — 2)	13	..	13	..
116	Diseases of the spleen	1	..	1	..
117	Simple peritonitis	1	..	1	..
	NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA				
119	Acute nephritis	9	1	8	..
120	Bright's disease	104	23	81	14
122	Other diseases of the kidneys and annexa (? — 1)	13	..	13	..
123	Calculi of the urinary passages (? — 2)	7	..	7	1
124	Diseases of the bladder	7	..	7	..
125	Diseases of the urethra	2	..	2	..
126	Diseases of the prostate	4	..	4	..
127	Non-venereal diseases of the male genital organs	1	..	1	..
130	Other diseases of the uterus (? — 1)	10	..	10	1
131	Cysts and other tumors of the ovary	3	..	3	..
132	Salpingitis and other diseases of the female genital organs	1	..	1	..
	THE PUERPERAL STATE				
134	Accidents of pregnancy	7	..	7	..
136	Other accidents of labor	2	..	2	..
141	Puerperal diseases of the breast	1	..	1	..

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	2	..	2	..
145	Other diseases of the skin and annexa	22	4	18	..
	DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION				
146	Diseases of the bones	3	..	3	..
147	Diseases of the joints (?—2)	25	1	24	..
149	Other diseases of the organs of locomotion	3	..	3	..
	MALFORMATIONS				
150 (2)	Congenital malformations of the heart	2	..	2	..
	OLD AGE				
154	Senility	2	..	2	..
	EXTERNAL CAUSES				
164	Poisoning by food (?—1)	1	..	1	..
165	Other acute poisonings (?—1)	7	..	7	1
168	Absorption of deleterious gases	1	..	1	1
179	Effects of heat	1	..	1	..
186	Other external violence	9	..	9	..
	ILL-DEFINED DISEASES				
189	Unclassified or ill-defined	60	1	59	1
	Total all cases discharged in 1919	2445	866	1579	151
	Cases remaining in the wards January 1, 1920	79			
		2524			

Table C

Summary of Medical Report

January 1, 1919, to January 1, 1920

Total number of medical admissions in 1919		2441	
Total number of medical cases remaining in the wards January 1, 1919		83	
			2524
Total number of medical re-admissions discharged in 1919	866		
Total number of medical new cases discharged in 1919. .	1579		
		2445	
Total number of medical cases remaining in the wards January 1, 1920		79	
			2524
Results on medical cases discharged in 1919 were as follows:			
Total number discharged well	237		
improved	1511		
unimproved	113		
untreated	272		
transferred to Surgical Service	161		
dead	151		
		2445	
Total number of medical cases remaining in the wards January 1, 1920		79	
			2524

Table D

Electrocardiographic Studies

January 1, 1919, to January 1, 1920

Abnormal Form of Curve (? — 1)	23
Alternation (? — 1)	1
Arborization Block	1
Auricular Extrasystoles (? — 1)	21
Auricular Fibrillation	59
Auricular Flutter	1
Bradycardia	4
Defective Conduction	4
Defective Conduction of the Right Branch of the Bundle of His (? — 2)	4
Delayed Conduction Time	23
Digitalis Effect	2
Heart Block, Complete	3
Heart Block, Partial (? — 2)	12
Hypertrophy, Auricular (? — 6)	9
Hypertrophy, Left Ventricular (? — 14)	171
Hypertrophy, Right Ventricular (? — 5)	22
Myocarditis, Chronic	3
Nodal Extrasystoles (? — 1)	1
Normal Curves (? — 8)	81
Pulsus Alternans	9
Sinus Arrhythmia	8
Tachycardia	2
Tachycardia, Auricular (? — 1)	1
Tachycardia, Auricular Paroxysmal	2
Tachycardia, Paroxysmal (? — 1)	1
Ventricular Extrasystoles (? — 1)	55
Ventricular Extrasystoles, Interpolated	1

The Out-Door Department

The Medical Service has maintained its Out-Door Department as in the past and has been aided in its work by the excellent co-operation of the Social Service Department. As the former associates on the medical staff returned from their war work and new ones were added to the staff the old classes for the treatment of special diseases in the Out-Door Department returned to their pre-war activity, and two new ones, the neurological and gastro-intestinal groups, were started. The asthma clinic was transferred during the year from the medical laboratories to the Out-Door Department.

The Renal Class

The renal class has finished its third year under the direction of Dr. James P. O'Hare, assisted by Miss Griffin. The clinical and scientific objects for which the class was formed have been in large part fulfilled. It seems quite evident that the patients in the class are much better for being members. One distinct contribution to the care of these patients has been a diet sheet which is so simple that practically any patient can plan his own menus with great freedom of choice of foods and yet keep within the amount of protein thought best for him. Although many important observations on renal disease have been made, one important object, namely, the careful observation of these patients from early in the disease until the end, has of necessity not been attained. This is due to the fact that the progress of the nephritis in these patients is extremely slow. Few, indeed, of our patients have shown measurable change in these three years. It will take several years more before a complete report on the whole course of a nephritis can be given. A very good foundation, however, for the future has been established. Many cases

seen early in the disease are under observation and it is hoped that they may be followed to the end. Unfortunately the work will be handicapped badly by the loss of the paid nurse and worker, Miss Griffin. Financial assistance has been lacking and she is leaving to take up private nursing work.

The statistics of the class follow:

Total number of patients in renal class	103
Total number of visits in renal class	326
Total number of patients referred to the hospital	22
Total number of patients referred for their nephritis	21
Blood Urea Nitrogen Tests done during 1919	162
Phthalein Tests done during 1919	183
Patients attended clinic regularly	60
Total number of patients referred for operation	3
Total number of patients who have died	4
Total number of Social Service visits	40

The Cardiac Class

The cardiac class which was kept up by Miss Homans during the war is now directed again by Dr. Denny, assisted by Miss Homans. On account of the interruptions caused by the war no accurate records of the attendance at the heart clinic are available until after March 1, 1919. During the period between March 1 and December 31, 1919 inclusive, 92 patients attended the clinic with a total of 234 visits, making an average weekly attendance of between 5 and 6. Many of the patients were referred because of doubtful cardiac lesions and came to the clinic only once or twice.

The aim of the clinic is to treat only cases of cardiac valvular disease and to exclude those cases with cardiac complications associated with chronic nephritis and hypertension and also the cases of elderly individuals with chronic myocarditis.

The usefulness of such a clinic lies in the careful regu-

lation of the activities of the patients and the clearing up of foci of infection in order to prevent further damage to the heart valves. To properly follow cardiac cases one must know all the details of the home and school life, and the nature of the physical work demanded by employment. This entails a great deal of visiting by the Social Service worker on whom the major portion of the work of the clinic falls.

The conditions we attempt to establish for the patients are:

1. HOME. Moving to the ground floor, keeping off of hills, living near the electric cars.
2. EMPLOYMENT. Trying to suit the job to the capacity of the heart for work, seeing the employer and getting his co-operation and permission to use the elevator, etc.
3. SCHOOL. Keeping children off the stairs as much as possible. Seeing that they arrive five minutes late and leave five minutes early to prevent the inevitable racing around when they are in contact with others of their own age. Trying with the help of the teacher to guide a child into an occupation which will make him or her self-supporting but which will be well within the capacity of the damaged heart. Examples of these occupations are — stenography, bookkeeping, wireless operating, electrical work, watch repairing, etc. A serious attempt is always made to keep young adults out of a factory and to have them leave school with some training along a special line of work. The last four years have produced some very good results due largely to the above efforts.

About 30 patients attended the clinic at regular intervals, the frequency of the visits depending upon the individual case. Beside routine physical examination, the pulse is taken at rest, after a standard exercise, and one minute after that exercise. The vital capacity is also done. These tests are of aid in checking up the general impression of the cardiac efficiency and from the whole picture the questions of rest, work, digitalis therapy, etc.,

are decided. Electrocardiograms are taken when indicated.

Eight patients were referred to the hospital and four have died either in the hospital or at home.

As in the other specialized clinics, it has been found that if a patient with heart disease comes to the Out-Patient Department for treatment and finds that there special attention is given to his disease which includes an investigation into everything he is doing at home and various changes in his mode of life, he in his turn becomes interested and encouraged and will co-operate. The results of this class, especially in keeping patients self-supporting and out of hospitals, are certainly better than can be obtained by following these cases in a general clinic. The success lies in the greater amount of time which can be given to the individual so that a more thorough study of his case may be made.

The Diabetic Class

The Diabetic Class has been conducted during 1919, its fourth year, by Mrs. Mark and Dr. West in much the same way as during the previous years. The total number of visits to the Class was three hundred and seventy, the number of different patients being one hundred and thirty-two; of these fifty-six were new in 1919, fifty-six others were new in 1918, and thirty had been members of the class for three or more years. Of the additions to the class, thirty were referred from the hospital, and during the year ten patients were sent into the hospital from the clinic.

A comparison with last year's figures shows an increase of forty-two patients, but a very slight increase of total visits of patients; which means that a large number of patients came only once or twice to the clinic. Indeed only forty patients came more than three times.

It is a question, now that these figures are set down, if they are of much value; if they are not rather more deceptive than instructive. Perhaps a summary of the impressions of a constant attendant at the class would be more fair and more illuminating than any statistics. The large number of patients who make a small number of visits can be easily accounted for. It includes the many cases of mild diabetes with complications, in middle-aged or elderly people, that return to the class only occasionally. They are good faithful patients even if they do not figure large in point of scientific interest, and they deserve the satisfaction of meeting the same doctor on their infrequent visits. Also, the patients who have learned how to control their own cases do not need to report often, and these comprise a considerable number in the classification of patients coming only two or three times during the year.

The indifferent patients and those who do not cooperate are altogether too many, and they may no doubt be partly to blame for their failure to be members in good regular standing. However, a better insight into their characters and a spur to their interest, such as some novelty added to the necessary repetition of directions and remarks, might produce more satisfactory results.

The Asthma Class

Dr. I. C. Walker, assisted by Miss Adkinson during the year 1919, has continued his studies on asthma and some other forms of protein sensitization. The number of patients who have come to the hospital have increased to such an extent that a definite class for these patients has been established in the Out-Door Department.

From January 1 to October 1, 1919, 280 cases of asthma were studied in the laboratory. Of this number, 110 were relieved, 50 were greatly improved, 60 were not benefited,

and the remaining 60 have not been sufficiently observed to warrant a prognosis. On October 1 the asthma clinic was transferred to the Out-Door Department and opened for patients two days each week. An average total of 10 new cases and 100 old cases have been treated each week.

The new arrangement allowed time for research work on the old cases that had not been benefited by previous treatment. This more intensive study on the unimproved cases has revealed that several of the patients who had been treated for asthmatic bronchitis were in reality cases of bronchiectasis; the diagnosis in another case was changed to pulmonary tuberculosis, and in another to fibrinous bronchitis. Further study will probably determine the reason why more of the so-called asthma cases have not been benefited.

During the hay fever season 65 old and 125 new hay fever patients were treated. Of this number, 73 per cent were prevented from having hay fever, 20 per cent had considerable hay fever, yet these were much freer than usual, and 7 per cent were not benefited at all.

The Neurological Class

In September, 1919, a neurological class was organized under the supervision of Dr. MacPherson in the Out-Door Department, with the hope of offering real assistance to the neuropsychiatric cases that require more time and patience than are ordinarily available in the general clinic.

Both organic and functional cases have been studied. Intensive treatment has been limited to those organic cases that would benefit by re-educational exercises, electricity, and massage, and the functional cases that seemed to have sufficient intelligence and complexity to attain a new point of view as a result of analysis and re-education.

The class has expanded rapidly and there are now three

mornings a week devoted to the work. The average daily attendance has been two new and four old patients.

The Gastro-Intestinal Class

This class is held once a week under the supervision of Dr. McClure. The work was started in February, 1919. The class has been carried on with two principal purposes in view; (1) for the purpose of acting as a consultant in gastro-intestinal diseases to the house officers in charge of the general Medical Clinic of the Out-Door Department; and (2) for the special study of the treatment of the gastro-intestinal neuroses in ambulatory patients. An attempt has been made to devise a plan of treatment which is simple in principle and practical in application for that class of patients whose occupations make dieting difficult. A plan of therapy has finally been worked out which meets these requirements. Using this plan of treatment in the last few months there have been obtained what, at least, seem to be cures in twenty-five patients who had been ill from one to twenty years. The difficulty encountered in this line of work has been to influence the patient to remain under observation for a sufficient length of time to enable one to draw conclusions from the results of the therapeutic measures employed. In the first place the patients with gastro-intestinal neuroses usually have more or less of a considerable neurasthenic element as part of their condition. In the second place ambulatory patients are prone to fail to return to the clinic, on the one hand if their condition is improving and on the other hand if their condition is not improving. In order to keep patients under observation the assistance of the Social Service Department has been obtained. Through the efficient service of Mrs. Marks many more of the patients are now being kept under observation than was formerly possible. Another valuable phase of the Social Service

work is the data which the Social Service workers can obtain concerning the patient's mode of living, working conditions, etc. The number of patients who have been seen in a way which may be termed casual is fairly large, approximately 150. The number which we have been able to keep under observation long enough to benefit is proportionately small, approximately 35. This smaller number may make it seem as if the results do not warrant the amount of work necessary to obtain them. However, a number of patients have returned to work, whereas formerly they were not carrying on their occupations, and others are able to work with less difficulty. In addition the investigative results seem to be worth while.

Special Studies

During 1919 the following publications were contributed to the medical literature by the visiting and resident Medical Staff. Considerable work has also been done by several members of the staff in preparing chapters for the system of medicine which is being edited by Christian and MacKenzie and also the system which is being edited by MacFarlane. Although considerable of this work has been done during 1919 it has not been published yet and so a record of it will not appear in the following list.

Christian. Diffuse Scirrhous Carcinoma of the Stomach, International Clinics, 1919, Vol. III, p. 1.

——Digitalis Therapy. Satisfactory Effects in Cardiac Cases with Regular Pulse Rate, Am. Jour. of the Med. Sc., 1919, Vol. CLVII, p. 593.

——The Science and Practice of Internal Medicine, Virginia Medical Monthly, 1919, Vol. XLVI, p. 196.

——Chronic Nephritis and Gout, Southern Med. Jour., 1919, Vol. XII, p. 353.

——Tests of Function, Oxford System of Medicine, Edited by Henry A. Christian and Sir James MacKenzie.

CHRISTIAN. Diseases of the Kidney, Progressive Medicine, December, 1919.

FROTHINGHAM. Diagnosis of Late Syphilis of the Central Nervous System, Am. Jour. of the Med. Sc., September, 1919, Vol. CLVIII, p. 312.

——What Has the Medical Profession Learned by Its Experiences in the Recent War? Jour. of the Maine Med. Assoc., December, 1919.

——Aortic Aneurysm, An Example of Case Teaching at the Harvard Medical School with the Report of Autopsy, Med. Clin. of N. A., March, 1919, p. 1341.

PEABODY. Some Lessons of the War in the Field of Cardiac Disease, Med. Clin. of N. A., 1919, Vol. II, p. 1469.

WALKER. The Treatment of Bronchial Asthma with Vaccines, Arch. Int. Med., 1919, Vol. XXIII, p. 220.

——The Sensitization and Treatment of Bronchial Asthmatics with Pollens, Am. Jour. Med. Sc., 1919, Vol. CLVII, p. 409.

——Types of Streptococci Found in the Sputum of Bronchial Asthmatics, Jour. Med. Res., 1919, Vol. XL, p. 229 (with J. Adkinson).

——Bronchial Asthma, Hay Fever, Oxford Loose Leaf System of Medicine, Christian and MacKenzie, Vol. II, Part I.

O'HARE. Plasmaphaeresis in the Treatment of Chronic Nephritis and Uremia, Arch. Int. Med., March, 1919, Vol. XXIII, pp. 304–308. With Doctors Drinker and Brittingham.

——Chronic Nephritis with Edema, Clinics of N. A., 1919, pp. 1455–1467.

——Compatibility of Long Life with Low Renal Function, Jour. of A. M. A., July, 1919, Vol. LXXIII, pp. 248–250.

LEVINE. The Action of Strophanthin on the Living Cat's Heart, Jour. Exp. Med., 1919, Vol. XXIX, p. 485.

——Observations on the Vital Capacity of the Lungs in Cases of "Irritable Heart," Heart, 1919, Vol. VII, p. 53. With F. N. Wilson.

——The Bicarbonate Concentrations of the Blood Plasma in Cases of "Irritable Heart," Heart, 1919, Vol. VII, p. 62. With F. N. Wilson and A. B. Edgar.

McCLURE. Certain Diagnostic Aspects of Medico-Surgical Diseases of the Gastro-Intestinal Tract, Boston Med. and Surg. Jour., September, 1919.

——Radiographic Studies in Gout, Arch. Int. Med., 1919, Vol. XXIV, p. 563. With Dr. McCarty.

——Gout: A report of Thirteen Cases with Tophi, and Remarks on the Symptomatology, Metabolism and Therapy, Med. Clin. N. A., December, 1919.

WEARN AND STURGIS. Studies on Epinephrin I. Effects of the Injection of Epinephrin in Soldiers with "Irritable Heart," Arch. of Int. Med., 1919, Vol. XXIV, pp. 247–268.

——Studies on Epinephrin II. The Effects of Epinephrin on the Basal Metabolism in Soldiers with "Irritable Heart," in Hyperthyroidism and in Normal Men, Arch. of Int. Med., 1919, Vol. XXIV, pp. 269–283. With E. H. Tompkins.

——Effects of the Injection of Atropin on the Pulse-Rate, Blood Pressure and Basal Metabolism in Cases of "Effort Syndrome," Am. Jour. Med. Sc., 1919, Vol. CLVIII, pp. 496. With E. H. Tompkins.

STURGIS. Note on the Vital Capacity of the Lungs and the Carbon Dioxide Combining Capacity of the Blood in Cases of "Effort Syndrome," Am. Jour. Med. Sc., 1919, Vol. CLVIII, pp. 816–818. With Adams.

CHANNING FROTHINGHAM,
Acting Physician-in-Chief.

War Service Record

Abbreviations.

A.E.F. — American Expeditionary Force
B.E.F. — British Expeditionary Force
B.G.H. — British General Hospital
B.H. — Base Hospital
C.C.S. — Casualty Clearing Station
C.H. — Camp Hospital
A.R.C. — American Red Cross
E.H. — Evacuation Hospital
G.H. — General Hospital
M.H. — Mobile Hospital
M.C. — Medical Corps
M.R.C. — Medical Reserve Corps
S.G.O. — Surgeon General's Office
R.A.M.C. — Royal Army Medical Corps

Present Members of the Staff

Adams, Frank D.

Enlisted. Medical Enlisted Reserve Corps, March, 1918–June, 1918. Not on active duty.

Commissioned. 1st Lieut., M.C., U.S.A., June, 1918.

Assignments. U.S.A.G.H. No. 9, Lakewood, N.J., Aug. 1918–June, 1919; Walter Reed G.H., Washington, D.C., June, 1919–Sept. 1919.

Discharged. Sept. 25, 1919, 1st Lieut., M.C., U.S.A.

Atwater, Reginald M.

Enlisted. Medical Enlisted Reserve Corps, Dec. 1917.

Assignment. Inactive duty as House Officer, Peter Bent Brigham Hospital.

Discharged. Dec. 1918.

Balyeat, Ray M.

Enlisted. Medical Enlisted Reserve Corps, Nov. 1917.

Assignment. Inactive duty as House Officer, Peter Bent Brigham Hospital.

Discharged. Jan. 1919.

Boggs, Arthur G.

Enlisted. Medical Enlisted Reserve Corps as Private, Jan. 15, 1918–Oct. 2, 1918, Private, Students' Army Training Corps at Harvard Medical School, Oct. 2, 1918–Dec. 7, 1918.

Discharged. Dec. 7, 1918.

Cannon, Walter B.

Commissioned. 1st Lieut., M.R.C., U.S.A., April 21, 1917.

Assignments. April 21, 1917–June 23, 1917, Director of Labs., U.S.B.H. No. 5 at Camiers, France; commissioned Capt., M.C., U.S.A., Aug. 11, 1917; Aug. 11, 1917–Oct. 23, 1917, C.C.S. No. 33, Bethune, France, in studies of Shock and Hemorrhage; Aug. 1917, member of British Committee on Shock; Sept. 1917–Feb. 1918, Director of Physiological Laboratory for the study of offensive gases in the A.E.F.; commissioned Major, M.C., U.S.A., Feb. 12, 1918; Feb. 15, 1918–April 1, 1918, Inter-allied Conference on Gas Warfare; Central Med. Dept.

Lab., at Dijon, France, in charge of Lab. for Surg. Research in determining the critical level in falling blood pressure, the nature of shock as a toxemia due to injured tissue, the relative rôle played by vaso-constriction and inflow of tissue fluid in rise of blood pressure after hemorrhage, and in giving instruction to medical officers, April 1, 1918–Dec. 25, 1918; promoted to Lieut. Col., M.C., U.S.A., Oct. 23, 1918; in June, 1919, the British Government conferred the Cross of the Companion of the Bath for "meritorious service for the allied cause."

Discharged. Lieut. Col., M.C., U.S.A.

CHASE, HENRY M.

Commissioned. Capt., M.C., U.S.A., Oct. 26, 1918.

Assignment. Out-patient clinic, 155th Depot Brigade, Camp Lee, Va.

Discharged. Dec. 13, 1918, Capt., M.C., U.S.A.

CHEEVER, DAVID.

Nov. 1915, organized and took overseas Second Contingent, Harvard Unit, for service with B.E.F.; relative rank of Lieut. Col., R.A.M.C., and was made Director and Surgeon-in-Chief of G.H. No. 22, B.E.F.; returned to U.S. in April, 1916.

CHRISTIAN, HENRY A.

Commissioned Major, M.C., U.S.A., but was not called to active duty on account of Armistice.

CROCKETT, EUGENE.

Served as Deputy Commissioner of A.R.C. with rank of Major; in 1917 was member of American Serbian Commission in Macedonia and the Balkans; in 1918, in the north of Italy in charge of medical work of the Red Cross in that section.

CUNNINGHAM, THOMAS D.

Served as 1st Lieut., R.A.M.C., March, 1917–Sept. 1917, with Harvard Surgical Unit under Lieut. Col. Hugh Cabot with the B.E.F., France.

Enlisted. Medical Enlisted Reserve Corps in Fall of 1918.

Assignment. Interne duty at Massachusetts General Hospital.

Discharged. Dec. 1918.

CURTIS, ROBERT D.

Inducted into National Army, Dec. 1917.

Discharged to be enrolled in Medical Enlisted Reserve Corps; hospital term unfinished at time of Armistice, so was never called to active duty.

CUSHING, HARVEY.

Chief Surgeon, Harvard Unit, Ambulance Américaine, April–June, 1915; Director, U.S.A.B.H. No. 5, serving with B.E.F., May 11, 1917–April, 1919; successively Major, Lieut. Col., and Colonel, M.C., U.S.A.; Senior Consultant in Neuro-surgery, A.E.F., June 1, 1918–Jan. 1, 1919; Companion of the Bath.

CUTLER, ELLIOTT C.

Commissioned. Capt., M.R.C., U.S.A., May 9, 1917.

Assignments. U.S.A.B.H. No. 5; May 11, 1917, sailed for France; May–Nov. 1917, with U.S.A.B.H. No. 5 at Camiers, France; Nov. 1917–April, 1918, U.S.A.B.H. No. 5, at Boulogne, France; April, 1918,

detached duty with British C.C.S. No. 56 and Canadian C.C.S. No. 4 during the Lys offensive; May, 1918–June, 1918, at U.S.A.E.H. No. 1, A.E.F., Toul, France; June–July, 1918, with U.S.A.E.H. No. 7, and M.H. No. 1, A.E.F.; July, 1918 to Aug. 10, 1919, M.H. No. 1 and E.H. No. 6, at Château-Thierry, France; Aug. 1918–Dec. 1918, with U.S.A.E.H. No. 3 as Chief of Surgical Service during the St. Mihiel, Argonne-Meuse, and Champagne offensives; also with the Army of Occupation, Germany; Dec. 1918, rejoined U.S.A.B.H. No. 5 at Boulogne; promoted to Major, M.C., U.S.A.; April 7, 1919, sailed for U.S.

Discharged. April 29, 1919, at Camp Devens, Mass.; Major, M.C., U.S.A.

DENNY, GEORGE P.

Served from Sept. 1, 1916–Dec. 1, 1916, with B.G.H. No. 22 (Harvard Unit) at Camiers, France.

Commissioned. 1st Lieut., M.R.C., U.S.A., May, 1917.

Assignments. U.S.A.B.H. No. 5, stationed at Camiers and Boulogne, France, May 31, 1917–July 1, 1918; promoted to Capt., M.C., U.S.A., Jan. 1918; assigned to Royal Air Force Hosp., England, July 1, 1918–Aug. 10, 1918; returned to U.S.A.B.H. No. 5, at Boulogne; attached to U.S. Air Service Research Board for one month; returned to U.S.

Discharged. Feb. 15, 1920, Capt., M.C., U.S.A.

DEVAN, THOMAS A.

Commissioned. 1st Lieut., M.C., U.S.A., Oct. 25, 1918.

Assignments. B.H., Camp Devens, Mass.

Discharged. Dec. 6, 1918, 1st. Lieut., M.C., U.S.A.

DONALD, DOUGLAS

Enlisted. Medical Enlisted Reserve Corps; never on active duty.

FLEMING, HOWARD

Commissioned. 1st Lieut., M.R.C., U.S.A.

Assignments. Active duty, Feb. 1918, B.H. No. 30; sailed for France April, 1918; promoted to Capt., M.C., U.S.A., March, 1919; returned to U.S., May, 1919.

Discharged. July, 1919.

FROTHINGHAM, CHANNING.

Commissioned. 1st Lieut., M.R.C., U.S.A., June 1, 1917.

Assignments. Medical Officers' Training Camp, Fort Benjamin Harrison, Ind., becoming instructor of enlisted men of the Med. Dept., Aug. 4, 1917; promoted Major, M.R.C., U.S.A.; Sept. 15, 1917–Nov. 1, 1917, acted as Asst. Instructor in M.O.T.C.; Nov. 1, 1917–Jan. 1, 1918, Chief of Medical Service at B.H., Camp Devens, Mass.; Jan. 1, 1918–Nov. 23, 1918, Commanding Officer, B.H., Camp Devens, Mass.; March 25, 1918, promoted Lieut. Col., M.C., U.S.A.; Nov. 23, 1918, transferred to Walter Reed G.H., Washington, D.C., to become Chief of Medical Service.

Discharged. Dec. 5, 1918, at Walter Reed G.H., Lieut. Col., M.C., U.S.A.

GABE, WILLIAM E.

Enlisted. Medical Enlisted Reserve Corps, Dec. 1917.

Assignment. Peter Bent Brigham Hospital, as Surgical House Officer.
Discharged. Dec. 1918.

GERRARD, MISS GERTRUDE M.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.
Assigned with U.S.B.H. No. 5, A.E.F., to duty with B.E.F. Hosp. No. 11, Camiers; B.E.F. Hosp. No. 13, Boulogne, France; detached for temporary duty with C.C.S. No. 46, B.E.F., Proven, Belgium.
Mentioned in Dispatches, Sir Douglas Haig; awarded Royal Red Cross.
Released from service, May 1, 1919.

GOODPASTURE, ERNEST W.
Commissioned. Lieut. (*j.g.*) U.S.N.R.F., M.C., March 8, 1918.
Assignment. Lab. Officer, U.S.N.H., Chelsea, Mass.
Discharged. Lieut. (*j.g.*) U.S.N.R.F., Boston, Mass., April 14, 1919.

GRAVES, ROGER C.
Enlisted. Medical Enlisted Reserve Corps; never on active duty.

GREENSPON, EDWARD A.
Commissioned. Capt., Canadian Army Medical Corps.
Assignments. Standing Med. Board, Montreal, for examination of recruits and men for discharge; Conducting Med. Officer in charge of sanitation and health of troops in transport between Canada and England; on staff No. 16 Canadian G.H., Orpington, Kent, England; St. Anne de Beaupre, P. Q., Can., Military Hosp., Orthopedics and Administration.
Discharged. June 15, 1919.

HALL, MISS CARRIE M.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.
Assigned Chief Nurse, U.S.B.H. No. 5, to duty with B.E.F. Hosp. No. 11, Camiers; B.E.F. Hosp. No. 13, Boulogne, France; on detached duty with American Red Cross as Chief Nurse, A.R.C. in Great Britain; and Chief Nurse, A.R.C., in France and Director of Bureau of Nurses.
Mentioned in Dispatches, Sir Douglas Haig; awarded Royal Red Cross.
Released from service, Aug. 5, 1919.

HERRICK, THEODORE P.
Enlisted. Medical Enlisted Reserve Corps, Dec. 17, 1917.
Assignment. Students' Army Training Corps at Cambridge, Mass., Oct. 2, 1918.
Discharged. Dec. 7, 1918.

HERRMANN, GEORGE R.
Enlisted. Medical Enlisted Reserve Corps, Nov. 1917.
Assignments. Path. Lab., Univ. of Mich., for research work on Mustard Gas; July, 1918, ordered to the Don Chemical Co., at Midland, Mich., to help take care of soldiers injured while making Mustard Gas; Aug. 1918, returned to Univ. of Mich. to continue research; Oct. 15, 1918, assigned to Peter Bent Brigham Hospital as Medical House Officer.
Discharged. Dec. 1918.

HOMANS, JOHN
Commissioned. Capt., M.R.C., U.S.A., May, 1918.
Assignments. June 16, 1918–Aug. 1918, B.H. Camp Devens, Mass.;

promoted Major, M.C., U.S.A., Aug. 1918; attached to U.S.A.B.H. No. 76 and reached France Sept. 1918; Oct. and Nov. 1918, chief of operating team at E.H. Nos. 3 and 12; Nov. 20, 1918, returned to U.S.A.B.H. No. 76 at Vichy, France, and served as chief of surgical service to Jan. 20, 1919; Feb. 12, 1919, returned to U.S., and assigned to U.S.A.G.H. No. 38 at East View, N.Y., as Chief of the Surgical Service.

Discharged. June 22, 1919, Major, M.C., U.S.A.

HORRAX, GILBERT

Commissioned. 1st Lieut., M.R.C., U.S.A., May 5, 1917.

Assignments. Sailed overseas with U.S.A.B.H. No. 5, May 11, 1917, and stationed at Camiers, France; Aug. 10, 1917–Nov. 1, 1917, attached to C.C.S. No. 46 at Proven, Belgium; Nov. 1, 1917–March 8, 1919, with U.S.A.B.H. No. 5 at Boulogne; promoted to Capt., M.C., U.S.A., Jan. 28, 1918; promoted to Major, M.C., U.S.A., Feb. 17, 1919; sailed for U.S., April 7, 1919.

Discharged. April 30, 1919, at Camp Devens, Mass., Major, M.C., U.S.A.

JACK, EDWIN

Served with the Local Board, Town of Brookline.

JACKSON, HOWARD B.

Enlisted. Medical Enlisted Reserve Corps, Dec. 19, 1917.

Assignment. Students' Army Training Corps at Cambridge, Mass., Oct. 1918–Dec. 1918.

Discharged. Dec. 7, 1918.

JACOBSON, VICTOR C.

Commissioned. 1st Lieut., M.R.C., U.S.A.

Assignment. University of Wisconsin Medical School, to study War Gas Problems, July 8, 1918.

Discharged. Dec. 13, 1918, 1st Lieut., M.C., U.S.A.

JAMESON, CHARLES H.

Enlisted. Medical Enlisted Reserve Corps, Sept. 1917.

Assignments. Harvard Medical School, and Students' Army Training Corps at Harvard College during the influenza epidemic of 1918.

Discharged. Dec. 1918.

KEBABJIAN, HRANT S.

Enlisted. Medical Enlisted Reserve Corps, Nov. 1917; never on active duty.

Discharged. Dec. 1918.

KEEGAN, JOHN J.

Commissioned. Lieut. (*j.g.*) M.C., U.S.N.R.F., Dec. 15, 1917.

Assignments. Laboratory Service, U.S. Naval Hosp., Chelsea, Mass.; special work consisted of the following: (1) On the efficacy of influenza bacillus vaccine in the prevention of influenza, at Pelham Bay Naval Training Camp, N.Y.; (2) experiments on sixty volunteers at Boston to determine the cause and modes of spread of influenza; (3) use of convalescent influenza pneumonia serum in the treatment of influenza pneumonia; (4) bacteriological and pathological studies of influenza and animal epidemic pneumonias; promoted to Lieut. (*s.g.*) M.C. (temporary) U.S.N., Sept. 21, 1918.

Discharged. Aug. 9, 1919, at Boston, Mass., Lieut. (*s.g.*) M.C. (temporary) U.S.N.

KEYSER, LINWOOD D.

Enlisted. Medical Enlisted Reserve Corps, Dec. 19, 1917.

Commissioned. July 23, 1918, 1st Lieut., M.R.C., U.S.A., but never called to active duty.

LEVINE, SAMUEL A.

Commissioned. 1st Lieut., M.R.C., U.S.A., June, 1917.

Assignments. British Heart Hospital, Aug. 1917–April, 1918, in charge of a unit given over to heart cases; May, 1918, transferred to the A.E.F., U.S.A.B.H. No. 23, at Vittel, France, as ward surgeon, also consultant in heart disorders for the hospital center at Vittel and Contrexeville; July and Aug. 1918, attached to the Central Med. Lab. at Dijon; Jan. 1919, served as Asst. Battalion Surgeon, 101st U.S. Infantry; March, 1919, promoted to Capt., M.C., U.S.A., and assigned to C.H. No. 52 at Le Mans; April, 1919, sent to British Med. Conference at London to discuss heart problems, representing chief surgeon of A.E.F.; May and June, 1919, acted as Chief of Medical Service at C.H. Nos. 115 and 120; sailed for the U.S., June, 1919.

Discharged. Camp Devens, Mass., Capt., M.C., U.S.A., in July, 1919.

LYNCH, JAMES J., JR.

Enlisted. Hosp. apprentice, 1st class, U.S.N.R.F.

Assignment. Harvard Medical School, Dec. 15, 1918, as fourth-year medical student.

Discharged. Jan. 1919.

MCCLURE, CHARLES W.

Commissioned. 1st Lieut., M.R.C., U.S.A., Feb. 1918.

Assignments. Member of Mobile Med. Unit, Eastern Div., Feb. 1918–June, 1918; member of cardio-vascular board, Camp Shelby, Miss., June and July, 1918; promoted Capt., M.R.C., U.S.A., July, 1918; commanding board for cardio-vascular examinations, Recruit Depot, Camp Shelby, Miss., Aug. 1918; Chief Med. Examiner at the same, Oct. 1918; commanding officer of Med. Department and Sanitary Corps of Recruit Depot, Nov. and Dec. 1918.

Discharged. Dec. 24, 1918, Capt., M.C., U.S.A.

MACPHERSON, DONALD J.

Commissioned. 1st Lieut., M.R.C., U.S.A., May 15, 1917.

Assignments. Rockefeller Institute, New York City, June 19, 1917–July 21, 1917; Dept. Lab., Fort Sam Houston, Texas, July 25, 1917–Sept. 1917; B.H. Lab., Camp Meade, Md., Sept. 5, 1917–April 29, 1918; Neuro-pathological Lab., U.S.A.G.H. No. 11, at Cape May, N.J., April 29, 1918–July 10, 1918; assigned to U.S.A.B.H. No. 115 and sailed for France Aug. 15, 1918; detached service, Paris, France, Sept. 13, 1918–Oct. 9, 1918; Central Lab., Vichy, France, Oct. 10, 1918–March 13, 1919; U.S.A.B.H. No. 214, Savenay, France, March 15, 1919–April 3, 1919; Central Med. Lab., Dijon, France, April 7, 1919–May 12, 1919; U.S.A. B.H. No. 214, May 12, 1919–June 30, 1919; U.S.A.B.H. No. 65, Brest, France, June 30, 1919–July 17, 1919; arrived in U.S., July 29, 1919.

Discharged. Aug. 25, 1919, Capt., M.C., U.S.A.

NELLANS, CHARLES T.
Enlisted. Students' Army Training Corps.
Assignment. For duty in Presbyterian Hospital, Chicago, as Medical House Officer.

NELSON, MISS MARJORIE F.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Oct. 1, 1918.
Assigned to Camp Devens, Mass. Oct. 2, 1918–Oct. 22, 1918; Mesves Hosp. Center, B.H. No. 94, Pruniers, France.
Released from Service, Oct. 14, 1919.

NEWTON, FRANCIS C.
Enlisted. Medical Enlisted Reserve Corps, Dec. 17, 1917.
Assignments. Inactive duty at Harvard Medical School to Sept. 1918; active duty, Oct. 2, 1918, attached to Students' Army Training Corps at Cambridge, Mass.
Discharged. Dec. 7, 1918, Cambridge, Mass.

NICHOLS, 3d, ANDREW
Inducted. National Army, Sept. 15, 1917; Private, 301st Infantry, Camp Devens, Mass.
Commissioned. 1st Lieut., M.R.C., U.S.A., Nov. 20, 1917.
Assignments. Field Hosp. No. 304, Camp Devens, Mass.; Dec. 20, 1917; B.H. No. 116 at New York; sailed for France March 15, 1918; April 27, 1918, F.H. No. 1, 2nd Div.; May 15, 1918, Ambulance Co. No. 1, 2nd Div.; July 7, 1918, B.H. No. 116; May 2, 1919, promoted to Capt., M.C., U.S.A.
Discharged. June 20, 1919, Capt., M.C., U.S.A., at Camp Devens, Mass.

NOVY, ROBERT L.
Served with the Medical Enlisted Reserve Corps, assigned to University of Michigan Medical School for study.

O'CONOR, VINCENT J.
Commissioned. 1st Lieut., M.C., U.S.A.
Assignments. Infirmary No. 3, 165th Depot Brigade, Camp Travis, Texas, July 1, 1918–Sept. 1, 1918; F.H. No. 271, 18th Div., Camp Travis, Texas, to Feb. 4, 1919.
Discharged. Feb. 4, 1919, 1st Lieut., M.C., U.S.A.

O'MEARA, JOHN W.
Inducted. Sept. 24, 1917, into National Army at Boston.
Discharged. Oct. 4, 1917, for convenience of Government.
Re-enlisted. Oct. 9, 1917, in Medical Enlisted Reserve Corps.
Discharged. Dec. 17, 1918.
Was recommended for commission in the M.C., U.S.A., but never called to active service.

PARKINS, LEROY E.
Enlisted. Medical Enlisted Reserve Corps.
Assigned to inactive list on duty in civilian hospitals.

PEABODY, FRANCIS W.
In August, 1917, served as a member of American Red Cross Commission in Roumania.

Commissioned. 1st Lieut., M.R.C., U.S.A., April, 1918.
Assignments. Surgeon General's Office, Washington, D.C.; U.S.A.G.H. No. 9 at Lakewood, N.J., in charge of the cardio-vascular service; sailed for France Oct. 2, 1918, and attached to office of the Medical Consultant at Neufchâteau; returned to U.S., Jan. 1919.
Discharged. At Washington, D.C., Jan. 3, 1919; Major, M.C., U.S.A.

PRICE, JAMES V., JR.
Served as private, Students' Army Training Corps, at Johns Hopkins University, Baltimore, from October, 1918, to December, 1918.

REYNOLDS, LAWRENCE
Volunteer worker at American Ambulance Hospital, Neuilly Sur Seine, France, April 1, 1917–July 28, 1917, in charge of the radiographic department.
Commissioned. 1st Lieut., M.R.C., U.S.A., July 28, 1917.
Assignments. American Red Cross Military Hospital No. 1, at Neuilly-sur-Seine (old American Ambulance); promoted to Capt., M.C., U.S.A., Nov. 1918.
Discharged. May 1, 1919, Capt., M.C., U.S.A.

ROOT, HOWARD F.
Enlisted. Medical Enlisted Reserve Corps, Dec. 1917; never on active duty.
Discharged. Dec. 1918.

STEWART, STEELE F.
Enlisted. Medical Enlisted Reserve Corps, Dec. 18, 1917, at Philadelphia, Pa.
Assigned. Peter Bent Brigham Hospital for duty on the inactive list.
Discharged. April 9, 1919.

STONE, ERIC P.
Enlisted. Medical Enlisted Reserve Corps, Dec. 1917.
Assignment. Inactive duty as House Officer at Peter Bent Brigham Hospital.
Discharged. Dec. 1918.

STONE, GEORGE H.
Commissioned. Capt., M.C., U.S.A., Oct. 26, 1918.
Assignments. Nov. 9, 1918, B.H., Camp Devens.
Discharged. Feb. 10, 1919, at Camp Devens, Mass.; Capt., M.C., U.S.A.
Re-commissioned. Capt., Medical Section, O.R.C., U.S.A., March 19, 1919.

STURGIS, CYRUS C.
Commissioned. 1st Lieut., M.C., U.S.A., Aug. 1918.
Assignments. U.S.A.G.H. No. 9, Lakewood, N.J., cardiac service; Dec. 16, 1918–Jan. 16, 1919, Camp Green, Charlotte, N.C., examining board, cardiac div.; Jan. 16, 1919–April 6, 1919, U.S.A.G.H. No. 9, Lakewood, N.J., cardiac service; April 6, 1919–July 2, 1919, Walter Reed G.H.
Discharged. July 2, 1919, 1st Lieut., M.C., U.S.A.

VAIL, HARRIS H.
Commissioned. Lieut. (*j.g.*) U.S.N., May 3, 1917.

Assignments. Receiving Ship at Boston, May 3, 1917–Nov. 24, 1917; U.S.S. Virginia, Nov. 25, 1917–April 5, 1918; 3rd Reg., U.S. Marines at Santo Domingo, R.D., April 18, 1918–June 8, 1919; U.S. Naval Hosp., League Is., Pa., June 17, 1919–Sept. 4, 1919; U.S. Naval Hosp., Boston, Sept. 5, 1919–Oct. 20, 1919.

Discharged. Oct. 20, 1919, Lieut., U.S.N.

WALKER, I. CHANDLER

Served as Medical Chief, Hospital $A^{b}32^{bis}$, Passy, Yonne, France, March 1, 1915–Sept. 1, 1915.

WEARN, JOSEPH T.

Commissioned. 1st Lieut., M.R.C., U.S.A., Nov. 1917.

Assignments. U.S.A.G.H. No. 9, Lakewood, N.J., as Asst. Chief to the Cardio-Vascular Service, July 4, 1918; Camp Meigs, Washington, D.C., as Cardio-Vascular Examiner on discharge board, Dec. 12, 1918–Jan. 2, 1919; returned to U.S.A.G.H. No. 9, Jan. 2, 1919–April 12, 1919; Walter Reed G.H., Washington, D.C., as Asst. Chief of the Medical Service in charge of contagious wards, April 12, 1919–Aug. 1, 1919.

Discharged. 1st Lieut., M.C., U.S.A., Aug. 1, 1919.

WOLBACH, S. BURT

Served as Contract Surgeon, U.S.A., during the Influenza epidemic in the Fall of 1918, in charge of special investigation in the lab. of B.H., Camp Devens, Mass.

Former Members of the Staff

ALEXANDER, HARRY L.

Commissioned. 1st Lieut., M.R.C., U.S.A., May, 1917.

Assignments. Active Service, July 17, 1917; Rockefeller Institute, July–Aug. 1917; Army Medical School, Aug. and Sept. 1917; B.H., Camp Zachary Taylor, Sept. 1917–May, 1918, Medical Service and Laboratory Service; promoted Capt., M.C., May, 1918; sailed overseas, July 5, 1918; assigned Central Medical Laboratory, A.E.F.; Laboratory Officer, 83rd Div., Aug.–Dec. 1918; Chief of Medical Service, C.H. No. 52; Army Embarkation Centre, Dec. 1918–May, 1919; promoted Major, M.C., Feb. 1919; Commanding Officer, C.H. No. 115, May, 1919; arrived from overseas, July 8, 1919.

Discharged. July 29, 1919, Major, M.C., U.S.A.

BAGLEY, CHARLES, JR.

July 1, 1917, member of sub-committee on Ophthalmology, Council National Defense.

Commissioned. Aug. 7, 1917; Capt., M.C., U.S.A.

Assignments. S.G.O., Washington, D.C., in charge of section on Brain Surgery, to Sept. 11, 1918; promoted Major, M.C., U.S.A., Jan. 1918; arrived in France, Sept. 21, 1918; Oct. 26, 1918, Medical and Surgical Consultant at Neufchâteau, France, as assistant consultant in Neurosurgery; Feb. 3, 1919, arrived in U.S. and stationed at S.G.O., Washington, D.C., in charge section on Brain Surgery; April 10, 1919, Neuro-surgical Staff, U.S.A.G.H. No. 2, at Fort McHenry, Md.

Discharged. Oct. 25, 1919, Major, M.C., U.S.A.

BARROW, WILLIAM H.

Commissioned. 1st Lieut., M.C., Mass. Nat. Guard, March 25, 1917.

Assignments. Medical Officers' Training Camp, Fort Oglethorpe, Georgia, for training, June, 1917–Aug. 1917; ordered overseas, with the 26th Div., attached to the 101st F.H.; Nov. 12, 1917, commissioned 1st Lieut., M.C., U.S.A. (Reg. Army); Feb. 1918, transferred to 104th Infantry as Battalion Surgeon; Nov. 25, 1918, promoted to Capt., M.C., U.S.A., transferred to Hospital Center at Vichy, as detachment commander and adjutant of the center; May, 1919, transferred to Hospital Center at Kerhuon; Aug. 1919, C.H. No. 33 at Brest; Sept. 1919, Segregation Camp, Brest; Oct. 1919, returned to U.S.; still on duty, Capt., M.C., U.S.A., at G.H. No. 2, Fort McHenry, Md.

BELL, MISS ADELAIDE L.

Appointed to service, Army Nurse Corps through Red Cross Nursing Service Reserve, Oct. 1, 1918; assigned to B.H., Camp Devens, Mass.

Released from service Jan. 18, 1919.

BENET, GEORGE

Served as Lab. Asst., Harvard Unit American Ambulance Hospital, Paris, France, April–July, 1915; Surgeon at French Hospital near Annel, 1915–1916; Capt. and Asst. Surgeon, 2nd Harvard Unit, B.E.F., 1916.

Commissioned. Capt., M.R.C., U.S.A., April, 1917.

Assignments. Fulham Military Hospital, London, Eng., as Asst. Surgeon; British War Office as Assistant Liaison Officer to General Goodwin's Staff; Battalion Med. Officer, 16th Devons Battalion, B.E.F. on Ypres-Lys line and Tournai-Lille advance; slightly gassed in the last battle of the Somme; awarded British Military Cross, Oct. 1918; after the Armistice assigned to Middlesex Hospital, London, Eng., for course in Anatomy and Surgery.

Discharged in 1919.

BERRY, FRANK B.

Commissioned. 1st Lieut., M.C., U.S.A., March 1, 1918.

Assignments. March 1, 1918–Sept. 1, 1918, Rockefeller Institute, Fort Riley, and Camp Humphreys, as bacteriologist; Yale Army Laboratory School as Instructor in Pathology; Sept. 1, 1918–May 5, 1919, Pathologist, Central Med. Dept. Lab., A.E.F., Dijon, France; promoted Capt., M.C., U.S.A., Feb. 17, 1919.

Discharged. June 14, 1919, Capt., M.C., U.S.A.

BLAKE, FRANCIS G.

Commissioned. 1st Lieut., M.R.C., U.S.A., Jan. 3, 1918.

Assignments. Active service Feb. 12, 1918, B.H., Fort Sam Houston, Texas, Feb. 14, 1918–April 3, 1918, as member of commission for studying measles-pneumonia, also as Asst. Chief of Medical Service; promoted to Capt., M.R.C., April 13, 1919; B.H., Camp Merritt, N.J., April 17, 1918–July 27, 1918 as Asst. Chief of Medical Service; served as member of commission for study of pneumonia in the Army from July 27, 1918–Sept. 5, 1919, and was assigned to the following stations: Fort Riley, Kansas, Camp Pike, Ark., S.G.O., Army Medical School, Washington, D.C.

Discharged. Capt., M.C., U.S.A., Sept. 5, 1919.

*Boehm, Julius B.
Served on the Surgical Service of the Walter Reed General Hospital, Washington, D.C.

Boothby, Walter M.
Anesthetist, Harvard Unit American Ambulance Hospital, Paris, France, April 1, 1915–July 1, 1915.
Commissioned. Capt., M.R.C., U.S.A., May 15, 1917.
Assignments. U.S.A., B.H. No. 5; sailed overseas June, 1917; detached service as director 1st Corps Anti-gas School, Oct. 1917–July 1918; Instructor in Army Med. School, A.E.F. (treatment of gassed cases) July, 1918–Dec. 1918; also served as chief of an operating team during battles of St. Mihiel and the Argonne; promoted Major, M.C., U.S.A., Nov. 1, 1918.
Discharged. Major, M.C., U.S.A., Feb. 1, 1919.

Brown, Miss Harvena J.
Appointed to service with Red Cross, Nov. 1, 1918; Army Nurse Corps, few weeks later.
Assigned to duty at Camp Devens, Mass.; Camp Hospital, Ramsey, Eng.
Released from service, Jan. 24, 1919.

*Bryant, John
Commissioned. Capt., M.R.C., U.S.A., Dec. 12, 1917.
Assignments. Base Hospital, Camp Grant, Ill.; promoted to Major, M.R.C., U.S.A., and director of convalescent service at Walter Reed General Hospital, Washington, D.C.; consultant to Div. of Physical Reconstruction, S.G.O., Washington, D.C., Jan. 12, 1919.
Discharged. Major, M.C., U.S.A., May 26, 1919.

Carr, Gladys L.
Roentgenologist for the American Commission for Relief in the Near East, with active work in Asia Minor, in charge of the installation and operation of six X-ray laboratories in the hospitals located from the city of Smyrna on the Mediterranean Sea to the town of Marsovan near the Black Sea.

Carter, David W.
Served as cardio-vascular examiner, Johns Hopkins Medical Advisory Board, March, 1918–May, 1918.
Commissioned. 1st Lieut., M.R.C., U.S.A., Nov. 23, 1917.
Assignments. Active duty June 14, 1918, at Camp Travis, Texas, as member of the cardio-vascular board; Camp Beauregard, La., Aug. 1918–March, 1919; Surgeon 29th Infantry, 17th Div., Camp Shelby, Miss., March, 1919–May, 1919.
Discharged. Camp Shelby, Miss., 1st Lieut., M.C., U.S.A., May 22, 1919.

Coakley, Miss May Grant
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917; assigned with U.S.B.H. No. 5, A.E.F., to duty with B.E.F. Hosp. No. 11, Camiers, France; B.E.F. Hosp. No. 13, Boulogne, France.
Released from service, April, 1919.

Cobb, Stanley
Commissioned. 1st Lieut., M.R.C., U.S.A., Aug. 15, 1917.

Assignments. Sept. 20, 1918, N.Y. Neuro-surgery School; Nov. 10, 1918, Fort Oglethorpe, Ga., as Neurologist to G.H. No. 14 and Instructor in Neuro-surgery at Camp Greenleaf; Dec. 28, 1918, U.S.A.G.H. No. 11 at Cape May, as Neurologist.

Discharged. April 23, 1919, 1st Lieut., M.C., U.S.A.

CONRAD, MRS. OLIVER

Appointed to service, Navy Nurse Corps, through Red Cross Nursing Service Reserve, Sept. 25, 1917; assigned to U.S. Naval Hospital, Great Lakes, Ill.

Released from service Dec. 10, 1918.

CROUCHER, MISS HELEN L.

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Aug. 7, 1918.

Assigned B.H., Camp Devens, Mass.; B.H. No. 86, A.E.F., Messer; Bulcy Hospital Center, France; C.H. No. 26, A.E.F., St. Aignan.

Released from service, Aug. 20, 1919.

CUTLER, MISS DORIS N.

Appointed to Army Nurse Corps, through Red Cross Nursing Service Reserve, Feb. 21, 1918.

Assigned to G.H. No. 1, Williamsburg Bridge, N.Y.; U.S.B.H., San Juan, Porto Rico.

Released from service, Feb. 2, 1919.

DEAN, ARCHIE L.

Served as 1st Lieut., M.R.C., U.S.A., as chief of G.U. and Skin Service at Hazel Hurst Hospital, Mitchell Field, Garden City, L.I., N.Y., Feb. 6, 1918–Sept. 12, 1919.

DICKINSON, MISS IVY L.

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Dec. 18, 1917.

Assigned to B.H., Camp Wadsworth, Spartanburg, S.C.; C.H. No. 34, A.E.F., Ramsey, Eng.; E.H. No. 15, Glorieux (Verdun), France.

Released from service, Aug. 11, 1919.

DOAK, MISS ABBIE C.

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Nov. 2, 1918.

Assigned to U.S.G.H. No. 11, Cape May, N.J.; Walter Reed General Hospital, Tacoma Park, Washington, D.C.

Released from service, Sept. 22, 1919.

*DOWNEY, MISS MARY ALICE

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.

Assigned with U.S.B.H. No. 5, A.E.F., to duty with B.E.F. Hosp. No. 11, Camiers; B.E.F. Hosp. No. 13, Boulogne, France.

Released from service, May, 1919.

EBBS, MISS HELEN J.

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.

Assigned with U.S.B.H. No. 5, A.E.F., to duty with B.E.F. Hosp. No. 11,

Camiers, B.E.F. Hosp. No. 13, Boulogne, France; detached temporarily for duty at C.C.S. No. 22 and C.C.S. No. 51, B.E.F.
Awarded Royal Red Cross.
Released from service, May 2, 1919.

FINNEGAN, MISS MABELLE E.
Appointed to service, Army Nurse Corps, Oct. 15, 1918.
Assigned to Camp Upton, L.I.; G.H. No. 39, Long Beach, L.I.; G.H. No. 1, New York City; at present at Walter Reed G.H., Washington, D.C.

FITZ, REGINALD
Commissioned. Capt., M.R.C., U.S.A., May, 1917.
Assignments. U.S.A.B.H. No. 5, A.E.F.; promoted to Major, M.C., U.S.A., Nov. 1918; in charge of med. wards and later of med. div., instructor in Army Medical School, A.E.F., at Langres, France.
Discharged. Camp Devens, Mass., Major, M.C., U.S.A., April, 1919.

FORBES, HENRY S.
Served with the A.R.C. in Serbia, July, 1915–Feb. 1916.
Commissioned. 1st Lieut., M.R.C., U.S.A., May 1, 1917.
Assignments. U.S.A.B.H. No. 5; sailed for France, May 11, 1917; stationed at Camiers and later at Boulogne; promoted to Capt., M.C., U.S.A., March, 1918; assigned to M.H. No. 6, A.E.F., in the Argonne; returned to U.S.A.B.H. No. 5; arrived in the U.S., April 20, 1919.
Discharged. Camp Devens, Mass., April 29, 1919, Capt., M.C., U.S.A.

*FOSTER, JOHN H.
Served as 1st Lieut., M.C., U.S.A. until discharged, July 8, 1919.

GOLDEN, ROSS.
Commissioned. 1st Lieut., M.R.C., U.S.A., July 18, 1919.
Assignments. Army Medical School, Washington, D.C.; Camp Custer, Mich., Nov. 17, 1917–July 25, 1918, on duty with regimental medical detachment and cardio-vascular board; became 1st Lieut., M.C. (Reg. Army), Nov. 24, 1917; sailed for France July 25, 1918, with Medical Detachment of 340th U.S. Infantry; during the Influenza epidemic had charge of pneumonia ward in Veaugues, France; later assigned to C.H. No. 62, with the 85th Div.; after the Armistice, assigned to 2nd Army Regional Replacement Depot at Toul; promoted Capt., M.C., U.S.A., Nov. 24, 1918; transferred to Lab. Div., March 1, 1919–Sept. 22, 1919; arrived in U.S., Oct. 15, 1919, and assigned to Army Medical School, Washington, D.C.; still in the Regular Army, Capt., M.C., U.S.A.

GOODALL, HARRY W.
Contract Surgeon, U.S.A., July–Sept. 1917.
Commissioned. Major, M.R.C., U.S.A., Oct. 20, 1917.
Assignments. March 1, 1918, Asst. Chief of Medical Service at Camp Greene, N.C.; June 1, 1918, Chief of Medical Service, U.S.A.B.H. No. 51, at Camp Wheeler, Macon, Ga.; July 29, 1918, sailed for France; Aug. 9, 1918, promoted to Lieut. Col., M.C., U.S.A.; Aug. 28, 1918–Oct. 8, 1918, Commanding Officer at Gas Hospital, Justice Hospital Group, Toul, France; Oct. 8, 1918–Nov. 10, 1918, Chief of the Medical Service, U.S.A.B.H. No. 51, at the same place; Nov. 10, 1918–Jan. 22,

1919, 1st Asst. to Commanding Officer of Hospital Center, Justice Hospital Group, Toul, France; Feb. 26, 1919, returned to U.S.
Discharged. March 2, 1919, Lieut. Col., M.C., U.S.A.
Citation awarded April 19, 1919.

GRABFIELD, G. PHILIP
Commissioned. 1st Lieut., Mass. Nat. Guard, April 9, 1917.
Assignments. 1st Mass. Ambulance Co.; mustered into Federal Service June 18, 1917; transferred to Medical Officers' Training camp, Fort Oglethorpe, Ga., in command small detachment from 1st Mass. Amb. Co.; assigned to Amb. Co. No. 21, U.S.A., as asst. instructor, Fort Oglethorpe, July, 1917; returned to Amb. Co. No. 1 26th Div. at Framingham, Mass., Sept. 1, 1917; sailed for France Sept. 7, 1917, with the 26th Div.; with the 101st Amb. Co. at Siffol-le-Grand, Vosges, acted as town Major until Nov. 17, 1917; Surgeon, 101st Field Battalion Signal Corps, Nov. 18, 1917; Asst. Surgeon, 3rd Battalion, 101st U.S. Infantry, Jan. 18, 1918; Surgeon 2nd Battalion 103rd U.S. Infantry, April 4, 1918; 104th F.H., July 4, 1918; promoted Capt., M.C., U.S.A., Sept. 16, 1918; Divisional Supervisor of Delousing and Bathing, 26th Div., Jan. 1, 1919; Sorbonne Detachment, District of Paris, March 1, 1919–July 1, 1919; returned to U.S. as Casual Officer, July 28, 1919. (Participated in all engagements of the 26th Div.)
Discharged. Aug. 16, 1919, Capt., M.C., U.S.A.

GRAY, HORACE
Commissioned. 1st Lieut., M.R.C., U.S.A.
Assignments. Active duty, Nov. 1917, at Camp Devens, Mass., on Tuberculosis Board, and later at the B.H. as Ward Surgeon; Aug. 1918, left with U.S.A.B.H. No. 76 for Vichy, France; Feb. 1919, detached from B.H. No. 76 and assigned to Camp Infirmary, 19th Engineers (Ry.) at Nevers, France; transferred to C.H. No. 28, Nevers, March, 1919; returned to U.S., Aug. 1919.
Discharged. Aug. 13, 1919, 1st Lieut., M.C., U.S.A.

HALE, WORTH
Consulting Pharmacologist, U.S.A. Chemical Warfare Service — in charge of a group investigation carried on in a Boston Laboratory, to study the effects of a particular poison "gas."

HALLER, DAVID A.
Commissioned. 1st Lieut., M.R.C., U.S.A.
Assignments. Active duty June 14, 1917, as student in Medical Officers' Training Camp at Fort Oglethorpe, Ga.; Aug. 23, 1917, Camp Grant, Ill., as Lab. Officer at B.H.; Summer of 1918, assigned to U.S.A.B.H. No. 58; sailed for France Aug. 23, 1918, becoming Chief of Medical Service at contagious and respiratory diseases division of the Hospital Center at Rimancourt; returned to U.S., Jan. 1919.
Discharged. Camp Dix, Major, M.C., U.S.A., Feb. 19, 1919.

HARVEY, SAMUEL C.
Commissioned. 1st Lieut., M.R.C., U.S.A., May 5, 1917.
Assignments. B.H. No. 5, B.E.F., to April 30, 1919; detached duty as head of Surgical team at C.C.S. at Proven, Belgium, Nov. 1, 1917–Dec. 8,

1917; promoted to Capt., M.C., U.S.A., March 21, 1918; promoted to Major, M.C., U.S.A., Feb. 27, 1919.
Discharged. April 30, 1919, Major, M.C., U.S.A.

H'Doubler, Frank T.
Commissioned. 1st Lieut., M.R.C., U.S.A., Fall of 1917.
Assignments. Active duty, Jan. 1918, at Camp Pike, Aviation Service; transferred to Charlottesville, N.C., in charge of troop train; thence to Camp Dodge and Camp Greene; sailed for France, June, 1918; attached to U.S.A.B.H. No. 11, A.E.F., at Nantes; promoted to Capt., M.C., U.S.A. and granted travelling fellowship devoted to clinical work in England, Scotland and Ireland; returned to U.S. in July, 1919.
Discharged. Aug. 1919, at Camp Grant, Ill., Capt., M.C., U.S.A.

Hennigar, Miss Alice E.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Aug. 7, 1918.
Assigned to Camp Devens, Mass., and E.H. No. 12, A.E.F.
Released from service, July 26, 1919.

Hodgdon, John S.
Commissioned. 1st Lieut., M.R.C., U.S.A., June 23, 1917.
Assignments. 14th R.R. Engineers, U.S.A., to Dec. 30, 1917; B.H. No. 6, U.S.A., Jan. 1, 1918–Jan. 28, 1919.
Discharged. Jan. 28, 1919.

Holden, Miss Gertrude A.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Jan. 24, 1918.
Assigned to Camp Joseph E. Johnston, Jacksonville, Fla., Jan.–May, 1918; Base 3, Monpont (Dordogne), France, July, 1918–Jan. 1919; leave Area Hospital, Lamalou-les-Bains, France, Jan. 1919–April, 1919; C.H. No. 53, Marseille, France, April, 1919–July, 1919; Fort Benjamin Harrison, Ind., Aug. 1919–Sept. 1919; still in service, at U.S.A.G.H. No. 19, Oteen, N.C.

Houston, Davis W., Jr.
Commissioned. 1st Lieut., M.C., U.S.A., Jan. 2, 1918.
Assignments. Feb. 13, 1918, Medical Officers' Training Camp, Camp Greenleaf, La.; April 6, 1918, B.H., Camp Hancock, Augusta, Ga.; July 22, 1918, U.S.A.B.H. No. 56, Camp Wadsworth, S.C.; Aug. 29, 1918, sailed for France with B.H. No. 56, which located at Hospital Center, Allerey, France; Oct. 1, 1918–Nov. 27, 1918, at the front with operating team No. 175 at E.H. No. 15, near Verdun; Nov. 29, 1918, returned to U.S.A.B.H. No. 56; April 20, 1919, sailed for U.S.
Discharged. May 3, 1919, at Camp Dix, N.J.

Jeffers, Miss Alice W.
Appointed to service, Army Nurse Corps, through the Red Cross Nursing Service Reserve, Oct. 1, 1918.
Assigned to Camp Jackson, Columbia, S.C.; Post Hosp., West Point, N.Y.
Released from service, July 20, 1919.

Jones, Merritt L.
Commissioned. 1st Lieut., M.R.C., U.S.A., Aug. 1917.

Assignments. Univ. of Penn., Jan. 5, 1918; U.S.A.G.H. No. 1, N.Y., March 4, 1918, as Chief of the Orthopedic Service; promoted to Capt., M.C., U.S.A., June, 1918.
Discharged. July 15, 1919, Capt., M.C., U.S.A.

KENNEY, MISS GERTRUDE L.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, July 29, 1918.
Assigned to Justice Hospital Group, Toul, France.
Released from service, May 26, 1919.

KOEFOD, HILMAR O.
Commissioned. 1st Lieut., M.R.C., U.S.A., Oct. 1917.
Assignments. B.H., Camp Wadsworth, Spartanburg, S.C., with cardio-vascular examining board; ordered to inactive duty Dec. 12, 1917.
Discharged. May 2, 1918.
Served with the Local Board for examining drafted men in Santa Barbara, Cal., after discharge from the army.

LADD, WILLIAM S.
Commissioned. 1st Lieut., M.R.C., U.S.A.
Assignments. Camp Devens, Mass., on cardio-vascular board.
Discharged. 1st Lieut., M.C., U.S.A.

LEARY, MISS MARION E.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.
Assigned with U.S.A.B.H. No. 5, to duty with B.E.F. Hosp. No. 11, Camiers, B.E.F. Hosp. No. 13, Boulogne, France; Jan. 1919, invalided to England, subsequently to U.S.
Released from service, July 25, 1919.

LEAVITT, MISS MARGARET R.
Appointed to service, Army Nurse Corps, through American Red Cross Nursing Service, May 9, 1917.
Assigned with U.S.A.B.H. No. 5, to duty with B.E.F. Hosp. No. 11, Camiers, B.E.F. Hosp. No. 13, Boulogne, France.
Released from service, May 14, 1919.

LEHMAN, EDWIN P.
Commissioned. 1st Lieut., M.C., U.S.A., May 19, 1917.
Assignments. Aug. 27, 1917, at St. Louis, Mo.; Oct. 27, 1917, B.H. No. 21, operating B.G.H. No. 12 at Rouen, France; returned to U.S. with B.H. No. 21.
Discharged. May 2, 1919, 1st Lieut., M.C., U.S.A.

LIEB, CLARENCE W.
Medical Examiner, Medical Advisory Board of New York Hospital, New York City.

*MARVIN, FRANK W.
Served with the A.E.F. in France with 2nd Division of the U.S. Army.

MCCANN, WILLIAM S.
Commissioned. 1st Lieut., M.R.C., U.S.A. and later promoted to Captain.
Assignments. Served in the Panama Canal Zone; later graduated from the

Army Medical School and was commissioned in the Regular Army went overseas in July, 1918, with 85th Div.; was assigned to E.H No. 13 in Army of Occupation after the Armistice.

Discharged. Sept. 1919, Capt., M.C., U.S.A.

McCLOSKEY, MISS LOUISE H.

Appointed to service, Army Nurse Corps, through American Red Cross Nursing Service, May 9, 1917.

Assigned with U.S.A.B.H. No. 5, to duty with B.E.F. Hosp. No. 11, Camiers, B.E.F. Hosp. No. 13, Boulogne, France.

Released from service, May 13, 1919.

MILLETT, JOHN A. P.

Commissioned. 1st Lieut., M.R.C., U.S.A., July, 1917.

Assignments. Fort Benjamin Harrison, Medical Officers' Training Camp, Aug. 1917–Sept. 1917; U.S.A.B.H. No. 23, Fort Porter, N.Y., Sept. 28, 1917; sailed for France, Nov. 23, 1917; stationed with B.H. No. 23 at Vittel Vosges; attached to Hospitalization Section of Chief Surgeon's Office, A.E.F., Jan. 17, 1918–July, 1918; March, 1918, commissioned 1st Lieut., M.C., U.S.A. (Reg. Army), as of date of Nov. 23, 1917; July, 1918–May, 1919, at Hospital Center, at Pau, France; April 4, 1919, promoted to Capt., M.C., U.S.A.; May 23, 1919, sailed for U.S. and assigned to Walter Reed G.H.; Aug. 7, 1919, ordered to Fort Porter, N. Y.

Discharged. Aug. 13, 1919, Capt., M.C., U.S.A.

MORRIS, SAMUEL L.

Commissioned. 1st Lieut., M.C., U.S.A., Jan. 1918.

Assignments. Medical Officers' Training Camp, Camp Greenleaf, Jan. 1918–May, 1918, Instructor, M.O.T.C.; Med. Officer, B.E.F., June, 1918–March, 1919; promoted to Capt., M.C., U.S.A., Feb. 1919; Student Officer, Univ. of Montpellier, March, 1919–June, 1919.

Discharged. Capt., M.C., U.S.A., July 8, 1919.

MORTON, JOHN J.

Commissioned. 1st Lieut., M.R.C., U.S.A., May, 1917.

Assignments. U.S.A.B.H. No. 5, 1917–1918, as ward surgeon, acting surgical chief and roentgenologist; July–Aug. 1917, on detached duty at C.C.S. No. 46 at Mendinghen, France; promoted to Capt., M.C., U.S.A., 1918; promoted to Major, M.C., U.S.A., 1919.

Discharged. April, 1919, Major, M.C., U.S.A.

MOULTON, MISS LOUISE M.

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.

Assigned with U.S.A.B.H. No. 5, to duty with B.E.F. Hosp. No. 11, Camiers, B.E.F. Hosp. No. 13, Boulogne, France; Jan. 1919, invalided to England, subsequently to U.S.

Released from service, July 25, 1919.

MUNRO, MISS ANNETTIE L.

Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, Oct. 1, 1918.

Assigned to Camp Devens, Mass.; France.

Released from service, Dec. 19, 1919.

PARKER, FREDERICK, JR.

Served as 1st Lieut., M.R.C., U.S.A. and was stationed at the Army Lab. School, New Haven, Conn., as Instructor in Pathology.

PENFIELD, WILDER G.

Served as dresser in Hospital Militaire, V.R. 76, Ris Orangis, France, Jan.–Feb. 1916; while returning from England to above hospital for continuance of service, was torpedoed, March 24, 1916, and leg broken, on S.S. Sussex; Surgeon, American Red Cross Hospital No. 2, No. 6 Rue Piccini, Paris, June–Dec. 1917.

Enlisted. U.S. Medical Enlisted Reserve Corps.

No active service, but finished medical preparation.

PETTIT, ROSWELL T.

Commissioned. 1st Lieut., M.R.C., U.S.A., June 1, 1917.

Assignments. Fort Benjamin Harrison, Indiana, for ten days and then transferred to Army Medical School, Washington, D.C.; July, 1917, sent overseas as Casual Officer assigned to B.E.F.; Aug. 17, 1917–Aug. 31, 1917, at Stationary Hospital No. 14, B.E.F., for infectious diseases; Sept. 1, 1917, transferred to Field Amb. Co. No. 21 with the 7th Div., B.E.F., to Nov. 15, 1917; Nov. 15, 1917, assigned to 19th Div., B.E.F., and spent the winter as a Battalion Medical Officer on the Cambrai front, through the retreat in March, 1918; April 1, 1918, transferred to the 2nd Div., A.E.F., serving as Medical Officer at Div. Headquarters; May, 1918, assigned to laboratory work in wound bacteriology, serving with the Central Med. Dept. Lab., Dijon, France, and U.S.A.E.H. No. 1, at Toul; later transferred to U.S.A.E.H. No. 8 and remained with them till after the Armistice.

Discharged. Capt., M.C., U.S.A.

POTTER, WILLIAM H.

Commissioned. May 7, 1917, 1st Lieut., Dental Corps, U.S.A.

Assignments. U.S.A.B.H. No. 5; sailed for France, May 11, 1917, and on duty with B.G.H. No. 11, at Camiers, France, Chief of Dental Service; Nov. 3, 1917, U.S.A.B.H. No. 5 at Boulogne, France; Dec. 8, 1917, transferred to Army Sanitary School at Langres, France, A.E.F., as lecturer in the Dental Section; Dec. 17, 1918, rejoined U.S.A.B.H. No. 5 at Boulogne, France; Aug. 28, 1918, promoted to Major, D.C., U.S.A., retroactive to Feb. 9, 1918; Feb. 28, 1919, promoted to Lieut. Col., D.C., U.S.A., retroactive to Feb. 20, 1919; April 7, 1919, sailed for U.S.

Discharged. April 29, 1919, Camp Devens, Mass., Lieut. Col., D.C., U.S.A.

RAPPORT, DAVID L.

June, 1916–Feb. 1917, at Hampstead Military Hospital, London, Eng.

Commissioned. 1st Lieut., Mass. Nat. Guard.

Assignments. 101st F.H., 26th Div., U.S.A.; sailed overseas Sept. 1917, located in the Vosges region; Jan. 1918, Bacteriological work with 1st Army Lab. in Neufchâteau; Feb. 1918–Sept. 1918, with the Trench Fever Commission at St. Pal, Pas de Calais and Paris; Oct. 1918–March, 1919, U.S.A.B.H. No. 27, at Angers, Maine et Loire; March, 1919, returned to U.S.

Discharged. Capt., M.C., U.S.A.

*Rhea, Lawrence J.
Major, Canadian Army Medical Corps, with British Army in France, 1915–1919.

Richardson, Harry
Commissioned. 1st Lieut., M.R.C., U.S.A., May 17, 1918.
Assignments. B.H., Camp Lee, Va., June 28, 1918; transferred to U.S.A.G.H. No. 41, Staten Island, N.Y., in charge of cardio-vascular ward.
Discharged. 1st Lieut., M.C., U.S.A., June, 1919.

Sime, Miss Edith M.
Appointed to service, May 5, 1917.
Assigned to Harvard Surgical Unit, B.E.F. Hosp. No. 22, at Camiers, France.
Released from service, Jan. 3, 1919.

Spillman, Ramsay
Served as Lieut. (*j.g.*), U.S. Naval Reserve Force.
Assigned to Naval recruiting duty in Washington, D.C.

Stevens, Franklin A.
Commissioned. 1st Lieut., M.R.C., U.S.A.
Assignments. Camp Wheeler, Macon, Ga., Jan. 5, 1918–Jan. 30, 1918; Fort Sam Houston, Texas, to study pneumonia, Jan. 30, 1918–April 15, 1918; Camp Lee, Va., as a member of Empyema Commission April 15, 1918–June 15, 1918; U.S.A.G.H. No. 12, Biltmore, N.C., as member of Empyema Commission, June 15, 1918–Oct. 10, 1918; Camp Lee, Va., to study Influenza, Oct. 10, 1918–Nov. 30, 1918; Walter Reed G.H., Washington, D.C., as member of Board to Study Respiratory Diseases, Nov. 13, 1918–Aug. 19, 1919.
Discharged. 1st Lieut., M.C., U.S.A., Aug. 19, 1919.

Stoddard, James L.
Commissioned. 1st Lieut., M.R.C., U.S.A., April 24, 1917.
Assignments. Bacteriologist, U.S.A.B.H. No. 5, at Camiers and Boulogne, France; promoted to Capt., M.R.C., U.S.A., Jan. 28, 1918; promoted to Major, M.C., U.S.A., Feb. 26, 1919.
Discharged. May 17, 1919, Major, M.C., U.S.A.

Thaxter, Langdon T.
Commissioned. 1st Lieut., M.R.C., U.S.A., Sept. 10, 1917.
Assignments. Sept. 19, 1917–Oct. 10, 1917, Army Medical School, at Washington, D.C., and port of Embarkation at Hoboken; Oct. 3, 1917–May 5, 1918, 3rd South Gen. Hosp., Oxford, Eng., as Orthopedic Surgeon; May 5, 1918–Nov. 25, 1918, attached to British War Office as Asst. to Major General Sir Robert Jones, Director of Military Orthopedic Surgery; Dec. 1, 1918–May 15, 1919, Savenay Hosp. Center, Base Hospitals No. 8, No. 69, No. 88; promoted to Capt., M.C., U.S.A., Feb. 17, 1919; May 15, 1919, sailed for U.S.
Discharged. May 28, 1919, Capt., M.C., U.S.A., at Camp Dix, N.J.

Towne, Edward B.
Served as an honorary Medical Officer, Royal Army Medical Corps with No. 22 General and No. 14 General Hospitals, B.E.F., Nov. 1915–April, 1916.

Commissioned. 1st Lieut., M.R.C., U.S.A., May, 1917.
Assignments. Served with U.S.A.B.H. No. 5, attached to B.E.F., France, till Aug. 1918; promoted to Capt., M.C., U.S.A. during that time; at various times on detached duty, Canadian and British C.C.S. and G.H.; Aug. 1918–Jan. 1919, Capt. and Major, M.C., U.S.A., commanding U.S.A.M.H. No. 6, A.E.F., attached to 1st Army and later to 1st Corps, during Meuse-Argonne offensive; Jan. 1919–April, 1919, after demobilization of M.H. No. 6, returned to U.S. with U.S.A.B.H. No. 5.
Discharged. April, 1919, Major, M.C., U.S.A.

TRANTER, CHARLES L.
Commissioned. June, 1918.
Assignments. U.S.A.B.H. No. 30 (Univ. of Cal. unit) at Royat, Puy-de-Dome, France, in charge of neuro-surgical cases, June, 1918–Feb. 1919; Paris, France, to study the treatment of peripheral nerve lesions in French hospitals, May, 1919–July, 1919; U.S.A.G.H. No. 41, at Fox Hills, N.Y., on neuro-surgical service, Aug. 1919–Feb. 1920.
Discharged. Feb. 1920, Capt., M.C., U.S.A.

*VAN GORDER, GEORGE W.
Served as Capt., M.C., U.S.A.

VAUGHAN, WARREN T.
Commissioned. 1st Lieut., M.R.C., U.S.A., Nov. 7, 1917.
Assignments. Hospital of Rockefeller Institute, Nov. 1917; in charge of pneumonia service, Dec. 1, 1917–March, 1918; Asst. Chief of Medical Service, March, 1918–Oct. 1918; promoted to Capt., M.C., U.S.A., May 16, 1918; promoted to Major, M.C., U.S.A., Nov. 17, 1918; C.H. No. 8, A.E.F., Montigny-le-Roi, France, Dec. 1918–Jan. 1919, as Chief of Medical Service; C.H. No. 4, A.E.F., Is-sur-Tille, France, Jan. 1919–July, 1919, as Chief of Medical Service and acting Commanding Officer; promoted to Lieut. Col., M.C., U.S.A., May 2, 1917.
Discharged. July 27, 1919, Lieut. Col., M.C., U.S.A.

VICKERY, MISS JOSEPHINE
Appointed to service, Navy Nurse Corps, through Red Cross Nursing Service Reserve, Sept. 28, 1917.
Stationed U.S. Naval Hospital, Great Lakes, Ill.
Released from service, June 21, 1919.

VIETS, HENRY R.
Commissioned. 1st Lieut., M.R.C., U.S.A., July 10, 1917.
Assignments. Aug. 9, 1917, on active duty at Northeastern Dept., Syracuse, N.Y.; Camp Sevier, Greenville, S.C.; and Albany, N.Y.; as Neuro-psychiatrist; May, 1918, overseas with U.S.A.B.H. No. 33; promoted Capt., M.C., U.S.A., April, 1918; June, 1918–Jan. 1919, at Portsmouth, Eng., as Neurologist to U.S.A.B.H. No. 33; Jan. 1919–Aug. 1919, Army of Occupation, Germany, as Neurologist.
Discharged. Aug. 22, 1919, at Camp Dix, N.J., Capt., M.C., U.S.A.
Recommissioned. Major, M.R.C., U.S.A., Jan. 20, 1920.

WALSH, MISS ELIZABETH M.
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, May 9, 1917.

Assigned with U.S.A.B.H. No. 5, to duty with B.E.F. Hosp. No. 11, Camiers, B.E.F. Hosp. No. 13, Boulogne, France; detached for temporary duty with M.H. No. 6, A.E.F., at Deuxnouds and Varennes, and at E.H. No. 18, A.E.F., at Briey.
Released from service, May 10, 1919.

WATKINS, S. SHELTON
Commissioned. Lieut. (*j.g.*) M.C., U.S.N.R.F., Dec. 13, 1917.
Assignments. Washington, D.C., Hospital and Dispensary work, Feb. 1, 1918; U.S. Naval Proving Grounds, Indian Head, Md.; U.S. Naval Academy, Dec. 2, 1918.
Discharged. Lieut. (*s.g.*) U.S.N., June 6, 1919.

WELBOURNE, MARSHALL A.
Commissioned. 1st Lieut., M.C., Mass. Nat. Guard, April 9, 1917.
Assignments. 1st Mass. Amb. Co.; sworn into Federal Service, Aug. 7, 1917; served with 26th Div. in France until Feb. 27, 1919; commissioned Capt., M.C., U.S.A., Sept. 16, 1918; Sorbonne School Detachment (post-grad. work), Paris, Feb. 28, 1919–July 9, 1919; Officers' Casual Co., Brest, July 10, 1919–Aug. 15, 1919.
Discharged. Camp Sherman, Ohio, Aug. 15, 1919.
Recommissioned. Major, Medical Section, Officers' Reserve Corps, U.S.A., Dec. 15, 1919.

*WELLS, WARD S.
Served as Capt., M.C., U.S.A.

WENTWORTH, JOHN A.
Commissioned. 1st Lieut., M.R.C., U.S.A.
Assignments. B.H., Camp Devens, Mass., as Asst. Director of Pathological Lab., March 23, 1918–Sept. 9, 1919; Fort Snelling, Minn., on duty with U.S.A.B.H. No. 107, mobilizing for overseas; U.S.A.G.H. No. 29 in charge of pneumonia pavilion and Asst. Pathologist during Influenza epidemic; U.S.A.B.H. No. 107, A.E.F., as Chief of Lab. Service and Asst. Pathologist to Hospital Center at Mars-sur-allies, France, Nov. 17, 1918–May 24, 1919; returned to U.S. June 29, 1919.
Discharged. Camp Dix, 1st Lieut., M.C., U.S.A., July 29, 1919.

WOODS, ALAN C.
Commissioned. Capt., M.R.C., U.S.A., Aug. 1917.
Assignments. Hospital of the Rockefeller Institute, Camp Sevier, Greenville, N.C., in charge of laboratory of B.H., to Dec. 17, 1917; U.S.A.B.H. No. 20 (Univ. of Pa. Unit), and sailed overseas in April, 1918, as officer in charge of laboratory to Aug. 1918, and then acting as Ophthalmologist until Oct. 1, 1918; G.H. No. 13, B.E.F., at Boulogne, France, as Ophthalmologist, transferring to G.H. No. 83, B.E.F., in the same capacity; returned to U.S.A.B.H. No. 20; promoted to Major, M.C., U.S.A., Feb. 17, 1919; returned to U.S. in April, 1919.
Discharged. At Camp Dix, Major, M.C., U.S.A., April 27, 1919.

*WOODWARD, HARRY W.
Served as Captain in Royal Army Medical Corps, B.E.F., with B.G.H. No. 22 (Harvard Unit).

WRIGHT, MISS MADELINE
Appointed to service, Army Nurse Corps, through Red Cross Nursing Service Reserve, July 12, 1918.
Assigned to B.H., Camp Dix, N.J.
Released from service, May 3, 1919.

* Record incomplete; no reply received.

Register of Present Members of the Staff

Abbreviations

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

Adams, Frank Dennette
Litt.B., Princeton, 1913; M.D., H.M.S., 1917; Med. H.O., M.G.H., 1917–18; 1st Lieut., M.C., U.S.A.; *Pathol. H.O., P.B.B.H.*

Atwater, Reginald Myers
A.B., Colorado, 1914; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., March 1, 1918–April 15, 1919.*

Bailey, Percival
B.S., Univ. of Chicago, 1914; Ph.D., *Ibid.*, 1918; M.D., Northwestern College, 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1915; Asst. in Anatomy, Northwestern Univ. Med. Sch., 1916–18; Assoc. in Neurology, P.G. Med. Sch., Chicago, 1918–19; *Asst. Res. Surg., P.B.B.H., April 1, 1919–Dec. 19, 1919.*

*Balyeat, Ray Morton
A.B., Oklahoma Univ., 1912; B.S., *ibid.*, 1915; M.A., *ibid.*, 1916; M.D., *ibid.*, 1918; *Med. H.O., P.B.B.H., Nov. 1, 1918–Oct. 1, 1919.*

Boggs, Arthur Gordon
A.B., Dartmouth, 1915; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H.*

Brigham, Ferdinand
A.B., Tufts College, 1912; D.M.D., H.D.S., 1915; *Dental Surgeon, P.B.B.H.*

Cannon, Walter Bradford
A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., H.M.S., 1900; C.B. (military), 1919; Instr. in Zoölogy, 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; Croonian Lecturer, Royal Society, London, 1918; Corresponding Member, Societe de Biologie, Paris, 1919; Lieut. Col., M.C., U.S.A.

Chase, Henry Melville
S.B., Dartmouth, 1897; M.D., H.M.S., 1901; House Pupil, M.G.H., 1901–02; Asst. Surg., Boston Disp., 1906–14; Fellow Am. Coll. of Surg., 1912; Surg., Boston Disp.; Surg., Berkeley Inf.; *Assoc. in Surg., P.B.B.H., Nov. 17, 1914–July 11, 1919* (resigned).

CHEEVER, DAVID

A.B., Harv., 1897; M.D., H.M.S., 1901; Surg. H.O., B.C.H., 1901–03; Asst. in Anat., H.M.S., 1903–08; Asst. Visit. Surg., B.C.H., 1905–12; Demonstr. in Anat., H.M.S., 1908–13; *Surg., P.B.B.H.;* Asst. Prof., Surg. Anatomy, H.M.S.; Asst. Prof. of Surgery, H.M.S.; Chief Surg., 2nd Harv. Unit, B.E.F., France, Dec. 1915–March 1916.

CHRISTIAN, HENRY ASBURY

A.B. and A.M., Randolph-Macon, 1895; Grad. Stud., *ibid.*, 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 Hosp., 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 and Practice of Physic, H.M.S., 1905–07; Asst. Prof. in Theory and Practice of Physic, H.M.S., 1907–08; Phys.-in-Chief, Carney Hosp., Boston, 1907–12; Dean, Faculty of Med. and of Med. School, Harv., 1908–12; Fellow Am. Acad.; Hersey Prof., Theory and Practice of Physic, H.M.S.; *Phys.-in-Chief, P.B.B.H.* (on leave of absence); Chairman, Div. of Med. Sciences, Nat'l Research Council, Washington, D. C.; Major, M.R.C., U.S.A.

*CROCKETT, EUGENE ANTHONY

Acting Consulting Otologist and Laryngologist, P.B.B.H.

CUNNINGHAM, THOMAS DONALD

B.S., Dartmouth, 1913; M.D., H.M.S., 1918; House Pupil, M.G.H., Nov. 1, 1917–Nov. 1, 1918; *Asst. Res. Phys., P.B.B.H.*

*CURTIS, ROBERT DUDLEY

A.B., Harv., 1914; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., July 1, 1918–July 1, 1919.*

CUSHING, HARVEY

A.B., Yale, 1891; A.M. and M.D., Harv., 1895; Hon. F.R.C.S., London, 1913, and Ireland, 1918; Hon. A.M., Yale, 1913; D.Sc., Washington Univ., 1915, and Yale, 1919; LL.D., Western Reserve Univ., 1919; C.B. (military), 1919; House Pupil, M.G.H., 1895–96; Res. Surg., J.H.H., 1896–1900; successively Asst. Instr. and Assoc. Prof. in Surg., J.H.M.S., 1898–1912; Fellow Am. Acad., 1914; Mem. Wash. Grad. Sch., 1916; Mem. Nat. Acad. Sciences, 1917; *Surg.-in-Chief, P.B.B.H.;* Moseley Prof. of Surg., H.M.S.; Col., M.C., U.S.A.

CUTLER, ELLIOTT CARR

A.B., Harv., 1909; M.D., H.M.S., 1913; *Surg. H.O., P.B.B.H., Nov. 1, 1913–March 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 Inst., N. Y. City, Oct. 1916–May 1917; Major, M.C., U.S.A., May 1917–May 1919; Instr. in Surg., H.M.S.; *Res. Surg., P.B.B.H.*

*DAVIDSON, LEONARD TOMB

B.S., Oberlin, 1912; M.D., J.H.M.S., 1919; *Med. H.O., P.B.B.H.*

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;

3rd Asst. Visit. Surg., B.C.H. (Gynecol. Dept.), 1908–09; 4th Asst. Visit. Surg., B.C.H., 1909; District Phys., Boston Disp., Oct. 1909–Oct. 1912; Asst. to Surgeons, Boston Disp., Nov. 1911–Nov. 1912; Surg., Maverick Disp., E. Boston, 1913–14; Asst. Surg., Boston Disp., Nov. 1912–Aug. 1914; Surg., Boston Disp., Aug. 1914–Feb. 1919; 1st Asst. Surg. Beth Israel Hosp., 1917–18; *Assoc. in Surg., P.B.B.H.;* Fellow Am. Coll. of Surg.; Surg.-in-Chief, Boston Disp.

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; *Assoc. in Med., P.B.B.H.;* Phys. to Med. Students, H.M.S.; Capt., M.C., U.S.A.; Attending Phys., Channing Home, Boston.

DEVAN, THOMAS ALAN

B.S., Rutgers, 1906; M.D., J.H.M.S., 1910; H.O., Presbyterian Hosp., N. Y. City, Jan. 1, 1911–Jan. 1, 1913; *2nd Asst. Supt., P.B.B.H., Aug. 1, 1913–May 1, 1917; 1st Asst. Supt., P.B.B.H., May 1, 1917–July 1, 1919* (resigned); (on leave of absence), 1st Lieut., M.C., U.S.A., Nov. 5, 1918–Dec. 6, 1918; College Phys. and Prof. of Hygiene, Rutgers College, New Brunswick, N. J.

DONALD, DOUGLAS

B.S., Univ. of Michigan, 1916; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., Feb. 12, 1918–March 1, 1919; Asst. Res. Phys., P.B.B.H., March 1, 1919–June 16, 1919.*

ELIOT, MARTHA MAY

A.B., Radcliffe, 1913; M.D., J.H.M.S., 1918; *Med. H.O., P.B.B.H., June 15, 1918–July 1, 1919;* St. Louis Children's Hospital.

*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; Mem. Nat. Acad., 1916; Student, Univs. of Sweden and Germany, 1897 and 1898; Asst. Prof. of Physiol. Chem., Univ. of W. Va., 1899–1900; Research Chem., McLean Hosp., Waverley, 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.*

FREMONT-SMITH, MAURICE

A.B., Harv., 1913; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., March 1, 1918–Feb. 7, 1919;* in charge of hospital at Sivas, Armenia.

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 and Practice of Physic, H.M.S., 1908–13; Instr. in Med., *Ibid., Phys., P.B.B.H.;* Lieut. Col., M.C., U.S.A.

GABE, WILLIAM EDWIN

Stud., 3 yrs., Indiana Univ.; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., March 1, 1918–March 31, 1919.*

GRAVES, ROGER COLGATE
A.B., Syracuse Univ., 1913; M.D., Syracuse Univ. Med. School, 1918; *Surg. H.O., P.B.B.H., Aug. 15, 1918–Oct. 19, 1919;* Asst. Res. Surg., New Haven Hospital, New Haven, Conn.

GREENSPON, EDWARD A.
M.D., McGill Univ., 1916; House Bacteriologist, Royal Victoria Hospital, Montreal, 1916–17; Asst. Res. Pathol., J.H.H., 1917–18; Captain, Canadian Army Medical Corps; *Res. Pathol., P.B.B.H.*

HERRICK, THEODORE POMEROY
A.B., Yale, 1915; M.D., Harv., 1919; *Med. H.O., P.B.B.H., Dec. 26, 1918–Jan. 1, 1920.*

HERMANN, GEORGE RUDOLPH
B.S., Univ. of Michigan, 1916; M.D. and M.S., *ibid.*, 1918; *Med. H.O., P.B.B.H., Oct. 1, 1918–Oct. 1, 1919;* Asst. Res. Phys., Barnes Hospital, St. Louis, Mo.

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., O.P.D., 1910–12; Asst. in Surg., H.M.S., 1910–13; Surg., Boston Disp., 1913–14; Assoc. in Surg., H.M.S., 1914–15; Instr. in Surg., *ibid.*; *Surg., P.B.B.H.;* Major, M.C., U.S.A.

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., Nov. 1, 1916–May 1, 1917; Major, M.C., U.S.A.; *Assoc. in Neurol. Surg., P.B.B.H.*

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., May 1, 1908–May 1, 1919* (retired — age limit); Mem. Mass. State Bd. of Insanity, 1898–1913 (Chairman, 1908–13); Pres., Am. Hosp. Ass'n, 1909–10; Trustee, State Colony for the Insane, Gardner, Mass.

HOWLAND, JOSEPH BRIGGS
M.D., H.M.S., 1896; Surg. House Pupil, M.G.H., 1896–97; Asst. Phys., State Hospital, Tewksbury, Mass., 1898–1901; Asst. Supt., *ibid.*, 1901–02; Supt., State Colony for the Insane, Gardner, Mass., 1902–07; Asst. Res. Phys., M.G.H., 1907–17; Asst. Administrator, *ibid.*, 1908–17; Acting Administrator and Res. Phys., *ibid.*, July 1917–May 1919; *Supt., P.B.B.H.;* Pres., Am. Hosp. Ass'n; Mem. Mass. State Board of Registration of Nurses.

JACK, EDWIN EVERETT
A.B., Harv., 1884; M.D., H.M.S., 1887; *Acting Consulting Ophthalmologist, P.B.B.H.*

JACKSON, HOWARD BURR
A.B., Harv., 1915; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H.*

*JACOBSON, CONRAD
B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. and Bacteriology, Armour Inst. of Technology, 1903–05; Research Asst. in Pathol., Univ. of Chicago, 1907–08; M.D., J.H.M.S., 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., July 18, 1917–July 1, 1918;* 1st Lieut., M.C., U.S.A., July 8, 1918–Dec. 13, 1918; *Pathol. H.O., P.B.B.H., Jan. 1, 1919–July 1, 1919; Res. Pathol., P.B.B.H., July 1, 1919–Oct. 1, 1919;* Asst. Prof. of Pathol., Univ. of Wisconsin.

*JAMESON, CHARLES HAROLD
B.S., Harv., 1916; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H.*

KEBABJIAN, HRANT SETRAG
A.B., Anatolia College (Armenia), 1913; M.D., H.M.S., 1918; Admitting Phys., Babies' Ward, Post Grad. Hosp., N. Y. City, March 1918–Sept. 1918; *Surg. H.O., P.B.B.H.*

KEEGAN, JOHN JAY
A.M., Univ. of Neb., 1912; M.D., *Ibid.*, 1915; Instr. in Anatomy, *ibid.*, 1915–17; *Pathol. H.O., P.B.B.H., June 15, 1917–Dec. 15, 1917;* Lieut., M.C., U.S.N., Dec. 15, 1917–Aug. 9, 1919; *Surg. H.O., P.B.B.H.*

KEYSER, LINWOOD DICKENS
B.A., Virginia, 1914; M.D., J.H.M.S., 1918; H.O., J.H.H., 1918–19; *Asst. Res. Surg., P.B.B.H., July 1, 1919–Nov. 1, 1919;* Res. Surg., N. Y. Post Grad. Hosp., N. Y. City.

LANDIS, H. R. M.
A.B., Amherst, 1894; M.D., Jefferson Medical College, 1897; Visit. Phys. *pro tempore*, Jan. 18, 1919–Jan. 25, 1919.

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 Travelling Fellow; Asst., Rockefeller Inst. Hosp., N. Y. City, Nov. 1916–June 1917; Capt., M.C., U.S.A.; *Assoc. in Med., P.B.B.H.*

*LYNCH, JR., JAMES JOSEPH
B.S., Notre Dame Univ., 1915; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H.*

*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;* Capt., M.C., U.S.A.; *Assoc. in Med., P.B.B.H.*

*MARVIN, HAROLD MYERS
A.B., Davidson College, 1914; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H.*

*MCCARTHY, PATRICK THOMAS
B.S., Univ. of Chicago, 1914; M.D., Rush Med. Coll. 1917; *Surg. H.O.,*

P.B.B.H., Dec. 15, 1917–Oct. 1, 1918; Asst. Res. Surg., P.B.B.H., Oct. 1, 1918–Feb. 9, 1919; Relief Comm., Near East, Armenia.

*McCarty, Elba Denton
M.D., Univ. of Mich., 1903; Interne, 2 yrs., St. Mary's Hosp., Saginaw, E.S., Mich.; Gen. Practice, Merrill, Mich., 1905–09, Priest River, Idaho, 1909–17; *Roentgenologist, P.B.B.H., July 1, 1918–Oct. 14, 1919.*

McClure, Charles Walter
A.B., Ohio State Univ., 1906; M.D., Starling Med. Coll., O., 1910; Med. H.O., St. Francis Hosp., Columbus, O., 1910–11; Asst. in Clin. Med., Starling Med. Coll., O., 1911–12; Asst. in Med., 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.; *Res. Phys., P.B.B.H., June 7, 1917–July 6, 1917;* Physician-in-Chief, St. Luke's Hospital, South Bethlehem, Pa., Aug. 1, 1917–March 1, 1918; Capt., M.C., U.S.A., March 1, 1918–Dec. 24, 1918; *Assoc. in Med., P.B.B.H.*

*McKean, Richard M.
A.B., Univ. of Mich., 1916; M.D., *ibid.*, 1919; *Med. H.O., P.B.B.H.*

*Nellans, Charles T.
B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; *Med. H.O., P.B.B.H.*

Newton, Francis Chandler
A.B., Amherst, 1915; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H.*

Nichols, 3d, Andrew
A.B., Harv., 1912; M.D., H.M.S., 1916; Surg. H.O., B.C.H., Nov. 1916–Sept. 1917; Capt., M.C., U.S.A.; *2nd Asst. Supt., P.B.B.H.*

Novy, Robert Lev
A.B., Univ. of Mich., 1913; M.S., *ibid.*, 1914; M.D., *ibid.*, 1919; *Med. H.O., P.B.B.H.*

O'Conor, Vincent John
B.S., Univ. of Mich., 1915; M.D., Rush Med. Coll., 1917; *Surg. H.O., P.B.B.H., Jan. 1, 1917–Jan. 1, 1918;* House Surgeon, Presbyterian Hosp., Chicago, Ill., Jan. 19, 1918–June 15, 1918; 1st Lieut., M.C., U.S.A.; *Asst. Res. Surg., P.B.B.H.*

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., 1915–17; *Assoc. in Med., P.B.B.H.;* Asst. in Med., H.M.S.; *Acting Physician, P.B.B.H., Aug. 1, 1917–Feb. 1, 1918, and April 1, 1918–Jan. 1, 1919;* Instr. in Med., H.M.S.

O'Meara, John William
A.B., Holy Cross, 1912; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., Jan. 7, 1918–Jan. 7, 1919;* Surg. H.O., Children's Hosp., Boston, Jan. 1919–July 1919; Comm. for Relief in Near East, in charge of Surg. Wards, American Hosp., Samsoun, Turkey in Asia.

OPPENHEIMER, ELLA
A.B., Bryn Mawr College, 1914; M.D., J.H.M.S., 1918; *Med. H.O., P.B.B.H., Sept. 1, 1918–June 11, 1919.*

*ORMOND, ALEXANDER T.
A.B., Princeton, 1912; M.D., J.H.M.S., 1919; *Surg. H.O., P.B.B.H.*

PARKINS, LEROY EDWARD
A.B., Simpson College, 1912; M.D., H.M.S., 1918; Asst. Res., Boston Consumptives' Hospital, Boston; Asst. Res., So. Dept., B.C.H.; *Surg. H.O., P.B.B.H.*

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, March 1, 1914–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–Feb. 1, 1918, to serve as a member of the American Red Cross Comm. to Roumania); Major, M.C., U.S.A.

PECK, EUGENE CURTIS
A.B., Harv., 1916; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H.*

PENFIELD, WILDER GRAVES
Litt. B., Princeton, 1913; B.A., Oxford, 1916; M.D., J.H.M.S., 1918; *Surg. H.O., P.B.B.H., Aug. 15, 1918–Sept. 20, 1919.*

POTTER, WILLIAM HENRY
A.B., Harv., 1878; D.M.D., Harv. Dental Sch., 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv. Dental Sch., 1887–88; Clin. Lecturer, *ibid.*, 1890–96; Lecturer, *ibid.*, 1896–1900; Asst. Prof., *ibid.*, 1900–04; Prof. of Operative Dentistry, *ibid.;* in practice, Boston; *Consulting Dental Surg., P.B.B.H.;* Lieut. Col., Dental Corps, U.S.A.

PRICE, JAMES VALENTINE
A.B., Univ. of N. C., 1915; M.D., J.H.M.S., 1919; *Surg. H.O., 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.*

REYNOLDS, LAWRENCE
A.B., Univ. of Ala., 1912; M.D., J.H.M.S., 1916; Capt., M.C., U.S.A.; *Roentgenologist, P.B.B.H.*

ROOT, HOWARD F.
A.B., Harv., 1913; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H., Feb. 13, 1919–Jan. 1, 1920.*

SCHWARTZ, CHARLES WADSWORTH
Ph.B., Yale, 1914; M.D., H.M.S., 1919; *H.O., X-Ray Dept., P.B.B.H.*

*SIMON, HILDA AMANDA
M.D., Cooper, 1905; *3rd Asst. Supt., P.B.B.H., Oct. 5, 1917–March 1, 1919* (resigned); Supt., Lynn Hosp., Lynn, Mass.

*SMITH, JUDSON ARTHUR
A.B., Harv., 1915; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H., Feb. 14, 1918–Jan. 30, 1919.*

STEWART, STEELE FULLER
B.S., Westminster, Pa., 1912; M.D., Univ. of Pa., 1918; *Surg. H.O., P.B.B.H., June 1, 1918–July 1, 1919.*

STONE, ERIC PERCY
B.S., Harv., 1914, as of 1915; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., May 15, 1918–July 1, 1919; Asst. Res. Surg., P.B.B.H.*

STONE, GEORGE HENRY
A.B., Bowdoin, 1905; M.D., Bowdoin Med. Sch., 1908; H.O., Maine Gen. Hosp., 1908–09; in practice, Clinton, Mass., 1909–11; H.O., B.C.H., Jan. 1912–Jan. 1913; Executive Asst., B.C.H., Jan. 1913–Feb. 1915; *3rd Asst. Supt., P.B.B.H., Feb. 1, 1915–May 1, 1917; 2nd Asst. Supt., P.B.B.H., May 1, 1917–July 1, 1919;* Capt., Med. Sect., Officers' Reserve Corps, U.S.A.; *1st 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.*, Oct. 15, 1917–Aug. 22, 1918; 1st Lieut., M.C., U.S.A.; *Asst. Res. Phys., P.B.B.H.*

TAFT, ROGER BROWNE
D.M.D., Harv. Dental School, 1908; Asst. in Oral Surg., *ibid.*, 1910; Instr. in Oral Surg., *ibid.*, Feb. 1, 1919; in practice, Boston; *Dental Surg., P.B.B.H., Jan. 13, 1916–Feb. 13, 1919;* Instr. in Operative Dent., Harv. Dental School.

WALKER, ISAAC CHANDLER
A.B., J.H.U., 1905; M.D., J.H.M.S., 1909; Grad. Stud., Lab. of Theory and Practice of Physic, H.M.S., 1910–11; Med. H.O., Carney Hosp., Boston, 1910–11; Lect. on Clin. Microscopy and Physical Diagnosis, Univ. of Iowa, 1911–12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., New York City, 1912; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912–March 1, 1913; Asst. Res. Phys., ibid., March 1, 1913–March 1, 1914; Act. Res. Phys., ibid., March 1, 1914–Jan. 1, 1915; Asst. Res. Phys., ibid., Jan. 1, 1915–March 1, 1915* (granted leave of absence from March 1, 1915–Sept. 1, 1915); Med. Chief, Hospital $A^{b}32^{bis}$, Passy Yonne, France, March 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., Aug. 1, 1917–Feb. 1, 1918 and April 1, 1918–Dec. 16, 1918;* Asst. Prof. of Med., H.M.S., 1918–19.

WEARN, JOSEPH TRELOAR
B.S., Davidson, 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., June 15, 1917–June 15, 1918;* 1st Lieut., M.C., U.S.A.; *Asst. Res. Phys., P.B.B.H.*

WEST, HOWARD FRANK
A.B., Stanford, 1912; M.D., *ibid.*, 1915; Interne, Lane Hospital, San Francisco, July 1915–July 1917; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1917–Oct. 15, 1917; Acting Res. Phys., ibid., Oct. 15, 1917–Jan. 1, 1918; Res. Phys., ibid.*

WILSON, DAVID COLE
B.A., Univ. of Va., 1912; M.D., *ibid.*, 1919; *Med. H.O., P.B.B.H.*

WOLBACH, SIMEON BURT
Stud., Harv., 2 yrs.; M.D., H.M.S., 1903; 2nd Asst. in Pathol., B.C.H., 1903–04; 1st Asst. in Pathol., *ibid.*, 1904–05; 2nd 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., *ibid.*, 1906–08; Adjunct. Prof. of Pathol. and Bacteriol., Albany Med. Coll., 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. and Bacteriol., H.M.S.; *Pathol., P.B.B.H.;* Fellow Am. Acad. of Arts and 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–March 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, Oct. 1, 1912–Dec. 1, 1918; *Assoc. in Med., P.B.B.H.*

WULFFAERT, FRANZ RENÉ
B.A., Brussels, 1906; B.S., *ibid.*, 1907; M.D., *ibid.*, 1912; Asst. Phys., St. John's Hosp., Brussels, 1913; Res. Anæsthetist, St. Mary's Hosp., London, Eng., 1915; *Pathol. H.O., P.B.B.H., Jan. 15, 1918–July 1, 1918; Res. Pathol., P.B.B.H., July 1, 1918–March 31, 1919;* Asst. Pathol., H.M.S., 1918–19; Asst. Surg. (Gynecology), St. John's Hosp., Brussels.

Register of Former Members of the Staff

Alexander, Harry Louis

A.B., Williams, 1910; M.D., Columbia Univ., Coll. of Phys. and Surg., 1914; H.O., Presbyterian Hosp., N. Y. City, 1914–16; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1916–July 6, 1917;* Major, M.C., U.S.A.; Instr. in Med., Cornell Univ. Med. Coll., N. Y.; Asst. Adjunct Attending Phys., 2nd Med. Div., Bellevue Hosp., N. Y.

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 and Infirmary and Hosp. for the Women of Md., Baltimore; Consulting Surg., Baltimore Eye, Ear, and Throat Charity Hosp., Emergency Hosp., Annapolis, Md., and Presbyterian Eye, Ear and Throat Charity Hosp., Baltimore; Assoc. in Experimental Neurology, J.H.M.S.; Major, M.C., U.S.A.

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;* Capt., M.C., U.S.A.

*Benet, George

Student for 3 yrs., Univ. of S. C. and 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; Surg., at French Hosp. near Annel, 1915–16; Capt. and Asst. Surg., 2nd Harv. Unit, B.E.F., France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., Nov. 1916–April 1917; Surg., Fulham Military Hosp., London, Eng., April–Dec. 1917; M.R.C., U.S.A., Dec. 1917–Aug. 1918; Capt., M.C., U.S.A., A.E.F.

Berry, Frank Brown

A.B., Harv., 1914; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., Jan. 9, 1918–March 1, 1918;* Capt., M.C., U.S.A.

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 Med., Univ. of Minn., June 1917–July 1919; Visit. Phys., Elliott Mem. Hosp., Univ. of Minn., June 1917–July 1919 (leave of absence July 28, 1918–Jan. 15, 1919), Capt., M.C., U.S.A.; Army Med. School, Washington, D. C., Jan. 16, 1919–Sept. 5, 1919; Assoc. in Med., Rockefeller Inst. Hosp.

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., Nov. 1, 1915–July 1918; Surg. Service, Walter Reed Hospital.

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 and Instr. in Anatomy, H.M.S., 1914–16; Head of Section of Clin. Metabolism, Mayo Clinic, Rochester, Minn., Nov. 1916; Major, M.C., U.S.A.; Asst. Prof. of Medicine, Mayo Foundation, Univ. of Minn.; Head of Sect. of Clinical Metabolism, Mayo Clinic.

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. and Neuropathol., H.M.S., Sept. 1907–June 1908; Surg. House Pupil, M.G.H., Dec. 1908–April 1910; Research in Europe, June 1912–Sept. 1913 and June 1914–Sept. 1914; Asst. in Anatomy, H.M.S., since Sept. 1913; Grad. Asst., M.G.H., Children's 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., Jan. 1, 1917–Jan. 1, 1918;* Major, M.C., U.S.A.; Med. Asst. in Problems of Convalescence, M.G.H.

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–April 30, 1917; Curator, ibid., May 8, 1913–May 10, 1917;* Supt., Barnes Hospital, St. Louis, Mo.; Administrator, St. Louis Children's Hospital; Lecturer on Hospital Adm., Washington University Medical School.

CADBURY, WILLIAM WARDER

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903–05; Student, in Vienna, Summer of 1905; Instr. in Pathol. and Pharmacodynamics, Univ. of Pa., 1906–07; Pathol., St. Mary's Hosp., Phila., Pa., 1906–07; Pathol., Henry Phipps Inst. for the Study, Treatment and Prevention of Tuberculosis, 1908–09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pa., 1908–09; Internist, Canton Hosp., Canton, China; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915–March 1, 1916;* College Physician, Canton Christian College, Canton, China.

CARR, GLADYS LYDIA

M.D., Tufts, 1906; H.O., N. E. Hosp. for Women and Children, 1906–07; Asst. on Maternity Staff, *ibid.*, 1907–08; general practice, Boston, 1907–08; private practice, Lynn, 1908–14; Head of Roentgen and Electrotherapeutic Depts., N. E. Hosp. for Women and Children; *Roentgenologist, pro tempore, P.B.B.H., June 1, 1914–Feb. 1, 1916; Roentgenologist, ibid.,*

Feb. 1, 1916–Oct. 31, 1917; Roentgenologist, American Comm. for Relief in the Near East, Asia Minor.

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, J.H.H., 1917–18; 1st Lieut., M.C., U.S.A., 1918–19; Phys., Dallas, Texas; Prof. of Physical Diagnosis, Bayler Univ. Med. Coll., Dallas; Visit. Phys., Parkland Hosp., Dallas, Texas.

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 and Physiol. of the Nervous System, J.H.M.S.; Asst. Psychiatrist, J.H.H., 1917–18; Assoc. in Psychiatry, J.H.M.S. (on leave of absence); 1st Lieut., M.C., U.S.A.; Asst. Neurologist, M.G.H.; Dalton Scholar, M.G.H.; Instr. in Neurol. and Physiol., M.G.H.

*COOK, WARD HANCE
A.B., Univ. of Kan., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909–10; Instr. in Embryology and Histology, *ibid.*, 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914–July 10, 1915* (resigned); 2nd 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 and 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., March 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; Fellow Philosophical Society, Phila., 1918.

*DAWSON, ROGER PAUL
A.B., Holy Cross, 1907; M.D., H.M.S., 1911; Med. H.O., Carney Hosp., Boston, April 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., 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.*

DEAN, JR., ARCHIE LEIGH
B.S., Cornell, 1913; M.D., *ibid.*, 1917; *Surg. H.O., P.B.B.H., May 1917–Feb. 1918;* 1st Lieut., M.C., U.S.A.

DRINKER, CECIL KENT
B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; *Med. H.O., P.B.B.H., March 1, 1914–July 1, 1915;* Instr. in Physiol., J.H.M.S., 1915–16; Instr.

in Physiol., H.M.S., 1916–18; *Res. Phys., P.B.B.H., July 10, 1917–Oct. 15, 1917;* Asst. Prof. Physiology, H.M.S., 1918–1919; Assoc. Prof., Applied Physiology, H.M.S.

DRINKER, KATHERINE ROTAN
A.B., Bryn Mawr, 1910; M.D., Woman's Med. Coll. of Pa., 1914; *Asst. Res. Phys., P.B.B.H., July 7, 1917–Sept. 24, 1917.*

*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).

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. and 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. City; Major, M.C., U.S.A.; Assoc. in Med. and Acting Res. Phys., East Med. Service, M.G.H.

*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–March 1, 1916;* Special Student, Univ. of Mich., Oct. 1, 1915–Dec. 1, 1916; Surg. Research, Detroit, Mich.

FORBES, HENRY STONE
AB., Harv., 1905; Philippine Islands, 1905–06; Harv. Grad. Sch. of Med., 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, Cal., March 1914–July 1915; American Red Cross, Serbia, July 1915–Feb. 1916; Asst. Phys., M.G.H., O.P.D.; Major, M.C., U.S.A.; Research Work, Cancer Commission, H.M.S.

FOSTER, JOHN HESS
B.S., Colby, 1913; M.D., Univ. of Pa., 1917; *Med. H.O., P.B.B.H., July 1, 1917–June 15, 1918;* 1st Lieut., M.C., U.S.A.; Instr. Int. Med., "Yale in China" Med. Sch., Changsha, China.

GOETSCH, EMIL
S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. and Assoc. in Anatomy, *ibid.*, 1904–08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908–09; Rush Med. Coll., 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., 1915–18; Assoc. Prof. of Surg., J.H.M.S., 1918–19; Prof. of Surg. and Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn.

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;* Capt., M.C., U.S.A.

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. Sch. of Med.; Lt. Col., M.C., U.S.A.

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;* Asst. Prof. Pathol., H.M.S.; Fellow in Pathol., Cancer Comm., H.M.S.; Lt. (j. g.), M.C., U.S.N.R.F.

GRABFIELD, GUSTAVE PHILIP
A.B., Williams, 1912; M.D., H.M.S., 1915; Teaching Fellow, Dept. of Pharmacol., H.M.S., 1915–16; *Med. H.O., P.B.B.H., March 1, 1916–June 17, 1917;* Capt., M.C., U.S.A.; Asst. in Roentgenology, Univ. of Mich. Hosp.

GRAY, HORACE
A.B., Harv., 1909; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914–March 1, 1916;* Phys., Boston, Mass.; 1st Lieut., M.C., U.S.A.

*GREY, ERNEST
A.B., Univ. of Wis., 1907; Asst. in Anatomy, *ibid.*, 1907–08; Stud. in Med., Univ. of Wis. Med. Sch., 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.; died Oct. 12, 1918.

HALE, WORTH
A.B., Univ. of Michigan, 1908; M.D., *ibid.*, 1904; *Assoc. in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1918.*

HALLER, DAVID ALEXANDER
A.B., Hampden-Sidney, 1908; M.D., Columbia Univ., Coll. of Phys. and Surg., 1913; *Med. H.O., P.B.B.H., Nov. 1, 1913–March 1, 1915; Asst. Res. Phys., ibid., March 1, 1915–Oct. 1, 1916; Res. Phys., ibid., Oct. 1, 1916–June 6, 1917;* Major, M.C., U.S.A.; Internist for the Rochester Clinic, Rochester, N. Y.

HARVEY, SAMUEL CLARK
Ph.B., Yale, 1907; M.D., Yale Med. Sch., 1911; Alonzo Clark Fellow, Columbia Univ., 1911–12; Instr. in Pathol., *ibid.*, 1912–13; Asst. Res. Phys., Loomis Sanitorium, 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;* Major, M.C., U.S.A.; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale Med. Sch.

*HATCH, FLOYD FROST
A.B., Univ. of Utah, 1912; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., March 1, 1914–Jan. 4, 1915* (granted leave of absence from Jan. 4, 1915 to 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; Surg. to G.U. Dept., Salt Lake County Hosp., March 1, 1917–Jan. 1918; Surg. to G.U. Dept., L.D.S. Hosp., Salt Lake City, Utah; 1st Lieut., M.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. Sch., 1 yr.; Stud., Rush Med. Sch. and 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–March 1, 1917;* H.O., Augustana Hosp., 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. 1, 1916–March 1, 1917; Asst. Res. Surg., ibid., March 1, 1917–June 22, 1917;* 1st Lieut., M.C., U.S.A.; Res. Surg., M.G.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., ibid., Nov. 1, 1917–Feb. 8, 1918;* 1st Lieut., M.C., U.S.A.; Surg. Staff, Samaritan Hospital, Troy, N. Y.

*Hurwitz, Samuel Haymann
A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Student, Univ. of Strassburg, Germany, 1909–10; Special Student, Inst. of Infectious Diseases, Berlin, Germany, Summer of 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–March 1, 1915;* Instr. in Research Med., Geo. Wms. Hooper Foundation for Med. Research, Univ. of Cal., San Francisco, Cal.; Asst. Clinical Prof. of Med., Univ. of Cal., 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. and Asst. Surg., 2nd Harv. Unit, B.E.F., 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., U.S.A.

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;* Capt., M.C., U.S.A.

King, William Robert
B.S., Univ. of Minn., 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., July 1, 1917–Feb. 1, 1918; Asst. Res. Phys., ibid., Feb. 1, 1918–Oct. 24, 1918* (resigned); private practice, Minn.

*Kirkwood, Allan Stewart
M.D., Univ. and Bellevue Hosp. Med. Coll., N. Y., 1913; *Associate in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1917;* Major, M.C., U.S.A.

KOEFOD, HILMAR OLAF

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.; Chief of Clinic at Mem. Lab. and Clinic, Santa Barbara, Calif.; Asst. in Med., Med. Sch., Univ. of Calif.; Asst. to Prof. H. C. Moffitt in his private work.

*KREUTZMANN, HENRY ADOLPH ROBERT

M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., March 1, 1917–Feb. 4, 1918;* Lieut., M.C., U.S.A.

LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia Univ., Coll. of Phys. and Surg., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1917;* Asst. Phys., Presbyterian Hosp., New York City; Instr. in Med., Coll. of Phys. and Surg., Columbia Univ., N. Y., 1918–19; 1st Lieut., M.C., U.S.A.; Asst. Phys., Presbyterian Hosp., New York City; Asst. in Med., J.H.H., Baltimore, Md.

*LAMSON, PAUL DUDLEY

A.B., Harv., 1905; M.D., H.M.S., 1911; Med. House Pupil, M.G.H., March 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, 1916–20; 1st Lieut., M.C., U.S.A.; Res. Surg., Barnes Hospital, St. Louis, Mo.

LIEB, CLARENCE WILLIAM

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., H.M.S., 1914; *Pathol. H.O., P.B.B.H., April 1, 1914–June 6, 1914* (resigned); Med. Director "The Glen Springs," Watkins, N. Y., 1914–17 (resigned); Asst., Cardiac Clinic, N. Y. Hosp., N. Y. Hosp. Dispensary.

LYLE, EVELINE BURTON

B.A., Mt. Holyoke Coll., 1906; M.D., Tufts College Med. Sch., 1913; *Acting Assoc. in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1917;* Visit. Phys. and Obstetrician, N. E. Hosp. for Women and Children.

*MARLOW, SEARLE BISSET

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

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–March 1, 1916;* Phys., Boston, Mass.; Asst. Surg., M.G.H., O.P.D.; Asst. in Anatomy, H.M.S.

MCCANN, WILLIAM SHARP

A.B., Ohio State Univ., 1911; M.D., Cornell Univ. Med. Coll., 1915; Asst. Res. Phys., General Memorial Hosp., New York City, 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.; Capt., M.C., U.S.A.; Instr. in Med., Cornell Univ.; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys., Bellevue Hosp., N. Y. City.

*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., March 1, 1916–July 1, 1917; Asst. Res. Surg., ibid., July 1, 1917–Aug. 17, 1917.*

Millet, John Alfred Parsons
A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914–March 1, 1916;* Internist, N. Y. State Inst. for the Study of Malignant Disease, Buffalo (resigned Jan. 1, 1920); Capt., M.C., U.S.A.; Asst. Attend. Phys., Buffalo General Hosp.; Assoc. Phys. to the Board of Hospitals and Dispensaries; Asst. in Med., Buffalo Univ. Med. Sch.

*Montgomery, James Blaine
A.B., Dartmouth, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1917;* House Surgeon, Mass. Char. Eye and Ear Inf., March 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;* 1st Lieut., M.R.C., U.S.A.; First Asst. House Surg., St. Louis Southwestern Hosp., Sept. 1, 1919–Dec. 15, 1919; Chief House Surg., *ibid.*

Morton, John Jamieson
A.B., Amherst, 1907; M.D., J.H.M.S., 1913; *Surg. H.O., P.B.B.H., March 1, 1913–July 1, 1914;* Fellow in Pathol., Rockefeller Inst., N. Y. City, 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. City, Nov. 1916–May 1917; Major, M.C., U.S.A.; Practice Orthopedic Surg., Boston, Mass.; Grad. Asst., O.P.D., Children's Hosp., Boston.

*Parker, Jr., Frederic
A.B., Harv., 1913; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., March 1, 1917–April 1, 1917.*

Pettit, Roswell Talmadge
S.B., Univ. of Chicago, 1908; M.D., Rush Med. Coll., 1913; *Med. H.O., P.B.B.H., March 1, 1914–July 1, 1915;* Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; Phys., Illinois Valley Hosp., Ottawa, Ill.; Capt., 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, Cal.

Rapport, David
A.B., Harv., 1912; M.D., H.M.S., 1916 (Moseley Travelling Fellowship, June 1916–March 1917); *Med. H.O., P.B.B.H., March 1, 1917–June 17, 1917;* Capt., M.C., U.S.A.; Austin Teaching Fellow in Physiology, H.M.S.

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; 2nd Asst. in Pathol., *ibid.*, Jan. 1907–Aug. 1907; 1st Asst. in Pathol., *ibid.*, Aug. 1907–Sept. 1908; Asst. Visit. Pathol., *ibid.*, 1908–09; Asst. in Pathol., H.M.S., 1908–09; Instr. in Pathol., *ibid.*, 1909–10; Asst. Pathol., B.C.H., 1909–10; Director of Pathol. Lab. and Pathol. Montreal Gen'l Hosp., 1910–12; Lect. in Pathol., McGill Univ., 1910–11; Asst. Prof. of Pathol., *ibid.*, 1911–12; *Res. Pathol., P.B.B.H., July 1, 1912–Oct. 1, 1913;* Asst. Prof. of Pathol., H.M.S., 1912–13; Assoc. Prof. of Pathol., McGill Univ.; Director of the Pathol. Lab., Montreal Gen'l Hosp.; Major, Canadian Army, M.C.

RICHARDSON, HENRY BARBER

A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., March 1, 1915–July 1, 1916;* Asst. in Med., J.H.M.S.; Asst. Disp. Phys., J.H.H.; 1st Lieut., M.C., U.S.A.; Instr. in Med., Coll. of Phys. and Surg., Columbia Univ., N. Y. City.

*SAEGER, ERNEST TIRRILL

B.S., Dartmouth, 1914; M.D., H.M.S., 1917; *Surg. H.O., P.B.B.H., July 1, 1917–Aug. 1, 1918.*

*SISSON, WARREN RICHARDS

A.B., Colgate, 1906; Stud. of Med., Freiburg, Germany (Summer semester), 1910; Stud., Univ. of Munchen (Winter semester), 1910–11; Stud., 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., March 1, 1913–March 1, 1914; Res. Pathol., P.B.B.H., March 1, 1914–April 1915;* Instr. in Pathol., H.M.S., 1914–15; H.O., B.C.H. (So. Dept.), Summer of 1915; Sr. H.O., Boston Floating Hosp., July 1, 1915–Sept. 15, 1915; Instr. in Pediatrics, J.H.M.S.; Asst. in 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–March 1, 1914; Asst. Res. Phys., P.B.B.H., March 1, 1914–Sept. 1, 1914;* Asst. Instr., Dept. of Preventive Med., H.M.S., 1914–16; Research Fellow, Rockefeller Inst., N. Y. City, 1916–17; International Health Board of Rockefeller Foundation, 1917; loaned by the board as Asst. Prof. Hygiene de Faculdade de Medicina, Sao Paulo, Brazil, 1918–19.

*SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. Sch., 1910–12; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–Nov. 1, 1915;* Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April-July 1918; House Pupil, M.G.H. (Orthopedic Service), 1916; private practice, Boston, Mass.; Asst. Visit. Surg., M.G.H., O.P.D., Orthopedic Dept.

SPILLMAN, RAMSAY

A.B., Cornell, 1914; M.D., Cornell Univ. Med. Coll., 1917; *Surg. H.O., P.B.B.H., July 1, 1917–March 1, 1918;* 1st Lieut., U.S.N.R.F.; H.O., Columbia Hospital, Washington, D. C., April 1, 1918–April 1, 1919.

*STEVENS, FRANKLIN AUGUSTUS

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

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.; Major, M.C., U.S.A.

*TAFT, ANNIE ELZINA
M.D., Tufts, 1907; *Res. Pathol., P.B.B.H., Nov. 5, 1917–Jan. 31, 1918.*

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;* Capt., M.C., U.S.A.; private practice (Orthopedic Surgery), Portland, Maine.

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;* 2nd Asst. Res., Phipps Psychiatric Clinic, J.H.H., 1914-15; 1st Asst. Res., *ibid.*, 1915–16; Examining Psychiatrist and Executive Sec'y, Mental Hygiene Soc. of Md.; Asst. Dispensary Psychiatrist, Phipps Psychiatric Clinic, J.H.H.; Psychiatrist, Hebrew Hospital Dispensary.

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;* Surg., 2nd Harv. Unit, B.E.F., 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;* Major, M.C., U.S.A.; Instr. in Surg., Med. Dept., Leland Stanford Junior Univ., San Francisco.

TRANTER, CHARLES LEE
B.S., Univ. of Calif., 1911; M.D., Univ. of Calif. Med. School, 1913; Med. and 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; Capt., M.C., U.S.A.

*TURNER, RALPH WALDO
M.D., Albany Med. School, 1917; *Surg. H.O., P.B.B.H., Dec. 23, 1917–May 2, 1918;* Lieut., M.C., U.S.A. (deceased).

VAIL, HARRIS HOLMES
A.B., Yale, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., March 1, 1916–May 3, 1917;* Lieut., M.C., U.S.N.

VAN GORDER, GEORGE WILSON
A.B., Williams, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., March 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; Capt., M.C., U.S.A.; Assoc. in Surg., Peking Union Med. Coll., Peking, China.

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; Lieut. Col., M.C., U.S.A.; Asst. in Preventive Med. and Hygiene, H.M.S.

VIETS, JR., HENRY ROUSE
B.S., Dartmouth, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., March 1, 1917–Aug. 16, 1917;* Capt., M.C., U.S.A.

*WALKER, CLIFFORD BLACK
S.B., Univ. of Calif., 1906; Stud., Univ. of Calif. Med. Sch., 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 and Ear Inf., Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P.B.B.H., March 1, 1915–April 25, 1918;* Asst. in Ophthal., H.M.S.

WATKINS, S. SHELTON
A.B., Centre Coll., of Ky., 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1914; Med. and Surg. H.O., Church Home and Infirmary, Baltimore, Jan. 1914–April 1914; *3rd 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., *ibid.*; Member of Dr. L. F. Barker's Staff at 1035 North Calvert St., Baltimore, Md.; Lieut., M.C., U.S.N.

*WEGEFARTH, PAUL
A.B., J.H.U., 1908; Stud. of Med., Strassburg and Berlin, Germany, 1909–11; M.D., J.H.M.S., 1912; *Surg. H.O., P.B.B.H., Nov. 1, 1912–March 1, 1914;* Asst. Res. Phys., Church Home and Infirmary, Baltimore, 1914; Phys., San Diego, Calif.

*WEISMAN, PAUL GERHARDT
B.S., Univ. of Mich., 1911; M.D., Univ. of Mich. Med. Sch., 1913; H.O., Providence City Hosp. (Contagious Wards), Jan.–April 1914; H.O., R. I. Hosp., April 1914–April 1916; *Asst. Res. Phys., P.B.B.H., April 1, 1916–Aug. 1, 1916;* Asst. Res., Union Protestant Infirmary, Baltimore, May 1917–Dec. 1917; Res., *ibid.*, Dec. 1917–Aug. 1918; Lieut., M.C., U.S.A., Sept. 1918–Dec. 30, 1918.

WELBOURN, MARSHALL AGNEW
B.S., Univ. of Mich., 1913; M.D., Univ. of Mich. Med. Sch., 1915; *Assoc. in Med., P.B.B.H., July 1, 1915–March 1, 1916; Med. H.O., P.B.B.H., March 1, 1916–July 1, 1917;* Capt., M.C., U.S.A.; Instr. in Int. Med., Univ. of Mich. Med. Sch.

WELLS, WARD STANLEY
S.B., Grinnell, 1909; M.D., H.M.S., 1916; *Assoc. in Med., P.B.B.H., July 1, 1916–April 8, 1917; Med. H.O., P.B.B.H., April 8, 1917–July 18, 1917;* Capt., M.C., U.S.A.

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 Comm., Fall 1916; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915–Aug. 1, 1917;* Assoc. Phys., Clifton Springs Sanatorium, N. Y., Aug. 1, 1917–March 23, 1918; 1st Lieut., M.C., U.S.A.; Phys., Clifton Springs Sanatorium, N. Y.

WHITNEY, RAYMOND CYRUS
B.S., Middlebury, 1914; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., Jan. 10, 1918–Oct. 28, 1918;* American Relief in the Near East, Caesarea, Turkey in Asia, American Hosp.

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. and Asst. in Ophthal., Univ. of Pa. Med. Sch., Phila.; Major, M.C., U.S.A.; Instr. in Ophthal., J.H.M.S.

WOODWARD, HARRY WHITING
A.B., Bowdoin, 1910; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., March 1, 1915–July 1, 1916;* H.O., Boston Lying-In Hosp., Sept. 1916; Capt., Royal Army Med. Corps, Colorado Springs.

WRIGHT, MARY
A.B., Vassar, 1911; M.D., J.H.M.S., 1917; *Med. H.O., P.B.B.H., July 1, 1917–Sept. 17, 1918;* H.O. (Pediatrics), M.G.H., Oct. 1918–April 1919; H.O., St. Louis Children's Hosp., May 1, 1919–Sept. 1, 1919; Asst. Res., St. Louis Children's Hospital.

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.*

* Record incomplete — No reply received.

Officers of the Institution, 1920

President

CHARLES P. CURTIS

Treasurer

EDMUND D. CODMAN

Secretary

LAURENCE H. H. JOHNSON

MEMBERS OF THE CORPORATION

Appointed		
Feb. 7, 1918	CHARLES F. CHOATE, JR.	30 State St., Boston
May 8, 1902	EDMUND D. CODMAN	27 Kilby St., Boston
Apr. 15, 1915	CHARLES P. CURTIS	71 Ames Building, Boston
Dec. 11, 1919	LOUIS A. FROTHINGHAM	911 Barristers Hall, Boston
June 16, 1909	*IRVIN McD. GARFIELD	30 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
Feb. 12, 1920	WILLIAM H. WELLINGTON	93 Franklin St., Boston

STANDING COMMITTEES OF THE TRUSTEES

Building Committee

JOHN P. REYNOLDS, *Chairman*
CHARLES P. CURTIS
WALTER HUNNEWELL
LAURENCE H. H. JOHNSON
JOSEPH B. HOWLAND, M.D., *Secretary*

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

Auditing Committee

WILLIAM R. TRASK

Committee on Finance

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

Committee on Nominations

CHARLES P. CURTIS
EDMUND D. CODMAN

Committee on Rules

CHARLES P. CURTIS
EDMUND D. CODMAN
IRVIN McD. GARFIELD

VISITING COMMITTEE FOR 1920

WALTER HUNNEWELL	January
CHARLES P. CURTIS	February
HENRY S. HOWE	March
JOHN P. REYNOLDS	April
EDMUND D. CODMAN	May
IRVIN McD. GARFIELD	June
WILLIAM R. TRASK	July
FRANCIS L. HIGGINSON, JR.	August
LAURENCE H. H. JOHNSON	September
LOUIS A. FROTHINGHAM	October
CHARLES F. CHOATE, JR.	November
WILLIAM H. WELLINGTON	December

MEDICAL ADVISER TO CORPORATION

Appointed

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

EXECUTIVE COMMITTEE OF THE STAFF

HENRY A. CHRISTIAN, M.D. — on leave Oct. 1, 1919.
CHANNING FROTHINGHAM, M.D. — Oct. 1, 1919 (Acting)
HARVEY CUSHING, M.D.
S. BURT WOLBACH, M.D.
JOSEPH B. HOWLAND, M.D., *Secretary*

ADMINISTRATIVE DEPARTMENT

Superintendent

Service began	
May 1, 1919	Joseph B. Howland, M.D.

Assistant Superintendents

Feb. 1, 1915	George H. Stone, M.D.
July 1, 1919	Andrew Nichols, 3d, M.D.

Executive Assistant

June 11, 1919	Mildred M. Hubbard, R.N.

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* (on leave Oct. 1, 1919)
July 1, 1912	Channing Frothingham, M.D., *Physician* (Acting Physician-in-Chief, Oct. 1, 1919)
Dec. 9, 1915	Francis W. Peabody, M.D., *Physician*
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*
Dec. 12, 1912	Nathaniel K. Wood, M.D., *Associate in Medicine*
Feb. 13, 1919	Charles W. McClure, M.D., *Associate in Medicine*
Aug. 8, 1919	Samuel A. Levine, M.D., *Associate in Medicine*
Sept. 12, 1919	Donald J. MacPherson, M.D., *Associate in Medicine*
Aug. 1, 1917	Howard F. West, M.D., *Resident Physician*
Mar. 1, 1919	Thomas D. Cunningham, M.D., *Assistant Resident Physician*
Aug. 25, 1919	Cyrus C. Sturgis, M.D., *Assistant Resident Physician*
Sept. 1, 1919	Joseph T. Wearn, M.D., *Assistant Resident Physician*

SURGICAL DEPARTMENT

Service began	
Sept. 1, 1912	Harvey Cushing, M.D., *Surgeon-in-Chief*
Oct. 1, 1912	David Cheever, M.D., *Surgeon*
May 1, 1912	John Homans, M.D., *Surgeon*

Service began	
June 19, 1916	William C. Quinby, M.D., *Urological Surgeon*
Nov. 17, 1914	Hilbert F. Day, M.D., *Associate in Surgery*
Oct. 9, 1919	Gilbert Horrax, M.D., *Associate in Neurological Surgery*
Jan. 8, 1920	Thomas H. Lanman, M.D., *Associate in Urology*
Mar. 25, 1920	George B. Wislocki, M.D., *Associate in Surgery*
Sept. 1, 1915	Conrad Jacobson, M.D., *Resident Surgeon*
Aug. 1, 1919	Elliott C. Cutler, M.D., *Resident Surgeon*
Feb. 15, 1919	Vincent J. O'Conor, M.D., *Assistant Resident Surgeon*
Oct. 1, 1919	Eric P. Stone, M.D., *Assistant Resident Surgeon*
Dec. 20, 1919	Howard Fleming, M.D., *Assistant Resident Surgeon*

PATHOLOGICAL DEPARTMENT

Service began	
Dec. 1, 1916	S. Burt Wolbach, M.D., *Pathologist*
Oct. 1, 1919	Edward A. Greenspon, M.D., *Resident Pathologist*

ROENTGENOLOGIST

Oct. 15, 1919	Lawrence Reynolds, M.D.

DENTAL SURGEON

Mar. 13, 1919	Ferdinand Brigham, D.M.D., resigned Jan. 20, 1920
Jan. 22, 1920	Varoztad H. Kazanjian, D.M.D.

MEDICAL HOUSE OFFICERS

Service began		*Service ended*
Feb. 12, 1918	Douglas Donald, M.D.	Mar. 1, 1919
Feb. 13, 1918	Harold Myers Marvin, M.D.	Feb. 9, 1919
Feb. 14, 1918	Judson Arthur Smith, M.D.	Jan. 30, 1919
Mar. 1, 1918	Reginald Myers Atwater, M.D.	Apr. 15, 1919
June 15, 1918	Martha May Eliot, M.D.	July 1, 1919
July 1, 1918	Robert Dudley Curtis, M.D.	July 1, 1919
Sept. 1, 1918	Ella Oppenheimer, M.D.	June 11, 1919
Nov. 1, 1918	George Rudolph Herrmann, M.D.	Oct. 1, 1919
Nov. 1, 1918	Ray Morton Balyeat, M.D.	Oct. 1, 1919
Dec. 26, 1918	Theodore Pomeroy Herrick, M.D.	Jan. 1, 1920
Feb. 13, 1919	Howard Frank Root, M.D.	Jan. 1, 1920

		Service will end
Mar. 15, 1919	Howard Burr Jackson, M.D.	April 1, 1920
April 15, 1919	Robert Lev Novy, M.D.	April 1, 1920
July 1, 1919	James Joseph Lynch, Jr., M.D.	July 1, 1920
July 1, 1919	Eugene Curtis Peck, M.D.	July 1, 1920
Sept. 15, 1919	Leonard Tomb Davidson, M.D.	Nov. 1, 1920
Sept. 16, 1919	Charles Thomas Nellans, M.D.	Nov. 1, 1920
Dec. 15, 1919	Richard Moore McKean, M.D.	Mar. 1, 1921
Dec. 16, 1919	David Cole Wilson, M.D.	Mar. 1, 1921

SURGICAL HOUSE OFFICERS

Service began		*Service ended*
Jan. 7, 1918	John William O'Meara, M.D.	Jan. 7, 1919
Feb. 12, 1918	William Edwin Gabe, M.D.	Mar. 31, 1919
Mar. 1, 1918	Maurice Fremont-Smith, M.D.	Feb. 7, 1919
May 15, 1918	Eric Percy Stone, M.D.	July 1, 1919
June 1, 1918	Steele Fuller Stewart, M.D.	July 1, 1919
Aug. 15, 1918	Roger Colgate Graves, M.D.	Oct. 19, 1919
Aug. 15, 1918	Wilder Graves Penfield, M.D.	Sept. 20, 1919

		Service will end
Nov. 15, 1918	Hrant Setrag Kebabjian, M.D.	Mar. 1, 1920
Dec. 1, 1918	Leroy Edward Parkins, M.D.	Mar. 1, 1920
Mar. 15, 1919	Arthur Gordon Boggs, M.D.	July 1, 1920
Mar. 16, 1919	Francis Chandler Newton, M.D.	July 1, 1920
June 16, 1919	Charles Harold Jameson, M.D.	Nov. 1, 1920
Aug. 13, 1919	John Jay Keegan, M.D.	Nov. 1, 1920
Oct. 15, 1919	James Valentine Price, Jr., M.D.	Mar. 1, 1921
Oct. 27, 1919	Alexander Thomas Ormond, M.D.	Mar. 1, 1921

PATHOLOGICAL HOUSE OFFICER

Oct. 1, 1919 . . . Frank Dennette Adams, M.D.

HOUSE OFFICER IN X-RAY DEPARTMENT

Feb. 20, 1919 . . . Charles Wadsworth Schwartz, M.D.

SCHOOL OF NURSING

Superintendent of Nurses and
Principal of the School of Nursing

Service began

July 12, 1912 . . . . . Carrie M. Hall, R.N.

Assistant Superintendent of Nurses

Dec. 2, 1912 . . . . . Leone N. Ivers, R.N.

Instructors in Theory

Feb. 1, 1919 . . . . . Margaret Smith, R.N.
Sept. 8, 1919 . . . . . Jessie Grant, R.N.

Instructor in Practice

8, 1919 . . . . . Hanna S. Peterson, R.N.

Supervisors

Nov. 1, 1917 . . . . . Phoebe L. Carson, R.N.
Oct. 9, 1916 . . . . . Anna G. McKeon, R.N.

Night Supervisor

Nov. 1, 1918 . . . . . Marguerite Robb, R.N.

Social Service Worker

Aug. 17, 1914 . . . . . Alice M. Cheney, R.N.

Dietitian

May 15, 1919 . . . . . Octavia I. Hall

Apothecary

Dec. 2, 1912 . . . . . Harry H. Coman

Clerk

April 29, 1912 . . . . . Lida E. Crawford

Housekeeper

Nov. 1, 1912 . . . . . Elizabeth M. Packard

Chief Engineer

Oct. 21, 1911 . . . . . John A. Aitken

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.