

## **Annual report of the Peter Bent Brigham Hospital : 1921.**

### **Contributors**

Peter Bent Brigham Hospital.

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# PETER BENT BRIGHAM HOSPITAL '·' BOSTON

## EIGHTH ANNUAL REPORT

FOR THE YEAR 1921



CAMBRIDGE  
THE UNIVERSITY PRESS  
1922



## 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.*



22503068284

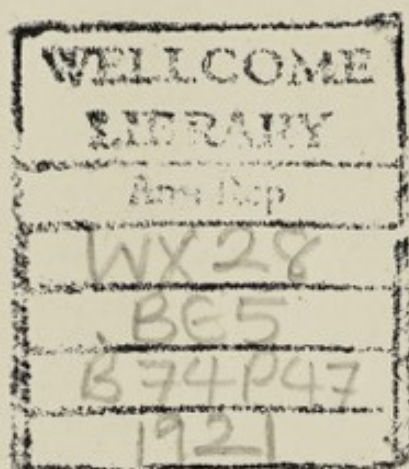
EIGHTH ANNUAL REPORT  
OF THE  
PETER BENT BRIGHAM  
HOSPITAL

FOR THE YEAR  
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## President's Report

THE Trustees regret to record the death during the past year of Mr. Walter Hunnewell, who has served the Hospital as Trustee since its organization. His wide experience as a man of affairs and large interests, his broad common sense and kindly nature have made his services of great value to the Hospital for many years.

The Trustees regret to state that Dr. Francis W. Peabody has resigned from the Staff of the Hospital in order to accept an appointment as one of the leading physicians and teachers of the Boston City Hospital. One of the purposes of the Peter Bent Brigham Hospital in furthering and making more efficient its care for the sick poor of Suffolk County, is to educate and equip doctors and teachers for such work, who may, in the natural course of things, accept positions of honor and importance elsewhere in the medical world. While the Hospital is conscious of its great loss in failing to keep the services of Dr. Peabody, it is proud to have taken part in the training of a leader in his profession.

Dr. George H. Stone, who as First Assistant Superintendent has served this Hospital faithfully and efficiently for several years, resigned this year to accept the superintendency of the Eastern Maine General Hospital. The Hospital wishes him success in his chosen profession.

This Hospital is endeavoring to develop the treatment of persons suffering from those diseases which may be treated to advantage in classes. On Friday mornings our Chief Dietitian instructs and advises patients suffering from obesity, malnutrition, and from digestive and kidney troubles. Similar classes and clinics are held at



## PETER BENT BRIGHAM HOSPITAL

stated hours on certain days and evenings of each week for syphilitic patients. Classes for asthma and hay fever, classes for persons suffering from nervous diseases, other clinics for pleurisy and chronic bronchitis, and classes for patients suffering from heart trouble meet for advice on stated days. Tuberculosis, surgical, neurological, and genito-urinary patients are seen and advised in a similar manner. The Trustees believe that many persons have been aided, and we invite the attention of the public to this offer of aid to those needy persons afflicted with any of the aforesaid diseases.

The X-Ray Department has been developed under the care of Dr. Lawrence Reynolds, one of the well known roentgenologists. The Department is now equipped with modern apparatus and waiting rooms, and not only has done the work of the Hospital, but has received outside patients, sent there by various physicians for X-Ray treatment and work at prices made low to accord with the policies of the Founder of the Hospital. It is thus the purpose of the Trustees to place within reach of those who are unable to afford the modern expense of X-Ray work this opportunity of being treated.

Attention is called to the reports of the Physician-in-Chief and of the Superintendent, which show that the expenses of the Hospital have lately largely increased. The funds which were sufficient for the maintenance of the Hospital at the time it was organized are no longer sufficient in these days of increased costs of supplies and labor to maintain the high standards of service to sick persons who come to us for relief, and at the same time to make progress in the advance of medical science. The Hospital hopes that gifts may be made to enable it to develop its scientific work done here to great advantage in connection with clinical work. We urge again upon the attention of the public the great need of this Hospital for further funds with which to build an addi-

## REPORT OF THE PRESIDENT

tion to our Nurses' Residence, an addition to the X-Ray Department, a new building for our increasing resident Staff, and for the development of our research laboratories.

The Hospital is grateful for gifts aggregating for the year \$13930., as itemized in the Treasurer's Report, and including \$1000. under will of Mihram B. Zara for general purposes, \$3000. from the Permanent Charity Fund Committee for work of the Social Service Department, \$3500. from the Surdna Foundation for investigation and study of eczema, and an anonymous gift of \$5000. towards a fund to be held "in perpetuity at the disposal of the Surgeon-in-Chief of the Hospital, to pay the salary of a Resident Fellow in Surgery."

The Trustees appreciate the faithful work that the Staff and employees have done in the past year and here record their gratitude for their devoted efforts.

CHARLES P. CURTIS,  
*President.*

BOSTON, DECEMBER 31, 1921.



## MEMORIAL UPON THE DEATH OF

### Walter Hunnewell

MR. WALTER HUNNEWELL, a charter member of the Corporation and Acting President during most of the period of the War, died at his home in Wellesley September 30, 1921.

At a meeting of the Corporation held October 13, 1921 it was voted that the following memorial to Mr. Walter Hunnewell be spread upon the records and a copy sent to his family.

### Walter Hunnewell

A charter member of its Corporation, for almost twenty years on its Building and Finance Committees, and for the greater part of the trying period of the War its Acting President, the Peter Bent Brigham Hospital had in Walter Hunnewell a most loyal friend and supporter, and in his death on September 30, 1921 all those interested in its activities will recognize that the Institution has met with a great loss. Until prevented by sickness he was a regular attendant at their meetings, and his fellow members will greatly miss his kindly presence and helpful counsel. They spread this memorial upon their records in grateful recognition of his long years of service and as a mark of their esteem and affection, and send a copy to his family in token of their sincere sympathy in the affliction caused by his death.

## Gifts to the Hospital During Year 1921

Mr. Jesse Koshland, 501 Summer Street, Boston . . .	\$ 25.00
Mrs. Lillian M. Hellen, 264 Bay State Road, Boston . . . . .	25.00
Miss Jane Henry, 46 Weston Street, Roxbury . . .	5.00
Legacy under will of Mihram B. Zara to be used for the general purposes of the Hospital . . . . .	1,000.00
Committee of the Permanent Charity Fund, Inc. gift to be used for general purposes of the Social Service Department . . . . .	3,000.00
Surdna Foundation, gift for investigation and study of Eczema . . . . .	3,500.00
Gifts to Occupational Therapy Fund	
Dr. Harvey Cushing . . . . .	100.00
Dr. Henry A. Christian . . . . .	100.00
Mr. Charles P. Curtis . . . . .	100.00
Mr. William Amory . . . . .	500.00
Mr. William H. Wellington . . . . .	100.00
Mr. William Ropes Trask . . . . .	25.00
Mrs. William Ropes Trask . . . . .	25.00
Mr. L. H. H. Johnson . . . . .	50.00
Gifts to Social Service Fund	
Miss Mary Pratt . . . . .	100.00
Mr. F. Douglass Cochrane. . . . .	50.00
Mrs. Francis W. Sargent . . . . .	100.00
Mrs. Frank Morrison . . . . .	100.00
Mrs. George S. Mandell . . . . .	25.00
Anonymous gift to establish Surgeon-in-Chief Fund	5,000.00



## 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, 1921, is as follows:

### INCOME

#### Real Estate Receipts:

Rent. . . . .	\$194,747.65	
Taxes paid by tenants . . . . .	25,128.59	
Insurance paid by tenants . . . . .	1,149.41	
Portland Street Power Plant net income . . . . .	2,163.73	\$223,189.38

#### Interest on investments:

On bonds. . . . .	\$49,265.00
On mortgages. . . . .	6,500.27
On notes . . . . .	500.00

\$56,265.27

Dividends . . . . .	19,385.52	75,650.79
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Bank interest . . . . .		370.87
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Total income . . . . .		\$299,211.04
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### EXPENDITURES

Taxes . . . . .	\$70,001.84
Building repairs, etc.. . . . .	7,657.76
Insurance . . . . .	7,392.98
Appraisal of buildings for insurance purposes . . . . .	461.56
Salaries . . . . .	7,800.00
Legal expenses . . . . .	1,103.54
Audit . . . . .	500.00
Safe deposit box rent . . . . .	70.00

<i>Amount carried forward . . .</i>	\$94,987.68	\$299,211.04
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# REPORT OF THE TREASURER

<i>Amount brought forward</i> . . . . .	\$94,987.68	\$299,211.04
Appraising securities . . . . .	50.00	
Interest on loans . . . . .	4,834.79	
Books, etc. . . . .	22.50	
	<hr/>	
Total expenditures . . . . .	\$99,894.97	
Bond premium amortized . . . . .	745.51	100,640.48
	<hr/>	<hr/>
		\$198,570.56
Transferred to Portland Street Power Plant depreciation account . . . .		2,163.73
		<hr/>
Net investment income available for operating expenses. . . . .		\$196,406.83
Net payments for operating expenses as shown by Superintendent's state- ment appended . . . . .	\$186,691.76	
Plus decrease in Superintendent's sup- plies . . . . .	6,746.33	193,438.09
	<hr/>	<hr/>
		\$2,968.74
Transferred to Surgeon-in-Chief Fund proportion of income . . . . .		37.50
		<hr/>
Balance transferred to Reserved Income Account . . . . .		\$2,931.24

## SCHEDULE OF PROPERTY

Land and buildings occupied for Hospital, in- cluding furniture and fixtures . . . . .	\$1,904,294.04
Mortgages. . . . .	126,286.97
Notes:	
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
	<hr/>
<i>Amount carried forward</i> . . . . .	\$2,874,185.33

PETER BENT BRIGHAM HOSPITAL

<i>Amount carried forward</i> . . . . .	\$2,874,185.33
5-11 Tremont Row . . . . .	493,275.43
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. . . . .	54,452.51
148-150 Hanover Street. . . . .	60,787.78
1-7 Sudbury Street . . . . .	70,159.03
88-92 Court Street . . . . .	171,695.71
94-98 Arch and 13-17 Otis Streets . . . .	168,318.16
Land cor. Albany and Dover Streets . . .	110,221.90
1000 Shares Boston & Maine R. R. Co. pfd. A .	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 Co. . . . .	37,585.25
50 Shares Boston Real Estate Trust . . . .	58,514.25
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 Street Rail- way Co. . . . .	13,278.33
1000 Shares Berkeley Hotel Trust . . . . .	65,000.00
300 Shares N. Y. 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 & Hart- ford R. R. Co. . . . .	28,500.00
\$150,000 American Telephone & Telegraph Co. 4% bonds, 1929 . . . . .	139,887.50
60,000 Portland & Ogdensburg R. R. Co., 4½% bonds, 1928 . . . . .	60,564.01
25,000 Long Island R. R. Co., Gold Deben- ture 5% bonds, 1934 . . . . .	24,000.00
<i>Amount carried forward</i> . . . . .	\$5,524,869.81



# REPORT OF THE TREASURER

<i>Amount brought forward</i> . . . . .	\$5,524,89.681
\$5,000 Kansas City Memphis Ry. & Bridge Co., 5% bonds, 1929 . . . . .	5,058.97
100,000 Chicago, Burlington & Quincy R. R. Co., Ill. Div., 3½% bonds, 1949 . . . . .	89,077.50
20,000 Washington Water Power Co., 5% bonds, 1939 . . . . .	20,292.86
50,000 Boston & Maine R. R. Co., 4½% bonds, 1929 . . . . .	51,079.35
50,000 Interborough Rapid Transit Co., 5% bonds, 1966 . . . . .	49,500.00
50,000 Burlington, Cedar Rapids & Northern R. R. Co., 5% bonds, 1934 . . . . .	53,358.93
25,000 Baltimore & Ohio R. R. Co., So. West- ern 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 . . . . .	52,975.21
25,000 N. Y. 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 Eastern Mass. Street R'y Co., series A 4½% bonds, 1948 . . . . .	43,250.00
2,500 Eastern Mass. Street R'y Co., series D 6% bonds, 1948 . . . . .	
25,000 Quincy Market Realty Co., 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
50,000 Atchison, Topeka & Santa Fé R. R. Co., Transcontinental Short Line 4% bonds, 1958 . . . . .	47,500.00
<i>Amount carried forward</i> . . . . .	\$6,178,200.13



# PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward</i> . . . . .		\$6,178,200.13
\$56,800 Pere Marquette Ry. Co., first mortgage 5% bonds, 1956 . . . . .		49,420.00
50,000 Illinois Steel Co., 4½% bonds, 1940 . . . . .		47,375.00
15,000 Boston & Albany R. R. Co., Equipment, 4½% bonds, 1924 . . . . .		14,811.00
15,000 Boston & Albany R. R. Co., Equipment, 4½% bonds, 1925 . . . . .		14,803.50
5,000 Boston & Albany R. R. Co., Equipment, 4½% bonds, 1926 . . . . .		4,932.50
15,000 Boston & Albany R. R. Co., Equipment, 4½% bonds, 1927 . . . . .		14,793.00
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	
Less overdraft at banks . . . . .	12,074.42	7,925.58
Superintendent's Inventories . . . . .		37,400.67
		<u>\$6,469,661.38</u>
Less Notes Payable . . . . .		80,000.00
		<u>\$6,389,661.38</u>
Included in the above Schedule of Property are the following Special Funds:		
COMMITTEE OF THE PERMANENT CHARITY FUND, Inc. . . . .	\$3,000.00	
Less amount expended . . . . .	2,948.33	\$51.67
OCCUPATIONAL THERAPY FUND . . . . .	1,100.00	
Less amount expended . . . . .	1,000.00	100.00
SOCIAL SERVICE FUND. . . . .	375.00	
Less amount expended . . . . .	265.36	109.64
<i>Amount carried forward</i> . . . . .	\$261.31	\$6,389,661.38

# REPORT OF THE TREASURER

<i>Amount brought forward . . . . .</i>	\$261.31	\$6,389,661.38
TRAINING SCHOOL DE- POSIT FUND . . . \$1,750.00		
Less amount expended 250.00	1,500.00	
SURDNA FOUNDATION FUND . . . . . 4,864.48		
Amount expended . 6,013.83		
Over-expenditure car- ried to General Fund . . . . . 1,149.35		
JOHN P. REYNOLDS MEMORIAL FUND . . . . . 1,000.00		
HEMENWAY SQUASH COURT	11,050.00	
SURGICAL DRESSING FUND — Do- nation from the New England Surgical Dressing Committee .	10,000.00	
ALEXANDER COCHRANE FREE BED FUND . . . . . 10,000.00		
SURGEON-IN-CHIEF FUND . . .	5,037.50	38,848.81
		<u>\$6,350,812.57</u>

Viz:

Peter Bent Brigham Hospital Account . . . . .	6,345,717.60
Reserved Income Account .	2,931.24
Portland Street Power Plant — Depreciation Account .	2,163.73
	<u>\$6,350,812.57</u>

EDMUND D. CODMAN,  
*Treasurer.*



## Report of the Superintendent

THE Eighth Annual Report of the Superintendent covering the year 1921 follows: — 4,315 patients were admitted to the wards, of which 2,348 were medical and 1,967 were surgical cases. In 1920, 4,316 patients were admitted, 2,446 medical and 1,870 surgical. With an increase of thirteen beds by the opening of an additional floor of the private ward on January 10th of this year, we expected to exceed all previous records of admissions. The year has been an exceptionally healthy one, as is shown by statistics from various sections of the United States and Canada. Insurance Company statistics covering 27,000,000 people record the year as the healthiest in the history of the country. In their statistics the mortality for the year dropped from 9.80 per thousand to 8.24 per thousand. The City of Boston Health Department reports for 1921 nearly 1,500 fewer deaths than the previous year, a death rate of 13.34 per thousand of population. In 1920, the death rate was 15.44 and in 1919 it was 15.63. During the past summer and autumn the medical wards had exceptionally few cases and for the year in this department there were 98 less admissions than in 1920.

In the Out-Door Department more patients were treated this year than in any previous year, 52,116 visits were made as against 49,572 in 1920. In November a luetic clinic was opened on Tuesday and Friday evenings for the continued treatment of patients first seen in the day clinic. These patients require treatment over a long period and are apt to discontinue their visits as soon as they seem well. It was felt that the establishment of an



## REPORT OF THE SUPERINTENDENT

evening clinic which could be visited without loss of time from employment would be a contribution to public health and the results seem to justify the expense. The Permanent Charity Fund, Inc., contributed the salary of a social service worker for the luetic clinics, her time being arranged to cover the evening as well as the day clinic.

The daily per capita cost of caring for all house patients, based on the total expenditure in all departments of the hospital, was \$7.06. Excluding the cost of operating the private ward and the Out-Door Department, the daily per capita cost for ward patients was \$5.82. The daily per capita cost of food dropped from 59 cents in 1920 to 47 cents this year, a 20 per cent decrease.

The Dietary Department has had a very busy year. Nine student dietitians have been trained. 8,046 special weighed diets have been prepared, 2,026 more than in 1920. The work of this department has increased so much that it has outgrown the Diet Kitchen and more space must be provided. Early in the year a large room in the Administration Building, originally planned as part of an emergency ward, was made into a Diet Laboratory by installing gas stoves, students' desks, and other equipment. It is much appreciated by the Training School and the Dietary Department. In March a Nutrition Clinic was opened in the Out-Door Department. It is open one day a week for out-patients and discharged house patients. One hundred and sixteen patients were referred to the clinic. We regret to have to record the death on March 15th, of Mrs. Lillian E. Emery, matron in charge of the serving room.

On February 6, 1921 Dr. Andrew Nichols, 3d, Second Assistant Superintendent, resigned to become Assistant Resident Physician to the South Dept., Boston City Hospital. He was succeeded by Dr. Leroy E. Parkins, who formerly served the hospital as a Surgical House Officer.



## PETER BENT BRIGHAM HOSPITAL

On May 1, 1921 Dr. George H. Stone, First Assistant Superintendent, left to become Superintendent of the Eastern Maine General Hospital. Dr. Parkins was then appointed First Assistant Superintendent, and Dr. Edwin R. Lewis was appointed Second Assistant Superintendent.

On September 11, 1921 Miss Mildred M. Hubbard, R. N., resigned as Executive Assistant and was succeeded by Miss Margaret Copeland, R. N.

Last year we reported the completion of a third floor of the private ward, giving thirteen additional rooms. The first patient was admitted to the ward on January 10th. Attendance has shown that the addition was needed, for excepting the summer months when all medical wards were light, it has been occupied from 75 per cent to 85 per cent of capacity. A new Reception Room and entrance lobby have been built from what was before outside corridor space and have proved of much service and comfort to Ward A.

The Roentgenological Department has done more work than ever before in quarters unsuitable in arrangement and size for its present needs. Plans have been drawn for rearrangement of the interior and extension to include a large room adjacent, which would seem to provide for the needs for some time to come, although ideal arrangements would include in a new building photographic studios, dark rooms, and photomicrographic rooms which we do not adequately possess. 6,888 patients were treated in the department as compared with 6,364 in 1920. Over 4,000 more films were taken than in the previous year. Interesting X-ray statistics will be found on Page 18. Table II on Page 19 gives comparative statistics since the opening of the hospital.

The entire outside wood trim and the iron work of the hospital plant were repainted last summer and much general repair work has been accomplished.

We wish to acknowledge a gift of 12 cases of surgical



## REPORT OF THE SUPERINTENDENT

dressings from the American Red Cross not recorded in the list of donations on Page 5.

Several pictures have been given us by Mr. Charles P. Curtis, for Ward A's Reception Room. They are much appreciated.

We must again call attention to some of our building needs. Nurses still live in a dormitory in the Out-Door Department and in two houses on Wigglesworth Street, neither of which are suitable for the purpose. An addition to the Nurses' Residence is much needed.

The crowding in the residents' and house-officers' quarters necessitates having some of them live outside. A new building for their use is needed.

We hope our friends will come to our aid with money for building purposes.

In concluding this report, I wish to express my appreciation of the faithful and efficient co-operation of the staff, officers, and employees of the hospital, many of whom have given long and faithful service and have its welfare always in mind.

I wish to thank the Trustees for their continued advice and support.

JOSEPH B. HOWLAND, M.D.,  
*Superintendent.*

DECEMBER 31, 1921.

# Comparative Tables of Statistics

## Table I

### HOSPITAL WARDS AND SINGLE ROOMS

	1921	1920
Patients in hospital first of year:		
Medical . . . . .	86	79
Surgical . . . . .	114	90
Total . . . . .	<u>200</u>	<u>169</u>
Patients admitted during the year:		
Medical . . . . .	2,348	2,446
Surgical . . . . .	1,967	1,870
Total . . . . .	<u>4,315</u>	<u>4,316</u>
Patients treated in hospital wards and private rooms during the year:		
Medical . . . . .	2,434	2,525
Surgical . . . . .	2,081	1,960
Total . . . . .	<u>4,515</u>	<u>4,485</u>
Patients discharged during the year:		
Well . . . . .	545	756
Improved . . . . .	2,762	2,669
Unimproved . . . . .	406	260
Untreated . . . . .	368	337
Died . . . . .	251	263
Total . . . . .	<u>4,332</u>	<u>4,285</u>
Patients in hospital end of year:		
Medical . . . . .	77	86
Surgical . . . . .	106	114
Total . . . . .	<u>183</u>	<u>200</u>



# REPORT OF THE SUPERINTENDENT

	1921	1920
Total patients days' treatment:		
Paying patients . . . . .	40,929	42,612
Part paying patients . . . . .	15,330	11,388
Free patients . . . . .	12,297	15,541
Total . . . . .	68,556	69,541
Percentage:		
Paying patients . . . . .	60—	61+
Part paying patients . . . . .	22+	16+
Free patients . . . . .	18—	22+
Total . . . . .	100	100
Average patients per day:		
Paying patients . . . . .	112+	117—
Part paying patients . . . . .	42	31+
Free patients . . . . .	34—	43—
Total . . . . .	188—	191—
Average time per patient in hospital .	16— days	16+ days
Daily average cost per patient . . . .	\$7.06—	\$6.53—
Daily cost per capita for provisions for all persons supported . . . . .	.41+	.59—
Patients were admitted as follows:		
Paying regular rate . . . . .	2,807	2,746
Paying less than regular rate . . .	708	578
Free . . . . .	800	992
Total . . . . .	4,315	4,316

## OUT-DOOR DEPARTMENT

	1921	1920
Number of cases treated (new cases) .	7,707	7,862
Medical . . . . .	3,928	4,099
Surgical . . . . .	3,527	3,530
Prenatal. . . . .	1	9
Urological . . . . .	251	224
Amount carried forward . . . . .	15,414	15,724

# PETER BENT BRIGHAM HOSPITAL

	1921	1920
<i>Amount brought forward</i> . . . . .	15,414	15,724
Number of visits . . . . .	52,116	49,572
Medical . . . . .	27,919	24,448
Surgical . . . . .	19,935	20,447
Prenatal. . . . .	17	39
Urological . . . . .	4,245	4,638
Patients arrived:		
A. M. 8-10 . . . . .	16,016	12,723
10-12 . . . . .	12,539	12,303
P. M. 12- 2 . . . . .	9,825	8,701
2- 3 . . . . .	7,597	7,702
3- 4 . . . . .	3,587	4,699
4- 6 . . . . .	2,427	3,444
6- 8 . . . . .	125	
Total . . . . .	52,116	49,572
Cost of maintenance of Out-Door De- partment . . . . .	\$25,694.39	\$25,033.43
Daily average cost per patient . . . . .	.58-	.50+

## AMBULANCE

Ambulance calls during the year . . . . .	562	701
Average calls per day . . . . .	1.54+	1.92+
Mileage for patients . . . . .	3,965	4,239
Other business . . . . .	274	2,469
Total mileage . . . . .	4,239	6,708

## X-RAY

	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920
	No. of Patients		No. of Films		No. of Dental Films		No. of Fluoroscoped		No. of Treatments	
January . . . . .	600	462	810	844	240		42	4	40	15
February . . . . .	539	349	892	558	240		12	4	34	20
March . . . . .	657	561	1,009	968	154		22	2	49	36
April . . . . .	606	521	850	732	129		19	5	61	61
May . . . . .	593	541	950	782	114		7	3	68	55
June . . . . .	533	607	862	753	196		9	0	92	90
July . . . . .	478	454	860	481	54	167	3	3	92	21
August. . . . .	518	526	920	361	109	65	5	0	67	73
September . . . . .	628	607	1,174	343	115	186	4	7	39	78
October . . . . .	613	597	1,137	487	163	132	6	8	61	68
November . . . . .	571	557	973	457	195	194	7	13	76	52
December . . . . .	552	582	967	414	141	198	7	9	60	40
Total . . . . .	6,888	6,364	11,404	7,180	1,850	942	143	58	739	609



# REPORT OF THE SUPERINTENDENT

## 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 day	OUT-DOOR DEPARTMENT			
								Cost of maintenance	New cases treated	Visits	Average cost per visit
1913	\$190,510.41	\$36,571.58	1,370	25,157	20—days	\$7.02—	.53—				
1914	256,423.25	69,251.23	2,843	49,295	“	5.15+	.35—	\$10,081.39	8,347	30,434	.33+
1915	269,913.46	88,651.55	3,417	60,242	“	4.48—	.33+	12,108.39	8,536	36,523	.33+
1916	308,413.81	116,519.00	3,712	65,291	“	4.72—	.35—	16,551.07	9,810	47,687	.35—
1917	324,777.80	138,512.48	3,674	65,129	“	4.93+	.40—	19,140.56	10,995	53,405	.36—
1918	321,547.28	154,026.47	4,025	66,669	“	4.81—	.44—	18,989.10	7,952	45,153	.43—
1919	377,253.15	193,741.63	4,282	65,546	“	5.76—	.51—	20,557.07	7,631	49,972	.41+
1920	453,853.94	262,413.29	4,316	69,541	“	6.53—	.59—	25,033.43	7,862	49,572	.50+
1921	483,921.52	301,918.05	4,315	68,556	“	7.06—	.47—	25,694.39	7,707	52,116	.58—

Table III

Residences

	1921	1920
Alabama . . . . .	4	2
Alaska . . . . .	1	..
Arizona . . . . .	1	1
Bermuda . . . . .	1	..
British W. Indies . . . . .	1	..
California . . . . .	3	4
Colorado . . . . .	1	1
Connecticut . . . . .	20	28
Dakota . . . . .	..	1
Delaware . . . . .	..	1
District of Columbia . . . . .	2	3
Florida . . . . .	2	..
Georgia . . . . .	3	3
Illinois . . . . .	13	7
Indiana . . . . .	6	5
Iowa . . . . .	6	2
Kansas . . . . .	1	2
Kentucky . . . . .	3	..
Louisiana . . . . .	1	1
Maine . . . . .	96	77
Maryland . . . . .	3	..
Massachusetts (except Boston) . . . . .	1,573	1,270
Boston . . . . .	2,286	2,652
Michigan . . . . .	6	9
Minnesota . . . . .	1	5
Mississippi . . . . .	1	1
Missouri . . . . .	3	1
Montana . . . . .	..	2
Nebraska . . . . .	3	64
New Hampshire . . . . .	77	..
New Jersey . . . . .	3	3
New York . . . . .	49	46
New Zealand . . . . .	1	..
North Carolina . . . . .	6	5
Ohio . . . . .	21	14
Oklahoma . . . . .	1	..
<i>Carried forward</i> . . . . .	4,199	4,210



# REPORT OF THE SUPERINTENDENT

	1921	1920
<i>Brought forward</i> . . . . .	4,199	4,210
Oregon . . . . .	1	..
Pennsylvania . . . . .	16	7
Rhode Island . . . . .	30	22
South Carolina . . . . .	..	3
Tennessee . . . . .	2	1
Texas . . . . .	4	3
Utah . . . . .	1	..
Vermont . . . . .	15	20
Virginia . . . . .	4	8
Washington . . . . .	6	1
West Virginia . . . . .	2	1
Wisconsin . . . . .	4	..
Wyoming . . . . .	..	2
Canada . . . . .	29	32
China . . . . .	1	1
Cuba . . . . .	..	2
England . . . . .	..	1
Holland . . . . .	..	1
Philippine Islands . . . . .	1	1
Total . . . . .	4,315	4,316

PETER BENT BRIGHAM HOSPITAL

Table IV  
Birthplaces

	1921	1920
Alabama . . . . .	6	5
Arkansas . . . . .	..	1
California . . . . .	7	15
Colorado . . . . .	9	7
Connecticut . . . . .	45	53
District of Columbia . . . . .	..	4
Florida . . . . .	6	2
Georgia . . . . .	5	19
Idaho . . . . .	1	..
Illinois . . . . .	17	37
Indiana . . . . .	10	21
Iowa . . . . .	17	22
Kansas . . . . .	4	1
Kentucky . . . . .	11	6
Louisiana . . . . .	3	2
Maine . . . . .	245	175
Maryland . . . . .	5	2
Massachusetts (except Boston) . . . . .	1,469	1,376
Boston . . . . .	72	124
Michigan . . . . .	20	12
Minnesota . . . . .	4	12
Mississippi . . . . .	7	4
Missouri . . . . .	8	7
Montana . . . . .	1	5
Nebraska . . . . .	8	4
Nevada . . . . .	..	1
New Hampshire . . . . .	161	188
New Jersey . . . . .	12	22
New Mexico . . . . .	1	..
New Orleans . . . . .	..	1
New York . . . . .	151	148
<i>Carried forward</i> . . . . .	2,305	2,276



# REPORT OF THE SUPERINTENDENT

	1921	1920
<i>Brought forward</i> . . . . .	2,305	2,276
North Carolina . . . . .	31	28
North Dakota . . . . .	2	1
Ohio . . . . .	34	35
Oklahoma . . . . .	1	1
Oregon . . . . .	2	..
Pennsylvania . . . . .	47	38
Rhode Island . . . . .	50	47
South Carolina . . . . .	2	18
Tennessee . . . . .	5	3
Texas . . . . .	5	4
Utah . . . . .	1	2
Vermont . . . . .	57	60
Virginia . . . . .	21	35
Washington . . . . .	5	1
West Virginia . . . . .	5	1
Wisconsin . . . . .	12	8
	<hr/>	<hr/>
Total Americans . . . . .	2,585	2,558

Africa . . . . .	..	2
Armenia . . . . .	19	25
Asia . . . . .	2	1
Australia . . . . .	1	2
Austria . . . . .	40	19
Azores . . . . .	1	3
Belgium . . . . .	1	4
Bohemia . . . . .	3	4
Canada . . . . .	313	363
China . . . . .	4	6
Cuba . . . . .	14	3
Denmark . . . . .	16	9
England . . . . .	119	110
Finland . . . . .	9	4
France . . . . .	15	17
Germany . . . . .	45	45
Greece . . . . .	57	67
	<hr/>	<hr/>
<i>Carried forward</i> . . . . .	659	684

# PETER BENT BRIGHAM HOSPITAL

	1921	1920
<i>Brought forward</i> . . . . .	659	684
Holland . . . . .	4	9
Hungary . . . . .	3	3
India . . . . .	..	2
Ireland . . . . .	303	303
Italy . . . . .	124	117
Japan . . . . .	5	7
Mexico . . . . .	1	..
Norway . . . . .	9	26
Philippine Islands . . . . .	1	3
Poland . . . . .	17	13
Portugal . . . . .	2	1
Roumania . . . . .	2	5
Russia . . . . .	437	426
Scotland . . . . .	63	47
South America . . . . .	2	..
Sweden . . . . .	46	76
Switzerland . . . . .	3	3
Syria . . . . .	17	10
Turkey . . . . .	19	8
Wales . . . . .	4	3
West Indies . . . . .	9	12
Total foreigners . . . . .	<u>1,730</u>	<u>1,758</u>



## REPORT OF THE SUPERINTENDENT

# Table V

## Expense and Revenue Statement

## ADMINISTRATION EXPENSES

	1921	1920
Salaries, officers and clerks . . . . .	\$25,327.04	\$23,698.94
Office expenses . . . . .	268.98	130.37
Stationery, printing and post- age . . . . .	5,299.72	9,327.14
Telephone and telegraph . . . . .	6,435.81	6,133.84
Liability insurance . . . . .	2,298.66	2,162.82
Miscellaneous . . . . .	3,619.00	2,528.37
Total administration ex- penses . . . . .	\$43,249.21	\$43,981.48

## PROFESSIONAL CARE OF PATIENTS

Salaries and wages:		
Physicians and surgeons . . . . .	\$21,156.36	\$19,129.90
Supt. of nurses and assistants . . . . .	6,458.52	5,598.27
Nurses . . . . .	14,925.63	9,448.26
Special nurses . . . . .	36,528.75	29,539.06
Orderlies . . . . .	6,142.94	4,884.48
Druggists . . . . .	3,375.61	3,077.57
Ward employees . . . . .	7,764.30	6,778.64
Clerks . . . . .	10,415.17	9,540.51
Instrument repairs . . . . .	740.84	696.34
	<u>\$107,508.12</u>	<u>\$88,693.03</u>
Training school:		
Salaries of instructors . . . . .	\$3,299.20	\$3,091.98
Supplies . . . . .	6,077.52	4,882.24
	<u>9,376.72</u>	<u>7,974.22</u>
Medical and surgical supplies:		
Apparatus and instruments . . . . .	\$1,888.92	\$1,717.31
Medical and surgical supplies . . . . .	20,682.16	20,302.79
Alcohol, liquors and wines . . . . .	982.06	732.03
	<u>23,553.14</u>	<u>22,752.13</u>
Out-Door Department:		
Wages . . . . .	\$8,243.52	\$6,868.37
Supplies . . . . .	6,242.22	6,283.28
	<u>14,485.74</u>	<u>13,151.65</u>
Carried forward . . . . .	\$154,923.72	\$132,571.03

# PETER BENT BRIGHAM HOSPITAL

	1921	1920
<i>Brought forward</i> . . .	\$154,923.72	\$132,571.03
X-ray Service and Photography:		
Salaries and wages . . . .	\$7,648.35	\$5,320.05
Supplies . . . . .	9,315.44	8,151.67
	<hr/> 16,963.79	<hr/> 13,471.72
Library . . . . .	800.00	800.00
	<hr/>	<hr/>
Total professional care of patients . . . . .	\$172,687.51	\$146,842.75

## DEPARTMENT EXPENSES

Ambulance:		
Labor . . . . .	\$2,469.86	\$2,469.23
Supplies . . . . .	1,973.98	3,100.09
	<hr/> \$4,443.84	<hr/> \$5,569.32
Laboratories:		
Labor . . . . .	\$11,993.70	\$10,682.90
Supplies . . . . .	4,633.28	4,195.30
	<hr/> 16,626.98	<hr/> 14,878.20
Housekeeping:		
Labor . . . . .	\$29,869.63	\$27,641.77
Supplies . . . . .	10,832.54	16,513.86
	<hr/> 40,702.17	<hr/> 44,155.63
Kitchen:		
Labor . . . . .	\$12,601.89	\$11,321.65
Supplies . . . . .	775.52	778.39
	<hr/> 13,377.41	<hr/> 12,100.04
Laundry:		
Labor . . . . .	\$9,446.65	\$8,353.80
Supplies . . . . .	2,946.62	2,412.68
	<hr/> 12,393.27	<hr/> 10,766.48
Steward's department:		
Labor . . . . .	\$3,338.75	\$3,055.50
Provisions:		
Bread . . . . .	3,995.42	4,728.93
Milk and cream . . . .	19,223.47	20,972.59
Groceries . . . . .	16,069.95	22,179.95
Butter and eggs . . . .	11,997.10	16,140.66
Fruit and vegetables . .	10,623.93	12,825.77
Meat, poultry, and fish .	23,131.06	24,473.33
	<hr/> 88,379.68	<hr/> 104,376.73
Total department expenses	\$175,923.35	\$191,846.40



# REPORT OF THE SUPERINTENDENT

## GENERAL HOUSE AND PROPERTY EXPENSES

	1921	1920
Electric Department . . . . .	\$4,223.11	\$3,792.75
Heat, light and power . . . . .	54,706.99	40,609.14
Fuel . . . . .	334.55	576.70
Gas . . . . .	3,584.92	3,551.08
Insurance . . . . .	3,859.89	1,841.99
Water . . . . .	3,991.32	3,076.08
Maintenance, real estate and buildings . . . . .	15,219.41	12,437.82
Maintenance, machinery and tools . . . . .	654.85	174.79
Plumbing and steam fitting . .	5,486.41	5,122.96
Total general house and property expenses . . . . .	\$92,061.45	\$71,183.31

## EXPENSES FROM SPECIAL FUNDS

John P. Reynolds Memorial Fund . . . . .	\$88.29	.....
Surdna Foundation . . . . .	6,013.83	\$4,635.52
Asthma Fund . . . . .	.....	151.46
Permanent Charity Fund . . .	2,765.42	3,372.22
Training School deposit fund .	250.00	550.00
Gift for Occupational Therapy .	1,000.00	.....
Gift for Social Service Work .	265.36	.....
Total expense from Special Funds	\$10,382.90	\$8,709.20

## CORPORATION EXPENSES

Salaries, officers and clerks . .	\$1,000.00	\$1,000.00
Pension . . . . .	3,600.00	3,600.00
Total corporation expenses . . . . .	\$4,600.00	\$4,600.00

## CAPITAL EXPENDITURES

Out-Door Department Altera- tions . . . . .	\$37.83	\$5,061.12
Power Plant . . . . .	.....	1,811.99
Ward A Reception Room . . .	2,210.53	.....
Special Payment, heat, light and power . . . . .	.....	88,162.29
Additions to Ward A . . . . .	.....	310.12
Total capital expenditures	\$2,248.36	\$95,345.52

# PETER BENT BRIGHAM HOSPITAL

## SUMMARY

### EXPENSES

	1921	1920
Total administration expenses . . . . .	\$43,249.21	\$43,981.48
Total professional care of patients' expenses . . . . .	172,687.51	146,842.75
Total department expenses . . . . .	175,923.35	191,846.40
Total general house and property expenses . . . . .	92,061.45	71,183.31
Total hospital expenses . . . . .	<u>\$483,921.52</u>	<u>\$453,853.94</u>
Corporation expenses . . . . .	4,600.00	6,411.99
	<u>\$488,521.52</u>	<u>\$460,265.93</u>
Capital expenses . . . . .	2,248.36	5,371.24
	<u>\$490,769.88</u>	<u>\$465,637.17</u>
Special Funds:		
Choate Fund . . . . .		151.46
Training School deposit fund . . . . .	250.00	550.00
John P. Reynolds Memorial Fund . . . . .	88.29	
Permanent Charity Fund . . . . .	2,765.42	3,372.22
Surdna Foundation . . . . .	6,013.83	4,635.52
Gift for Occupational Therapy . . . . .	1,000.00	
Gift for Social Service Work . . . . .	265.36	
		<u>\$474,346.37</u>
Additional payment on Heat, Light & Power . . . . .		88,162.29
GRAND TOTAL . . . . .	<u>\$501,152.78</u>	<u>\$562,508.66</u>

### REVENUE

	1921	1920
Administration receipts . . . . .	\$2,033.37	\$1,751.73
Professional care of patients:		
Board of priv. rm. patients . . . . .	\$78,761.93	\$56,180.27
Board of ward pay patients . . . . .	102,332.07	105,997.67
Special nurses . . . . .	42,931.88	35,176.03
Out-Door Department . . . . .	28,453.91	22,236.70
Photography and X-ray . . . . .	20,667.71	17,839.38
Miscellaneous . . . . .	22,802.86	19,229.28
	<u>295,950.36</u>	<u>256,659.33</u>
Department receipts:		
Ambulance . . . . .	\$3,334.37	\$3,257.50
Miscellaneous . . . . .	599.95	744.73
	<u>3,934.32</u>	<u>4,002.23</u>
Total hospital receipts . . . . .	<u>\$301,918.05</u>	<u>\$262,413.29</u>
Amount brought forward . . . . .	\$301,981.05	\$262,413.29



## REPORT OF THE SUPERINTENDENT

*Amount carried forward . . . . .* \$301,918.05 . . . \$262,413.29

### Cash from Treasurer:

Current Expenses . . . . .	\$186,691.76		\$286,014.93	
Choate Fund . . . . .			151.46	
Training School Deposit				
Fund . . . . .	250.00		550.00	
Permanent Charity Fund . . . . .	2,765.42		3,372.22	
Surdna Foundation . . . . .	6,013.83		4,635.52	
Ward A Alterations . . . . .	2,210.53		310.12	
Out-Door Department Alter-				
ations . . . . .	37.83		5,061.12	
Gift for Occupational Therapy	1,000.00			
Gift for Social Service Work	265.36	199,234.73		300,095.37
<b>GRAND TOTAL . . . . .</b>		<b>\$501,152.78</b>		<b>\$562,508.66</b>

## STATEMENT OF STOCK ON HAND

	1921	1920
Administration supplies . . . . .	\$3,921.07	\$4,013.10
Professional care of patients . . . . .	11,785.15	13,887.16
Department supplies . . . . .	19,472.75	24,164.18
General house and property supplies . . . . .	2,221.70	2,082.56
	<u>\$37,400.67</u>	<u>\$44,147.00</u>

# 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
Supervisors . . . . .	4
Night Supervisor . . . . .	1
Graduate Nurse Anaesthetists . . . . .	2
Graduate Head Nurses of Wards and Assistants in Departments . . . . .	14
Masseuse . . . . .	1
Pupils . . . . .	86
Pupils in preliminary course . . . . .	27
<hr/>	
Total . . . . .	139

Fifty-two pupils have been admitted to the preliminary term; fourteen pupils have left the School. Seven pupils from the Army School of Nursing have terminated their periods of affiliation. Thirty-eight nurses have completed their courses. The total number of graduates is now 164.

Progress during the year has been slow, a period of marking time rather than of rapid development. The quality of instruction has been maintained even in the face of a number of difficulties. The equipment of a diet laboratory on the ground floor of the administration building provides facilities for teaching cookery and insures adequate instruction in this practical aid to a nurse's work and puts the whole subject of dietetics into its proper relative place in the curriculum.

Ability for further growth either in the size of classes or in extension of the curriculum is now limited by inadequate housing conditions and the congestion in class rooms. There has been no lack of suitably prepared candidates for the School during the year.



## REPORT OF THE SCHOOL OF NURSING

The year 1921 has brought less illness among the nurses than previous years — 1040 days of illness were recorded as against 1852 in 1920.

Formerly it was thought that the training school for nurses must do all the nursing work of the hospital regardless of the emergencies which might create temporary shortages for various reasons. It is gratifying to report that graduate nurses for floor duty have been employed to the number of 469 days to meet this situation. This has tended to insure more satisfactory care of the patients and has lessened the burden of the student nurses during two periods of temporary shortage.

The number of graduate nurses in charge of wards and departments is increased, a return to the pre-war policy of having graduates in charge of every ward.

Many changes have taken place on the staff. Anna G. McKeon, Peter Bent Brigham Hospital, 1916, resigned in April to go to Garfield Memorial Hospital, Washington, D. C., as instructor. For nearly eight years, as pupil and graduate nurse, Miss McKeon has served the hospital enthusiastically and efficiently. She was succeeded as surgical supervisor by Marion E. Weld, graduate of the Army School of Nursing. Eunice M. Woodman, Peter Bent Brigham Hospital, 1918, has joined the staff as medical supervisor. Eleanor Lee, B. A., R. N., graduate of the Presbyterian Hospital, New York City, joined the staff in October as instructor in theory, replacing Mildred Constantine, Peter Bent Brigham Hospital, 1918, who left to go to New York Post-Graduate Hospital as supervisor of the children's department. Lila M. Dalrymple, Peter Bent Brigham Hospital, 1918, resigned in May to join the nursing staff of Peking Union Medical College, Peking, China. She was succeeded by Alice A. Weston, Peter Bent Brigham Hospital, 1917, as supervisor of the Out-Door Department. Christina A. McDonald, Peter Bent Brigham Hospital, 1920, has developed into



## PETER BENT BRIGHAM HOSPITAL

an expert assistant in the X-Ray Department. Helen Kathryn Way, Peter Bent Brigham Hospital, 1918, succeeded Nellie V. Porter, Peter Bent Brigham Hospital, 1919, as night supervisor, Miss Porter having resigned.

Exercises for the seventh graduating class were held in the lecture room of the hospital November 30. There were thirty-one members of the class. Mary M. Roberts, R. N., Co-editor of the American Journal of Nursing, gave the address. Charles P. Curtis, President of the Corporation, presided and awarded the Dr. John P. Reynolds' Gold Medal for efficiency to Hannah Slade Benton.

A certain amount of unrest exists among those responsible for the conduct of the School. It is obvious that the greatest use is not being made of the facilities existing in this medical centre for the education of nurses. At least two conferences have been held during the year of groups interested in promoting more thorough nursing education and in the discussion of ways and means for the organization of a central school of nursing in Boston.

The report of the Committee appointed two years ago by the Rockefeller Foundation to survey the methods of nurse education of the country is not yet available. The results of a survey made in Cleveland of hospital and nursing conditions are available and have resulted in the establishment of a central school of nursing in connection with Western Reserve University.

Unless the resources at hand are utilized to better advantage for nursing education than at the present time, Boston will soon find itself holding an inferior status in the preparation of women for the intelligent care of the sick and in the campaign for the promotion of health, instead of being in the lead in progressive measures as formerly.

CARRIE M. HALL,

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

DECEMBER 31, 1921.



## Social Service Department

LAST year has been a very busy one for this Department. Each succeeding year a truer meaning of Social Service takes root in the consciousness of the hospital, the patients and the workers themselves. A realization has come that many patients are not only medically sick, but socially sick as well. Many doctors now recognize the futility of prescribing for a patient without some knowledge of the patient's environment and without making an effort to correct, when found, bad hygiene and social maladjustment.

When home conditions are not considered, the following may happen:

A social worker was asked by a doctor to call on a patient to find out how the patient was getting along. The patient had been discharged from the hospital following an operation on her leg. The wound was not healed, and she was told to let the sun's rays shine directly on the wound so many minutes each day.

The patient lived on the third floor of a barn-like tenement in a congested district of South Boston with no sign of a balcony and not so much as a flight of steps to the front door to relieve its bareness.

VISITOR: "How is your leg, Mrs. M—?"

PATIENT: "It ain't no better, ma'am. It hurts awful."

VISITOR: "Have you not done what the doctor told you to do?"

PATIENT: "No, ma'am. How could I? The doctor said let the sun shine on my leg. But, we don't get no sun here."

VISITOR: "Is there no balcony or fire escape you can sit out on?"

PATIENT: "No, ma'am."

VISITOR: "Did the doctor tell you to keep off your feet as much as possible?"

PATIENT: "Yes, ma'am."

## PETER BENT BRIGHAM HOSPITAL

VISITOR: "Do you?"

PATIENT: "I sits down when I can, but I has five children and there ain't much time to rest."

VISITOR: "Well, Mrs. M—, you had better come back to the hospital and let the doctor look at your leg. We will tell him why you cannot follow his directions. Then, we will see if we cannot help you to do what he wants you to do so that the leg will have a chance to heal."

OUR PURPOSE. It is well every once in a while to ask ourselves: "Whither are we going; how are we going; and what are we accomplishing? What is our aim? Have we an obligation to the hospital, to the patients coming to the hospital, and to the community? What is this obligation?"

In the report of the survey made last year by a committee appointed by the American Hospital Association, it was their conviction that the chief aim of Medical Social Service should be the carrying out of the doctor's recommendations for the patient, which is, in the last analysis, that the ultimate goal of Medical Social Service is to assist in the cure and prevention of disease. We believe this to be right and can say with all sincerity that this is our purpose.

In the report of the survey, the following activities are cited:

- "1. Discovering and reporting to the physician facts regarding the patient's personality or environment, which relate to his physical condition.
2. Overcoming obstacles to successful treatment such as may exist or arise in his home or his work.
3. Assisting the physician by arranging for supplementary care when required.
4. Educating the patient in regard to his physical condition in order that he may co-operate to the best advantage with the doctor's program for the cure of the illness or the promotion of health."

Do not these lead to our aim?

Are not we fulfilling our obligations — by giving the



## SOCIAL SERVICE

physician data which helps him in diagnosis and in treating the disease; by arranging for the care of children so that the mother may have proper treatment; by arranging for convalescent care so that a patient may be able to recuperate before returning to work; by instructing the patient in better hygiene; and by interpreting the doctor's advice with the follow-up to see that they carry out this advice?

### WORK WITH SPECIAL GROUPS

In the following reports a description is given of the activities in these groups.

**HEART CLINIC.** It is generally known that heart disease is the cause of a great deal of suffering and economic loss. It is now the leading cause of death. So much can be done in the early stages that intelligent treatment and instruction are very important.

"Total membership for the past year. . . . .	146
Patients carried forward from 1920 . . . . .	66
Patients referred during the year . . . . .	80

As the clinic includes persons of all ages, twelve years and older, an arbitrary age division was made at eighteen so that we might classify the clinic under two groups: children and adults. This year seventy-one adults attended the clinic and seventy-five children. The average attendance at a meeting was ten.

The aim of the Cardiac Clinic is primarily to treat only cases of cardiac valvular disease and to exclude those cases with cardiac complications associated with chronic nephritis and hypertension, and also, to exclude those cases of elderly individuals with chronic myocarditis. Cases of chorea and acute rheumatic fever without cardiac involvement are followed as potential cardiacs.

Careful regulation of the activities of the patients and the clearing up of foci of infection in order to prevent further damage to the heart valves play a very important part in the treatment of cases with valvular lesions.



## PETER BENT BRIGHAM HOSPITAL

The social worker can be of much use to the doctor in the regulation of the activities of the patients by bringing to his notice definite information about the home conditions and conditions at school: i. e., stairs, amount of and the nature of the gymnasium exercise required. She can also be of use by assisting the patients to carry out the doctor's advice about these things — especially by visiting the school and arranging for the child to be admitted and dismissed before or after the general class, to be excused from the exercises or allowed to participate only in the lighter ones.

An attempt is also made to guide the child and encourage his interest while in school in training himself for an occupation which will come within the limitations of his heart.

In clearing up foci of infection, much emphasis is laid on the teeth and the tonsils, as experience has shown that they often harbor infection which ultimately does harm to the valves of the heart. Parents are persuaded of the necessity for their co-operation with the doctor in his advice about the extraction of teeth and the removal of tonsils, and plans are made to have the work done.

Great stress is also placed on the importance of the mothers of the younger members of the clinic coming with the children and receiving first hand from the doctor the advice and directions about the child. The mother seems to take a keener and more intelligent interest in the welfare of her child and is more willing to co-operate in plans for the child.

Perhaps it might be of interest to cite a case.

A twelve year old Jewish girl was referred to the clinic with a diagnosis of congenital heart disease — ductus arteriosus. Her mother is a widow (the father having died of pulmonary tuberculosis several years ago) with two small children to support, the patient and a younger brother. The mother was receiving Mothers' Aid and was helped occasionally by another agency. The patient had several teeth which needed attention, and she was also much underweight. Plans were made for her teeth to be fixed free of charge at one of the nearby dental clinics, and following the completion of the dental



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work, the patient was given several weeks' vacation in the country to help give her a start in gaining weight. On her return home, through an interested agency, a quart of milk a day was added to her diet, and she has made a slow, but very steady, gain. When she entered school this fall, the interest and co-operation of the teacher were enlisted and the child has been allowed to attend school for half a day, to go and come before or after the general class, and no exercises are required of her. Under this regime she has done very well indeed."

(Signed) RUTH H. CHELEY.

DIABETIC CLINIC. "The Diabetic Class meets once a week, under the direction of a doctor and a social worker, and there are on the average seven patients in attendance. The patients are given individual consultations and are asked to report once a week until they seem to be following the prescribed diet intelligently, later on, once a month, or once in three months.

The social worker meets the patients, makes tests for glucose, acetone, and albumen in their urine, teaches the patients how to test at home for glucose in urine, and joins the doctor in directions regarding each patient's diet. She has thus an excellent opportunity for becoming acquainted with the patients at the hospital, and where the necessity is indicated, she visits their homes to investigate social conditions or to interpret the doctor's directions. The class has now been going for several years, under the care of the same social worker; therefore, to the older members who make only occasional visits, the social worker stands as a proof that they are returning to the same class where they are well known."

(Signed) FLORENCE W. MARK.

LUETIC CLINIC. Last spring Dr. George P. Denny asked for the services of a social worker for a luetic clinic which was to be started in the evening. Through a gift of \$1,000 from the Permanent Charity Fund Inc. for this purpose, it was possible to give the service.

This worker also takes all so-called venereal cases and



sex problems that are referred. There is no group of patients that present potentially a greater social as well as medical problem, and no group that requires more careful, expert, and sympathetic treatment.

"We began our work with the luetic group August 1, 1921. The first task was to organize an effective follow-up system. A short survey was made which shows conclusively the need of such a follow-up. It was found from the diagnosis files of the Out-Patient Department that of a total of 186 patients who had, in the year 1921, received a diagnosis of some form of lues, 37+ per cent were neither returning for treatment nor accounted for. A similar study for the year 1920 showed that of a total of 269 patients receiving a diagnosis of some form of lues in that year, over 75 per cent were not returning at all for treatment. Of course, a small per cent of these had had questionable diagnoses later ruled out, and another small per cent may have reported elsewhere.

To find out why these patients are not returning for any adequate amount of treatment; to remove so far as possible the causes for the lapses; to educate the patients to the necessity of continuing their visits over a sufficiently long period, without introducing the element of apprehension; and to restore, if possible, to those who have lost it, a basis for courage and self-respect; these make up the first aim of the social worker in this group. Then, having established friendly relations with the individual patient, it becomes possible through him to reach medically other members of his family who may need treatment. It also becomes possible to know of and to handle directly or indirectly any social problem involving the patient or the family represented.

In the evening clinic, meeting twice a week, the social worker is chaperone and clinic secretary. Until the clinic becomes too large, it is much better so, as the worker thus occupies an official position which is natural and reasonable to the minds of the patients. Here the worker becomes acquainted with and is able to serve a constantly increasing number of the entire luetic class. Besides the type of social problem inherent in the nature of the infection, the luetic group presents to the worker a wide range of possibilities in social diagnosis. One illustrative case will serve to show how the social worker may have to



## SOCIAL SERVICE

deal with an entire family in a more or less complex relationship.

In this family, the parents were both born in Ireland. The mother is not over intelligent. She is a woman of very slight build who has always worked hard to support her large family. There has been a great deal of illness among the children. Five of fourteen are living. Seven years ago, social service arranged for free hospital care for the older daughter — Diagnosis — Acute Nephritis. The oldest son has been placed in the State School for Feeble-minded. Of the remaining three, we shall speak later.

The father, a ne'er-do-well, first came to our Out-Patient Department in May, 1921. Diagnosis: Syphilis of the Central Nervous System. He had had no adequate treatment before and was too far advanced to be a very hopeful case medically. The family is known to the Probation Office of the Municipal Court, and that agency, through our social service has kept in touch with the father's condition. In December, 1921, the probation officer reported that the patient was apparently undergoing a rapid mental deterioration, and asked us to arrange for his examination here with question of institutional care. We arranged a special appointment with our doctors, and later gave the probation officer an abstract of our records and the doctor's recommendation that further treatment would not benefit patient and that institutional care was advised. Patient was committed to a state hospital where he recently died.

With the help of the probation officer, we have got the mother and two younger sons in to the Out-Patient Department for blood Wassermans. The mother's blood is strongly positive on repeated tests. The boys both show negative bloods on one test and are to be tested again. While we arrange for the mother's treatment, the financial situation in the home is being cared for by a family case work agency.

When the new follow-up system was organized in August, it was discovered that the second daughter was also receiving anti-luetic treatment here. She was transferred to the evening clinic and when seen by social service was found to be very much depressed and greatly discouraged over her chances of recovery. She was encouraged to continue her treatments and this she is doing with promptness and regularity. Her depression, amounting almost to a phobia, is due to many adverse elements in her social background:



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- A. She admits and deplors irregularity of conduct to which she traces her infection.
- B. She suffers keenly over her father's condition and is desperately apprehensive lest she fall victim to the same end results.
- C. She is estranged from her family and has not lived at home for months because: (patient's reasons)
  - 1. She prefers living nearer her work (as waitress in a restaurant).
  - 2. She cannot endure the mean surroundings of her home.
  - 3. She fears that the family will learn of her misconduct.
  - 4. She has been afraid lest she communicate to them her infection.

Because of strained relations with her family, the patient had discontinued her financial assistance. For this, and for her aloofness, she criticized herself and was harshly criticized by her relatives. So, affairs moved in a vicious circle. The climax came when a few weeks before her father's death, a quarrel with her sister led the patient to attempt suicide by poisoning. Following the attempt, she was just able, sometime after midnight, to get to our hospital where she was admitted as a bed patient, and in a wretched state both mentally and physically. During the week she was here, she was visited frequently by the social worker. At first, she declared she would end her life as soon as she was discharged, but she gradually yielded to the kindly influences about her until finally the doctor from the Psychopathic Hospital, called in consultation, decided that there was no indication for her transfer there.

Realizing the patient's need of supervision, the social worker arranged that she should live for a while with a kindly and sensible aunt. Later we persuaded her to go home to her mother, and as a result of the reconciliation, she has become a vastly happier, saner girl with a renewed determination to see things through. She has gone back to her work, is helping her mother financially, and has been the mainstay of the family in all the complex of affairs connected with her father's death and burial. We have inquired regarding her resources for recreation, and learn that she spends most of her play time with her girl cousins of whom she is apparently very fond.

It is seen from the above that the social worker in the luetic group has charge of:



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- (a) The follow-up system, including co-operation with the State Board of Health in reportable cases.
- (b) Work in the clinic, meeting three times a week.
- (c) Intensive work on any social problem affecting the individual of the group.

It is early to speak of results. At the end of December, 1921, we had instituted a follow-up on 266 patients, and that number is rapidly growing. Special social work has been done in fifty-four cases. Social work could be made much more effective if all, instead of only a small part of the luetic patients were gathered into a special clinic. With the growth of the work, more clerical assistance is greatly needed. With this assistance, we shall be able to make our follow-up system more nearly perfect, and the social worker may be released for more and better social case work."

(Signed) LIDA T. PARKINS.

**SURGICAL CLINIC.** On account of lack of funds there was no social worker for the clinic until September 19. Through the efforts of Miss Katherine Homans enough money was raised to pay a worker for the remainder of the year.

The worker in this clinic also goes into the surgical wards. There she sees many patients whom she has got to know in the surgical clinic of the Out-Door Department, and through this established relationship is better able to get at what is on the patient's mind and can more easily help to relieve the patient of anxieties which might well retard recovery. To illustrate:

"As the worker was passing through the ward one day, she noticed that a young woman with whom she had already established friendly relations was sitting up in bed and rocking back and forth while tears were running down her cheeks. In one hand she was holding a stamped but unsealed letter. Going over to the bed, the worker asked what the matter was, and if she could help in any way.

'Oh, do help me!' said Mrs. X. 'I am in terrible trouble. I am going to have a very dangerous operation tomorrow, and I know I shall not come out of it, and I have n't anybody to talk to. I have written my mother a long letter telling her just



## PETER BENT BRIGHAM HOSPITAL

what I want done with all my things, but I don't know as I ought to send it, because it will make her feel so dreadfully. She is nervous anyway and worrying about me, and I don't want to scare her. If I should get well, I don't want her ever to see it.'

A few questions were enough to prove that the operation was not dangerous enough to warrant Mrs. X's state of mind, and after letting her talk her fears all out, the worker was able to reassure her and to get her into a calmer mood. Then, she proposed that she should take charge of the letter, promising faithfully that if anything should happen to Mrs. X., it should be mailed at once, but if all went well, it should be torn up.

The next afternoon the worker went to the ward, inquired for Mrs. X. and found she was doing well and in no danger, so she stepped quietly to her bedside. Mrs. X. opened her eyes and smiled (a rather wan smile, to be sure) and barely whispered: 'Tear it up, tear it up.' Since then, the two have had many a good laugh over what at the time seemed a very tragic situation to Mrs. X."

### CO-OPERATION WITH OUTSIDE AGENCIES.

INTERPRETATION OF MEDICAL TERMS. From the American Red Cross, Metropolitan Chapter, a request came last February for the services of one of our social workers to meet the Red Cross Hospital Representative sent to this hospital and to interpret to her the diagnoses, prognoses, and doctor's recommendations regarding ex-service patients here. Mrs. Mark was detailed to this work.

"During the year, the information desired was given concerning fifty-six patients, by means of letters and personal interviews with the Red Cross Representative. This arrangement was advantageous because it was in many cases possible for the social worker established within the hospital to obtain the information more easily than could have been done by a worker coming in from outside, and because the hospital social worker was able to explain the meaning of diagnoses, and to interpret the significance of the doctor's recommendations."

STEERING. Steering is a service whereby people sent by outside agencies to this hospital for medical treatment will be conducted by social service, upon request, to the



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right clinic and the doctor in that clinic given any information bearing on the physical condition of the patient. After the examination, if desired, a report is made of medical findings and the doctor's recommendations.

**INFORMATION.** A service rendered in which certain medical data is given out in order to aid other agencies in making plans for our patients.

In all there were 309 reports made; this does not include the many reports given of patients referred for other reasons.

**STUDIES.** Twenty more or less intensive studies were made for agencies in and outside of Boston; two of these reports were made in answer to requests from Oklahoma and Indiana.

**OCCUPATIONAL THERAPY.** Although Social Service no longer gives financial support to Occupational Therapy, it has a great interest in it and holds towards it the relationship of a big sister.

The following is a report of the work:

"With the exception of two months in the summer, Occupational Therapy has been regularly carried on by one worker, with the full time assistance of volunteer aids from January to April, and with the help of students from the School of Occupational Therapy from October 1 to December 1. During the year, 280 patients have been taught basketry, toy-making, bead-work, and other handicrafts, many cases being referred for definite treatment by the doctors.

Co-operating at times with the Social Service Department, several outside patients have been followed up and given instruction and material, receiving, in some cases, a little remuneration for salable articles which they have made. A large part of all patients' handiwork has been exhibited and disposed of during the year at the Easter and Christmas sales, or at the shop maintained by the Bureau of Occupational Therapy."

(Signed) BEATRICE HARDY.

**FUTURE NEEDS.** It is generally considered to be an ideal arrangement if the Social Service Department is an



## PETER BENT BRIGHAM HOSPITAL

integral part of the hospital, but to quote the English lady recently arrived at our shores: "We wonder."

Last year our budget allowed for only one full-time worker, a half-time worker, and a half-time clerk, besides the head worker. Mrs. Cheley and the head worker were the only full-time workers from January 1 to August 8. Please bear this in mind when looking through the statistical sheet. On August 8, another worker was possible through a special gift from the Permanent Charity Fund.

**ADVISORY COMMITTEE.** It is apparent that where there have been groups of interested men and women to advise and support Social Service, there has been a greater co-ordinate development between these departments and their respective hospitals. It is strongly urged that such a group be invited to serve as a committee for this department to insure a more steady and consistent growth.

A report such as this should include an acknowledgment of the help received from both private and public agencies and private individuals, without which help, little could be accomplished. We have had the invaluable assistance of: The Motor Service of the American Red Cross, which made over 150 trips taking incapacitated patients back and forth to the hospital for treatment, the Family Welfare Societies, the Children's Agencies, Convalescent Homes, District Nursing Association, and other groups. The Boston Council of Social Agencies, the State Department of Health, and the Boston Health League have held many helpful conferences.

Another gift of \$2,500. from the Permanent Charity Fund Inc. was received for the work of the past year, with the additional gift of \$1,000. for a special piece of work, for both of which the Social Service Department wishes to express its sincere appreciation.

The Christmas festivities for the patients in the wards were arranged, as last year, by the wives of the Staff and



## SOCIAL SERVICE

House Officers to the great enjoyment of the patients in the hospital.

To all those in the hospital whose advice and aid have added to the efficiency of our work, we wish to express our warmest appreciation. To Dr. Howland especially is due grateful acknowledgment for his interest and wise counsel, and to Miss Katherine Homans, for her unfailing interest and service of which she has given so generously the past six years.

Number of patients dealt with during the year 1921, for whom some form of social record was made . . . . .	1,229
Brought forward from previous year . .	83
New patients . . . . .	986
Reinstated during the year . . . . .	160

These patients were referred from the following departments, services, and agencies:

House Medical Service . . . . .	97
House Surgical Service . . . . .	76
O. D. D. Medical Service . . . . .	302
O. D. D. Surgical Service . . . . .	116
Outside Agencies . . . . .	380
O. D. D. Urological Service . . . . .	11
O. D. D. Admitting Office . . . . .	43
House Admitting Office . . . . .	85
Social Service . . . . .	36

The following were aided in securing:

Medical treatment . . . . .	162
Supervision in Heart Clinic . . . . .	146
Instruction in Diabetic Clinic . . . . .	85
Information . . . . .	165
Steering . . . . .	88

After care:

Permanent care . . . . .	20
Convalescent care . . . . .	58
Rest and vacation . . . . .	14
Private Hospitals and Sanatoria . . . .	7
Tuberculosis Sanatoria . . . . .	55
Institutional care . . . . .	24

## PETER BENT BRIGHAM HOSPITAL

District Nursing Association . . . . .	16
Instruction in general hygiene . . . . .	20
Friendly interest . . . . .	26
Apparatus . . . . .	14
Education of the handicapped . . . . .	4
Employment or adjustment of work . . . . .	57
Financial aid. . . . .	61
Care of children or of family . . . . .	9
Transportation . . . . .	22
Illegitimacy . . . . .	11
Patient makes own plans . . . . .	33
Aid unnecessary . . . . .	37
Died on ward . . . . .	12

A follow-up has been carried on 2,353 patients; 514 letters and 589 postal-cards were sent out. 502 patients referred to the House for operation or medical treatment from Out-Door Department were personally escorted to the Admitting Office by the request of the Superintendent.

### STAFF OF WORKERS

#### *House Medical, General Department*

MISS ALICE M. CHENEY

#### *Heart Clinic, General Department*

MRS. RUTH H. CHELEY

MISS KATHERINE HOMANS, *Volunteer*

#### *Diabetic Clinic, House Medical*

MRS. FLORENCE W. MARK (half-time)

#### *Luetic Clinic*

MRS. LIDA T. PARKINS

August to December

#### *House and Out-Patient Surgical*

MISS MINA M. BROWN

September to December



SOCIAL SERVICE

*Occupational Therapy*

MISS BEATRICE HARDY

MISS ANNA B. WHEELWRIGHT, *Volunteer*  
January to April

*Admitting Office, Out-Door Department*

MRS. IDA V. SMITH (half-time)

MRS. MABEL A. LINDSAY (half-time)

*Clerical Staff*

Mrs. Mabel A. Lindsay (half-time)  
January to September

Miss Zilpha L. Doane  
September to December

ALICE M. CHENEY

*Director of Social Work.*

## Report of the Pathologist

THE figures for the Department are as follows:

Autopsies, Medical Service. . . . .	86
Autopsies, done outside for the Medical Service	1
Autopsies, Surgical Service. . . . .	37
Autopsies, Neurological Service . . . . .	29
Autopsies, done outside for the Neurological Service . . . . .	5
<hr/>	
Total number of autopsies. . . . .	158
Reports on Surgical Specimens . . . . .	881
Reports on Neurological Specimens . . . . .	128
Reports on Bacteriological Specimens . . . . .	686
Guinea pig inoculations for suspected tubercu- losis . . . . .	131
<hr/>	
Total . . . . .	1826

There were 251 deaths in the hospital, 144 in the Medical service, 73 in the Surgical service and 34 in the Neurological service. Nine other deaths were assumed by the Medical Examiner to be of Medico-legal import and disposal of these bodies was directed by him.

The percentage of autopsies for the year, 62.8 per cent, is the highest in the history of the hospital. The percentage of post-mortems for the various services is Medical 69 per cent, Surgical 54.4 per cent, Neurological 96.8 per cent. The high percentage of post-mortems is largely due to the continued efforts of Dr. Sturgis, Resident Physician.

The number and percentages of autopsies for all years are:



# REPORT OF THE PATHOLOGIST

Year	No.	Per cent
1921 . . . . .	158 . . . . .	62.8
1920 . . . . .	155 . . . . .	58.2
1919 . . . . .	102 . . . . .	40.0
1918 . . . . .	145 . . . . .	40.0
1917 . . . . .	114 . . . . .	55.6
1916 . . . . .	113 . . . . .	49.54
1915 . . . . .	101 . . . . .	47.6
1913 and 1914 . . . . .	147 . . . . .	58.5

The number of surgical and bacteriological examinations made each year are:

Year	No.
1921 . . . . .	1,984
1920 . . . . .	1,826
1919 . . . . .	1,628
1918 . . . . .	2,224
1917 . . . . .	1,248
1916 . . . . .	1,140
1915 . . . . .	1,030
1914 . . . . .	847

The volume of work carried by the Department has steadily increased each year. An additional house-officer is required if the present standards of work are to be maintained. The replacement once a year of a trained house-officer by an untrained man creates a period of seriously handicapped service, the duration of which is determined by the new appointee's intelligence and ability to acquire special training. Enlargement of the Department by one additional house-officer is urgently recommended, and it is proposed to have their appointments, for one year each, date from January first and July first. This would insure smooth working of the routine work of the laboratory and would also enable the Department to make some progress toward remedying its deplorable inadequacy in bacteriological work.

Repeated mention has been made in annual reports of the inadequacy of our bacteriological work. The present

system in the hospital, which requires the house staff in the clinical departments to make their own routine bacteriological examinations is in theory a very excellent system and should be preserved. However, difficult and obscure bacteriological problems are referred to the Pathological Department which has neither the personnel nor the means of providing the materials necessary for a high grade of bacteriological work.

The great defect in the present system is that no one person is responsible for the character of the bacteriological work done, the methods employed, and most fundamental of all, the reliability of the culture media. The preparation of all of the hospital culture media and the direction of the technician employed for that purpose should be in charge of the Pathologist.

Important fields of research are closed to us because of the impossibility of keeping alive sustained work in bacteriology.

Valuable assistance has been given by Dr. W. S. Quinland, Julius Rosenwalt Fellow in Pathology at Harvard during the past year. In January 1921, Dr. Quinland was made Assistant in Pathology. He has recently been appointed Professor of Pathology in Meharry Medical College of Nashville, Tenn.

Dr. Donald S. King was made Associate in Pathology in May 1921, through the liberality of Doctors E. A. Locke, G. R. Minot and Gerald Blake. Dr. King has been of very great assistance in bacteriological routine work, though able to devote less than half time in the laboratory. Recently the generosity of Mr. John Hunnewell has made it possible to secure his services on a half-time basis in research.

Dr. Victor C. Jacobson, Resident Pathologist, resigned in September 1921 to become Professor of Pathology in Union University Medical College, in Albany, New York.

Dr. George H. Hansmann was appointed Resident



## REPORT OF THE PATHOLOGIST

Pathologist to succeed Dr. Jacobson on September 1, 1921.

Dr. Frank Fremont-Smith, Jr. succeeded Dr. E. R. Templeton as House Officer on July 1, 1921.

### RESEARCH

The question of important research in the Pathological Department of the Hospital can hardly be treated as a serious proposition. The volume of work required from a small staff practically excludes research on these premises by members of the Department.

### Publications

WOLBACH, S. B., with PALFREY, FRANCIS W. "Typhus Fever." Medical Clinic of North America 1921, p. 1877.

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S. B. WOLBACH, MD.,  
*Pathologist.*

## Report of the Surgeon-in-Chief

Under the auspices of the American College of Surgeons and with the financial backing of the Carnegie Foundation, a survey has been made of all American hospitals having a capacity of over one hundred beds, with the object of improving the effectiveness of their clinical work and organization. A certain minimum standard of acceptability has been set, based largely upon the existence of the clinical records and the pathological and laboratory resources. It is a remarkable fact that in 1918 only 89 hospitals were able to meet this minimum standard, whereas two years later 407 or 57 per cent of all the hospitals of this size in Canada and the States were accepted.

There can be no doubt, therefore, but that the survey, which is now being extended to the 50-bed hospitals, has already done an immense service in spurring many institutions previously unconscious of their imperfect organization and slovenly clinical methods to adopt higher standards of work. In similar fashion the survey of the medical schools and affiliated hospitals undertaken some years ago by Mr. Flexner, then of the Carnegie Foundation, served to raise the standards of the more ineffective ones and to eliminate many that were unfit to survive. Not long ago an elaborate survey of its public health activities was made for the city of Cleveland by Dr. Haven Emerson and more recently the Public Health Committee of the New York Academy of Medicine has made a comprehensive study of the New York hospitals, and it would be highly desirable if a similar investigation could be made of our local situation in Boston. Such "surveys" are an encouraging tendency



## REPORT OF THE SURGEON-IN-CHIEF

of the times, and improvements, though they may be slow, will unquestionably come from them. There are certain things, however, which cannot be gauged by such a process.

To the senses of the lay visitor, hospitals probably appear very much alike, but the initiated, who pass most of their lives at work in some one of them, are able to detect, on the first introduction, something of their individuality just as one would on first meeting a human being. This is a quality quite apart from efficiency, and though intangible and incapable of being standardized it, after all, is in many ways an equally important matter for consideration.

Desirable as efficiency may be for an institution's welfare, character is perhaps a more essential quality, and this cannot be easily estimated by the methods of the statistician in the process of a survey. A lamented citizen, recently lost to this community, once said in effect, that character was the best security for a loan. He was speaking of persons, but character on the part of institutions is an equally worthy inducement for bequests, and the time is at hand, if the growth of this hospital is to continue, when it must, like many others, face a deficit or make a public appeal for support.

In a recent address written for the Centennial Anniversary of the Massachusetts General Hospital, the effort was made to show how it is that different institutions starting with the same object in view soon acquire astonishingly different ideals and characteristics. Institutions in this respect are like individuals, and come to reflect the various personalities of those who, in one way or another, have more or less definitely influenced them. An institution, moreover, ages like an individual, and as years pass by it becomes less and less easy to alter the fixed habits and reactions which have been acquired through tradition and custom.



For this reason, those of us who are concerned with the present and future welfare of a hospital in the relatively plastic stage of its first decade, must feel all the more the responsibility which rests upon us for starting its traditions and customs aright. In this responsibility all have a share — trustees, administrators, staff, house officers, nurses and employes — for, as is well known, even a hospital servant of long service may indelibly stamp his personality on the composite life of the institution.

The Brigham Hospital has been something of an upstart in a conservative community, and at the outset, though somewhat hampered by local tradition which would have forced it into the customary mould, it has, so far, maintained a certain degree of independence and acquired an individuality of its own — if no better, at least different from that possessed by other Boston hospitals.

The particular form of organization which we have adopted whereby all spend their entire working-time — and, for many, with scant opportunity for play — within the walls of the institution, has its trials as well as its advantages. As among the officers and crew of a vessel on a long voyage, who likewise carry the responsibility of life and death for the passengers that come and go, a single person, be he overworked, petulant or unsympathetic, may wreck the happiness, content, and effectiveness of the entire group. This is where personality comes in, and where self-sacrifice, coöperation, mutual sympathy, and charity can prosper or wreck the voyage.

Unquestionably, when institutional people are thrown together with a high degree of forced intimacy, there arise many opportunities for irritation between administrator and worker, between teacher and student, employer and employe, nurse and doctor, in addition to those which the natural rivalry between the services engender. For the avoidance of friction, the highest spirit of fair play, or loyalty and unselfishness, is required, and the cultiva-



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tion of these qualities is as important for most hospitals as are improved standards of efficiency. Indeed, they are likely to go hand in hand.

In the address already mentioned, it was pointed out that a hospital which lives on itself and does not engage in teaching and research rarely attains any degree of distinction. No more can a medical school exist by itself and attain high rank unless it have hospital connections and be in contact with a university. The ideal arrangement, in short, is one in which the three elements interlock like a tripod, which must have three feet on the ground to insure stability.

It is true that in England the dual association of hospital and medical school has long survived without a university connection, but in our country, with one or two exceptions, this combination has not been a lasting success. Nor, indeed, has any other combination of two of the three elements been successful. The Johns Hopkins Hospital in its early years, despite its close university connection, might have come to grief through the departure of its principal attendants, had not a generous benefactor come forward with funds sufficient to build a medical school. For years, the Yale Medical School has led a precarious existence, owing to the want of clinical facilities which could be provided only by a properly equipped hospital. The ideal tripartite arrangement between school, hospital, and university has finally been brought about, and in a few years the little-known New Haven Hospital is certain to forge ahead into the very first rank. Another example, one of the many which might be given, is furnished by Cleveland, where the tie between the three institutions, once entirely distinct foundations separated by wide distances in a large city, is to be sealed by rebuilding the School and Lakeside Hospital on grounds in the very shadow of the University. This, in short, is the modern tendency which unquestion-



## PETER BENT BRIGHAM HOSPITAL

ably makes for the highest type of hospital service. The chief advantage we of the Brigham Hospital hold over our sister institutions in Boston lies in the fact of our immediate proximity to the Harvard Medical School, and it is incumbent upon us to make the most of this fortunate circumstance. It would have been better far, if, together with the Medical School, we could actually have been set down somewhere in the vicinity of the University and, though carrying the name of our beneficent founder, have been officially recognized as a university hospital, for it is inevitable that this, after all, should be our real function. This applies equally to the other hospitals which are gravitating toward the School as a natural rallying point. Even as it is, without any interlocking of our directorates, the School and the several hospitals as permanent neighbors must come more and more to play into one another's hands. This by no means will affect the individuality of the members of the institutional group, but it will undoubtedly stimulate each of them to a higher standard of organization whereby the patients will receive better care, teaching methods will be improved, and knowledge of disease will be advanced.

The popularity of our surgical "dresser" periods of service for fourth-year students has probably been due in part to our proximity to the School, though another influence undoubtedly is the amount of attention we endeavor to give these temporary apprentices. As the result of one or both of these influences, the six positions are filled for each month throughout the year, and though gratifying, this brings an additional burden of teaching which during the summer months falls largely on the residential staff.

*Changes in Personnel.* After two years' service as the third Resident Surgeon in sequence, Dr. Elliott C. Cutler resigned and was succeeded by one of the Assistant Resi-



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dents, Dr. Francis C. Newton. This position, as our staff is organized, is a most responsible one and can be acceptably filled only by men of unusual attainment, who not only must be resourceful operating surgeons able to meet serious emergencies, but who also must have administrative ability and at the same time be acceptable teachers. We have been fortunate in our succession of these men.

Of the Assistant Residents other than Dr. Newton, who were superseded during the year, Dr. Roger C. Graves became Arthur Tracy Cabot Fellow in charge of the Surgical Laboratory of the Medical School. In this position he followed Dr. Percival Bailey who while studying abroad on an American Field Service fellowship has been appointed an assistant to Professor Pierre Marie at the Salpêtrière. Dr. Howard Fleming has returned to his home in San Francisco where he has been given a teaching position. Dr. Charles E. Locke, Jr. is in Belgium holding a fellowship on the C. R. B. Foundation.

In succession to these men the following Assistant Residents were appointed during the year — Dr. Charles H. Jameson, a former house officer; Dr. Judson A. Smith, formerly of Dr. Christian's service, who returned after a year's service in the New Haven Hospital; Dr. Daniel Sooy of the University of California Medical School, who is in training for the position of Resident in their University Hospital and while here has been assisting in the teaching of the second-year students; and Dr. D. W. Wheeler, a graduate of Rush Medical School in Chicago.

An additional appointment was made for Dr. Paul Martin of the University of Brussels, who holds an American fellowship under the C. R. B. Foundation. Our cramped house-officer quarters unfortunately make it obligatory for volunteer workers in the clinic to live as externes, but it is to be hoped that this defect will some

day be remedied so that we may accommodate in the house a larger number of men who may devote themselves to special studies. As things stand, the members of the surgical staff are so burdened by the incessant detail of their work in wards and operating room that when teaching obligations have been filled there is scant opportunity or energy for research or writing. It is highly desirable that the house officers and assistant residents should have more time set apart for this purpose, and it is a constant source of regret that the names of the junior members of the staff do not appear more often in the list of departmental publications.

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## REPORT OF THE SURGEON-IN-CHIEF

*The Out-Door Department.* Our junior house officers have with great credit to themselves continued to supervise the ambulatory clinic, though for the past year Dr. Cutler has largely relieved them of the teaching responsibilities for the third-year students apportioned to us by the School. One day in each week Dr. Hilbert F. Day, who has an appointment with us as representative of the Boston Dispensary, gives these students the opportunity of participating in the work of that large ambulatory clinic. On another day Dr. Horrax holds an out-patient clinic for the neurological cases.

One of the most valuable exercises for these third-year sections has been the hour expended each morning with Dr. Lawrence Reynolds, the hospital Röntgenologist, for though his department in the hospital is an independent one, röntgenology remains a subdivision of surgery in the School organization. Dr. Reynolds, to the great loss of the hospital, after three years' service here, has accepted a call elsewhere. As an expert in his specialty, a teacher of rare quality, and an ideal member of a hospital family his place will be hard to fill.

*The Operating Room.* It is here, naturally, that the work of a surgical department is focussed, and to get the work done without flurry, with punctuality, and with avoidance of accidents often born of confusion, requires administrative ability of a high order. The nurse in charge, Miss Margaret Robb, has proved herself an ideal person for this position and on her shoulders, with that of the Resident who must plan the operative day, fall the chief responsibilities. With a succession of visitors who must be provided for, with students who under supervision participate in a minor capacity in the operations on patients under their titular care on the wards, the arrangement of the daily schedule of operations,\* irrespective of

\* An analysis by Dr. Newton of the total operations performed shows that 45.2 per cent have been performed by members of the house staff.



the emergency cases which may be admitted as in any active hospital, is not a light one.

As has become the custom in many American hospitals, the administration of inhalation anaesthetics has been given over to nurses who have been specially trained as anaesthetists. Miss Gertrude M. Gerrard, a pupil of Dr. Boothby's, who was our first official anaesthetist, has been with us since her graduation from the training school. Her associate, Miss Alice M. Hunt, an equally skilful and highly-trained anaesthetist, has been attracted away to the Yale Medical School by an offer with which we could not compete, for she has been made an instructor in anaesthesia there with a large increase in salary. It is a satisfaction, however, to feel that we may be able to aid in the education of women capable of filling such positions.

*Surgeon Pro-Tempore.* According to an established custom, the position of Surgeon-in-Chief was temporarily filled during the spring of the year for a two-weeks' period by a visitor. The incumbent was Mr. George Gask, Professor of Surgery in London University and Surgeon to St. Bartholomew's Hospital. Bringing with him as he did the traditions of that ancient foundation, famous for its succession of eminent surgical teachers, we learned much from him of the methods there so long and so successfully pursued. Living as he did in the Resident's room, on intimate terms with the house staff, they in particular profited by his presence and example. His visit will be long remembered, for it made a bright spot in the year's work and was a stimulus to us all.

*Surgical Statistics.* In accordance with the program of our former Reports, the following table has been brought up to date. An explanation of its purposes has been given in previous numbers.

The table indicates that with our existing number of beds we are likely to have on the average about 2000



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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	31.1	1411	69.8	1563	79	5.6	5.05
1920	1999	91	4.6	2604	30.2	1399	69.9	1602	69	4.9	4.3
1921	2088	107	5.1	2640	26.4	1405	66.8	1591	86	6.1	5.3

patients each year; that some 30 per cent excess diagnoses covering concomitant maladies are to be expected; that about 70 per cent of the total number of patients are operated upon with approximately 14 per cent of operations recorded in excess of this number of patients. The case mortality, which heretofore has ranged around five per cent, and the operative mortality around four per cent, has been higher this year due to an unusual number of deaths in hospital in the group of neurological cases. Excluding these special and serious conditions, the mortality figures for the general surgical service average about three per cent.\*

As pointed out in my last report there can be no way of comparing these percentages with those of other hospitals unless some uniform system of tabulation can be agreed upon. Otherwise figures can be made to tell

\* The number of procedures, namely 1591, recorded as operations in the case histories from which these statistics are compiled, is considerably less than those listed for the year in the records of the operating room itself, namely, 2184 operations. These, however, include such performances as cystoscopic examinations which, though demanding manipulative skill, are only on the borderline of actual surgery, which implies a cutting operation. Consequently the figures represent only what may be considered more or less major operative procedures. On the general service there have been recorded 1134 operations with 14 subsequent deaths in hospital, giving a 3.4 per cent postoperative mortality. On the urological service there were 182 operations with 14 deaths, giving a 7.7 per cent mortality. On the neurological service there were 33 postoperative deaths after 275 operations almost exclusively for brain tumors with a 12.3 per cent mortality.



anything desired of them and may be confusing rather than enlightening. It is to be hoped that the larger hospitals of the country may some day be induced for the general good to present their surgical statistics in a uniform way. If they do so the others will follow suit. This might possibly be accomplished through the agency of the American College of Surgeons as a second step of their survey.

Year after year, with more or less protest, the custom has been kept up of giving in this report a long table of surgical diagnoses and operations. It has become a laborious task, which interferes not a little with the routine work of those in charge of the records, and merely carries on a tradition of the days when operations were few and the annual enumeration of them was a matter of pride and advertisement for a hospital. It is futile to continue with them unless they can in some way be utilized, and this would only be possible if all hospitals followed the same system.

Unquestionably good might come from such tabulations, could they be compared with reliable figures such as could be provided only by mass statistics, but my own feeling in the matter is that it would be far better if the College of Surgeons could prevail upon the surgical departments of the major hospitals of the country to concentrate their attention for each successive year on some specific surgical topic. For example, if fifty hospitals could be prevailed upon to limit their annual surgical report to an end result study of some special condition, covering, let us say, a period of ten years, the mass statistics thereby secured might be of immense value, if after a thorough analysis the combined figures were subsequently published by the College. It would be a most effective means of disseminating knowledge regarding approved methods of treatment and at the same time would enable the individual hospitals to learn whether their own surgical results



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were above or below the average. Accordingly, were some junior member of the house staff of each hospital designated each year to analyze the results of operations for some specific disorder previously agreed upon, and these results were published in place of the customary table which merely records the immediate results of all operations for all disorders, our knowledge of at least one surgical condition each year would be greatly furthered.

As an outcome of the survey of the New York hospital situation, many papers have been published. One of them makes special comment upon the lack of uniformity in the methods whereby the several institutions compile and present their statistics. The article in question concludes with the following paragraph which applies to other cities as well as to New York, and the disparity would be even greater were the hospitals of the country as a whole to be considered.

"Somehow or other hospitals seem to be the most individualistic of social institutions. There are hardly two which do things in a more or less similar way, except perhaps that all of them publish reports which are about equally uninteresting and uninforming. These reports contain, as a rule, long lists of contributors, the names of the medical staff, the present and former trustees, interns, as well as the names of all graduates from the training school since its opening. They usually contain several statistical tables gotten up in a more or less uniform manner and something about the work of the several departments of the hospital, although in the reports of some of the most important hospitals one will look in vain for an account of the medical, surgical and pathological services. The reports seldom contain the medical statistics of the institution and when these are published they do not follow a uniform method of tabulation and presentation of the data." \*

HARVEY CUSHING

*Surgeon-in-Chief*

\* "What Does 'Per Patient Cost' Mean?" *Hospital Management*, 1922, p. 45.

# Surgical Diagnoses and Operations

JANUARY 1, 1921, TO JANUARY 1, 1922

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
Abscess, alveolar . . . . .	1			
Abscess, axilla . . . . .	1			
Abscess, Bartholin's gland . . . . .	4	1		
<i>Incision</i> . . . . .			3	1
Abscess, cervical . . . . .	1			
Abscess, chest wall . . . . .	1			
<i>Incision — drainage</i> . . . . .			1	
Abscess, epididymis . . . . .	2	1		
<i>Incision—drainage—exploration of urethra</i> . . . . .			1	1
Abscess, ischio-rectal . . . . .	10			
<i>Incision — drainage</i> . . . . .			10	
Abscess, knee. . . . .	1			
Abscess, lip . . . . .	1			
Abscess, liver. . . . .	1			
<i>Laparotomy — drainage of abscess</i> . . . . .			1	
Abscess, neck. . . . .	1			
<i>Drainage</i> . . . . .			1	
Abscess, palmar. . . . .	1			
<i>Incision — drainage</i> . . . . .			1	
Abscess, pelvic . . . . .	1			
Abscess, perianal . . . . .	3			
<i>Excision</i> . . . . .			1	
<i>Incision — drainage</i> . . . . .			1	
Abscess, perinephric . . . . .	2			
<i>Incision — drainage</i> . . . . .			1	
Abscess, perirectal . . . . .	2			
<i>Incision — drainage</i> . . . . .			1	
<i>Drainage</i> . . . . .			1	
Abscess, peritonsillar . . . . .	2			
<i>Incision</i> . . . . .			1	



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Abscess, periurethral . . . . .	1			
<i>Incision — drainage</i> . . . . .			1	
Abscess, perivesical . . . . .	1			
Abscess, prostate . . . . .	1	1		
<i>Incision — drainage</i> . . . . .			1	1
Abscess, psoas . . . . .	1			
<i>Exploration of groin — drainage abscess</i> . . . . .			1	
Abscess, subphrenic . . . . .	4			
<i>Thoracostomy</i> . . . . .			2	
<i>Re-exploration — drainage</i> . . . . .			1	
Abscess, thigh . . . . .	1	1		
<i>Drainage</i> . . . . .			2	1
Abscess, umbilicus . . . . .	1			
<i>Excision</i> . . . . .			1	
Abscess, tuberculous of abdominal wall . . . . .	1			
<i>Exploration of kidney — excision abscess</i> . . . . .			1	
Aerogenes capsulatis infection . . . . .	1	1		
<i>Amputation of thigh</i> . . . . .			1	1
Carbuncle, back . . . . .	1			
<i>Incision — drainage</i> . . . . .			1	
<i>Skin graft (Thiersch)</i> . . . . .			1	
Carbuncle, buttock . . . . .	1			
Carbuncle, cheek . . . . .	1	1		
<i>Incision — drainage</i> . . . . .			1	1
Carbuncle, face . . . . .	2			
<i>Incision — drainage</i> . . . . .			1	
Carbuncle, knee . . . . .	1			
<i>Incision</i> . . . . .			1	
Carbuncle, neck . . . . .	9			
<i>Excision</i> . . . . .			1	
<i>Incision — drainage</i> . . . . .			1	
Cellulitis, varia . . . . .	32	1		
<i>Amputation of finger</i> . . . . .			1	
<i>Drainage</i> . . . . .			2	
<i>Excision slough</i> . . . . .			1	
<i>Incision</i> . . . . .			10	
<i>Incision — drainage</i> . . . . .			7	
<i>Secondary suture</i> . . . . .			3	1
Coryza . . . . .	1			
Furunculosis . . . . .	3			
Gonococcus infection . . . . .	3			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Rheumatic fever, acute . . . . .	1			
Rheumatism, acute, articular . . . . .	1			
Septicemia, general . . . . .	6			
<i>Exploratory laparotomy</i> . . . . .			1	
<i>Secondary suture</i> . . . . .			1	
Syphilis . . . . .	24			
Tinea trichophytina . . . . .	2			
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
Bilharziosis . . . . .	1			
Parasitic disease of liver, chronic . . . . .	1			
Pediculosis capillitii . . . . .	1			
Scabies . . . . .	2			
SECTION III				
DISEASES OF METABOLISM				
Adiposis dolorosa . . . . .	1			
Adiposity . . . . .	1			
Diabetes insipidus . . . . .	5			
Diabetes mellitus . . . . .	24			
Diabetic gangrene . . . . .	3			
<i>Amputation of toe</i> . . . . .			1	
<i>Amputation of leg</i> . . . . .			1	
Obesity . . . . .	2			
SECTION IV				
DISEASES PECULIAR TO INFANCY				
No cases				
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns, 1st and 2d degree . . . . .	3			
<i>Skin graft</i> . . . . .			1	
Burns, 1st, 2d and 3d degree . . . . .	2	1		
<i>Skin graft</i> . . . . .			1	
Burns, acid . . . . .	1			



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Burns, alkali . . . . .	1			
<i>Skin graft</i> . . . . .			1	
Burns, lightning . . . . .	1			
SECTION VI				
POISONINGS, INTOXICATIONS				
Alcoholism, acute . . . . .	6			
Morphinism, chronic . . . . .	2			
SECTION VII				
TUMORS (NOT OF SPECIAL ORGANS)				
Carcinoma, groin . . . . .	1			
<i>Excision</i> . . . . .			1	
Carcinoma, parotid . . . . .	2			
<i>Excision</i> . . . . .			1	
Carcinoma, melanotic, groin . . . . .	1			
<i>Excision</i> . . . . .			1	
Carcinoma, metastatic, neck . . . . .	1			
<i>Resection</i> . . . . .			1	
Hypernephroma, metastatic, jaw and skull . . . . .	1			
Malignant disease, unspecified . . . . .	1			
Melanoblastoma . . . . .	1			
<i>Excision — dissection axilla</i> . . . . .			1	
Sarcoma, post auriculo . . . . .	1			
<i>Excision — dissection of neck</i> . . . . .			1	
Sarcoma, shoulder (soft parts) . . . . .	1			
<i>Resection of scapula — dissection of axilla</i> . . . . .			1	
Sarcoma, melanotic . . . . .	2			
<i>Excision</i> . . . . .			1	
<i>Excision of glands</i> . . . . .			1	
Sarcoma, metastatic, pelvis and mediastinum . . . . .	1	1		
Tumor of parotid . . . . .	2			
SECTION VIII				
CONGENITAL MALFORMATIONS				
Absence of vasa deferentia . . . . .	1			
<i>Exploration</i> . . . . .			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Branchial cyst . . . . .	1			
<i>Excision</i> . . . . .			1	
Cervical rib . . . . .	3			
<i>Excision</i> . . . . .			2	
Deformities of hands and feet . . . . .	1			
Ectopic kidney . . . . .	1			
<i>Nephrectomy</i> . . . . .			1	
Enlarged transverse process . . . . .	1			
Fetal kidney . . . . .	2			
Hydrocephalus . . . . .	5			
Malformation of scalp . . . . .	1			
Naevi, congenital . . . . .	1			
Oxycephaly . . . . .	2	1		
<i>Craniectomy</i> . . . . .			1	1
<i>3 stage excision, bony synostosis</i> . . . . .			3	
Persistent thyroglossal duct . . . . .	1			
<i>Excision</i> . . . . .			1	
Polycystic kidneys . . . . .	1			
Sinus, pilonidal . . . . .	9			
<i>Excision</i> . . . . .			8	
<i>Incision — drainage</i> . . . . .			1	
Spina bifida . . . . .	1			
Spina bifida occulta . . . . .	1			
Undescended testicle . . . . .	5			
<i>Orchidectomy</i> . . . . .			2	
<i>Replacement</i> . . . . .			1	
SECTION IX				
GENERAL INJURIES AND DISEASES				
OF THE SKIN AND SUBCUTANEOUS				
TISSUE				
Contusions, varia . . . . .	19			
Contusions and lacerations . . . . .	2			
<i>Repair and suture</i> . . . . .			1	
<i>Skin graft</i> . . . . .			1	
Crush of toe . . . . .	1			
<i>Skin graft</i> . . . . .			1	
Ingrowing toenail . . . . .	1			
Laceration of scalp . . . . .	4			
<i>Repair</i> . . . . .			1	



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Sepsis, localized, finger. . . . .	1			
<i>Drainage</i> . . . . .			1	
<i>Amputation of terminal phalanx</i> . . . . .			1	
Sepsis, hand . . . . .	2			
<i>Incision — drainage</i> . . . . .			1	
Sepsis, knee . . . . .	1	1		
<i>Incision — drainage</i> . . . . .			1	1
Sinus, abdominal wall . . . . .	1			
<i>Exploration</i> . . . . .			2	
Sinus, gluteal . . . . .	1			
Sinus, inguinal . . . . .	1			
Sinus, perianal . . . . .	1			
<i>Excision</i> . . . . .			1	
Sinus, thigh . . . . .	1			
Tuberculosis of fascia and subcutaneous tissue . . . . .	1			
<i>Excision — drainage</i> . . . . .			1	
Tumors of skin . . . . .				
Carcinoma, epidermoid, elbow . . . . .	1			
<i>Plastic on elbow</i> . . . . .			1	
Carcinoma, finger . . . . .	1			
<i>Amputation of finger</i> . . . . .			1	
Carcinoma, groin . . . . .	1			
<i>Resection</i> . . . . .			1	
Carcinoma, leg . . . . .	1			
<i>Excision</i> . . . . .			1	
<i>Skin graft</i> . . . . .			1	
Carcinoma, lip . . . . .	1			
<i>Excision</i> . . . . .			1	
Carcinoma, mons veneris . . . . .	1			
<i>Excision</i> . . . . .			1	
<i>Secondary suture</i> . . . . .			1	
Lipoma, skin of chest . . . . .	1			
<i>Excision</i> . . . . .			1	
SECTION X				
SPECIAL SKIN DISEASES				
Dermatitis . . . . .	1			
Eczema . . . . .	2			
Folliculitis . . . . .	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Paronychia . . . . .	1			
<i>Incision — drainage</i> . . . . .			1	
SECTION XI				
DISEASES OF THE CIRCULATORY SYSTEM				
A. ARTERIES				
Aortitis . . . . .	1			
Arteriosclerosis . . . . .	5			
Arteriosclerosis, peripheral . . . . .	1			
Endarteritis, obliterative . . . . .	1			
<i>Amputation of leg</i> . . . . .			1	
Embolism, mesenteric . . . . .	1			
Gangrene, arteriosclerotic . . . . .	1			
Gangrene, senile . . . . .	2			
<i>Amputation of leg</i> . . . . .			1	
Syphilis carotid artery, . . . . .	1			
<i>Exploration gummatous mass</i> . . . . .			1	
Thrombo-angeitis obliterans . . . . .	3			
<i>Incision — drainage</i> . . . . .			1	
<i>Exploration stump</i> . . . . .			1	
<i>Ligation femoral vein and stripping femoral artery</i> . . . . .			1	
<i>Amputation</i> . . . . .			2	
B. HEART				
Auricular fibrillation. . . . .	1			
Endocarditis, acute . . . . .	1			
Hypertension . . . . .	1			
Mitral stenosis . . . . .	1			
Mitral stenosis and insufficiency . . . . .	1			
Myocarditis, chronic . . . . .	9			
C. VEINS				
Periphlebitis . . . . .	1			
Phlebitis . . . . .	2			
Thrombophlebitis . . . . .	4			
<i>Laparotomy, exploratory</i> . . . . .			1	
<i>Excision</i> . . . . .			1	
Thrombosis . . . . .	1			



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Ulcer, varicose . . . . .	2			
Varicose veins with ulcer . . . . .	8	1		
<i>Excision</i> . . . . .			6	
<i>Excision — skin graft</i> . . . . .			4	
<i>Incision — drainage, septic wound</i> . . . . .			1	1
<i>Skin graft</i> . . . . .			1	
Varicose veins . . . . .	26			
<i>Excision</i> . . . . .			20	
SECTION XII				
DISEASES OF THE LYMPHATIC SYSTEM				
Elephantiasis . . . . .	1			
Lymphadenitis, chronic . . . . .	5			
<i>Drainage</i> . . . . .			1	
<i>Incision</i> . . . . .			3	
Lymphangitis, acute . . . . .	3			
Tuberculosis of lymph nodes, axillary . . . . .	1			
<i>Excision</i> . . . . .			1	
Tuberculosis of lymph nodes, cervical . . . . .	20			
<i>Excision</i> . . . . .			12	
<i>Incision — drainage</i> . . . . .			9	
<i>Secondary suture</i> . . . . .			1	
<i>Tonsillectomy</i> . . . . .			1	
Tumors of lymphatic system				
Carcinoma, metastatic, retroperitoneal lymph nodes . . . . .	1			
Lymphoma, malignant . . . . .	1			
SECTION XIII				
DISEASES OF THE BLOOD				
Anemia, atypical . . . . .	1			
Anemia, pernicious . . . . .	3			
<i>Trephination tibia</i> . . . . .			1	
<i>Trephination rib</i> . . . . .			1	
Anemia, secondary . . . . .	1			
Hemophilia . . . . .	1			
Leukemia, lymphoid . . . . .	1			
Polycythemia . . . . .	1			
Purpura simplex . . . . .	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XIV				
DISEASES OF THE DUCTLESS GLANDS				
B. PITUITARY GLAND				
Acromegaly with tumor . . . . .	7	1		
<i>Transphenoidal operation</i> . . . . .			4	1
Acromegaly without tumor . . . . .	4			
Dyspituitarism with intrasellar tumor, adenoma . . . . .	16	3		
<i>Transfrontal operation</i> . . . . .			2	
<i>Transphenoidal operation</i> . . . . .			10	1
<i>Extirpation ganglion</i> . . . . .			1	
<i>Subtemporal decompression</i> . . . . .			1	1
Dyspituitarism with suprasellar tumor, glioma . . . . .	1			
<i>Transfrontal operation</i> . . . . .			1	
Dyspituitarism with suprasellar tumor (pharyngeal duct) . . . . .	6	2		
<i>Transfrontal operation</i> . . . . .			5	1
<i>Transphenoidal operation</i> . . . . .			2	2
<i>Subtemporal decompression</i> . . . . .			1	
Dyspituitarism with tumor, unverified . . . . .	4			
Dyspituitarism with tumor, suspect . . . . .	2			
Dyspituitarism without tumor . . . . .	2			
Gigantism . . . . .	1			
Hypopituitarism . . . . .	2			
Infantilism . . . . .	1			
C. SPLEEN				
Anemia, splenic . . . . .	1			
Contusion of spleen . . . . .	1			
E. THYMUS GLAND				
Tumor of thymus				
Carcinoma . . . . .	1	1		
F. THYROID GLAND				
Cretinism . . . . .	1			
Goitre . . . . .	1			
<i>Thyroidectomy, partial</i> . . . . .			1	
Goitre, exophthalmic . . . . .	13			
<i>Ligation</i> . . . . .			14	
<i>Thyroidectomy</i> . . . . .			4	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hyperthyroidism . . . . .	2			
<i>Ligation</i> . . . . .			2	
<i>Thyroidectomy, partial</i> . . . . .			1	
Myxedema . . . . .	1			
Tumors of the thyroid				
Adenoma . . . . .	8			
<i>Thyroidectomy, partial</i> . . . . .			5	
<i>Excision — adenoma</i> . . . . .			1	
Carcinoma . . . . .	1			
<i>Thyroidectomy, partial</i> . . . . .			2	
Cyst . . . . .	2			
<i>Thyroidectomy, partial</i> . . . . .			1	
<i>Excision cyst</i> . . . . .			1	
Malignancy, unqualified . . . . .	1			
SECTION XV				
DISEASES OF THE NERVOUS SYSTEM				
A. BRAIN				
Abscess, cerebral . . . . .	7			
<i>Exploration</i> . . . . .			1	
<i>Incision — drainage</i> . . . . .			3	
<i>Mastoid operation</i> . . . . .			1	
<i>Marsupialization</i> . . . . .			1	
<i>Skin graft</i> . . . . .			1	
Arteriosclerosis, cerebral . . . . .	5			
Chorea . . . . .	1			
Encephalitis, old . . . . .	1			
Encephalitis, lethargica . . . . .	2			
Epilepsy . . . . .	16			
<i>Cranioplasty</i> . . . . .			1	
Epilepsy, Jacksonian . . . . .	10			
Epilepsy, post-traumatic . . . . .	1			
<i>Osteoplastic exploration</i> . . . . .			1	
Hemiparesis . . . . .	1			
Hemiplegia . . . . .	3			
<i>Lengthening tendo-Achillis</i> . . . . .			1	
Hemorrhage, cerebral . . . . .	3			
Hemorrhage, cerebral, old . . . . .	1			
Hemorrhage, intracranial . . . . .	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Ophthalmoplegia . . . . .	1			
Paralysis, cerebral . . . . .	1			
Porencephalic cyst . . . . .	1			
<i>Osteoplastic exploration</i> . . . . .			1	
Status epilepticus . . . . .	1			
Thrombosis, cerebral . . . . .	2			
Tumors of brain				
(1) Pituitary ( <i>cf.</i> Ductless glands, XIV, B.)				
(2) Cerebral tumors, verified				
Angioma . . . . .	3			
<i>Osteoplastic exploration</i> . . . . .			2	
Carcinoma, metastatic . . . . .	1	1		
Cholesteatoma . . . . .	1			
<i>Osteoplastic exploration — removal</i> . . . . .			1	
Cyst, dermoid . . . . .	1			
<i>Osteoplastic exploration</i> . . . . .			1	
<i>Subtemporal decompression</i> . . . . .			1	
Cyst, multiple (of choroid plexus) . . . . .	1			
<i>Osteoplastic exploration</i> . . . . .			1	
Endothelioma . . . . .	8	2		
<i>Subtemporal decompression</i> . . . . .			2	
<i>Craniotomy</i> . . . . .			2	
<i>Exploration (1st stage)</i> . . . . .			7	2
<i>Extirpation, partial</i> . . . . .			2	
<i>Extirpation, total</i> . . . . .			4	
Glioma . . . . .	25	13		
<i>Subtemporal decompression</i> . . . . .			10	6
<i>Exploration</i> . . . . .			15	7
<i>Extirpation, partial</i> . . . . .			1	
<i>Extirpation, total</i> . . . . .			2	
Gliomatous cyst . . . . .	7	1		
<i>Subtemporal decompression</i> . . . . .			2	1
<i>Evacuation</i> . . . . .			5	
Hypernephroma, metastatic . . . . .	1			
<i>Subtemporal decompression</i> . . . . .			1	
Neuroblastoma . . . . .	7	1		
<i>Subtemporal decompression</i> . . . . .			1	
<i>Craniotomy</i> . . . . .			2	
<i>Exploration</i> . . . . .			3	
<i>Extirpation, partial</i> . . . . .			2	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Sarcoma, melanotic, metastatic . . . . .	1			
<i>Subtemporal decompression</i> . . . . .			1	
(3) Cerebellar tumors, verified				
(a) Intracerebellar tumors				
Glioma . . . . .	9	1		
<i>Exploration, osteoplastic</i> . . . . .			5	
<i>Extirpation, partial</i> . . . . .			4	1
<i>Ventricular puncture</i> . . . . .			1	
Glioma, cystic . . . . .	2			
<i>Exploration — drainage of cyst</i> . . . . .			1	
<i>Extirpation, partial</i> . . . . .			1	
Gliomatous cyst . . . . .	11	1		
<i>Subtemporal decompression</i> . . . . .			2	
<i>Exploration, osteoplastic</i> . . . . .			11	
<i>Extirpation, partial</i> . . . . .			1	1
(b) Extracerebellar tumors				
Acoustic neuroma . . . . .	12	2		
<i>Extirpation, partial</i> . . . . .			8	2
<i>Extirpation, total</i> . . . . .			3	
Adenocarcinoma . . . . .	1			
<i>Exploration, osteoplastic</i> . . . . .			1	
Endothelioma . . . . .	2			
<i>Exploration (1st stage)</i> . . . . .			2	
<i>Extirpation, partial</i> . . . . .			1	
(4) Unverified tumors				
Cerebral . . . . .	36	1		
<i>Subtemporal decompression</i> . . . . .			17	
<i>Exploration, osteoplastic</i> . . . . .			7	
<i>Ventricular tap</i> . . . . .			1	1
Cerebellar . . . . .	21			
<i>Subtemporal decompression</i> . . . . .			6	
<i>Exploration</i> . . . . .			11	
Cerebello-pontine . . . . .	1			
(5) Suspects				
Cerebral . . . . .	41	2		
<i>Subtemporal decompression</i> . . . . .			2	1
<i>Exploration, osteoplastic</i> . . . . .			3	
Intracerebellar . . . . .	12			
<i>Subtemporal decompression</i> . . . . .			1	
<i>Exploration</i> . . . . .			4	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Extracerebellar . . . . .	8			
<i>Exploration</i> . . . . .			1	
B. CEREBROSPINAL AFFECTIONS				
Sclerosis, multiple . . . . .	3			
Syphilis of central nervous system. . . . .	5			
C. MENINGES				
Arachnoiditis . . . . .	12	1		
<i>Ventricular puncture</i> . . . . .			1	1
D. MENTAL AFFECTIONS				
Deficiency, mental . . . . .	1			
Dementia, acute . . . . .	1			
Dementia precox . . . . .	1			
Insanity, manic depressive . . . . .	1			
Neurosis				
Post-operative . . . . .	1			
Post-traumatic . . . . .	3			
War . . . . .	2			
Paranoia . . . . .	1			
Paresis, general . . . . .	1			
Psychoneurosis				
Anxiety . . . . .	1			
Hypochondriasis . . . . .	1			
Hysteria . . . . .	1			
Hysterical blindness . . . . .	2			
Neurasthenia . . . . .	7			
<i>Laparotomy</i> . . . . .			1	
Psychaesthesia . . . . .	1			
Unqualified . . . . .	8			
War . . . . .	2			
Psychopathic personality . . . . .	3			
Psychosis				
Toxic, morphia . . . . .	1			
Unqualified . . . . .	5			
Retarded mental development . . . . .	2			
E. MISCELLANEOUS				
Aphasia . . . . .	1			
Cephalalgia . . . . .	2			



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Migraine . . . . .	1			
Tic convulsif . . . . .	1			
Tic, post-encephalitic . . . . .	2			
Tremor . . . . .	1			
F. PERIPHERAL NERVES				
Injury of median nerve . . . . .	1			
<i>Excision of scar</i> . . . . .			1	
Neuralgia . . . . .				
Coccygodynia . . . . .	2			
Facial . . . . .	1			
Sciatica . . . . .	1			
Supraorbital . . . . .	1			
<i>Neurectomy — excision, scar tissue</i> . . . . .			1	
Trigeminal, major . . . . .	43			
<i>Alcohol injection</i> . . . . .			3	
<i>Avulsion, sensory root</i> . . . . .			33	
<i>Resection portion of 7th nerve</i> . . . . .			1	
Trigeminal, minor . . . . .	21			
<i>Alcohol injection</i> . . . . .			12	
<i>Neurectomy</i> . . . . .			4	
Paralysis . . . . .	7			
Polyneuritis . . . . .	1			
Tumors of peripheral nerve . . . . .				
Neuroma . . . . .	1			
<i>Excision</i> . . . . .			1	
Neurofibromatosis (Recklinghausen's disease) . . . . .	2			
<i>Plastic on forehead</i> . . . . .			1	
Myxofibroma . . . . .	1			
<i>Excision</i> . . . . .			1	
G. SPINAL CORD				
Atrophy, progressive muscular . . . . .	1			
Herpes zoster . . . . .	3			
Paraplegia . . . . .	4			
Sclerosis, spinal (spastic paraplegia) . . . . .	12			
Syringomyelia . . . . .	3			
Tabes dorsalis . . . . .	2			
Tuberculosis of spine . . . . .	2	1		
<i>Drainage cervical cyst</i> . . . . .			1	1

# PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tumors of spinal cord				
(1) Verified				
Enchondroma . . . . .	1			
<i>Laminectomy</i> . . . . .			1	
Carcinoma, metastatic . . . . .	1			
Ganglioneuroma . . . . .	2	1		
<i>Laminectomy</i> . . . . .			1	
<i>Laminectomy, extirpation, partial</i> . . . . .			1	1
Tumor of cauda equina (neurinoma) . . . . .	1			
<i>Laminectomy — enucleation</i> . . . . .			1	
Tumor, intrathoracic of spine (neurofibroma)	1			
<i>Extirpation, partial</i> . . . . .			1	
(2) Unverified . . . . .	1			
<i>Laminectomy</i> . . . . .			1	
(3) Suspect . . . . .	4			
<i>Laminectomy</i> . . . . .			1	
H. SYMPATHETIC NERVOUS SYSTEM				
Erythromelalgia . . . . .	1			
J. MYOPATHIES				
Dystrophy, progressive muscular . . . . .	1			
Myositis . . . . .	1			
SECTION XVI				
DISEASES OF BONES, JOINTS, MUSCLES, TENDONS, AND FASCIA				
A. DISEASES OF BONES AND CARTILAGES				
Exostosis, calcaneus . . . . .	1			
Foreign body, tibia . . . . .	1			
<i>Removal</i> . . . . .			1	
Fractures				
Astragalus . . . . .	2			
Clavicle . . . . .	4			
Condyle of tibia . . . . .	1			
Colles' . . . . .	11			
<i>Reduction</i> . . . . .			6	
<i>Reduction, open</i> . . . . .			1	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Feet, multiple . . . . .	2			
Femur . . . . .	7			
<i>Traction</i> . . . . .			1	
Femur, comminuted . . . . .	1			
Glenoid process . . . . .	1			
Humerus . . . . .	9			
<i>Reduction</i> . . . . .			4	
Humerus, comminuted . . . . .	2			
<i>Reduction</i> . . . . .			3	
Malar bone . . . . .	1			
<i>Reduction</i> . . . . .			1	
Mandible . . . . .	2			
Metatarsal . . . . .	1			
Olecranon . . . . .	2			
<i>Reduction — suture</i> . . . . .			2	
Os calcis . . . . .	3			
<i>Impaction</i> . . . . .			1	
Patella . . . . .	4			
<i>Suture</i> . . . . .			4	
Patella, compound . . . . .	1			
<i>Repair — suture</i> . . . . .			1	
Pelvis . . . . .	1			
Pott's . . . . .	10			
<i>Reduction</i> . . . . .			5	
Pubic ramus . . . . .	1			
Radius, comminuted . . . . .	1			
Radius, ununited . . . . .	1			
<i>Resection</i> . . . . .			1	
Radius and ulna . . . . .	3			
<i>Reduction, open</i> . . . . .			1	
Ribs . . . . .	1	1		
Sacrum . . . . .	1			
Scaphoid, foot . . . . .	2			
Scaphoid, wrist . . . . .	1			
<i>Excision</i> . . . . .			1	
Skull . . . . .	7	1		
<i>Osteoplastic flap</i> . . . . .			1	
Skull, base . . . . .	11	3		
<i>Subtemporal decompression</i> . . . . .			3	22
Skull, old . . . . .	5			
<i>Cranioplasty</i> . . . . .			2	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Spine . . . . .	2			
Tibia . . . . .	2			
<i>Incision — drainage</i> . . . . .			1	
Tibia and fibula . . . . .	3			
<i>Reduction</i> . . . . .			1	
Tibia and fibula, compound . . . . .	3			
<i>Reduction, open</i> . . . . .			2	
<i>Reduction</i> . . . . .			1	
Vertebrae, cervical . . . . .	1			
Osteomyelitis, femur . . . . .	9	1		
<i>Incision — drainage</i> . . . . .			6	
<i>Arthrotomy</i> . . . . .			1	
<i>Secondary suture</i> . . . . .			1	
<i>Osteotomy</i> . . . . .			4	1
Osteomyelitis, finger . . . . .	2			
<i>Amputation</i> . . . . .			1	
Osteomyelitis, humerus . . . . .	1			
<i>Excision necrotic bone</i> . . . . .			1	
Osteomyelitis, ischium . . . . .	1			
Osteomyelitis, metatarsal . . . . .	1			
Osteomyelitis, multiple . . . . .	2			
<i>Incision — drainage</i> . . . . .			5	
Osteomyelitis, tarsal bones . . . . .	1			
<i>Drainage</i> . . . . .			1	
Osteomyelitis, tibia . . . . .	2			
<i>Osteotomy</i> . . . . .			1	
Osteomyelitis, toe . . . . .	1			
<i>Incision — Drainage</i> . . . . .			1	
Periostitis . . . . .	2			
<i>Amputation of finger</i> . . . . .			1	
Syphilis of bone . . . . .	2			
Tuberculosis of femur . . . . .	1			
Tumors of bone				
Chondrosarcoma . . . . .	1			
Cyst . . . . .	1			
<i>Curettage</i> . . . . .			1	
Myeloma, myeloid . . . . .	1			
<i>Resection</i> . . . . .			1	
Sarcoma . . . . .	2			
<i>Amputation of hip joint</i> . . . . .			1	
<i>Excision</i> . . . . .			1	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
B. DISEASES OF THE JOINTS				
Ankylosis . . . . .	3			
<i>Resection — arthroplasty</i> . . . . .			1	
Arthritis . . . . .	1			
<i>Drainage</i> . . . . .			1	
Arthritis, chronic infectious . . . . .	3			
<i>Tonsillectomy</i> . . . . .			1	
Arthritis deformans . . . . .	1			
Arthritis, gonorrhoeal . . . . .	3			
Arthritis, hypertrophic . . . . .	4			
<i>Exploration</i> . . . . .			1	
Arthritis and osteoarthritis, acute . . . . .	1			
Arthritis and osteoarthritis, hypertrophic . . . . .	2			
Arthritis and osteoarthritis, post-operative . . . . .	1			
<i>Amputation</i> . . . . .			1	
<i>Secondary closure</i> . . . . .			2	
Dislocation, ankle . . . . .	1			
Dislocation, elbow . . . . .	1			
<i>Reduction</i> . . . . .			1	
Dislocation, internal semilunar cartilage . . . . .	1			
<i>Excision</i> . . . . .			1	
Osteoarthritis . . . . .	2			
Scoliosis . . . . .	1			
Sprain, ankle . . . . .	1			
Strain, sacro-iliac joint . . . . .	1			
Synovitis . . . . .	1			
<i>Aspiration</i> . . . . .			1	
Synovitis, traumatic . . . . .	1			
Tuberculosis of hip joint . . . . .	2			
Tuberculosis of sacro-iliac joint . . . . .	1			
C. OTHER DISEASES OF THE LOCOMOTOR SYSTEM				
Bursitis, prepatellar . . . . .	1			
Bursitis, subacromial . . . . .	1			
Bursitis, subcoracoid . . . . .	1			
Bursitis, subdeltoid . . . . .	2			
Contraction, cicatricial . . . . .	1			
<i>Repair — fat transplantation</i> . . . . .			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Contraction, Dupuytren's . . . . .	1			
<i>Excision palmar fascia.</i> . . . .			1	
Ganglion . . . . .	1			
<i>Excision</i> . . . . .			1	
Pes planus . . . . .	3			
Rupture of supraspinatus tendon . . . . .	1			
<i>Repair</i> . . . . .			1	
Strain of muscles . . . . .	3			
SECTION XVII				
DISEASES AND INJURIES OF THE EYE AND EAR				
DISEASES OF THE EYE				
B. LIDS				
Chalazion of upper lid . . . . .	1			
E. CORNEA				
Keratitis . . . . .	2			
Ulcer, corneal . . . . .	1			
J. UVEAL TRACT				
Chorioretinitis . . . . .	1			
K. RETINA				
Neuroretinitis, retrobulbar . . . . .	1			
Retinitis, hemorrhagic . . . . .	1			
Retinitis, pigmentosa . . . . .	1			
M. OPTIC NERVE				
Atrophy of optic nerve, primary . . . . .	2			
Atrophy of optic nerve, unqualified . . . . .	1			
Exophthalmos, pulsating . . . . .	1			
O. ORBIT				
Tumor of orbit				
Sarcoma, melanotic . . . . .	2			
P. DISTURBANCES OF MOTION				
Nystagmus . . . . .	1			



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
DISEASES OF THE EAR				
V. MIDDLE EAR AND MASTOID				
Otitis media, acute . . . . .	3			
<i>Paracentesis</i> . . . . .			1	
Otitis media, chronic . . . . .	1			
W. INTERNAL EAR				
Hemorrhage of labyrinth (Meniere's disease) . .	1			
Labyrinthine disease . . . . .	1			
Labyrinthitis . . . . .	1			
Vertigo, labyrinthine . . . . .	1			
SECTION XVIII				
DISEASES OF THE NOSE AND ACCESSORY SINUSES				
Sinusitis, frontal . . . . .	1			
Tumors of nose				
Adenoma . . . . .	1			
SECTION XIX				
DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS, AND PALATE				
Concretion in submaxillary gland . . . . .	1			
<i>Incision gland</i> . . . . .			1	
Hypertrophy of tonsils and adenoids . . . . .	1			
<i>Tonsillectomy — adenoidectomy</i> . . . . .			1	
Parotitis, post-operative . . . . .	4			
<i>Incision — drainage</i> . . . . .			2	
Tonsillitis, unqualified . . . . .	2			
<i>Tonsillectomy</i> . . . . .			2	
Tonsillitis, acute . . . . .	5			
<i>Tonsillectomy</i> . . . . .			2	
Tonsillitis, chronic . . . . .	42			
<i>Tonsillectomy</i> . . . . .			37	
<i>Tonsillectomy — adenoidectomy</i> . . . . .			5	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tonsillitis, chronic with abscess . . . . .	3			
Tonsillitis, chronic, tuberculous . . . . .	2			
<i>Tonsillectomy</i> . . . . .			2	
Tumors				
Cyst, sebaceous, of cheek . . . . .	1	1		
<i>Excision</i> . . . . .			1	1
Carcinoma of mouth . . . . .	1			
<i>Dissection of neck</i> . . . . .			1	
Carcinoma of pharynx . . . . .	1			
Carcinoma of tonsil . . . . .	1			
<i>Tonsillectomy</i> . . . . .			1	
Carcinoma, epidermoid, of lip . . . . .	1			
<i>Ligation external carotid</i> . . . . .			1	
Carcinoma, epidermoid, of cheek, jaw and gum	1			
Carcinoma of cheek . . . . .	3			
<i>Excision, radical</i> . . . . .			1	
<i>Excision — pedicle skin graft</i> . . . . .			1	
<i>Division pedicle</i> . . . . .			1	
<i>Suture</i> . . . . .			1	
SECTION XX				
DISEASES OF THE JAW, TEETH, AND GUMS				
Caries of teeth . . . . .	1			
<i>Extraction</i> . . . . .			1	
Tumors				
Epulis of jaw . . . . .	1			
<i>Excision</i> . . . . .			1	
SECTION XXI				
DISEASES OF THE TONGUE				
No cases				
SECTION XXII				
DISEASES OF THE ESOPHAGUS				
Tumors				
Carcinoma . . . . .	3			



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXIII				
DISEASES OF THE STOMACH				
Achylia gastrica . . . . .	1			
Gastrostaxis . . . . .	1			
<i>Exploratory laparotomy</i> . . . . .			1	
Hematemesis . . . . .	1	1		
Hypochlorhydria . . . . .	2			
Indigestion, gastric, acute . . . . .	1			
Neurosis, gastric . . . . .	6			
<i>Lysis of adhesions</i> . . . . .			1	
Pylorospasm . . . . .	1			
<i>Pyloroplasty</i> . . . . .			1	
Syphilis of stomach . . . . .	1			
Tumors of stomach				
Adenocarcinoma . . . . .	1			
<i>Gastrectomy, partial — gastrojejunostomy</i> . . . . .			1	
Carcinoma . . . . .	4	2		
<i>Gastrectomy, partial — gastrojejunostomy</i> . . . . .			1	
<i>Gastrectomy, partial — Balfour procedure</i> . . . . .			1	
Lymphoblastoma . . . . .	1	1		
<i>Exploratory laparotomy</i> . . . . .			1	1
Lymphosarcoma . . . . .	1			
<i>Gastrectomy, partial — gastrojejunostomy</i> . . . . .			1	
Ulcer, gastric . . . . .	16			
<i>Excision</i> . . . . .			4	
<i>Excision — gastrojejunostomy</i> . . . . .			5	
<i>Gastrojejunostomy</i> . . . . .			2	
<i>Plication pylorus — gastrojejunostomy</i> . . . . .			2	
SECTION XXIV				
DISEASES OF THE INTESTINES				
Adhesions, duodenal . . . . .	1			
<i>Pyloroplasty, Finney</i> . . . . .			1	
Adhesions, intestinal . . . . .	6			
<i>Lysis</i> . . . . .			3	
<i>Lysis — plastic repair</i> . . . . .			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Appendicitis . . . . .	2			
<i>Appendicectomy</i> . . . . .			2	
Appendicitis, with abscess . . . . .	2			
<i>Appendicectomy</i> . . . . .			1	
Appendicitis, acute . . . . .	51			
<i>Appendicectomy</i> . . . . .			47	
<i>Appendicectomy — suspension uterus</i> . . . . .			2	
Appendicitis, acute with abscess . . . . .	18			
<i>Appendicectomy</i> . . . . .			16	
<i>Drainage</i> . . . . .			2	
<i>Drainage pelvic abscess.</i> . . . .			1	
Appendicitis, acute with perforation . . . . .	6	3		
<i>Appendicectomy</i> . . . . .			5	2
<i>Exploratory laparotomy — drainage</i> . . . . .			1	1
Appendicitis, acute with perforation and peri- tonitis . . . . .	2	1		
<i>Appendicectomy</i> . . . . .			2	1
Appendicitis, acute with peritonitis . . . . .	4	1		
<i>Appendicectomy</i> . . . . .			4	1
<i>Secondary exploration</i> . . . . .			1	
Appendicitis, chronic . . . . .	33			
<i>Appendicectomy</i> . . . . .			28	
<i>Appendicectomy — fixation cecum</i> . . . . .			1	
<i>Appendicectomy — plastic on ovary.</i> . . . .			1	
<i>Resection, cecum and ascending colon</i> . . . . .			1	
Appendicitis, subacute . . . . .	12			
<i>Appendicectomy</i> . . . . .			8	
Appendicitis, subsiding . . . . .	2			
<i>Appendicectomy</i> . . . . .			2	
Colitis . . . . .	1			
Colitis, chronic . . . . .	1			
Constipation . . . . .	20			
<i>Exploratory laparotomy.</i> . . . .			1	
<i>Resection, cecum and ascending colon</i> . . . . .			1	
Diverticulitis . . . . .	4	1		
<i>Cecostomy</i> . . . . .			1	
<i>Resection, sigmoid</i> . . . . .			1	
<i>Closure cecostomy</i> . . . . .			1	
Enteritis, acute . . . . .	3			
Fistula, intestino-vesical . . . . .	1			
<i>Repair</i> . . . . .			1	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Gastroenteritis . . . . .	1			
<i>Transection pylorus</i> . . . . .			1	
Obstipation . . . . .	1			
<i>Colostomy</i> . . . . .			1	
Obstruction, acute intestinal . . . . .	1			
<i>Colostomy — resection, cecum and ascending colon</i> . . . . .			1	
Obstruction, intestinal . . . . .	2	1		
<i>Resection ileum</i> . . . . .			1	
<i>Sigmoidostomy</i> . . . . .			1	1
Obstruction, intestinal, post-operative . . . . .	2			
<i>Ileostomy</i> . . . . .			1	
<i>Lysis adhesions — colostomy</i> . . . . .			1	
Prolapse of sigmoid . . . . .	1			
<i>Amputation of prolapse</i> . . . . .			1	
Prolapse of rectum . . . . .	3			
<i>Clamp and cautery</i> . . . . .			1	
<i>Plastic on anus</i> . . . . .			1	
<i>Whitehead operation</i> . . . . .			1	
Tuberculosis of intestine (appendix) . . . . .	1			
<i>Appendicectomy</i> . . . . .			1	
Tumors of intestine				
Adenocarcinoma . . . . .	1			
<i>Excision</i> . . . . .			1	
Adenoma . . . . .	1			
<i>Resection</i> . . . . .			1	
Carcinoma . . . . .	10	4		
<i>Cecostomy</i> . . . . .			1	
<i>Colostomy</i> . . . . .			1	1
<i>Ileostomy</i> . . . . .			1	1
<i>Resection</i> . . . . .			1	
<i>Resection — colostomy</i> . . . . .			1	
<i>Resection — ileostomy</i> . . . . .			1	1
Lymphosarcoma . . . . .	1			
<i>Resection</i> . . . . .			1	
Ulcers, duodenal . . . . .	28	2		
<i>Cholecystectomy — plication pylorus — gastrojejunostomy</i> . . . . .			1	
<i>Duodenotomy</i> . . . . .			1	
<i>Duodenotomy — gastrojejunostomy — cholectystotomy — choledochostomy</i> . . . . .			1	1

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Gastrojejunostomy</i> . . . . .			8	
<i>Plication pylorus — gastrojejunostomy</i> . . . . .			11	1
<i>Pyloroplasty</i> . . . . .			2	
<i>Pyloroplasty — gastrojejunostomy</i> . . . . .			1	
Ulcers, duodenal, perforated . . . . .	3			
<i>Plication pylorus — gastrojejunostomy</i> . . . . .			2	
<i>Pyloroplasty</i> . . . . .			1	
Visceroptosis . . . . .	7			
<i>Colopexy</i> . . . . .			1	
SECTION XXV				
DISEASES OF THE LIVER AND GALL DUCTS				
Atrophy, acute yellow of liver . . . . .	1			
Cholangitis, chronic . . . . .	1			
Cholecystitis . . . . .	9			
<i>Cholecystectomy</i> . . . . .			3	
<i>Cholecystectomy — choledochostomy</i> . . . . .			1	
Cholecystitis, chronic . . . . .	4			
<i>Cholecystectomy</i> . . . . .			2	
Cholecystitis, acute with cholelithiasis . . . . .	1			
<i>Cholecystectomy</i> . . . . .			1	
Cholecystitis, chronic with cholelithiasis . . . . .	39	2		
<i>Cholecystectomy</i> . . . . .			21	
<i>Cholecystectomy — choledochostomy</i> . . . . .			8	2
<i>Cholecystectomy — choledochotomy</i> . . . . .			6	
<i>Cholecystostomy</i> . . . . .			1	
<i>Cholecystotomy</i> . . . . .			1	
Cholecystitis, chronic with cholelithiasis and stone in common duct . . . . .	3	2		
<i>Cholecystectomy — choledochostomy</i> . . . . .			2	2
<i>Cholecystectomy — choledochotomy</i> . . . . .			1	
Cholelithiasis . . . . .	18	1		
<i>Cholecystectomy</i> . . . . .			9	
<i>Cholecystectomy — choledochostomy</i> . . . . .			3	
<i>Cholecystotomy</i> . . . . .			1	
<i>Choledochostomy</i> . . . . .			2	1
Cholemia . . . . .	1			
Cirrhosis of liver . . . . .	3			



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Cirrhosis of liver, hypertrophic . . . . .	1			
Hydrops of gall bladder . . . . .	1			
Jaundice, catarrhal . . . . .	1			
Stenosis of common bile duct . . . . .	2			
<i>Reconstruction bile duct</i> . . . . .			1	
Tumors of liver and gall ducts				
Carcinoma of papilla of Vater . . . . .	1	1		
<i>Excision — anastomosis common duct to</i> <i>duodenum — cholecystostomy</i> . . . . .			1	1
Carcinoma of liver . . . . .	1			
<i>Exploratory laparotomy</i> . . . . .			1	
Carcinoma of gall bladder . . . . .	2	2		
<i>Exploratory laparotomy</i> . . . . .			2	2
Carcinoma of bile ducts . . . . .	1	1		
Malignant disease of liver, unspecified . . . .	1			
SECTION XXVI				
DISEASES OF THE PANCREAS				
Pancreatitis, acute . . . . .	1			
Pancreatitis, chronic . . . . .	2			
Pancreatitis, chronic and acute . . . . .	1	1		
<i>Gastrojejunostomy</i> . . . . .			1	1
Tumors of pancreas				
Carcinoma . . . . .	1			
SECTION XXVII				
DISEASES OF THE ABDOMEN AND PERITONEUM IN GENERAL				
Adhesions, pelvic . . . . .	1			
<i>Lysis</i> . . . . .			1	
Adhesions, peritoneal . . . . .	1			
Hernia				
Femoral . . . . .	2			
<i>Excision sac</i> . . . . .			1	
<i>Repair</i> . . . . .			1	
Femoral, strangulated . . . . .	4	1		
<i>Repair</i> . . . . .			2	
<i>Repair — partial resection of intestine</i> . . .			1	1
<i>Repair — salpingectomy</i> . . . . .			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Inguinal . . . . .	108			
<i>Repair</i> . . . . .			104	
<i>Repair — orchidectomy</i> . . . . .			1	
Umbilical . . . . .	5	1		
<i>Repair</i> . . . . .			5	1
Ventral . . . . .	10			
<i>Repair</i> . . . . .			8	
Peritonitis . . . . .	1			
Peritonitis, acute, general . . . . .	2			
<i>Incision — drainage</i> . . . . .			1	
Peritonitis, acute, local . . . . .	1			
Peritonitis, pelvic . . . . .	4			
<i>Drainage</i> . . . . .			2	
Tuberculosis of peritoneum . . . . .	1			
<i>Exploratory laparotomy</i> . . . . .			1	
Tumors of abdomen				
Carcinoma . . . . .	1			
Wound, gunshot of abdomen . . . . .	1	1		
<i>Exploratory laparotomy</i> . . . . .			1	1
SECTION XXVIII				
DISEASES OF THE RECTUM AND ANUS				
Fissure of anus . . . . .	5			
<i>Dilatation</i> . . . . .			1	
<i>Dilatation — cauterization</i> . . . . .			1	
<i>Dilatation — excision</i> . . . . .			1	
Fistula in ano . . . . .	13			
<i>Excision</i> . . . . .			8	
<i>Incision</i> . . . . .			1	
<i>Eltinge's operation</i> . . . . .			1	
Hemorrhoids, external . . . . .	13			
<i>Clamp and cautery</i> . . . . .			12	
Hemorrhoids, external and internal . . . . .	8			
<i>Clamp and cautery</i> . . . . .			7	
Hemorrhoids, internal . . . . .	12			
<i>Clamp and cautery</i> . . . . .			12	
Proctitis, chronic . . . . .	1			
Pruritus ani . . . . .	2			
<i>Injection, alcohol</i> . . . . .			2	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Stricture of rectum . . . . .	1			
Tuberculosis of anus . . . . .	1			
Tumors of rectum and anus				
Carcinoma of anus . . . . .	1			
Carcinoma of rectum . . . . .	8			
<i>Colostomy</i> . . . . .			2	
<i>Excision — colostomy (2 stage)</i> . . . . .			4	
<i>Sigmoidostomy</i> . . . . .			1	
<i>Sigmoidostomy (2 stage, Kraske)</i> . . . . .			2	
Polypi, rectal . . . . .	1			
<i>Excision</i> . . . . .			1	
Ulcer of rectum . . . . .	1			
<i>Cauterization</i> . . . . .			1	
SECTION XXIX				
DISEASES OF THE LARYNX				
No cases				
SECTION XXX				
DISEASES OF THE TRACHEA AND BRONCHI				
Asthma . . . . .	1			
Bronchitis, acute . . . . .	1			
Bronchitis, chronic . . . . .	1			
SECTION XXXI				
DISEASES OF THE LUNGS				
Abscess of lung . . . . .	3			
<i>Thoracostomy</i> . . . . .			1	
<i>Drainage</i> . . . . .			1	
Embolism, pulmonary . . . . .	3			
Infarct of lung . . . . .	1			
Pneumonia . . . . .	1			
Pneumonia, broncho . . . . .	3			
Pneumonia, broncho, post-operative . . . . .	18			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Pneumonia, lobar . . . . .	2			
<i>Thoracotomy</i> . . . . .			1	
Pneumonia, lobar, post-operative . . . . .	1			
Tuberculosis, pulmonary . . . . .	12			
Tumors of lung				
Carcinoma . . . . .	1			
SECTION XXXII				
DISEASES OF THE PLEURA AND MEDIASTINUM				
Empyema of pleura . . . . .	13	3		
<i>Thoracostomy</i> . . . . .			14	2
<i>Thoracentesis</i> . . . . .			1	1
Empyema, tuberculous . . . . .	1			
<i>Exploration</i> . . . . .			1	
Hydrothorax . . . . .	1			
Pleurisy, acute, fibrinous . . . . .	1			
Pleurisy, serofibrinous . . . . .	4			
Pleurisy, post-operative . . . . .	2			
SECTION XXXIII				
DISEASES OF THE KIDNEY AND URETER				
Calculus, ureteral . . . . .	21			
<i>Ureterectomy (secondary to nephrectomy)</i> . . . . .			1	
<i>Ureterotomy</i> . . . . .			7	
<i>Exploration ureter</i> . . . . .			1	
Contusion of kidney . . . . .	3			
Cystinuria . . . . .	1			
Hematuria . . . . .	2			
<i>Decapsulation</i> . . . . .			1	
Hydronephrosis . . . . .	5			
<i>Nephrectomy</i> . . . . .			2	
<i>Nephropexy</i> . . . . .			1	
<i>Plastic on pelvis and ureter</i> . . . . .			1	
<i>Plastic on pelvis — transplantation ureter</i> . . . . .			1	



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hydronephrosis, intermittent . . . . .	1			
Nephritis, acute, infectious . . . . .	1			
Nephritis, arteriosclerotic . . . . .	1			
Nephritis, chronic . . . . .	6			
Nephritis, chronic with hypertension . . . . .	1			
Nephrolithiasis . . . . .	29			
<i>Nephrectomy</i> . . . . .			1	
<i>Nephrotomy</i> . . . . .			2	
<i>Nephropexy</i> . . . . .			1	
<i>Pyelonephrotomy</i> . . . . .			2	
<i>Pyelonephrotomy — ureterotomy</i> . . . . .			1	
<i>Pyelotomy</i> . . . . .			3	
<i>Ureterectomy (secondary to nephrectomy)</i> . . . . .			1	
<i>Ureterotomy</i> . . . . .			1	
<i>Ureterotomy — ligation anomalous renal artery</i> . . . . .			1	
Nephroptosis . . . . .	3			
<i>Exploratory laparotomy</i> . . . . .			2	
Pyelitis . . . . .	28			
Pyelitis, chronic . . . . .	3			
Pyelonephritis . . . . .	20	1		
<i>Exploration</i> . . . . .			1	
<i>Nephrectomy</i> . . . . .			5	
<i>Nephrostomy</i> . . . . .			1	
<i>Pyelonephrotomy</i> . . . . .			1	
Pyonephrosis . . . . .	6			
<i>Nephrectomy</i> . . . . .			3	
Tuberculosis of kidney . . . . .	6	1		
<i>Nephrectomy</i> . . . . .			4	
Tumors of kidney				
Adenoma . . . . .	1			
<i>Exploration</i> . . . . .			2	
<i>Nephrectomy</i> . . . . .			1	
Carcinoma . . . . .	1	1		
<i>Exploration</i> . . . . .			1	1
Hypernephroma . . . . .	2			
<i>Nephrectomy</i> . . . . .			1	
Papilloma . . . . .	1			
Sarcoma . . . . .	1			
<i>Exploration</i> . . . . .			1	
Uremia . . . . .	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXIV				
DISEASES OF THE BLADDER				
Adhesions, perivesical . . . . .	1			
Calculus, vesical . . . . .	9			
<i>Cystotomy</i> . . . . .			4	
<i>Litholopaxy</i> . . . . .			1	
<i>Perineal section — internal urethrotomy</i> . . . . .			1	
Contraction of neck of bladder . . . . .	1			
Cystitis . . . . .	9			
Cystitis, chronic . . . . .	4			
Diverticulum of bladder . . . . .	3			
<i>Excision</i> . . . . .			1	
Enuresis . . . . .	2			
Fistula, urinary (perineal) . . . . .	1			
Fistula, urinary (suprapubic) . . . . .	2			
<i>Cystostomy</i> . . . . .			1	
<i>Cystotomy, suprapubic</i> . . . . .			1	
Fistula, vesico-vaginal . . . . .	1			
<i>Repair, transabdominal</i> . . . . .			1	
Foreign body in bladder . . . . .	1			
<i>Cystotomy, suprapubic</i> . . . . .			1	
Incontinence of urine . . . . .	2	1		
<i>Cystotomy, suprapubic</i> . . . . .			1	1
Neurosis of bladder . . . . .	1			
Relaxation of sphincter of bladder . . . . .	2			
<i>Plastic</i> . . . . .			2	
Sinus, urinary, post-operative . . . . .	1			
<i>Closure</i> . . . . .			1	
Tabetic bladder . . . . .	1			
Trigonitis . . . . .	1			
Tuberculosis of bladder . . . . .	2			
Tuberculosis of urinary tract . . . . .	2			
Tumors of bladder				
Carcinoma . . . . .	12	3		
<i>Cauterization</i> . . . . .			1	
<i>Cystectomy — prostatectomy</i> . . . . .			1	1
<i>Cystostomy, suprapubic</i> . . . . .			5	2
<i>Resection</i> . . . . .			1	



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Resection — prostatectomy, partial</i> . . . . .			1	
<i>Resection — transplantation of ureter</i> . . . . .			2	
<i>Transplantation of ureter into sigmoid</i> . . . . .			2	
Papilloma . . . . .	4			
<i>Cauterization</i> . . . . .			2	
<i>Ureterectomy</i> . . . . .			1	
Ulcer of bladder . . . . .	1			

## SECTION XXXV

### DISEASES OF THE URETHRA, MALE AND FEMALE

Caruncle . . . . .	4			
<i>Excision</i> . . . . .			4	
Infection, Skene's glands . . . . .	1			
<i>Drainage</i> . . . . .			1	
Prolapse of urethra . . . . .	2			
<i>Resection</i> . . . . .			1	
Stricture . . . . .	12	2		
<i>Cystostomy</i> . . . . .			1	1
<i>Dissection perineum — cystotomy, supra-</i> <i>pubic</i> . . . . .			1	
<i>Perineal section</i> . . . . .			3	
<i>Urethrotomy, external</i> . . . . .			1	1
<i>Urethrotomy, internal</i> . . . . .			1	
Urethritis . . . . .	1			
Urethritis, gonorrheal . . . . .	2			

## SECTION XXXVI

### DISEASES OF THE MALE GENERATIVE ORGANS

#### A. GENERAL

Tuberculosis of genito-urinary tract . . . . .	4			
<i>Dissection of perineum</i> . . . . .			1	
<i>Dissection of perineum and suprapubic</i> <i>region</i> . . . . .			1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>B. PENIS</b>				
Phimosis . . . . .	2			
<i>Circumcision</i> . . . . .			2	
Redundant prepuce . . . . .	2			
<i>Circumcision</i> . . . . .			2	
<b>C. PROSTATE</b>				
Calculi, prostatic . . . . .	3			
<i>Cystotomy, suprapubic — removal of stones</i> . . . . .			1	
<i>Perineal section — removal of stones</i> . . . . .			1	
Hypertrophy of prostate . . . . .	32	3		
<i>Prostatectomy, perineal</i> . . . . .			5	
<i>Prostatectomy, suprapubic (1 stage)</i> . . . . .			16	2
<i>(Three operations for median bar)</i>				
<i>Prostatectomy, suprapubic (2 stages)</i> . . . . .			14	1
Prostatitis . . . . .	9			
Prostatitis, chronic . . . . .	4			
<i>Prostatotomy, perineal</i> . . . . .			1	
Tumors of prostate				
Carcinoma . . . . .	13	2		
<i>Prostatectomy, perineal</i> . . . . .			3	
<i>Prostatectomy, suprapubic (1 stage)</i> . . . . .			3	
<i>Prostatectomy, suprapubic (2 stages)</i> . . . . .			6	2
<b>D. SCROTUM</b>				
Hematocoele . . . . .	1			
<i>Incision — drainage</i> . . . . .			1	
Hydrocele . . . . .	12			
<i>Excision</i> . . . . .			11	
Tuberculosis of pampiniform plexus . . . . .	1			
<i>Epididymectomy — partial vasectomy</i> . . . . .			1	
Varicocele . . . . .	8			
<i>Excision</i> . . . . .			7	
<b>E. SEMINAL VESICLES</b>				
Vesiculitis . . . . .	3			
<i>Vesiculectomy</i> . . . . .			2	
<b>F. TESTICLE</b>				
Epididymitis, acute . . . . .	3			



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Epididymitis, gonorrheal . . . . .	4			
<i>Epididymotomy</i> . . . . .			1	
Orchitis . . . . .	1			
Tuberculosis of epididymis . . . . .	2			
<i>Vesiculectomy — vasectomy — epididymectomy</i> . . . . .			1	
Tumors				
Cyst of epididymis . . . . .	1			
<i>Orchidectomy</i> . . . . .			1	
SECTION XXXVII				
DISEASES OF THE FEMALE GEN- ERATIVE ORGANS				
A. GENERAL AND FUNCTIONAL				
Dyspareunia . . . . .	1			
Dysmenorrhea . . . . .	1			
<i>Dilatation — curettage</i> . . . . .			1	
Menopause . . . . .	1			
Menorrhagia . . . . .	5			
<i>Dilatation — curettage</i> . . . . .			3	
<i>Dilatation — curettage — trachelorrhaphy</i> . . . . .			1	
<i>Trachelorrhaphy — hysterectomy, supra-vaginal.</i> . . . .			1	
Menstruation, delayed . . . . .	1			
Menstruation, irregular . . . . .	1			
Relaxed pelvic floor . . . . .	42			
<i>Colporrhaphy, anterior</i> . . . . .			2	
<i>Colporrhaphy, anterior — ventral suspension</i> . . . . .			1	
<i>Colporrhaphy, anterior — ventral suspension</i> <i>trachelorrhaphy</i> . . . . .			1	
<i>Colporrhaphy, anterior and posterior</i> . . . . .			4	
<i>Colporrhaphy, anterior and posterior —</i> <i>trachelorrhaphy</i> . . . . .			2	
<i>Colporrhaphy, anterior and posterior —</i> <i>trachelorrhaphy — ventral suspension</i> . . . . .			2	
<i>Colporrhaphy, anterior and posterior —</i> <i>ventral suspension</i> . . . . .			4	
<i>Colporrhaphy, anterior and posterior —</i> <i>closure pouch of Douglas</i> . . . . .			6	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<i>Colporrhaphy, anterior and posterior—closure pouch of Douglas—trachelorrhaphy</i> . . . . .			4	
<i>Colporrhaphy, anterior and posterior—hysterectomy, supravaginal</i> . . . . .			3	
<i>Colporrhaphy, anterior and posterior—hysterectomy, total</i> . . . . .			2	
<i>Hysterectomy, supravaginal</i> . . . . .			2	
<i>Ventral fixation</i> . . . . .			3	
<i>Splitting and fixation</i> . . . . .			1	
Sterility . . . . .	2			
<i>Dilatation—curettage</i> . . . . .			2	
B. FALLOPIAN TUBES				
Hydrosalpinx . . . . .	7			
<i>Salpingectomy</i> . . . . .			2	
<i>Salpingo-oöphorectomy</i> . . . . .			3	
<i>Salpingo-oöphorectomy—hysterectomy, supravaginal</i> . . . . .			2	
Salpingitis, acute . . . . .	8			
<i>Exploratory laparotomy—drainage</i> . . . . .			3	
<i>Salpingectomy</i> . . . . .			3	
<i>Salpingo-oöphorectomy</i> . . . . .			1	
Salpingitis, acute, gonorrhoeal . . . . .	4			
<i>Division adhesions</i> . . . . .			1	
<i>Salpingo-oöphorectomy—hysterectomy, supravaginal</i> . . . . .			1	
Salpingitis, chronic . . . . .	29			
<i>Plastic on Fallopian tube</i> . . . . .			1	
<i>Salpingectomy</i> . . . . .			5	
<i>Salpingo-oöphorectomy</i> . . . . .			11	
<i>Salpingo-oöphorectomy—hysterectomy, supravaginal</i> . . . . .			6	
Salpingitis, subacute . . . . .	1			
<i>Exploratory laparotomy</i> . . . . .			1	
Tuberculosis of salpinges . . . . .	1			
<i>Salpingectomy—plastic repair</i> . . . . .			1	
C. OVARY				
Oöphoritis, acute . . . . .	3			
<i>Oöphorectomy</i> . . . . .			2	



# REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tumors of ovary				
Carcinoma . . . . .	3	1		
<i>Exploratory laparotomy</i> . . . . .			1	
<i>Excision</i> . . . . .			1	
Cyst . . . . .	7			
<i>Excision</i> . . . . .			2	
<i>Hysterectomy — salpingo-oöphorectomy</i> . . . . .			1	
<i>Oöphorectomy</i> . . . . .			1	
<i>Salpingo-oöphorectomy</i> . . . . .			3	
Cyst, dermoid . . . . .	6			
<i>Excision</i> . . . . .			1	
<i>Hysterectomy — salpingo-oöphorectomy</i> . . . . .			1	
<i>Salpingo-oöphorectomy</i> . . . . .			3	
<i>Salpingo-oöphorectomy — plastic to ovary</i> . . . . .			1	
Cystadenoma . . . . .	5			
<i>Excision</i> . . . . .			1	
<i>Oöphorectomy</i> . . . . .			2	
<i>Salpingo-oöphorectomy</i> . . . . .			2	
Fibrosarcoma . . . . .	1	1		
<i>Exploratory laparotomy</i> . . . . .			1	1
Hematoma of broad ligament . . . . .	1			
<i>Vaginal puncture</i> . . . . .			1	
D. UTERUS				
Endocervicitis . . . . .	7			
<i>Dilatation — curettage</i> . . . . .			1	
<i>Dilatation — curettage — cauterization cervix</i> . . . . .			2	
<i>Dilatation — curettage — cauterization cervix</i> — <i>exploratory laparotomy</i> . . . . .			1	
Endocervicitis, gonorrhœal . . . . .	2			
Endometritis . . . . .	15			
<i>Dilatation — curettage</i> . . . . .			10	
<i>Hysterectomy, total</i> . . . . .			1	
Endometritis, hyperplastic . . . . .	6			
<i>Dilatation — curettage</i> . . . . .			5	
Endometritis, hypertrophic . . . . .	1			
<i>Dilatation — curettage — trachelorrhaphy</i> . . . . .			1	
Laceration of cervix uteri (old) . . . . .	11			
<i>Amputation of cervix</i> . . . . .			2	
<i>Trachelorrhaphy</i> . . . . .			8	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Perforation of uterus . . . . .	1			
<i>Exploratory laparotomy — salpingo-oöphorectomy</i> . . . . .			1	
Procidentia <i>(13 cases included under relaxed pelvic floor)</i>				
Prolapse of uterus <i>(9 cases included under relaxed pelvic floor)</i>				
Retroversion of uterus . . . . .	27			
<i>Hysterectomy, supravaginal</i> . . . . .			1	
<i>Ventral suspension</i> . . . . .			24	
Tumors of uterus				
Adenocarcinoma . . . . .	3			
<i>Hysterectomy, supravaginal</i> . . . . .			2	
<i>Hysterectomy, total</i> . . . . .			1	
Carcinoma of cervix . . . . .	6			
<i>Cauterization</i> . . . . .			2	
<i>Hysterectomy, total</i> . . . . .			2	
Carcinoma . . . . .	6	1		
<i>Hysterectomy, total</i> . . . . .			4	1
Cystadenoma . . . . .	1			
<i>Dilatation — curettage</i> . . . . .			1	
Fibromyoma . . . . .	15			
<i>Excision</i> . . . . .			1	
<i>Hysterectomy, supravaginal</i> . . . . .			7	
<i>Hysterectomy, total</i> . . . . .			1	
Leiomyosarcoma . . . . .	1			
<i>Hysterectomy, supravaginal</i> . . . . .			1	
Myoma . . . . .	34			
<i>Hysterectomy, supravaginal</i> . . . . .			25	
<i>Myomectomy</i> . . . . .			4	
Polyp of cervix . . . . .	6			
<i>Dilatation — curettage</i> . . . . .			1	
<i>Excision</i> . . . . .			4	
Polyp . . . . .	1			
<i>Dilatation — curettage</i> . . . . .			1	
E. VAGINA				
Atresia of vagina (acquired) . . . . .	1			
<i>Plastic on vagina</i> . . . . .			1	
Cystocele . . . . .	1			
<i>Colporrhaphy, anterior</i> . . . . .			1	



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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Cystocele and rectocele . . . . .	2			
<i>Colporrhaphy, anterior and posterior</i> . . . . .			1	
Rectocele . . . . .	2			
<i>Perineorrhaphy</i> . . . . .			2	
F. VULVA				
Bartholinitis . . . . .	2			
Kraurosis . . . . .	1			
<i>Hysterectomy, supravaginal</i> . . . . .			1	
Tumors of vulva				
Angioma . . . . .	1			
Carcinoma . . . . .	1			
Papilloma of clitoris . . . . .	1			
<i>Excision</i> . . . . .			1	
SECTION XXXVIII				
PUERPERAL STATE				
Abortion, incomplete . . . . .	9			
<i>Dilatation — curettage</i> . . . . .			6	
<i>Dilatation — curettage — exploratory laparotomy</i> . . . . .			1	
Miscarriage . . . . .	15			
<i>Dilatation — curettage</i> . . . . .			10	
Pregnancy . . . . .	15			
<i>Exploratory laparotomy</i> . . . . .			1	
Septicemia, puerperal . . . . .	1	1		
SECTION XXXIX				
DISEASES OF THE BREAST, MALE AND FEMALE				
(NON-PUERPERAL IN THE FEMALE)				
Mastitis, chronic . . . . .	2			
<i>Resection of breast</i> . . . . .			2	
Mastitic, chronic, cystic . . . . .	1			
<i>Amputation of breast</i> . . . . .			1	
Mastitis, tuberculous . . . . .	2			
<i>Amputation of breast — dissection axilla</i> . . . . .			1	
<i>Resection of breast</i> . . . . .			1	

# PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tumors of breast				
Adenofibroma . . . . .	4			
<i>Excision</i> . . . . .			4	
Carcinoma . . . . .	20	1		
<i>Amputation of breast—dissection axilla</i> . . . . .			18	1
<i>Skin graft</i> . . . . .			1	
Carcinoma, metastatic . . . . .	2			
Cystadenoma . . . . .	2			
<i>Excision</i> . . . . .			1	
<i>Resection of breast</i> . . . . .			1	
SECTION XL				
ANAPHYLAXIS				
No cases				
SECTION XLI				
ILL-DEFINED, OR UNCLASSIFIED DISEASES				
Malnutrition . . . . .	1			
No diagnosis . . . . .	36	1		
<i>Exploratory laparotomy</i> . . . . .			1	
No disease . . . . .	11			
<i>Exploratory laparotomy</i> . . . . .			2	
<i>Cholecystectomy</i> . . . . .			1	
Normal infant . . . . .	1			
Polyserositis . . . . .	1			
Shock, traumatic . . . . .	1			
Wound of operation . . . . .	2			
<i>Closure</i> . . . . .			1	
Wound of operation with hypertrophy of scar . . . . .	1			
<i>Excision scar</i> . . . . .			1	
Wound of operation, infected . . . . .	5			
<i>Incision—drainage</i> . . . . .			2	
<i>Excision</i> . . . . .			1	
	2,640	107	1,591	86



# REPORT OF THE SURGEON-IN-CHIEF

## Summary of Statistics

JANUARY 1, 1921 TO JANUARY 1, 1922

Total number of surgical admissions in 1921 . . . . .	2,080	
Total number of cases remaining in wards January 1, 1921 . . . . .	114	
	<hr/>	2,194
Total number of surgical cases discharged, including 35 cases transferred to Medical service. . . . .	1,981	
Total number of deaths . . . . .	107	
<i>(Post-operative, 86 — Non-operative, 21 — Total, 107)</i>		
	<hr/>	2,088
Total number of surgical cases remaining in the wards January 1, 1922,	106	
	<hr/>	2,194
Total number of operations . . . . .	1,591	
Incidental operations . . . . .	93	
	<hr/>	
Total . . . . .		1,684

## Report of the Physician-in-Chief

IN presenting the annual report for 1921 it has seemed desirable to review certain phases of the growth and development of the Hospital in relation to the work of the medical service and its need for expansion. In previous reports I have emphasized the need for means for developing our work. In this report I propose to elaborate some previously stated views and to give some of the data upon which I have based my opinion. The usual report of the year's activities will be curtailed considerably to give space for this matter. There has been one very important change in the staff, namely, the resignation of Dr. Peabody, to report before turning to a discussion of this other subject.

### RESIGNATION OF DR. PEABODY

During the year Dr. Francis W. Peabody tendered his resignation as Physician to the Peter Bent Brigham Hospital to accept the important post of Visiting Physician to the Boston City Hospital, where he will direct the Harvard teaching service and be in charge of the new clinical research laboratory to be developed there in connection with the Thorndike Memorial Building. Dr. Peabody has served the Peter Bent Brigham Hospital since its organization, first as Resident Physician and then as Physician. He came to it after a very thorough training, having filled acceptably positions at the Massachusetts General Hospital, the Johns Hopkins Hospital and the Rockefeller Hospital. Familiar with methods used in these various places, he brought to us many valuable suggestions as to best ways of doing things based



## REPORT OF THE PHYSICIAN-IN-CHIEF

on a discriminating judgment and came ready to apply to our work what he had observed in successful operation elsewhere. In the early days of organization such a man naturally was of invaluable help in getting a new machine in running order. Dr. Peabody set a high standard as an example and stimulus to succeeding resident physicians, a standard which he maintained in subsequent years as Physician. A productive investigator, he has been a stimulus and guide to his associates and his published work year by year, as noted in successive annual reports, has been a large factor in establishing the reputation of the Peter Bent Brigham Hospital on such a level as it has attained. A careful, critical clinician, well versed in medical lore, our patients under his supervision have had the best of attention. As a colleague and associate, he has been in every way admirable; cooperative, helpful, justly critical, giving valuable aid and advice he will be greatly missed by all, most by his colleagues who longest and most intimately have been associated with him, by none more than by myself. His going has left a serious gap in our staff. The one bright thing is that he has transferred to a sister institution in Boston and not left for another city, so we will still have him as a colleague in that larger organization of institutions grouped about and forming an integral part of the Harvard Medical School, and as Consulting Physician to the Peter Bent Brigham Hospital to which position he has been appointed by our Trustees on recommendation of the Executive Committee of the Staff in recognition of his service to the Hospital and in the hope that he will continue to help it by his wise counsel.

### INCREASED COSTS

In previous reports I have emphasized the increased cost of hospital maintenance. Let us examine the question of increased cost not for a single year but for the entire



## PETER BENT BRIGHAM HOSPITAL

period of our activity. Perhaps the most satisfactory evidence of this can be found in the daily per capita cost for successive years. This has steadily mounted since 1915 as follows: in 1915, \$4.48; in 1916, \$4.72; in 1917, \$4.93; in 1918, \$4.81; in 1919, \$5.76; in 1920, \$6.53. If it has cost per day more each year to care for a patient it is self-evident that it has been necessary to curtail the number of patients or to find more money. Has any curtailment come in the number of patients handled? No, these have actually increased. Medical house patients have increased in number 78 per cent., and visits of medical patients to the Out-Door Department have increased 82 per cent. since 1914. The actual figures are for house patients admitted to the medical wards in 1914, 1391; in 1915, 1774; in 1916, 1980; in 1917, 1919; in 1918, 2406; in 1919, 2441; in 1920, 2481; a steady increase amounting to an additional 1090 patients admitted in 1920 over the admissions in 1914. In the Out-Door Department visits of medical patients increased from 13,416 in 1914 to 24,448 in 1920. The surgical service has had a similar, though not so great, an increase of patients during this same period; house surgical patients have increased 28 per cent., and visits of surgical patients to the Out-Door Department have increased 47 per cent. If we put these figures together house patients have increased 52 per cent., and visits to the Out-Door Department have increased 64.5 per cent., or a total increase of 58 per cent. averaging house and Out-Door Department together.

If daily per capita cost of patients has increased and the number of patients has increased, obviously hospital expenditure has increased. What are the figures? Hospital expenditure has increased from \$256,432.25 in 1914 to \$453,853.94 in 1920, an increase of 72 per cent. What has been the source of this increased expenditure? Revenue from endowment since 1914 has increased very little (the income available from endowment for hospital expenses



## REPORT OF THE PHYSICIAN-IN-CHIEF

has fluctuated from year to year; the average has been a trifle over \$192,000.00 which is approximately \$1,600.00 more than the sum available in 1914) but the money for additional expenditure has come in the form of increased receipts from patients for hospital care (ward patients are not charged for service of physicians and surgeons and what they pay in no instance equals the cost to the hospital of their care); in 1914 we collected \$69,257.23 from patients, in 1920 \$262,413.29, an increase of 234 per cent.

If there has been an increased expenditure (this has been a 76 per cent. increase since 1914), and this is true, what have been the main items of increased cost? This will be found from an analysis of expenditure. As far as the cost of professional care of patients is concerned there has been an increase of 41 per cent. from a cost of \$79,050.67 in 1914 to \$111,666.72 in 1920. During this time staff salaries have changed very little but this increase has come in salaries paid to nurses, orderlies and employees and in increased cost of instruments, apparatus and medical and surgical supplies used in the care of patients. To a certain extent there has been an increase in the number of individuals, — nurses, orderlies and employees, — engaged in the care of patients, but the main item has been an increase in wages of these. Even with increase in wages and increased cost of supplies, the percentage increase in cost of the professional care of patients has been less than the percentage increase in the number of patients cared for; 41 per cent. versus 58 per cent. The greatest increase in expenditure has come in the items of departmental, house and property expenses, the total of which has increased 86 per cent. from 1914 to 1920. These include housekeeping, kitchen, laundry, provisions, heat, light, power and maintenance of buildings.

If patients have had a percentage increase in the wards of 52 per cent., and in the Out-Door Department of 64.5



## PETER BENT BRIGHAM HOSPITAL

per cent., and if there has been a general increase in costs as represented by an 86 per cent. increase in the items of housekeeping, kitchen, laundry, provisions, light, heat, etc., grouped together under the items of departmental, house and property expenses, an increase of 41 per cent. in the cost of the professional care of patients means that for the professional care of patients percentage increase of cost has failed to keep pace with housekeeping and food costs (41 per cent. versus 86 per cent.) and the expenditure for professional care of patients has increased actually less than the number of patients (41 per cent. versus 52 per cent. and 64.5 per cent.). In other words, the hospital spends less now on the professional care of each patient than it did in 1914, notwithstanding the fact that wages of nurses, orderlies and helpers, drugs and supplies have increased in cost during this period. Moreover, the same salary expenditure is made now as in 1914 for physicians and surgeons, though they care for 52 per cent. more house patients and 64.5 per cent. more Out-Door Department visits. On the medical service the same sized resident staff, a salaried visiting staff one larger, and several additional voluntary workers (Associates in Medicine) as compared with the staff in 1914, are now caring for 78 per cent. more house patients and 82 per cent. more Out-Door Department patients. These figures seem to justify completely my statement in the 1920 annual report, "Curtailments in an efficiently organized institution can but mean decrease in the efficiency of the work. Let us frankly admit this fact. Actually we have had more work to do and in many respects less to do it with during 1920 and so it has been done less well." In fact, the actual figures show a greater increase in patients handled and a smaller increase in expenditure for their care than I believed when in previous reports I have, in one way or another, reported that the medical work has ceased to improve, that we had relatively fewer men



## REPORT OF THE PHYSICIAN-IN-CHIEF

working on our patients and that these men were becoming increasingly involved by routine with the sacrifice of time for investigative work which was so valuable a stimulus to the best care of patients.

### PROBLEMS OF STAFF ORGANIZATION

The resignation of Dr. Peabody naturally turns attention to staff organization and raises the question whether the plan, proposed before the Hospital was opened and put into effect at that time, is adequate for present conditions. In the first place, it is to be recognized that the plan referred to was merely a tentative outline of a general plan, drawn up at that time to give to the Trustees some idea of what might be expected as to the early needs of the Hospital in respect to staff organization, and that it was never intended in that form to become a guiding principle. In the second place, it should be recognized that already on the medical service that plan has been modified, a notable one being the addition of Dr. Peabody as a second Physician, and it has been modified by the failure to carry out some of the original recommendations, notably in not providing salaried consultants in the specialties. That plan was tentative, expressing the then views of the staff who could not know how the Hospital actually would develop and expand, and it has been modified somewhat as time has gone on to fit existing conditions and that is as should be. Since the opening of the Hospital the medical service has increased in number of patients, both house and out-door (see figures on page 108), more rapidly than was anticipated and the Hospital has developed more into a diagnostic organization, entailing a more rapid turnover of patients and a more extensive application of special methods than are required in an institution which is more largely one for treatment than for diagnosis. In other words, the service is dealing with more patients each year and applying more intricate methods of ex-



## PETER BENT BRIGHAM HOSPITAL

amination than was anticipated when the tentative plan of organization was drawn up a decade ago, for it was made in 1912.

A hospital is a complex organization, requiring consideration from various angles. Primarily of importance is the adequate care of the patients which in a modern diagnostic hospital involves a wealth of detailed study of each case both from the point of view of making a correct diagnosis and determining the adequacy of the therapeutic methods undertaken on the basis of the diagnosis. Then every progressive hospital owes a duty to the public to advance medicine so far as it can by investigation. Finally, a very important obligation of a hospital is instruction so that to a more mature group it is giving opportunity to develop further and from its junior staff goes an ever increasing number of men equipped to practise, to teach, to investigate, recognizing that the hospital is the finishing place in the education of the medical man without which the medical school would not be giving adequate preparation for the life work of the man engaged in medicine.

Staff organization needs to recognize this complexity of duties of the hospital. On the senior members of the staff devolves primarily the responsibility for the adequate care of the patients and the direction of the investigative and instructive phases of hospital work. For them a certain maturity in training and permanency in tenure is needed. How many such there should be on a given staff depends on the number of beds, the speed of turnover of patients and the character of the diagnostic problems presented. In the first years of the Hospital the Physician-in-Chief was able to study all house patients with sufficient thoroughness to meet reasonably well their need for satisfactory care and to spend one forenoon a week in the Out-Door Department. One Physician seemed sufficient to coöperate in these duties and to take super-



## REPORT OF THE PHYSICIAN-IN-CHIEF

vision during the absence of the Physician-in-Chief. Soon it was found that a Physician-in-Chief and one Physician on a half time basis, an arrangement which had existed from the beginning, were insufficient. Patients had increased in number, many remained only a short time for diagnostic study and the turnover was too rapid for these two men to do the work satisfactorily. A second Physician, Dr. Peabody, was added. Increase of work continued and for some time it has seemed very desirable to have additional Physicians. With a Physician-in-Chief and two Physicians no longer was it found feasible for these to give any time to the Out-Door Department and so a new arrangement, not entirely satisfactory, however, had to be put into effect there by which an Associate Physician would be on duty continuously for about two hours each day in the week in the Out-Door Department over a period of six months. A salaried Physician is needed in the Out-Door Department in addition to the services of this Associate.

Associates in Medicine on the Peter Bent Brigham Hospital staff are, for the most part, younger men, often fairly recently having completed their house-officer experience, engaged in practice locally. They fulfill various functions in the Hospital. First of all they are volunteer workers, giving such time to Hospital duties as they can spare from their remunerative work. Their recompense comes in the opportunity the Hospital affords them for furtherance of their professional ability and the carrying out of investigation of such problems as they become interested in. Routine work should be asked of them only in so far as its nature is such as to further these ends and routine work must not be too exacting as to hours nor too prolonged as to period of service in any one year. A group of such Associates can be of invaluable aid to the Hospital and in return, if the work is properly apportioned, the Hospital will be of invaluable aid to these men in the



furthering of their development. There is a very definite limit to the kind and amount of service that the Hospital can and should ask of this group. This must be recognized in hospital organization.

A third group in hospital staff organization is the resident staff. This at the Peter Bent Brigham Hospital is composed of two subdivisions, house-officers on a graded service and residents. The former do the largest bulk of the routine work in connection with the examination of patients, the latter do a smaller amount of the routine work, act in supervisory capacity and have part of their time for special studies.

To summarize, the plan of staff organization as outlined at the opening of the Hospital provided a senior group, Physician-in-Chief and Physicians, an intermediate group, Associates in Medicine, and a junior group, Residents and House-officers. As time has gone on the general plan has proved a good one; its defects have come from a failure to have enough in each grade to care for the increasing demands put on them and to retain time for special studies and from a lack of sufficient supervision in the Out-Door Department. In other words, a good general plan has been kept too much within the limits set as a tentative organization and adherence too much to this has not provided for expansion of service brought about by an increase in the number of patients.

#### NEEDED ENLARGEMENT OF STAFF

Based on the existing character and size of the medical service the medical staff should be enlarged and organized as follows. There should be a senior group composed of a Physician-in-Chief, as at present, and four Physicians. Of the Physicians two at least should be regarded as relatively permanent in their tenure of office, matured in clinical ability, capable of sharing with the Physician-in-Chief full responsibility in the care of patients and



supervision of the Hospital. These men should be engaged in practice, in large part consultative in nature, and centered about the Hospital, which should provide for them facilities for their office practice. To the Hospital they should give at least half of their time and receive an adequate salary for this work. Two of the Physicians preferably should be younger men, devoting more of their time to Hospital work, their training and maturity at the beginning of their service being represented by the period of time required to go through a house and resident service of the general nature of ours, requiring about five years for completion with one or two additional years spent at some period during this time in some one of the fundamental medical sciences. Obviously, all of this training should not be received in one medical center. This type of man should remain in the service of the hospital on the average of five years and during this period should receive an adequate living wage so that, while not debarred from a limited practice, he should in no wise be dependent on practice for his up-keep. In the organization of the medical staff at the Peter Bent Brigham Hospital these two men should alternate annually between the laboratories and supervision of the Out-Door Department; on them would fall the chief responsibility of maintaining the investigative activities of the service. While they should have some regular routine contact with patients, their time should be guarded so that approximately three-fourths is always available for special study, recognizing that in the Out-Door Department as well as in the House there will be found important problems; unfortunately, such are more usually regarded as emanating only from the wards and the laboratories. If this plan could be put into operation, these two men would be at the pinnacle of post-graduate study, being trained for a progression into a high type of medical work either as practitioners, consultants, teachers, hospital chiefs or



investigators. Automatically they would need to progress out of these positions by reason of the fact that salary provision in them should not be enough to satisfy permanently the needs of such men.

The intermediate group should be composed, as at present, of Associates in Medicine. This should be a large group, varying much in maturity and training. As far as hospital duties are concerned, these should be equally varied. Associates in Medicine should receive no salary for routine work unless that routine work becomes heavy, and this should extremely rarely if at all be permitted, but their recompense should come from the opportunity the Hospital affords them for further training and for investigation. "Associate in Medicine" also is a suitable title for men engaged in special investigation where funds are given for such, for example, the Choate Fund for the investigation of asthma. Such an Associate might devote part or all of his time to such work and be compensated correspondingly from such funds. Associates in Medicine can conduct the special classes in the Out-Door Department where selected groups of patients come for special study and treatment. This type of organization brings together on one or two days a week a group of patients and affords an opportunity to them of special attention and to the man in charge the opportunity to study consecutively and thoroughly certain types of disease. Periodic, not too frequent, rotation in direction of these classes maintains efficiency of direction without too great monotony. To most Associates in Medicine a period of duty in the general Out-Door Department and of ward visits is desirable as giving an opportunity for the study and management of patients under hospital conditions and for seeing a variety of diseases. It has seemed to us that a six months service of duty in the Out-Door Department every second year and a three to six months ward service in the alter-



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nate years, the former daily, the latter every other day, gives sufficient continuity and at the same time does not form too heavy a burden of routine. There is the opportunity in a hospital of the size of the Peter Bent Brigham Hospital for a very considerable number of Associates in Medicine to work, and their work is of the very greatest value to the Hospital. Properly organized these Associates will get great help from the work. Proper organization depends on a clear recognition of the fact that the Associate's recompense comes from the opportunity for personal development and training and that it is unfair for the Hospital to require of the Associates more routine duty than is for their advantage from this point of view. To increase the number of Associates involves the Hospital only in such added expense as comes from a better care of a larger group of patients and in securing, when possible, more funds for special investigations.

The junior group on the staff should consist as now of residents and house-officers, but the salaries of residents should be increased by 50 per cent. at least to bring them to the standard now very generally in vogue. This group needs to be increased in number by four house-officers to give an additional senior in charge of out-patients to care for the increase of out-patients and a third group in the house so as to subdivide the care of ward patients among three instead of two sets of graded house-officers. There should be two additional Assistant Residents. When the Hospital was organized the number of patients was such that all members of the resident staff had some time for special studies, residents at least half of their time and house-officers a smaller amount. As the service has grown, time for special study steadily has been encroached upon by routine work. This has decreased the attractiveness of these positions and taken away from the work that most important factor, the stimulus that comes from the attempt to solve some, though even a



minor, problem of medicine and without which hospital work tends to become a deadly dull routine. If the work of the resident staff should ever become such a dull routine it is almost inevitable that the men seeking such jobs will be correspondingly dull and stupid. This increase will involve the Hospital in provision for living quarters and board for six additional men, salaries for two additional Assistant Residents, and a 50 per cent. increase in the salaries of the existing Residents.

To summarize the above recommendations as to staff organization, it is proposed that the general scheme of organization advised when the Hospital was opened be continued but be enlarged as soon as possible by the following:

Two additional Physicians, expense \$5,000 to \$8,000 annually for approximately three-fourths time.

An indefinite number of Associates in Medicine; expense to Hospital very slight, for caring for patients and added facilities for their study; funds for special investigation are desirable for this expansion.

Two additional Assistant Residents; expense to Hospital living quarters, board and \$1,500 annually for salary.

Additional salary for existing Residents, \$1,250.

Four additional house-officers; expense to Hospital living quarters and board.

#### FINANCIAL ARRANGEMENT BETWEEN HOSPITALS AND MEDICAL SCHOOL

A hospital organized as the Peter Bent Brigham Hospital in relation to teaching may be compared with other hospitals of similar type. The Peter Bent Brigham Hospital as well as the Massachusetts General Hospital and the Boston City Hospital bear a definite relation to the Harvard Medical School in that they furnish the clinical facilities for teaching medicine, surgery, etc., and numerous members of the hospital staff hold positions in the Harvard Medical School. Often, inasmuch as students serve as clinical clerks in the hospital, it is difficult



## REPORT OF THE PHYSICIAN-IN-CHIEF

to separate hospital and medical school activities. This is very generally recognized by the medical school paying salaries to members of the hospitals' staffs and furnishing certain facilities for work. In looking up the situation in other medical schools it seems to be a very general custom for an affiliated medical school to contribute something toward three parts of the hospital budget, staff salaries, laboratory expenses and investigation. It is of interest to see how these figures (these figures were obtained in the autumn of 1921) for conditions elsewhere compare with those of the corresponding year (1920 for hospital and 1920-21 for medical school) at the Peter Bent Brigham Hospital.

Budgets for salaries, laboratory up-keep and investigation of medical service:

At Peter Bent Brigham Hospital, approximately	\$32,800
“ Hospital A	52,800
“ “ B	64,772
“ “ C	40,980*
“ “ D	40,575*

\* Probably more is expended as no item was reported as having been contributed by the hospital.

At these various hospitals the division between hospital and medical school funds as the source of this income is approximately as follows:

At Peter Bent Brigham Hospital:	
From hospital \$23,000; from medical school . . .	\$ 8,800
At Hospital A:	
From hospital \$18,000; from medical school . . .	34,800
At Hospital B:	
From hospital \$9,551; from medical school . . .	55,220
At Hospital C:	
From hospital not stated; from medical school and a special research fund . . . . .	40,980
At Hospital D:	
From hospital not stated; from medical school . . .	40,575

## PETER BENT BRIGHAM HOSPITAL

A glance at these figures shows strikingly that hospitals A, B, C and D with medical services about the size of the Peter Bent Brigham Hospital expend much larger sums for these purposes and receive large amounts annually from affiliated medical schools for certain expenses of the work of their medical staffs while the Peter Bent Brigham Hospital receives only a small amount. The situation in Boston is somewhat different in that teaching of medicine is conducted in equal ratio at three hospitals, while in these other places three of the four medical schools have a close affiliation with but a single hospital. Under these conditions it would hardly be expected that any single hospital in Boston would receive as much from medical school sources for these purposes as does one of the hospitals elsewhere in which essentially all of the teaching work of an affiliated medical school is done unless the medical classes in Boston are larger. However, making this allowance it would seem that the medical school in Boston does not contribute at present proportionately as much toward certain expenses of the medical service of the Peter Bent Brigham Hospital in return for teaching facilities which it provides for the affiliated medical school as is the case in these other places. In these other places these expenditures have been made possible by the medical school securing in recent years large funds for the special development of the work of the department of medicine and of other clinical departments. It seems proper to expect that very strong efforts should be made now by the medical school here to secure similar funds, and it is suggested that here lies a possible source for these needed enlargements of the medical staff of the Peter Bent Brigham Hospital and their work which have been referred to in the preceding pages.



## REPORT OF THE PHYSICIAN-IN-CHIEF

### OCCUPATIONAL THERAPY

For two years occupational therapy has been available in the wards. It has been in the nature of an experiment to determine its value for patients of the type we have in our wards. The possible value of it in a general hospital with relatively few patients staying for long periods and where many are acutely and seriously ill, as is the case at the Peter Bent Brigham Hospital, was not so evident as in institutions caring for various types of chronic cases in which thorough trial had given convincing proof of its value. The staff believed that it would be of help and so coöperated towards establishing it for trial.

What has been the result of this trial? Occupational therapy of a type modified to suit the conditions that exist at the Peter Bent Brigham Hospital has been of distinct value. In the medical wards it has been found that a considerable number of patients do remain long enough for ward life to become a monotony. Many medical patients are physically able to undergo the effort involved in this occupational therapy. It has brought into the hospital lives of these patients new interests; it has decreased the monotony; it has stimulated their psychologic reactions in a way helpful to their well being; it has been an aid in their treatment; it is of definite, distinct value in the medical wards of the Peter Bent Brigham Hospital.

Occupational therapy has been supported by voluntary contributions during this more or less experimental period. In Miss Beatrice Hardy we have for some time had an admirable, effective, efficient worker in charge of the work. The Executive Committee of the staff has recommended to the Trustees the continuance of the occupational work as a valuable adjunct of the therapy used in the hospital. It has expressed the view that it should become a part of the regular expense of the hospital for the care of the patients.

## PETER BENT BRIGHAM HOSPITAL

As this report is being written it seems possible that occupational therapy at the Peter Bent Brigham Hospital will be discontinued because of lack of funds. It will be unfortunate for the patients if it is not maintained.

### HYDROTHERAPY

In the original planning of the hospital provision was made for hydrotherapy. A decade has passed and no steps have been taken to provide hydrotherapy. Not having facilities for hydrotherapy decreases the efficiency and effectiveness of our treatment of a considerable group of diseases which occur frequently in our patients. The need for a hydrotherapeutic plant is just as great today as it seemed to be when it was asked for at the time the hospital was planned. Without it we are failing to give to a considerable group of our patients part of the treatment they should receive.

### STATISTICS OF MEDICAL SERVICE

Table A, (see page 123) which includes both medical and surgical patients, is essentially a table of causes of death grouped according to the International Classification of Causes of Death. The chief diagnosis in each case represents the patient, and a given patient appears under but one diagnosis. Table B (see page 128) is a summary to show the number of cases admitted, treated, etc., on the medical service.



## REPORT OF THE PHYSICIAN-IN-CHIEF

## Table A

Report of Diseases in Terms of International  
Classification

JANUARY 1, 1921, TO JANUARY 1, 1922

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
	I. GENERAL DISEASES					
1	Typhoid fever . . . . .	7	2	..	..	2
4	Malaria . . . . .	1	..	..	..	2
7	Scarlet fever . . . . .	2	..	..	..	..
10	Influenza . . . . .	14	..	..	..	5
14	Dysentery . . . . .	2	..	..	..	2
18	Erysipelas . . . . .	4	..	..	..	2
19	Other epidemic diseases . . . . .	1	..	..	..	5
20	Purulent infection and septicemia . . . . .	18	4	9	1	3
25	Mycoses . . . . .	1	..	2	..	..
26	Pellagra . . . . .	1	..	..	..	..
28	Tuberculosis of the lungs . . . . .	48	..	12	..	184
29	Acute miliary tuberculosis . . . . .	11	3	1	..	..
30	Tuberculous meningitis . . . . .	2	1	..	..	..
31	Abdominal tuberculosis . . . . .	..	..	2	..	3
32	Pott's disease . . . . .	1	..	3	..	5
33	White swellings . . . . .	3	..	2	1	10
34	Tuberculosis of other organs . . . . .	9	..	30	2	58
36	Rickets . . . . .	2	..	1	..	1
37	Syphilis . . . . .	284	2	12	..	186
38	Gonococcus infection . . . . .	7	..	20	..	77
39	Cancer and other malignant tumors of the buccal cavity . . . . .	2	..	7	1	8
40	Cancer and other malignant tumors of the stomach, liver . . . . .	28	6	12	7	30
41	Cancer and other malignant tumors of the peritoneum, intestines, rectum . . . . .	11	2	17	4	10
42	Cancer and other malignant tumors of the female genital organs . . . . .	8	..	17	3	18

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		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
43	Cancer and other malignant tumors of the breast . . . . .	3	..	20	1	16
44	Cancer and other malignant tumors of the skin . . . . .	1	..	5	1	3
45	Cancer and other malignant tumors of other organs or of organs not specified . . . . .	21	5	73	11	20
46	Other tumors (tumors of the female genital organs excepted) . . . . .	2	..	..	..	58
47	Acute articular rheumatism . . . . .	19	1	2	..	13
48	Chronic rheumatism and gout . . . . .	8	..	2	..	4
50	Diabetes . . . . .	69	7	21	1	106
51	Exophthalmic goitre . . . . .	2	..	14	..	10
52	Addison's disease . . . . .	4	..	1	..	4
53	Leukemia . . . . .	12	3	3	..	10
54	Anemia . . . . .	55	4	3	..	92
55	Other general diseases . . . . .	19	1	18	1	40
56	Alcoholism (acute or chronic) . . . . .	8	2	10	..	7
57	Chronic lead poisoning . . . . .	1	..	..	..	7
58	Other chronic occupation poisonings . . . . .	1	..	..	..	1
59	Other chronic poisonings . . . . .	1	..	..	..	3
II. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE						
60	Encephalitis . . . . .	21	3	10	..	9
61	Simple meningitis . . . . .	4	2	2	1	..
62	Locomotor ataxia . . . . .	41	..	2	..	23
63	Other diseases of the spinal cord . . . . .	28	3	26	1	8
64	Cerebral hemorrhage, apoplexy . . . . .	24	8	3	..	..
66	Paralysis without specified cause . . . . .	12	..	7	..	9
67	General paralysis of the insane . . . . .	8	..	1	..	5
68	Other forms of mental alienation . . . . .	24	..	16	..	7
69	Epilepsy . . . . .	13	..	19	..	50
70	Convulsions (nonpuerperal) (5 years and over) . . . . .	..	..	..	..	1
72	Chorea . . . . .	11	..	1	..	19
73	Neuralgia and neuritis . . . . .	30	..	66	..	123
74	Other diseases of the nervous system . . . . .	138	3	151	26	473
75	Diseases of the eyes and their annexa . . . . .	29	..	8	..	34
76	Diseases of the ears . . . . .	5	..	4	..	25



# REPORT OF THE PHYSICIAN-IN-CHIEF

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
	III. DISEASES OF THE CIRCULATORY SYSTEM					
77	Pericarditis . . . . .	12	1	..	..	2
78	Acute endocarditis . . . . .	6	..	1	..	4
79	Organic diseases of the heart . . . . .	275	29	5	..	365
80	Angina pectoris . . . . .	23	1	..	..	19
81	Diseases of the arteries, atheroma, aneurism	159	4	10	..	78
82	Embolism and thrombosis . . . . .	16	2	5	..	..
83	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.) . . . . .	27	1	75	1	221
84	Diseases of the lymphatic system . . . . .	3	..	13	..	54
85	Hemorrhage: other diseases of the circulatory system . . . . .	241	2	..	..	362
	IV. DISEASES OF THE RESPIRATORY SYSTEM					
86	Diseases of the nasal fossæ . . . . .	8	..	1	..	159
87	Diseases of the larynx . . . . .	1	..	..	..	25
88	Diseases of the thyroid body . . . . .	37	..	12	..	59
89	Acute bronchitis . . . . .	44	..	1	..	69
90	Chronic bronchitis . . . . .	62	1	1	..	136
91	Bronchopneumonia . . . . .	34	2	16	..	4
92	Pneumonia . . . . .	32	14	3	..	5
93	Pleurisy . . . . .	53	..	11	3	51
94	Pulmonary congestion; pulmonary apoplexy	4	..	1	..	..
96	Asthma . . . . .	33	1	1	..	418
97	Pulmonary emphysema . . . . .	36	..	..	..	17
98	Other diseases of the respiratory system (tuberculosis excepted) . . . . .	9	..	3	..	5
	V. DISEASES OF THE DIGESTIVE SYSTEM					
99	Diseases of the mouth and annexa . . . . .	8	..	9	..	47
100	Diseases of the pharynx . . . . .	51	..	53	..	124
102	Ulcer of the stomach . . . . .	17	1	13	..	94
103	Other diseases of the stomach (cancer excepted) . . . . .	44	..	15	1	148
105	Diarrhea and enteritis (2 years and over) .	40	..	30	..	86
107	Intestinal parasites . . . . .	8	..	1	..	9

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		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
108	Appendicitis and typhlitis . . . . .	3	..	123	5	125
109	Hernia, intestinal obstruction . . . . .	15	..	143	3	196
110	Other diseases of the intestines . . . . .	31	1	82	1	838
111	Acute yellow atrophy of the liver . . . . .	1	..	1	1	..
113	Cirrhosis of the liver . . . . .	15	3	4	1	6
114	Biliary calculi . . . . .	42	..	72	5	121
115	Other diseases of the liver . . . . .	30	..	65	1	40
116	Diseases of the spleen . . . . .	11	..	..	..	..
117	Simple peritonitis (nonpuerperal) . . . . .	7	..	10	..	7
118	Other diseases of the digestive system (cancer and tuberculosis excepted) . . . .	3	..	8	1	..
VI. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA						
119	Acute nephritis . . . . .	6	1	..	..	9
120	Bright's disease . . . . .	122	12	8	..	109
122	Other diseases of the kidneys and annexa .	17	2	49	1	80
123	Calculi of the urinary passages . . . . .	12	..	49	..	79
124	Diseases of the bladder . . . . .	11	..	26	1	215
125	Diseases of the urethra, urinary abscess, etc.	1	..	24	1	39
126	Diseases of the prostate . . . . .	8	..	49	4	100
127	Non-venereal diseases of the male genital organs . . . . .	6	..	29	1	74
128	Uterine hemorrhage (nonpuerperal) . . . .	..	..	4	..	27
129	Uterine tumor (noncancerous) . . . . .	9	..	52	..	50
130	Other diseases of the uterus . . . . .	7	..	73	..	651
131	Cysts and other tumors of the ovary . . .	4	..	18	..	24
132	Salpingitis and other diseases of the female genital organs . . . . .	4	..	85	..	267
133	Nonpuerperal diseases of the breast . . . .	..	..	10	..	30
VII. THE PUERPERAL STATE						
134	Accidents of pregnancy . . . . .	9	..	33	..	142
137	Puerperal septicemia . . . . .	..	..	1	1	..
138	Puerperal albuminuria and convulsions . .	1	1	..	..	..
VIII. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE						
142	Gangrene . . . . .	2	..	4	..	2
143	Furuncle . . . . .	4	..	16	1	275



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		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
144	Acute abscess . . . . .	5	..	39	2	338
145	Other diseases of the skin and annexa . . .	37	1	18	..	572
IX. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION						
146	Diseases of the bones (tuberculosis excepted)	15	..	24	1	40
147	Diseases of the joints (tuberculosis and rheumatism excepted) . . . . .	64	..	18	..	301
149	Other diseases of the organs of locomotion .	11	..	17	..	287
X. MALFORMATIONS						
150	Congenital malformations . . . . .	10	1	36	1	..
XI. EARLY INFANCY						
XII. OLD AGE						
154	Senility . . . . .	4	..	..	..	8
XIII. EXTERNAL CAUSES						
165	Other acute poisonings . . . . .	8	..	..	..	..
167	Burns (conflagration excepted) . . . . .	..	..	7	1	92
168	Absorption of deleterious gases (conflagration excepted) . . . . .	2	..	..	..	..
170	Traumatism by firearms . . . . .	..	..	8	1	2
171	Traumatism by cutting or piercing instruments . . . . .	..	..	6	..	62
172	Traumatism by fall . . . . .	1	..	86	2	257
174	Traumatism by machines . . . . .	..	..	6	..	28
175	Traumatism by other crushing (vehicles, railways, etc.) . . . . .	..	..	..	..	82
176	Injuries by animals . . . . .	..	..	1	..	21
178	Excessive cold . . . . .	..	..	..	..	2
179	Effects of heat . . . . .	..	..	..	..	2
180	Lightning . . . . .	..	..	1	..	..
186	Other external violence . . . . .	2	..	21	..	662
XIV. ILL-DEFINED DISEASES						
187	Ill defined organic disease . . . . .	3	..	..	..	3
189	Ill defined or unclassified diseases . . . . .	42	1	53	1	600

Table B  
Summary of Medical Report  
JANUARY 1, 1921, TO JANUARY 1, 1922

Total number of admissions in 1921 . . . . .		2383	
Total number of medical cases remaining in the wards January 1, 1921 . . . . .		86	
			2469
Total number of medical re-admissions discharged in 1921	740		
Total number of medical new cases discharged in 1921. .	1652		
		2392	
Total number of medical cases remaining in the wards January 1, 1922 . . . . .		77	
			2469
Results on medical cases discharged in 1921 were as follows:			
Total number discharged well . . . . .	128		
improved . . . . .	1581		
unimproved . . . . .	223		
untreated . . . . .	203		
transferred to Surgical Service . . . . .	113		
dead . . . . .	144		
		2392	
Total number of medical cases remaining in the wards January 1, 1922 . . . . .		77	
			2469



## REPORT OF THE PHYSICIAN-IN-CHIEF

### OUT-DOOR DEPARTMENT

The work of the Out-Door Department has been conducted as in previous years. Reports of the several classes as given in previous reports will be omitted owing to the amount of space already used. Next year they will be reported on for two years.

The great need in the Out-Door Department work is for more men to care for the patients. An additional house-officer is needed. A salaried member of the staff should be in general supervision and working on problems drawn from the Out-Door Department. Several additional Associates in Medicine are needed to direct classes or selected groups of patients. It is unfortunate that so much of this work has to devolve on Assistant Residents. They change too frequently to preserve needed continuity of interest and this work interferes with other duties primarily intended for them. Their Out-Door Department work is a makeshift, not satisfactory for the above reasons, and should be abandoned as soon as possible.

### SPECIAL STUDIES

During 1921 the following papers were published by members of the visiting and resident staff. They represent such special studies as were completed in time for publication during the year.

- CHRISTIAN, HENRY A. General Consideration of Nephritis: Acute and Subacute Nephritis; Chronic Nephritis; Essential Vascular Hypertension; Renal Arteriosclerosis. Oxford Medicine, Vol. III, p. 583, New York, 1921.
- Influenza. Oxford Medicine, Vol. IV, p. 823, New York, 1922.
- Right and Wrong Uses of Diuretics. Med. Clinics of No. Am., 1921, IV, 1639.
- Chronic Myocarditis and its Management. Southern Med. Jour., 1921, XIV, 587.

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- CHRISTIAN, HENRY A. Nature of Hypertension. New York State Jour. Med., 1921, XXI, 292.
- Relation that Exists between Hypertension, Myocarditis and Nephritis. Illinois Med. Jour., 1921, XL, 462.
- FROTHINGHAM, CHANNING: Diseases of the Esophagus. Oxford Medicine, Vol. III, p. 1, New York, 1921.
- Influenza. Am. Jour. Med. Sc., 1921, CLXI, 528.
- PEABODY, F. W.: Acute Poliomyelitis. Oxford Medicine, Vol. V, p. 107, New York, 1921.
- Harvard Infantile Paralysis Commission on Diagnoses of Acute Cases in 1920, with Special Reference to Incidence of Cases Without Paralysis. Boston Med. and Surg. Jour., 1921, CLXXXV, 174.
- The Vital Capacity of the Lungs in Heart Disease. Med. Clin. No. Am., 1921, IV, 1655.
- PEABODY, F. W., AND STURGIS, C. C.: Clinical Studies of the Respiration. VII. The Effect of General Weakness and Fatigue on the Vital Capacity of the Lungs. Arch. Int. Med., 1921, XXVIII, 501.
- PEABODY, F. W., STURGIS, C. C., TOMPKINS, EDNA M., AND WEARN, J. T.: Epinephrin Hypersensitiveness and Its Relation to Hyperthyroidism. Am. Jour. Med. Sc., 1921, CLXI, 508.
- DENNY, GEORGE P.: Blood Volume in Pernicious Anemia. Jour. Am. Med. Asso., 1921, XXVII, 38.
- GRABFIELD, G. P.: Eosinophilic Pleurisy. Int. Clinics, 1921, IV, 143.
- LEVINE, SAMUEL A.: The Clinical Recognition of the Various Types of Paroxysmal Rapid Heart Action. Boston Med. and Surg. Jour., 1921, CLXXXIV, 53.
- Rapid Heart Action. Med. Clin. No. Am., 1921, IV, 1707.
- The Diagnosis of Preparalytic or Early Poliomyelitis. Boston Med. and Surg. Jour., 1921, CLXXXV, 238.
- Points of Contact Between some Surgical Conditions and Cardiac Disorders. New York State Jour. Med., 1921, XXI, 382.



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- LEVINE, SAMUEL A., AND LADD, W. S.: Pernicious Anemia; A Clinical Study of One Hundred and Fifty Consecutive Cases with Special Reference to Gastric Anacidity. Johns Hopkins Hosp. Bull., 1921, XXXII, 366.
- McCLURE, C. W.: Treatment of Functional Gastro-Intestinal Disturbances. Med. Clin. No. Am., 1921, IV, 1693.
- Tetanus. Oxford Medicine, Vol. V, p. 203, New York, 1921.
- McCLURE, C. W., AND FROTHINGHAM, L.: Glanders. Oxford Medicine, Vol. V, p. 185, New York, 1921.
- Anthrax. Oxford Medicine, Vol. V, p. 213, New York, 1921.
- McCLURE, C. W., AND REYNOLDS, L.: Motor Phenomena Occurring in Normal Stomachs, in the Presence of Peptic Ulcer and Its Pain, as Observed Fluoroscopically. Arch. Int. Med. 1921, XXIX, 1.
- McCLURE, C. W., REYNOLDS, L., AND WETMORE, A. S.: New Methods of Estimating Enzymatic Activities of Duodenal Contents of Normal Man. Arch. Int. Med., 1921, XXVII, 706.
- Physical Characters and Enzymatic Activities of Duodenal Contents. Jour. Am. Med. Assoc., 1921, LXXVII, 1468.
- O'HARE, JAMES P.: A Case of Vascular Hypertension with Angina Pectoris and Cerebral Hemorrhage. Med. Clin. of No. Am., 1921, IV, 1767.
- WALKER, I. C.: Frequent Causes and the Treatment of Seasonal Hay-Fever. Arch. Int. Med., 1921, XXVIII, 71.
- The Causes and Treatment of Seasonal Hay-Fever. Med. Clin. No. Am., 1921, IV, 1673.
- WILSON, DAVID C.: The Value of Vagal Stimulation in Paroxysmal Auricular Tachycardia as Illustrated in an Unusual Case. Heart, 1921, VIII, 303.

It is, of course, difficult to estimate the value of special studies. Mere volume of publication is no criterion of real productivity. The greatest advance in medicine may be presented in a very few pages. Number of pages is no indication of the amount of careful observation and experimentation that may have been necessary before arriving at the viewpoint represented by the published study.

The hospital is judged in medical circles mainly by the work its staff publishes and by the training and quality it bestows on the juniors who leave its portals. The investigation carried out in conjunction with the care it gives to its patients is one of the best products of the hospital. It is important that this phase of our work be maintained at a high level.

The annual report of the Physician-in-Chief is his opportunity to present to the Trustees and to the public his views in regard to the work of his service. He may report new methods or changes in old methods which have proved of value in the work with the idea that others may be helped by knowing about these. He may criticise methods tried that others may know that they were not of much service under the local conditions of trial and be saved from using energy on them when the result is apt to be unsatisfactory. He may describe the work that has been done as a means of informing the Trustees and public of what the institution is accomplishing. He may criticise existing facilities and conditions with the hope that dissatisfaction expressed may help towards the stimulation of activity in improvement and advance. In different years most of the space may be devoted to any one of these without implying that there is nothing to be said in regard to the others.

This year the report has been largely critical. My opinion is that lack of progress has been too dominant in



## REPORT OF THE PHYSICIAN-IN-CHIEF

recent years and that recognition of this is the surest means of stimulating renewed progression. If much has been criticised it is not to be inferred there was naught to praise. The various members of the hospital staff have worked hard and have done a good job. Though I am not satisfied with many features of our work it is because I believe only the best that can be attained is good enough for our patients and as the products of the various phases of the work of the hospital. I am sure that we can do all that we have done in a far better way if men and means are available and if we recognize our shortcomings.

In 1921 as in all past years, many in the hospital organization have helped in the work of the medical service. It is difficult to single out individuals under these circumstances. Still the work of Miss Octavia Hall, our dietitian, may be so singled out. With high food and labor costs her task has been difficult, but she has cheerfully and intelligently coöperated in the very important part of the work of the medical service, special weighed diets, without which many of our important studies could not be carried on and without which certain of our patients could not be treated with any degree of success. Also Miss Hall very often has been able to make suggestions that have improved our care of patients and stimulated our efforts to unriddle medical problems. To her and to all who have coöperated in the year's work my thanks are due.

HENRY A. CHRISTIAN,  
*Physician-in-Chief.*

# Register of Present Members of the Staff

## ABBREVIATIONS

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

### BAILEY, PERCIVAL

B.S., Univ. of Chicago, 1914; Ph.D., *ibid.*, 1918; M.D., Northwestern Univ. Med. School, 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1915; Asst. in Anatomy, Northwestern Univ. Med. School, 1916-18; Assoc. in Neurol., P.G. Med. School, Chicago, 1918-19; *Asst. Res. Surg., P.B.B.H., April 1, 1919-Dec. 19, 1919*; Res. Phys., Neurol. Service, Cook County Hosp., Chicago, Jan. 1, 1920-July 1, 1920; Res. Phys., Psychopathic Hosp., Chicago, July 1, 1920-Sept. 1, 1920-Sept. 1, 1920; *Assoc. in Surg., P.B.B.H., Sept. 1, 1920-July 1, 1921*; Asst. Esranger à la Salpêtrière, Service du Pro. Pierre Marie.

### BALDWIN, LOUIS B.

Litt.B., Princeton, 1915; M.D., Columbia Univ., 1919; Interne, Presbyterian Hosp., New York, April 1919-July 1920; Assoc. in Med., Presbyterian Hosp., July 1920-July 1921; *Vol. Grad. Asst., Medical Service, P.B.B.H., Oct. 25, 1921-March 28, 1922*; Asst. Res. Phys., (Acting) P.B.B.H., *Dec. 20, 1921-Feb. 1, 1922*.

### BERGLUND, HILDING

M.D., Univ. of Stockholm, 1916; Asst. Phys., Stockholm Hosp., 1915-19; Asst. Prof., Internal Med., Univ. of Stockholm; *Asst. Res. Phys., P.B.B.H.*

### \*BLUMGART, HERMANN

B.S., Harv., 1917; M.D., H.M.S., 1921; *Med. H.O., P.B.B.H.*

### \*BREWSTER, ALBERT H.

B.A., Univ. of Va., 1914; M.D., J.H.M.S., 1918; M.C., U.S. Army, 1917-19; Children's Hosp. Sch., Baltimore, Md., Sept. 1919-Feb. 1920; *Surg. H.O., P.B.B.H., Feb. 15, 1920-July 1, 1921*; Orthopedic Service, Children's Hosp., Boston.

### BRITTINGHAM, HAROLD HIXON

A.B., Yale, 1916; M.D., H.M.S., 1920; *Med. H.O., P.B.B.H., July 1, 1920-Nov. 1, 1921*; *Asst. Res. Phys., P.B.B.H., Nov. 15, 1921-Dec. 6, 1921*.

### BROWN, WILLIAM EUSTIS

Ph.B., Lafayette Coll., 1909; C.P.H., Harvard-M.I.T., Sch. of Public Health, 1915; M.D., H.M.S., 1920; *Surg. H.O., P.B.B.H.*



## REGISTER OF PRESENT MEMBERS OF THE STAFF

### BUCK, ROBERT WILLIAM

A.B., Butler Coll., 1914; A.M., Columbia Univ., 1915; M.D., H.M.S., 1921; *Med. H.O., 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 Zoology, Harv., 1899-1900; Instr. in Physiol., H.M.S., 1900-02; Asst. Prof. Physiol., H.M.S., 1902-06; Geo. Higginson Prof. Physiol., H.M.S.; *Consulting Physiol., P.B.B.H.*; Fellow Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer, Royal Society, London, 1918; Corresponding Member, Société de Biologie, Paris, 1919; Lieut. Col., M.C., U.S. Army.

### 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.

### CHELEY, GLEN EVAN

A.B., Colorado Coll. 1916; M.D., H.M.S., 1920; *Surg., H.O., P.B.B.H., July 1, 1920-Nov. 1, 1921.*

### CHRISTIAN, HENRY ASBURY

A.B. & 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., *ibid.*, 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 & Practice of Physic, H.M.S., 1905-07; Asst. Prof. in Theory & Practice of Physic, H.M.S., 1907-08; Phys.-in-Chief, Carney Hosp., Boston, 1907-12; Dean, Faculty of Med. & of Med. School, Harv., 1908-12; *Phys.-in-Chief, P.B.B.H.*; Fellow Am. Acad.; Hersey Prof., Theory & Practice of Physic, H.M.S.; formerly Major, M.R.C., U.S. Army; (on leave of absence, Oct. 1, 1919-Oct. 1, 1920, as Chairman, Div. of Med. Sciences, Nat'l. Research Council, Washington, D. C.)

### CRISLER, JR., JOSEPH AUGUSTUS

B.S., Univ. of Va., 1917; M.D., H.M.S., 1921; *Surg. H.O., P.B.B.H.*

### CUSHING, HARVEY

A.B., Yale, 1891; A.M. & M.D., Harv., 1895; Hon. F.R.C.S., London, 1913, and Ireland, 1918; Hon. A.M., Yale, 1913; Hon. M.D., Queen's Univ., Bristol, 1918; D. Sc., Washington Univ., 1915, and Yale, 1919; LL.D., Western Reserve Univ., 1919, and Univ. of Cambridge, Eng., 1920; House Pupil, M.G.H., 1895-96; Res. Surg., J.H.H., 1896-1900; successively Asst. Instr. & Assoc. Prof. in Surg., J.H.M.S., 1898-1912; Fellow Am. Acad., 1914; Mem. Wash. Acad. Sciences, 1916; Mem. Nat'l. Acad. Sciences, 1917; *Surg.-in-Chief, P.B.B.H.*; Moseley Prof. of Surg., H.M.S.; Director, U.S. Army Base Hosp. No. 5, 1916-19, Col., M.C., U.S. Army; Companion of the Bath (military).



# PETER BENT BRIGHAM HOSPITAL

## 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. Army, May 1917-May 1919; Instr. in Surg., H.M.S.; *Res. Surg., P.B.B.H., Aug. 1, 1919-Sept. 1, 1921; Assoc. in Surg., P.B.B.H.*; Fellow, Am. Coll. of Surgs.

## 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 Dispensary, Oct. 1909-Oct. 1912. Asst. to Surgeons, Boston Dispensary, Nov. 1911-Nov. 1912; Surg., Maverick Dispensary, E. Boston 1913-14; Asst. Surg., Boston Dispensary, Nov. 1912-Aug. 1914; Surg., Boston Dispensary, Aug. 1914-Feb. 1919; *Assoc. in Surg., P.B.B.H.*; 1st Asst. Surg., Beth Israel Hosp., 1917-18; Asst. in Surg., H.M.S., 1919-21; Instr. in Surg., H.M.S.; Fellow, Am. Coll. of Surg.; Surg.-in-Chief, Boston Dispensary.

## 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. Army; Attending Phys., Channing Home, Boston.

## ELKIN, DAN COLLIER

A.B., Yale, 1916; M.D., Emory Univ. Sch. of Med., 1920; *Surg. H.O., P.B.B.H.*

## EMERY, JR., EDWARD STANLEY

A.B., Harv., 1916; M.D., H.M.S., 1920; *Med. H.O., P.B.B.H.*

## FISKE, SEYMOUR

A.B., Univ. of Wis., 1916; M.D., Univ. of Pa., 1920; *Vol. Asst. in Pathol., P.B.B.H., June 23, 1919-Sept. 21, 1919; Med. H.O., P.B.B.H., April 1, 1920-July 1, 1921*; Out-Patient Attending Babies' Hospital and Cornell Univ. Med. Coll., N. Y. C.

## FLEMING, HOWARD

A.B., Univ. of Cal., 1914; M.D., *ibid.*, 1917; Med. & Surg. H.O., San Francisco Hosp. for 8 mos.; Capt. M.C., U.S. Army; Asst. Res. Surg., San Francisco Hosp., July-Dec. 1919; *Asst. Res. Surg., P.B.B.H., Dec. 20, 1919-Feb. 1, 1921*; Asst. in Surg., Univ. of Cal. Med. School.

## FOLEY, FREDERIC E. B.

Ph.B., Yale, 1913; M.D., J.H.M.S., 1918; Asst. in Pathol., J.H.M.S., 1918-19; Lab. for Surg. Research, H.M.S., 1919-20; *Surg. H.O., P.B.B.H., Mar. 1, 1920-July 1, 1921*; Miller Hosp. Clinic, St. Paul, Minn.

## 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; Hon. M.D., Lund, 1918; Mem. Nat. Acad., 1916; Student, Univs. of Sweden & Germany,



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1897 & 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, JR., FRANK

2 yrs. Harv.; 1 yr. M.I.T.; M.D., H.M.S., 1921; *Pathol. H.O., P.B.B.H.*

### FROTHINGHAM, CHANNING

A.B., Harv., 1902; M.D., H.M.S., 1906; Med. H.O., B.C.H., 1906-07; Asst. Visit. Phys., Carney Hosp., O.P.D., Boston, 1908-12; Sec'y., Faculty of Med., Harv., 1908-13; Asst. in Theory & Practice of Physic, H.M.S., 1908-13; Instr. in Med., H.M.S.; *Phys., P.B.B.H.*; Lieut. Col., M.C., U.S. Army, June 1, 1917-Dec. 5, 1918.

### 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*; M.C., U.S. Army, July 18, 1917-April 26, 1920, Major; House Phys., X-Ray Dept., M.G.H., May 1, 1920-April 30, 1921; Asst. Res. Phys., P.B.B.H.

### GORDON, BURGESS

A.B., Gonzaga Univ., 1912; M.D., Jefferson Med. Coll., 1919; Interne, Jefferson Hosp., Sept. 1919-April 1921; *Asst. Res. Phys., P.B.B.H.*

### GRANT, SAMUEL BECKER

B.S., Washington Univ., 1918; M.D., Washington Univ. Sch. of Med., 1920; *Med. H.O., P.B.B.H.*

### GRAVES, ROGER COLGATE

A.B., Syracuse Univ., 1913; M.D., Univ. Med. School, 1918; *Surg. H.O., P.B.B.H., Aug. 15, 1918-Oct. 19, 1919*; Asst. Res. Surg., New Haven Hosp., New Haven, Conn., Nov. 1919-July 1920; Asst. Res. Surg., P.B.B.H., July 15, 1920-Aug. 1, 1921; Assoc. in Surg., P.B.B.H.; Cabot Fellow, H.M.S. in charge of Lab. of Surg. Research.

### GREENSPON, EDWARD A.

M.D., McGill Univ., 1916; House Bacteriologist, Royal-Victoria Hosp., Montreal, 1916-17; Asst. Res. Pathol., J.H.H., 1917-18; Capt., Canadian Army Med. Corps; *Res. Pathol., P.B.B.H., Oct. 1, 1919-April 1, 1920*; *Med. H.O., P.B.B.H., April 1, 1920-July 1, 1921*; May Fellow in Med. Research, J.H.U.; Asst. in Med., J.H.H.

### HALL, FRANCIS C.

Litt.B., Princeton, 1913; M.D., H.M.S., 1917; H.O., M.G.H., 1918; Med. Corps., U.S. Army, 1918-19; Asst. Visit. Phys. & Visit. Phys. to O.P.D., M.G.H.; *Assoc. in Med., P.B.B.H.*

### \*HANSMANN, GEORGE H.

M.D., Coll. of Med., Univ. of Iowa, 1918; Hosp. Chem., Univ. Hosp., July 1, 1918-July 1, 1919; Clinical Asst., Dept. of Internal Med., Univ. Hosp., Iowa, July 1, 1919-July 1, 1920; Lect. in Clinical Microscopy, *ibid.*, July 1, 1920-July 1, 1921; *Res. Pathol., P.B.B.H.*

### HARBIN, ROBERT MAXWELL

B.S., Univ. of Georgia, 1916; M.D., H.M.S., 1920; *Surg. H.O., P.B.B.H.*

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## \*HJORT, AXEL MAGNUS

A.B., Univ. of Ill., 1914; M.S., *ibid.*, 1915; Ph.D., Yale Univ., 1915; M.D., Yale Univ. Med. School, 1921; *Med. H.O.*, *P.B.B.H.*

## HOMANS, JOHN

A.B., Harv., 1899; M.D., H.M.S., 1903; House Pupil, M.G.H., 1903-04; Asst. in Hunterian Lab., J.H.M.S., 1908-09; Vol. Asst. Surg., Children's Hosp., Boston, 1909-10; Surg., M.G.H., O.P.D., 1910-12; Asst. in Surg., H.M.S., 1910-13; *Surg.*, *P.B.B.H.*; Surg., Boston Dispensary, 1913-14; Assoc. in Surg., H.M.S., 1914-15; Instr. in Surg., *ibid.*; Major, M.C., U.S. Army, June 1918-June 1919.

## 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., H.M.S.; Res. Surg., M.G.H., Nov. 1, 1916-May 1, 1917; Major, M.C., U.S. Army, May 5, 1917-April 30, 1919; Instr. in Surg., H.M.S.; *Assoc. in Neurol. Surg.*, *P.B.B.H.*

## HOWLAND, JOSEPH BRIGGS

M.D., H.M.S., 1896; Surg. House Pupil, M.G.H., 1896-97; Asst. Phys., State Hosp., 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 & Res. Phys., *ibid.*, July 1917-May 1919; *Supt.*, *P.B.B.H.*; Pres. Am. Hosp. Ass'n., Sept. 1919-Oct. 1920; Mem. Mass. State Bd. of Registration of Nurses; Pres., New Eng. Hosp. Association.

## JACK, EDWIN EVERETT

A.B., Harv., 1884; M.D., H.M.S., 1887; *Acting Consulting Ophthalmologist*, *P.B.B.H.*; Consulting Ophthalmologist, Mass. Char. Eye & Ear Inf.

## JACKSON, HOWARD BURR

A.B., Harv., 1915; M.D., H.M.S., 1919; *Med. H.O.*, *P.B.B.H.*, March 15, 1919-April 1, 1920; H.O., Surg. & Obstet. Services, Mass. Homœopathic Hosp., April 1920-Sept. 1920; Private Practice, Jamaica Plain, Mass.; *Vol. Asst.*, *Med. Service*, *P.B.B.H.*; Asst. Phys., M.G.H., O.P.D.

## 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. Army, 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, 1919-20; *Res. Pathol.*, *P.B.B.H.*, July 1, 1920-Sept. 1, 1921; Instr. in Pathol., H.M.S., July 1920-Sept. 1921; Prof. of Pathol., Union Univ., Albany, N. Y.

## JAMESON, CHARLES HAROLD

A.B., Harv., 1916; M.D., H.M.S., 1919; *Surg. H.O.*, *P.B.B.H.*, June 15, 1919-Nov. 1, 1920; Free Hosp. for Women, Brookline, Nov. 1920-Feb. 1921; *Asst. Res. Surg.*, *P.B.B.H.*, Feb. 14, 1921-June 15, 1921; *Asst. Res. Surg.*, *P.B.B.H.*



## REGISTER OF PRESENT MEMBERS OF THE STAFF

### KAZANJIAN, VARAZTAD H.

D.M.D., Harv. Dental School, 1905; M.D., H.M.S., 1921; Mem. Harvard Unit, B.E.F., 1915-16; Surgical Specialist for Wounds of Jaws and Face, B.E.F., 1916-19; C.M.G.; *Dental Surg., P.B.B.H.*

### KING, DONALD STORRS

A.B., Oberlin, 1912; M.D., H.M.S., 1918; H.O., Orthopedic Serv., Children's Hosp.; 1st Lieut., M.C., U.S. Army, 1918-19; Med. H.O., M.G.H., 1919-21; *Assoc. in Pathol., P.B.B.H.*

### LANMAN, THOMAS HINCKLEY

A.B., Harv., 1912; M.D., H.M.S., 1916; *Assoc. in Urol., P.B.B.H.*; Clin. Asst. Surg., Children's Hosp., Boston.

### 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. Army, June 1917-July 1919; *Assoc. in Med., P.B.B.H.*; Asst. in Med., H.M.S.; Consult. Phys., Boston Psychopathic Hospital.

### LEWIS, EDWIN RAY

M.D., B.U. School of Med., 1901; Asst. Surg., Clinton Hosp., 1907; Asst. Supt., Mass. Homœopathic Hosp., 1909; Acting Supt., *ibid.*, 1916; Supt., Hahnemann Hosp., Rochester, N. Y., 1916; Supt., Flower Hosp., 1919-20; Capt., M.C., U.S. Army, 1918-19; *2nd Asst., Supt., P.B.B.H.*

### LIEBMAN, CHARLES

Ph.B., Yale Univ., 1917; M.D., H.M.S., 1921; X-ray Dept., Base Hosp., Camp Devens; X-ray Dept., Mass. Char. Eye & Ear Inf.; X-ray Dept., New Haven Hosp.; *X-ray H.O., P.B.B.H.*

### LOCKE, JR., CHARLES EDWARD

A.B., Univ. of Cal., 1916; M.D., Univ. of Cal., 1919; Med. & Surg. H.O., Univ. of Cal. Hosp., 14 mos.; *Asst. Res. Surg., P.B.B.H., June 15, 1920-June 1, 1921;* Asst. on Visiting Surgical Staff, Dr. Depage's Service, St. Pierre Hosp.; Asst. in Pathol., St. Jean Hosp., Brussels, Belgium.

### LOURIA, HENRY WALTER

A.B., Columbia Coll., 1916; M.D., Columbia Univ., Coll. of Phys. & Surg., 1919; Surg. H.O., Presbyterian Hosp., N. Y. City, April 1919-July 1920; *Med. H.O., P.B.B.H., July 1, 1920-Oct. 1, 1921;* Student, M.I.T., Oct. 1, 1921-Dec. 15, 1921; Med. Interne, J.H.H.

### \*LYON, DON DEE

S.B., Washington Univ., 1914; M.D., H.M.S., 1920; *Surg. 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. Army, May 15, 1917-Aug. 25, 1919; *Assoc. in Med., P.B.B.H.*

### MARINUS, CARLETON J.

B.Sc., Syracuse Univ., 1915; M.Sc., *ibid.*, 1917; M.D., Univ. of Mich. Med. School, 1921; *Med. H.O., P.B.B.H.*

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## MARTIN, PAUL

S.B., Brussels, 1911; M.D., Brussels, 1920; Med. Interne, Hosp. St. Pierre, Brussels, 1919-20; Surg. Interne, New Haven Hosp., 1920-21; *Assoc. in Surg., P.B.B.H.*

## 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*; Phys.-in-Chief, St. Luke's Hosp., South Bethlehem, Pa., Aug. 1, 1917-March 1, 1918; Capt., M.C., U.S. Army, March 1, 1918-Dec. 24, 1918; *Assoc. in Med., P.B.B.H., Feb. 13, 1919-Sept. 1, 1921*; Research Worker, Evans Mem. & Gastroenterologist to O.P.D., Mass. Homœopathic Hosp., Boston.

## \*McKEAN, RICHARD M.

A.B., Univ. of Mich., 1916; M.D., *ibid*, 1919; *Med. H.O., P.B.B.H., Dec. 15, 1919-March 1, 1921.*

## \*NEWTON, FRANCIS CHANDLER

A.B., Amherst, 1915; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H., March 15, 1919-July 1, 1920*; *Asst. Res. Surg., P.B.B.H., July 1, 1920-Sept. 1, 1921*; *Res. Surg., P.B.B.H.*

## NEWTON, HARLAN FAY

A.B., Yale Univ., 1916; M.D., H.M.S., 1920; Pathol. H.O., B.C.H., June 1920-July 1921; *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. Army, Sept. 15, 1917-June 20, 1919; *2nd Asst. Supt., P.B.B.H., July 1, 1919-Feb. 1, 1921.*

## 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 Phys., P.B.B.H., Aug. 1, 1917-Feb. 1, 1918, and April 1, 1918-Jan. 1, 1919*; Instr. in Med., H.M.S.

## \*ORMOND, ALEXANDER T.

A.B., Princeton, 1912; M.D., J.H.M.S., 1919; *Surg. H.O., P.B.B.H., Nov. 1, 1919-March 1, 1921.*

## PARKINS, LEROY EDWARD

A.B., Simpson Coll., 1912; M.D., H.M.S., 1918; Asst. Res., Boston Consumptives' Hosp.; Asst. Res., So. Dept., B.C.H.; *Surg. H.O., P.B.B.H., Dec. 1, 1918-March 1, 1920*; Private Practice, Douglas, Wyoming; *2nd Asst. Supt., P.B.B.H., Jan. 1921-May 1921*; *1st Asst. Supt., ibid.*

## 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.,*



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*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. of Med., *H.M.S.*; Consulting Phys., Collis P. Huntington Memorial Hosp., Boston; *Phys.*, *P.B.B.H.*, Dec. 9, 1915–Sept. 1, 1921; (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. Army, April 1918–Jan. 1919; Assoc. Prof. of Med., *H.M.S.*; *Consulting Phys.*, *P.B.B.H.*

### POTTER, WILLIAM HENRY

A.B., Harv., 1878; D.M.D., Harv. Dental School, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv. Dental School, 1887–88; Clin. Lecturer, *ibid.*, 1890–1896; Lect., *ibid.*, 1896–1900; Asst. Prof., *ibid.*, 1900–04; Prof. of Operative Dentistry, *ibid.*; in practice, Boston; *Consulting Dental Surg.*, *P.B.B.H.*; Dental Corps, U.S. Army, May 7, 1917–April 29, 1919, 1st Lieut., Major, and Lieut. Col.

### PRICE, JAMES VALENTINE

A.B., Univ. of N.C., 1915; M.D., J.H.M.S., 1919; *Surg. H.O.*, *P.B.B.H.*, Oct. 15, 1919–March 1, 1921; Guggenheim Bros., La Paz, Bolivia, S. A.

### 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; Asst. Prof., G.U. Surgery, *H.M.S.*; *Urological Surgeon*, *P.B.B.H.*

### REYNOLDS, LAWRENCE

A.B., Univ. of Ala., 1912; M.D., J.H.M.S., 1916; Capt., *M.C.*, U.S. Army, July 28, 1917–May 1, 1919; *Roentgenologist*, *P.B.B.H.*; Roentgenologist, Children's Hosp., Boston.

### SCHUMACHER, IRWIN C.

A.B., Univ. of Cal., 1915; M.D., J.H.M.S., 1919; *Asst. Res. Phys.*, *P.B.B.H.*, Oct. 1, 1920–Sept. 1, 1921; Instr. in Med., Univ. of Cal. Med. School.

### SMITH, BARNEY BARR

M.D., Jefferson, 1917; *H.O.*, Phil. Jewish Hosp., Pa., 1917–18; 1st Lieut., *M.C.*, U.S. Army, 1918–19; Asst., X-Ray Dept., Lincoln & Beth Israel Hosps., N. Y. City, 1920; *H.O.*, X-Ray Dept., *P.B.B.H.*, April 15, 1920–April 21, 1921; Assoc. Roentgenologist, Buffalo City Hosp., Buffalo, N. Y.

### 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; Surg. Service, New Haven Hosp.; *Asst. Res. Surg.*, *P.B.B.H.*

### SOOY, DANIEL WARREN

M.D., Univ. of Cal. Med. School, 1917; *Asst. Res. Surg.*, *P.B.B.H.*

### STONE, GEORGE HENRY

A.B., Bowdoin, 1905; M.D., Bowdoin Med. School, 1908; *H.O.*, Maine Gen. Hosp., 1908–09; In Practice, Clinton, Mass., 1909–11; *H.O.*, B.C.H., 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.*,

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May 1, 1917-July 1, 1919; Capt., M.C., U.S. Army, Oct. 26, 1918-Feb. 10, 1919; Capt., Med. Sec., Officers' Reserve Corps, U.S. Army, March 20, 1919; 1st Asst. Supt., P.B.B.H., July 1, 1919-May 1, 1921; Supt., Eastern Maine Gen. Hosp., Bangor, Maine.

## 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. Army, Aug. 23, 1918-July 1, 1919; *Asst. Res. Phys.*, P.B.B.H., Aug. 25, 1919-April 15, 1920; *Res. Phys.*, P.B.B.H.

## \*TEFFT, JR., RICHARD C.

A.B., Yale Univ., 1916; M.D. cum laude, H.M.S., 1920; *Med. H.O.*, P.B.B.H.

## TEMPLETON, EARL R.

B.S., Colgate Univ., 1914; M.D., Syracuse Univ. Med. School, 1920; *Pathol. H.O.*, P.B.B.H., July 6, 1920-July 1, 1921.

## TOWLERTON, FLETCHER JOHNSON

A.B., Harv., 1917; M.D., H.M.S., 1921; H.O., Collis P. Huntington Mem. Hosp., July 1, 1919-July 1, 1920; *Surg. H.O.*, P.B.B.H.

## VICKERS, DENVER M.

A.B., cum laude, Colorado Coll., 1917; M.D., H.M.S., 1921; *Surg.*, H.O., P.B.B.H.

## WALKER, ISAAC CHANDLER

A.B., J.H.U., 1905; M.D., J.H.M.S., 1909; Grad. Stud., Lab. of Theory & Practice of Physic, H.M.S., 1910-11; *Med. H.O.*, Carney Hosp., Boston, 1910-11; Lect. on Clin. Microscopy & 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<sup>b</sup> 32<sup>bis</sup>, 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, JOSPEH 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. Army, Nov. 1917-Aug. 1919; *Asst. Res. Phys.*, P.B.B.H., Sept. 1, 1919-Aug. 15, 1921.

## WHEELER, DANIEL W.

S.B., Knox Coll., 1915; M.D., Rush Med. Coll., 1920; *Asst. Res. Surg.*, P.B.B.H.

## \*WILSON, DAVID COLE

B.A., Univ. of Va., 1912; M.D., *ibid.*, 1919; *Interne*, Univ. of Va. Hosp.; *Med. H.O.*, P.B.B.H., Dec. 15, 1919-March 1, 1921.



## REGISTER OF PRESENT MEMBERS OF THE STAFF

### 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. & 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. & Bacteriol., H.M.S.; *Pathol.*, *P.B.B.H.* (on leave Jan. 1, 1920-Aug. 1, 1920, in charge of Typhus Research Hosp., Poland); 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.*

### \*WOOD, RUSSELL

A.B., Harv., 1916; M.D., H.M.S., 1920; *Med. H.O.*, *P.B.B.H.*

### WYNN, JAMES

B.S., Indiana Univ., 1917; M.D., Indiana Univ. Med. School, 1919; M.D., cum laude, *ibid.*, 1920; *Asst. Res. Phys.*, *P.B.B.H.*, July 1, 1920-Oct. 4, 1921; Private Practice, Indianapolis, Ind.; Alternate on Visit. Staff, Indianapolis City Hosp., Indianapolis, Indiana.

### YOAKAM, WAYNE ADDISON

B.S., Denison Univ., 1916; M.D., H.M.S., 1920; *Surg. H.O.*, *P.B.B.H.*, July 1, 1920-Nov. 1, 1921.

\*Record possibly incomplete; no reply received.

## Register of Former Members of the Staff

### 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. Army, June 1918-Sept. 1919; *Pathol. H.O., P.B.B.H., Oct. 1, 1919-Mar. 15, 1920; Acting Res. Pathol., P.B.B.H., Mar. 15, 1920-July 1, 1920; Res. Phys., B.C.H.*

### ALEXANDER, HARRY LOUIS

A.B., Williams, 1910; M.D., Columbia Univ., Coll. of Phys. & 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. Army; Instr. in Med., Cornell Univ. Med. Coll., N.Y.; Asst. Adjunct Attend. Phys., 2nd Med. Div., Bellevue Hosp., N.Y.; Visit. Pathol., Overlook Hosp., Summit, N. J.*

### ATWATER, REGINALD MYERS

A.B., Colorado Coll., 1914; M.D., H.M.S., 1918; C.P.H., J.H.U., 1920; Dr. P.H., *ibid.*, 1921; *Med. H.O., P.B.B.H., Mar. 1, 1918-April 15, 1919; Prof. Preventive Med. and Hygiene, Hunan-Yale Medical School, Changsha, Hunan, China.*

### BAGLEY, JR., CHARLES

M.D., Univ. of Md., 1904; B.A., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904-05; Asst. Res. Surg., *ibid.*, 1905-06; Med. Supt., Hebrew Hosp., Baltimore, 1906-10; *Asst. Res. Surg., P.B.B.H., Jan. 1, 1913-Jan. 1, 1914; Visit. Surg., Hebrew Hosp., Church Home & Infirmary & St. Agnes' Hosp., Baltimore; Consulting Surg., Baltimore Eye, Ear & Throat Charity Hosp., Emergency Hosp., Annapolis, Md., & Presbyterian Eye, Ear & Throat Charity Hosp., Baltimore; Assoc. in Experimental Neurology, J.H.M.S.; Asst. Psychiatrist, J.H.H., Baltimore; Major, M.C., U.S. Army, Aug. 7, 1917-Oct. 25, 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, 1916-Oct. 1, 1919.*

### 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. Army; Medical Advisor, Middlesex School, Concord, Mass.*

### \*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. & 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. Army, Dec. 1917-Aug. 1918; Capt., M.C., U.S. Army.*



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### 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. Army, March 1, 1918–June 14, 1919; 1st Asst. Pathol., B.C.H., July 1919–July 1920; Surg. H.O., Presbyterian Hosp., N. Y. City, July 1920–July 1921; Practising Med., Providence R.I.

### 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 Traveling 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 Feb. 11, 1918–July 1, 1919); Assoc. in Med., Rockefeller Inst. Hosp., July 1, 1919–July 1, 1920; Assoc. Mem. in Med., Rockefeller Inst. Hosp., July 1, 1920–June 30, 1921; John Slade Ely Prof. of Med., Yale Univ. School of Med.; Physician-in-Chief, New Haven Hosp., New Haven, Conn.

### \*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 Hosp.; Surg., Brooklyn, N. Y.

### \*BOGGS, ARTHUR GORDON

A.B., Dartmouth, 1915; M.D., H.M.S., 1919; *Surg. H.O., P.B.B.H.*, March 15, 1919–July 1, 1920; New Haven Hosp., New Haven, Conn.

### 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 Anæsthesia, Harv. Grad. School of Med., 1912–13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anæsthetist B.C.H., 1912; *Supervisor of Anæsthesia, P.B.B.H.*, Dec. 11, 1913–Nov. 14, 1916; Lect. on Anæsthesia & 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. Army, May 15, 1917–Feb. 1, 1919; Asst. Prof. of Med., Mayo Foundation, Univ. of Minn.; Head of Sect. of Clinical Metabolism, Mayo Clinic.

### \*BRIGHAM, FERDINAND

A.B., Tufts Coll., 1912; D.M.D., Harv. Dental Sch., 1915; *Dental Surgeon, P.B.B.H.*, March 13, 1919–Jan. 20, 1920; Capt., R.A.M.C., June 1915–Jan. 1919.

### 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. & 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 & 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.*,



## PETER BENT BRIGHAM HOSPITAL

*Jan. 1, 1917-Jan. 1, 1918*; Major, M.C., U.S. Army, Dec. 12, 1917-May 26, 1919; 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 Hosp., St. Louis, Mo.; Administrator, St. Louis Children's Hosp.; Lecturer on Hosp. Adm., Washington Univ. Med. 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. & 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 Phys., Canton Christian College, Canton, China.

### \*CARR, GLADYS LYDIA

M.D., Tufts, 1906; H.O., N.E. Hosp. for Women & Children, 1906-07; Asst. on Maternity Staff, *ibid.*, 1907-08; General Practice, Boston, 1907-08; Private Practice, Lynn, 1908-14; Head of Roentgen & Electrotherapeutic Depts., N.E. Hosp. for Women & Children; *Roentgenologist, pro 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 of 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. Army, Nov. 23, 1917-May 22, 1919; Phys., Dallas, Texas; Assoc. Prof. of Physical Diagnosis, Baylor Univ. Med. Coll., Dallas, Texas; Visit. Phys., Parkland Hosp., Dallas; Assoc. Prof. of Med., Baylor Univ. Med. Coll., Dallas, Texas; Mem. Staff, Baylor Hosp., Dallas, Texas.

### 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 Dispensary; Surg., Berkeley Infirmary; *Assoc. in Surg., P.B.B.H., Nov. 17, 1914-July 11, 1919 (resigned)*.

### COBB, STANLEY

A.B., Harv., 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914-July 1, 1915*; Vol. Lab. of Physiol. Research, J.H.M.S., Nov. 1915-June 1916; Asst. in Physiol., J.H.M.S.; Asst. in Psychiatry, J.H.H., 1916-17; Asst. in Psychiatry & Physiol. of the Nervous System, J.H.M.S.; Asst. Psychiatrist, J.H.H., 1917-18; Assoc. in Psychiatry, J.H.M.S., (on leave of absence); 1st Lieut., M.C., U.S. Army, Aug. 15, 1917-April 23, 1919; Asst. Neurol., M.G.H., 1919-20; Dalton Scholar, M.G.H.; Instr.



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in Neurol. & Physiol., H.M.S., 1919-20; Asst. Neurol., M.G.H.; Asst. Prof. of Neuropathol., H.M.S.

### \*COOK, WARD HANCE

A.B., Univ. of Kan., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909-10; Instr. in Embryology & Histology, *ibid.*, 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914-July 10, 1915 (resigned)*; 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 & Leipzig; Hon. A.M., Harv., 1899; Hon. A. M., J.H.U., 1902; L.L.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.; *Consult. 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.

### \*CROCKETT, EUGENE ANTHONY

*Acting Consulting Otologist & Laryngologist, P.B.B.H., June 13, 1918-Dec. 31, 1919.*

### 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., March 1, 1919-July 1, 1920*; House Pupil, Children's Medical Service, M.G.H., July 1920-Jan. 1921; Mem. Med. Staff, Denver City & County Hosp., Colo.

### 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*; Pediatric H.O., M.G.H., Jan. 1918-July 1918; Asst. Visit. Phys., M.G.H., O.P.D., 1919; Med. Director, Boston Baby Hygiene Assoc.; Asst. in Pediatrics, H.M.S., and H.M.S. Grad. School.

### DAVIDSON, LEONARD TOMB

B.S., Oberlin, 1912; M.D., J.H.M.S., 1919; *Med. H.O., P.B.B.H., Sept. 15, 1919-Nov. 1, 1920*; St. Louis Children's Hosp., St. Louis, Mo.

### \*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. Army, Feb. 6, 1918-Sept. 12, 1919.

### 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*



# PETER BENT BRIGHAM HOSPITAL

(resigned), (on leave of absence), 1st Lieut., M.C., U.S. Army, Nov. 5, 1918-Dec. 6, 1918; College Phys. & 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*; Henry Ford Hosp., Dec. 1919-Nov. 1920; Private Practice, Detroit, Michigan.

## 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. Physiol., H.M.S., 1918-19; Assoc. Prof. Applied Physiol., 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).*

## 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 Hosp., Sept. 1, 1919-Sept. 1, 1920; Phys., Boston, Mass.; Dept. of Pediatrics, New Haven Hosp., New Haven, Conn., 1921.

## FALLON, LOUIS F.

M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., July 1, 1916-Nov. 15, 1916*; M.C., U.S. Army, Jan. 4, 1918-Oct. 23, 1919, Capt., with Base Hosps. 51 and 69 and General Hosp. 31, Carlisle, Pa.

## \*FITZ, REGINALD

A.B., Harv., 1906; M.D., H.M.S., 1909; Med. House Pupil, M.G.H., 1910-11; Vol. Asst. in Pharmacol. & in Med. Clinic, J.H.H., 1911-12; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912-July 1, 1913; Asst. Res. Phys., P.B.B.H., July 1, 1913-Sept. 1, 1915, (granted leave of absence to Dec. 31, 1916)*; Fellow in Physiol., H.M.S., 1914-15; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y. City; Major, M.C., U.S. Army, May 1917-April 1919; Assoc. in Med. & Acting Res. Phys., East Med. Service, M.G.H.; Mayo Clinic & Mayo Foundation.

## \*FLEMING, LEROY 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, Michigan.

## FORBES, HENRY STONE

A.B., 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, Calif., March 1914-July 1915; American Red



## REGISTER OF FORMER MEMBERS OF THE STAFF

Cross, Serbia, July 1915-Feb. 1916; Asst. Phys., M.G.H., O.P.D.; Lieut. & Capt., M.C., U.S. Army, May 1, 1917-April 29, 1919; Research Work, Cancer Commission, H.M.S.; Lab. & Field Work, Div. Industrial Hygiene, 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. Army; Instr. in Med., "Yale in China" Med. School, Changsha, China; Instr. in Med., Hunan-Yale Coll. of Med., Yale Mission, Changsha, China.

### 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, April 1919-Feb. 1920; Practice of Internal Med., Boston, Mass.

### 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*.

### GOETSCH, EMIL

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. & Assoc. in Anatomy, *ibid.*, 1904-08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908-09; Rush Med. 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. in Surg., J.H.H., 1915-18; Assoc. Prof. of Surg., J.H.M.S., 1918-19; Prof. of Surg. & Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn.

### 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.; Lieut. Col., M.C., U.S. Army, Oct. 20, 1917-March 2, 1919.

### 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.; Lieut. (j.g.) M.C., U.S.N.R.F.; *Acting Pathol., P.B.B.H., Feb. 1, 1920-Aug. 15, 1920*.

### 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. Army, April 1917-August 1919; Asst. in Roentgenology, Univ. of Mich. Hosp., 1919-20; Instr. in Pharmacology, H.M.S., 1920-21; Asst. in Pharmacology, H.M.S., 1921.

### 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. Army, Nov. 1917-August 1919.



# PETER BENT BRIGHAM HOSPITAL

## \*GREY, ERNEST

A.B., Univ. of Wis., 1907; Asst. in Anatomy, *ibid.*, 1907-08; Stud. in Med., Univ. of Wis. Med. School, 1907-08; M.D., J.H.M.S., 1911; Res. H.O., J.H.H., 1911-12; *Surg. H.O., P.B.B.H., Nov. 1, 1912-Feb. 12, 1914; Asst. Res. Surg., P.B.B.H., Feb. 12, 1914-Sept. 1, 1916*; Asst. in Surg., H.M.S., 1915-16; Instr. in Surg., J.H.M.S.; 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. & 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. Army, June 1917-Feb. 1919; Internist for the Rochester Clinic, Rochester, N. Y.; Junior Attend. Phys., Hahne-mann Hosp., 1920-21.

## \*HARVEY SAMUEL CLARK

Ph. B., Yale, 1907; M.D., Yale Med. School, 1911; Alonzo Clark Fellow, Columbia Univ., 1911-12; Instr. in Pathol., *ibid.*, 1912-13; Asst. Res. Phys., Loomis Sanatorium, Loomis, N. Y., 1913-14; *Surg. H.O., P.B.B.H., Nov. 1, 1914-Nov. 1, 1915 (resigned)*; Arthur Tracy Cabot Fellow in Charge of Lab. of Surg. Research, H.M.S., Nov. 1, 1915-Nov. 1, 1916; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1916-May 7, 1917*; Major, M.C., U.S. Army, May 5, 1917-April 30, 1919; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale Univ. Med. School, July 1, 1919-July 1, 1920; Asst. Prof. of Surg., *ibid.*; Attend. Surg., New Haven Hosp.; Attend. Surg., New Haven Dispensary.

## 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. Army, July 1918-August 1919; Asst. County Phys., Salt Lake County Hosp., and Asst. Visit. Surg., Salt Lake County Hosp.

## \*H'DOUBLER, FRANCIS TODD

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

## HERRICK, THEODORE POMEROY

A.B., Yale, 1915; M.D., H.M.S., 1919; *Med. H.O., P.B.B.H., Dec. 26, 1918-Jan. 1, 1920*; Med. H.O., Children's Hosp., Boston, Jan. 1, 1920-Oct. 1, 1920; H.O., Infants' Hosp., Boston, Jan. 1, 1921-April 1, 1921; Jr. Visit. Pediatrician, St. Vincent's Charity Hosp., Cleveland, Ohio; Res. Pediatrician, Rainbow Hosp., So. Euclid, Ohio.



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### HERRMANN, GEORGE R.

B.S., Univ. of Michigan, 1916; M.D., & M.S., *ibid.*, 1918; *Med. H.O.*, *P.B.B.H.*, Oct. 1, 1918–Oct. 1, 1919; Asst. Res. Phys., Barnes Hosp., Oct. 1, 1919–July 1, 1920; Res. Phys., *ibid.*; Asst. in Med., Wash. Univ. School of Med., St. Louis, Mo., July 1, 1920–July 1, 1921; Instr. in Med., Univ. of Mich. Med. School, Ann Arbor, Michigan.

### \*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. Army, June 23, 1917–Jan. 28, 1919; 1st Lieut., A.R.C., Typhus Work in Macedonia, Feb. 1, 1919–June 1, 1919; Res. Surg., M.G.H., Jan. 1920–Oct. 1920.

### 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. Army, Jan. 2, 1918–May 3, 1919; Surg. Staff, Samaritan Hosp., Troy, N. Y.

### 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.

### 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. & Asst. Surg., 2nd Harv. Unit, B.E.F., France, Dec. 1915–June 1916; Asst. Res. Urologist, J.H.H., 1916–17; Capt. M.C., U.S. Army & Consult. Urologist, A.E.F., 1917–19; Asst. Res. Surg. & Res. Urologist, J.H.H., 1919–21.

### \*JACOBSON, CONRAD

B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. & Bacteriology, Armour Inst. of Technology, 1903–05; Research Asst. in Pathol., Univ. of Chicago, 1907–08; M.D., J.H.M.S., 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.*, Sept. 1, 1915–July 1, 1920; Assoc. Prof. of Surg., Univ. of Minn. Med. School.



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## \*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.C., U.S. Army.

## JONES, MERRITT LACOUNT

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. Army, Aug. 1917-July 1919.

## 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., Nov. 15, 1918-March 1, 1920*; City Phys., Buffalo, N. Y., July 1920-July 1921; Director, Comm. on Hosps. in Cilicia.

## KEEGAN, JOHN JAY

A.B., 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. Navy, Dec. 15, 1917-Aug. 9, 1919; *Surg. H.O., P.B.B.H., Aug. 13, 1919-Nov. 1, 1920*; Asst. Prof. of Pathol., Univ. of Neb.

## 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, Jan. 1920-May 1920; Fellow, Mayo Foundation, Rochester, Minn.; M.S., Mayo Foundation; Univ. of Minn. Grad. School in Med., 1921.

## \*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, ALAN STEWART

M.D., Univ. & Bellevue Hosp. Med. Coll., N.Y., 1913; *Assoc. in Med., P.B.B.H., Nov. 1, 1917-Dec. 31, 1917*; Major, M.C., U.S. Army.

## \*KOEFOED, 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.C., U.S. Army, Oct. 1917-May 1918; Chief of Clinic at Mem. Lab. & Clinic, Santa Barbara, Calif.; Asst. in Med., Med. School, Univ. of Calif.; Asst. to Prof. H. C. Moffit in his private work; Chief of Med. Dept., Santa Barbara Clinic; Attend. Phys., Cottage Hosp., Santa Barbara, Calif.

## 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. Army; Private Practice, San Francisco, Calif.

## LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia Univ., Coll. of Phys. & Surg., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915-March 1, 1917*; Asst. Phys., Presbyterian Hosp., N.Y. City; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N. Y., 1918-19; 1st Lieut., M.C., U.S. Army; Asst. in Med., J.H.H.,



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Baltimore, Md., and Instr. in Med., J.H.U., 1919-21; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N. Y.

### 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.; Assoc. Prof., Pharmacology, *ibid.*

### 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. Army, May 19, 1917-May 2, 1919; Res. Surg., Barnes Hosp., St. Louis, 1919-20; Visit. Surg., St. Louis City Hosp.; Surg. to Out-Patients, Washington Univ. Dispensary; Instr. in Clinical Surg., Washington Univ. Med. School.

### 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.; Assoc. Attend., St. Bartholomew's Hosp., N. Y. City; Instr. in Gastroenterology, Post Grad. Hosp., N. Y.

### \*LYLE, EVELINE BURTON

B.A., Mt. Holyoke Coll., 1906; M.D., Tufts Coll. Med. School, 1913; *Acting Assoc. in Med.* P.B.B.H., Nov. 1, 1917-Dec. 31, 1917; Visit. Phys. & Obstetrician, N. E. Hosp. for Women & Children.

### LYNCH, JR., JAMES JOSEPH

B.S., Notre Dame Univ., 1915; M.D., H.M.S., 1919; H.O., Boston Lying-in Hosp., Jan. 1, 1919-July 1, 1919; *Med. H.O.*, P.B.B.H., July 1, 1919-July 1, 1920; H.O., Cambridge City Hosp., July 1, 1920-July 1, 1921; Practising, Boston, Mass.

### \*MARLOW, SEARLE BISSET

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

### \*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.

### MARVIN, HAROLD MYERS

A.B., Davidson College, 1914; M.D., H.M.S., 1918; *Med. H.O.*, P.B.B.H., Feb. 13, 1918-Feb. 9, 1919; District Phys., Alexandropol, Armenia, Comm. to Near East, Feb. 16, 1919-March 20, 1920; Asst. in Med., H.M.S.; Asst. in Med., M.G.H., Sept. 20, 1920-Sept. 1, 1921; Instr. in Med., Yale Univ. Med. School.

### McCANN, WILLIAM SHARP

A.B., Ohio State Univ., 1911; M.D., Cornell Univ. Med. Coll., 1915; Asst. Res. Phys., General Memorial Hosp., N. Y. City, June 1, 1915-Oct.



# PETER BENT BRIGHAM HOSPITAL

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. Army, Sept. 1919; Instr. in Med., Cornell Univ.; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys., Bellevue Hosp., N. Y. City.; Assoc. in Med., J.H.M.S.; Assoc. Phys., J.H.H., Baltimore, Md.

## 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, Feb. 9, 1919-March 15, 1920; Post Grad. Study, in Europe, April 1, 1920-July 30, 1920; General Practice, Superior, Montana.

## \*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.*

## \*McQUESTEN, PHILIP

A.B., Dartmouth, 1911; M.D., H.M.S., 1915; Stud., B.C.H., (Pathol. Lab.), 1915-16; *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. Army, July 1917-Aug. 1919; Asst. Attend. Phys., Buffalo General Hosp.; Instr. in Med., Buffalo Univ. Med. School; Chief Res. Phys., Dept. of Hospitals & Dispensaries.

## \*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 Surg., Mass. Char. Eye & Ear Infirmary, March 1, 1917-July 16, 1917; Grad., Army Med. School, 1917; 1st Lieut., M.C., U.S. Army.

## MORRIS, LAIRD M.

M.D., Univ. of Cal., 1916; *Asst. Res. Phys., P.B.B.H., April 15, 1920-Oct. 1, 1920.*

## \*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.C., U.S. Army; 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. Army, May 1917-April 1919; Practice, Orthopedic Surg., Boston, Mass.; Grad. Asst., O.P.D., Children's Hosp. Boston; Asst. Orthopedic Surg., Children's Hosp., Boston, April 1919-Sept. 1921; Asst. Prof. Surg., Yale Univ. School of Medicine.



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### NELLANS, CHARLES T.

B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; Mem. Res. Staff, Presbyterian Hosp., Chicago, Jan. 1, 1918–Sept. 1, 1919; *Med. H.O.*, *P.B.B.H.*, Sept. 15, 1919–Nov. 1, 1920; Asst. in Med., Yale Med. School, 1921; Instr. in Med., Yale Med. School; Resident Phys., New Haven Hosp.

### \*NOVY, ROBERT LEV

A.B., Univ. of Mich., 1913; M.S., *ibid.*, 1914; M.D., *ibid.*, 1919; *Med. H.O.*, *P.B.B.H.*, April 15, 1919–April 1, 1920.

### 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. Army, July 1, 1918–Feb. 4, 1919; *Asst. Res. Surg.*, *P.B.B.H.*, Feb. 15, 1919–July 15, 1920; Urol. Surg., Washington Boulevard Hosp.; Assoc., Illinois Social Hygiene Dispensary, Female Clinic; Instr. in G. U. Surg., Univ. of Illinois, School of Medicine; Consult. Urol., Illinois Valley Hosp., Chicago, Ill.

### 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; Orthopedic 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, July 1919–Sept. 1920; Asst. Orthopedic Surg., M.G.H., O.P.D.; Practice, Worcester, Mass.

### 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; Phys. in Charge, Baby Summer Hospital Camp, Washington, D.C., 1920; Examining Phys. (Girls), Juvenile Court, Washington, D.C., Feb. 1920–May 1921; Asst. Visit. Phys., Children's Hospital; Phys., National Training School for Girls; Research Asst., Federal Children's Bureau; Associate Pediatricist, Providence Hosp., Washington, D. C.

### \*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.

### PECK, EUGENE CURTIS

A.B., Harv., 1916; M.D., H.M.S., 1919; *Med. H.O.*, *P.B.B.H.*, July 1, 1919–July 1, 1920; Instr. in Physiological Chem., Tulane Univ. of Louisiana Med. School; Asst. in Pediatrics, H.M.S.

### PENFIELD, WILDER GRAVES

Litt. B., Princeton, 1913; B.A., Oxford, 1916; M.A. & B.Sc., *ibid.*, 1920; M.D., J.H.M.S., 1918; *Surg. H.O.*, *P.B.B.H.*, Aug. 15, 1918–Sept. 20, 1919; Beit Mem. Research Fellow, England.

### 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.C., U.S. Army; Acting Asst. Surg., U.S.P.H.S.; Instr. in Phys. Diagnosis, School for U.S.P.H.S. Examiners.



# PETER BENT BRIGHAM HOSPITAL

## 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, Ill., Dec. 1, 1914-Nov. 1, 1915; Lieut., M.C., U.S. Army; Surg., Los Angeles, Calif.

## \*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*; Lieut., M.C., U.S. Army, June 1917-March 1919; Austin Teaching Fellow in Physiology, H.M.S., Sept. 1919-Sept. 1920; Instr. 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. & 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 Pathol. Lab., Montreal Gen'l. Hosp.; Major, Canadian Army Med. Corps.

## 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. Army, May 17, 1918-June 17, 1919; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N. Y. City; Adjunct Prof. in Med., Cornell Med. School, Bellevue Hosp., N. Y., July 1, 1921; Research Fellow, Russell-Sage Inst. of Pathology, Bellevue Hosp., N. Y., Nov. 1921.

## 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*; Clin. Lab., J.H.H., Jan. 1, 1920-Sept. 1, 1920.

## 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*.

## SCHWARTZ, CHARLES WADSWORTH

Ph.B., Yale, 1914; M.D., H.M.S., 1919; *H.O., X-Ray Dept., P.B.B.H., Feb. 20, 1919-Feb. 20, 1920*; Roentgenologist, N. Y. Neurol. Institute; Private Practice, New York.

## \*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., (*resigned*).

## 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.*



## REGISTER OF FORMER MEMBERS OF THE STAFF

*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.*, *ibid.*, 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, 1918–20; Director, Institute Hygiene; Prof. of Hygiene, Faculdade de Medicina e Cirurgia, Sao Paulo, Brazil.

### SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. School, 1910–12; M.D., H.M.S., 1914; *Surg. H.O.*, *P.B.B.H.*, July 1, 1914–Nov. 1, 1915; *Res. Surg.*, 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; Lieut. (j.g.), U.S.N.R.F.; H.O., Columbia Hosp., Washington, D.C., April 1, 1918–April 1, 1919.

### STEVENS, FRANKLIN AUGUSTUS

B.S., Univ. of Iowa, 1913; M.D., *ibid.*, 1915; *Res. Phys.*, Univ. Hosp., Iowa, 1915; Instr. in Med., Univ. of Iowa, 1916–17; *Asst. Res. Phys.*, *P.B.B.H.*, July 21, 1917–Jan. 1, 1918; M.C., U.S. Army, 1918–19; Coolidge Fellow in Med., Coll. of Phys. & Surg., 1919–20; Instr. in Med., Coll. of Phys. & Surg., New York.

### 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; Orthopedic Serv., Children's Hosp., Boston, May–Nov. 1920; Orthopedic Serv., M.G.H., Jan. 15, 1921–Jan. 1, 1922.

### 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.*, *ibid.*, July 1, 1915–Sept. 1, 1915; Research Fellow in Pathol., H.M.S.; Major, M.C., U.S. Army, April 24, 1917–May 17, 1919; Lect. in Biochemistry, Smith Coll., 1920–21; Asst. Prof., Biochemistry, Smith College.

### 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.*, Oct. 1, 1919–June 15, 1920; Externe, Gynecological Service, R. I. Hosp.; Visit. Urologist, Providence City Hospital.

### \*TAFT, ANNIE E.

M.D., Tufts, 1907; *Res. Pathol.*, *P.B.B.H.*, Nov. 5, 1917–Jan. 31, 1918.



# PETER BENT BRIGHAM HOSPITAL

## 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.

## \*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. Army; 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 & Executive Sec'y., Mental Hygiene Soc. of Md.; Asst. Dispensary Psychiatrist, Phipps Psychiatric Clinic, J.H.H.; Psychiatrist, Hebrew Hosp. Dispensary; Adjunct in Psychiatry, Hebrew Hosp; Visit. Psychiatrist, So. Baltimore General Hospital.

## 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. in Exp. Bacteriol., Mayo Foundation, Rochester, Minn., June-Sept. 1916; Fellow pro tempore, Mayo Foundation, Sept. 1916-Jan. 1917; *Asst. Res. Surg., P.B.B.H.*, Sept. 1, 1916-May 7, 1917; Major, M.C., U.S. Army, May 1917-April 1919; Asst. Prof. of 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. & 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. Army; Surgeon, San Francisco.

## \*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. Army (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. Navy, May 3, 1917-Oct. 20, 1919; *Vol. Asst., P.B.B.H., Surg. Serv.*, Jan. 5, 1920-April 10, 1920; H.O., Aural, Mass. Char. Eye & Ear Infirmary, May 10, 1920-Oct. 1, 1921; Private Practice, Cincinnati, Ohio.

## \*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. Army; Assoc. in Surg., Peking Union Med. Coll., Peking, China.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### VAUGHAN, WARREN TAYLOR

A.B., Univ. of Mich., 1913; M.D., Univ. of Mich. Med. School, 1916; *Med. H.O., P.B.B.H., July 1, 1916–Nov. 7, 1917*; 1st Lieut. to Lieut. Col., M.C., U.S. Army, Nov. 7, 1917–July 27, 1919; Asst. in Preventive Med. & Hygiene, H.M.S., Sept. 1919–Oct. 1920; Attend. Phys., St. Elizabeth's Hosp., Richmond, Va.; Assoc. Editor, *Jour. Lab. & Clin. Med.*

### VIETS, JR., HENRY ROUSE

B.S., Dartmouth, 1912; M.D., H.M.S., 1916; *Vol. Asst., Med. Service, P.B.B.H., July 13, 1915–July 17, 1915, Aug. 14–Aug. 23, 1915, Sept. 22–Sept. 24, 1915*; *Surg. H.O., P.B.B.H., March 1, 1917–Aug. 16, 1917*; Capt., M.C., U.S. Army, July 10, 1917–Aug. 22, 1919.

### \*WALKER, CLIFFORD BLACK

S.B., Univ. of Calif., 1906; Stud., Univ. of Calif. Med. School, 1907–10; M.D., J.H.M.S., 1911; M.A., J.H.U., 1912; Asst. to Dr. Cushing, 1911–12; Sr. Ophthal. House Surg., Mass. Char. Eye & Ear Infirmary, Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *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. & Surg. H.O., Church Home & 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.*; Mem. of Dr. L. F. Barker's Staff at 1035 No. Calvert St., Baltimore, Md.; Lieut., M.C., U.S. Navy, Dec. 13, 1917–June 6, 1919; Practice, Louisville, Ky.

### WEGEFARTH, PAUL

A.B., J.H.U., 1908; Stud. of Med., Strassburg & 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 & Infirmary, Baltimore, 1914; Phys., San Diego, California; Coronado, Calif.

### \*WEISMAN, PAUL GERHARDT

B.S., Univ. of Mich., 1911; M.D., Univ. of Mich. Med. School, 1913; H.O., Providence City Hosp. (Contagious Wards), Jan.–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. Army, Sept. 1918–Dec. 30, 1918; General Practice, Colfax, Washington.

### WELBOURN, MARSHALL AGNEW

B.S., Univ. of Mich., 1913; M.D., Univ. of Mich. Med. School, 1915; *Assoc. in Med., P.B.B.H., July 1, 1915–March 1, 1916*; *Med. H.O., P.B.B.H., March 1, 1916–July 1, 1917*; Capt., M.C., U.S. Army, April 9, 1917–Aug. 15, 1919; Instr. in Int. Med., Univ. of Mich. Med. School, Aug. 15, 1919–July 1, 1920; In charge of Laboratories, Westlake Hosp., Los Angeles, Calif.

### \*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*; Major, M.C., U.S. Army, Letterman General Hosp.; Presidio of San Francisco, Calif.



# PETER BENT BRIGHAM HOSPITAL

## 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-August 1, 1917*; Assoc. Phys., Clifton Springs Sanitarium, N. Y., Aug. 1, 1917-March 23, 1918; 1st Lieut., M.C., U.S. Army, March 1918-July 1919; Phys., Clifton Springs Sanitarium, N.Y., Oct. 1, 1919-Oct. 8, 1921; Phys. (Private Practice), Hartford, Conn.; Asst. Visit. Phys., Hartford Hosp.; Consult. in Med., Hartford Dispensary, Hartford, Conn.

## WEST, HOWARD FRANK

A.B., Stanford, 1912; M.D., *ibid.*, 1915; Interne, Lane Hosp., 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., Jan. 1, 1918-April 15, 1920*; Alumni Asst. in Med., H.M.S., Sept. 1, 1918-April 15, 1920; Practice, Internal Med., Los Angeles, Calif.

## 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 Comm., Near East, Caesarea, Turkey in Asia, American Hosp.; H.O., Mass. Char. Eye & Ear Infirmary, Sept. 1, 1920-Jan. 1, 1922; Practising Ophthalmology, New Bedford, Mass.

## WISLOCKI, GEORGE BERVAYS

A.B., Washington Univ., St. Louis; M.D., 1916, J.H.M.S.; Asst. in Anatomy, J.H.M.S., 1916-17; Arthur Tracy Cabot Fellow, H.M.S., 1917-20; *Assoc. in Surg., P.B.B.H., March 25, 1920-Oct. 1, 1920*; Dept. of Anatomy, J.H.M.S.

## 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 & Assoc. in Exp. Med. & Asst. in Ophthal., Univ. of Pa. Med. School, Phila.; Major, M.C., U.S. Army, Aug. 1917-April 1919; Instr. in Ophthal., J.H.M.S.; Asst. Visit. Ophthalmologist, J.H.H.

## \*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; Visit. Staff, Surg. Services, Glockner Hosp. & Sanatorium, Bethel Hospital, Colorado Springs, Colorado.

## 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 Hosp., Sept. 1, 1919-May 1, 1920; Grad. Asst., Children's O.P.D., M.G.H.; Asst. in Med., Children's O.P.D., M.G.H.; Visit. Phys., N.E. Hosp. for Women & Children; Phys., Newton Centre, Mass.

## WULFFAERT, FRANZ RÉNÉ

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,



## REGISTER OF FORMER MEMBERS OF THE STAFF

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.

\*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 possibly incomplete; no reply received.

## Visiting Physicians and Surgeons Pro Tempore

- DR. FRANK BILLINGS  
M.D., Northwestern Univ., 1881; M.S., *ibid.*, 1890; Professor of Medicine, University of Chicago; Visiting Physician from May 15 to May 20, 1916.
- MR. GEORGE E. GASK  
Graduate of St. Bartholomew's Hosp., London, England; Consult. Surgeon, B.E.F., receiving C.M.G. and a D.S.O.; Surgeon-in-Chief, St. Bartholomew's Hospital; Visiting Surgeon, March 20 to April 3, 1921.
- DR. ALBION WALTER HEWLETT  
B.S., Univ. of Calif., 1895; M.D., J.H.M.S., 1900; Professor of Medicine, Leland-Stanford Jr. Univ., San Francisco; Visiting Physician, May 1 to May 4, 1915, and Jan. 2 to Jan. 8, 1916.
- DR. HENRY ROBERT MURRAY LANDIS  
A.B., Amherst, 1894; M.D., Jefferson Med. Coll., 1897; Director Clinical and Sociological Departments, Henry Phipps Institute, Philadelphia, Pa.; Visiting Physician, January 18 to January 25, 1919.
- DR. DEAN LEWIS  
A.B., Lake Forest Univ., 1895; M.D., Rush Med. Coll., 1899; Professor of Surgery (Elect.) of the Univ. of Chicago; Visiting Surgeon, March 15 to March 24, 1920.
- DR. THOMAS LEWIS  
M.D., Univ. College, London, England, 1906; Phys., University College, London, England; Visiting Physician, October 26 to November 2, 1914.
- DR. WARFIELD T. LONGCOPE  
A.B., J.H.U., 1897; M.D., J.H.M.S., 1901; Professor of Medicine, Columbia University, New York; Visiting Physician, January 13 to January 20, 1917.
- DR. THOMAS McCRAE  
A.B., Univ. of Toronto, 1891; M.D., *ibid.*, 1895; M.D., *ibid.*, 1903; Fellow of Biology, Univ. of Toronto, 1892-94; Assoc. in Med., J.H.H., 1904-12; Assoc. Prof. of Med., J.H.U., 1906-12; Prof. Med., Jefferson Med. Coll., 1912-; Phys. to Jefferson & Penn. Hosps.; Fellow Royal Coll. of Phys. (England); Mem., Assoc. American Phys. (secretary 1916); American Philosophical Soc.; Lieut. Col., Canadian Army Med. Corps; Visiting Physician, March 13 to March 19, 1921.
- DR. WILLIAM S. THAYER  
A.B., Harv. 1885; M.D., H.M.S., 1889; LL.D., Washington Coll., 1907; Professor of Medicine, J.H.U.; Physician-in-Chief, Johns Hopkins Hospital; Visiting Physician, November 14 to November 21, 1913.
- DR. ROLLIN TURNER WOODYATT  
B.S., Univ. of Chicago, 1906; M.D., Rush Med. Coll., 1902; Asst. Prof., Rush Med. Coll.; Attend. Phys., Presbyterian Hosp., Chicago; Visiting Physician, December 16 to December 23, 1921.



## Officers of the Institution, 1922

### *President*

CHARLES P. CURTIS

### *Treasurer*

EDMUND D. CODMAN

### *Secretary*

LAURENCE H. H. JOHNSON

## MEMBERS OF THE CORPORATION

### *Appointed*

Jan. 5, 1921	. . *	WILLIAM AMORY	. . . . .	341 Beacon St.,	Boston
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	. .	LAURENCE H. H. JOHNSON	. . . . .	27 Kilby 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*

WILLIAM AMORY, *Chairman*  
CHARLES P. CURTIS  
WILLIAM H. WELLINGTON  
LAURENCE H. H. JOHNSON  
JOSEPH B. HOWLAND, M.D., *Secretary*

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

## PETER BENT BRIGHAM HOSPITAL

### Auditing Committee

WILLIAM R. TRASK

## Committee on Finance

EDMUND D. CODMAN  
WILLIAM H. WELLINGTON  
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 1921

WALTER HUNNEWELL . . . . .	January
FRANCIS L. HIGGINSON, JR. . . . .	February
HENRY S. HOWE . . . . .	March
CHARLES P. CURTIS . . . . .	April
LAURENCE H. H. JOHNSON . . . . .	May
CHARLES F. CHOATE . . . . .	June
EDMUND D. CODMAN . . . . .	July
WILLIAM R. TRASK . . . . .	August
IRVIN McD. GARFIELD . . . . .	September
CHARLES P. CURTIS . . . . .	October
CHARLES P. CURTIS . . . . .	November
CHARLES P. CURTIS . . . . .	December

## VISITING COMMITTEE FOR 1922\*

CHARLES P. CURTIS . . . . .	January
FRANCIS L. HIGGINSON, JR. . . . .	February
HENRY S. HOWE . . . . .	March
CHARLES F. CHOATE . . . . .	April
LAURENCE H. H. JOHNSON . . . . .	May
EDMUND D. CODMAN . . . . .	June
WILLIAM R. TRASK . . . . .	July
IRVIN MCD. GARFIELD . . . . .	August
WILLIAM H. WELLINGTON . . . . .	September
WILLIAM AMORY . . . . .	October
LOUIS A. FROTHINGHAM . . . . .	November
	December



## OFFICERS OF THE INSTITUTION

### MEDICAL ADVISER TO CORPORATION

#### *Appointed*

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

### EXECUTIVE COMMITTEE OF THE STAFF

HENRY A. CHRISTIAN, M.D.  
HARVEY CUSHING, M.D.  
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, 1921    LEROY E. PARKINS, M.D.  
Apr. 15, 1921    EDWIN R. LEWIS, M.D.

#### *Executive Assistant*

Sept. 1, 1921    MARGARET COPELAND

### BOARD OF CONSULTATION

#### *Appointed*

Mar. 25, 1912    WALTER B. CANNON, M.D., *Consulting Physiologist*  
Mar. 25, 1912    OTTO FOLIN, Ph.D., *Consulting Chemist*  
June 13, 1918    EDWIN E. JACK, M.D., *Consulting Ophthalmologist*  
Dec. 8, 1921    FRANCIS W. PEABODY, M.D., *Consulting Physician*  
Jan. 13, 1916    WILLIAM H. POTTER, D.M.D., *Consulting Dental Surgeon*

### MEDICAL DEPARTMENT

#### *Service began*

May 1, 1912    HENRY A. CHRISTIAN, M.D., *Physician-in-Chief*  
July 1, 1912    CHANNING FROTHINGHAM, M.D., *Physician*  
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*  
Aug. 8, 1919    SAMUEL A. LEVINE, M.D., *Associate in Medicine*  
Sept. 12, 1919    DONALD J. MACPHERSON, M.D., *Associate in Medicine*  
Apr. 14, 1921    FRANCIS C. HALL, M.D., *Associate in Medicine*  
Apr. 15, 1920    CYRUS C. STURGIS, M.D., *Resident Physician*  
July 1, 1921    ROSS GOLDEN, M.D., *Assistant Resident Physician*  
July 5, 1921    HILDING BERGLUND, M.D., *Assistant Resident Physician*  
Sept. 15, 1921    BURGESS GORDON, M.D., *Assistant Resident Physician*

# PETER BENT BRIGHAM HOSPITAL

## SURGICAL DEPARTMENT

### Service began

Sept. 1, 1912	HARVEY CUSHING, M.D., <i>Surgeon-in-Chief</i>
Oct. 1, 1912	DAVID CHEEVER, M.D., <i>Surgeon</i>
May 1, 1912	JOHN HOMANS, M.D., <i>Surgeon</i>
June 19, 1916	WILLIAM C. QUINBY, M.D., <i>Urological Surgeon</i>
Nov. 17, 1914	HILBERT F. DAY, M.D., <i>Associate in Surgery</i>
Oct. 9, 1919	GILBERT HORRAX, M.D., <i>Associate in Neurological Surgery</i>
Jan. 8, 1920	THOMAS H. LANMAN, M.D., <i>Associate in Urological Surgery</i>
Sept. 1, 1921	ELLIOTT C. CUTLER, M.D., <i>Associate in Surgery</i>
Oct. 13, 1921	ROGER C. GRAVES, M.D., <i>Associate in Surgery</i>
Sept. 1, 1921	PAUL MARTIN, M.D., <i>Associate in Surgery</i>
July 1, 1920	FRANCIS C. NEWTON, M.D., <i>Resident Surgeon</i>
June 1, 1921	DANIEL W. WHEELER, M.D., <i>Assistant Resident Surgeon</i>
June 15, 1921	JUDSON A. SMITH, M.D., <i>Assistant Resident Surgeon</i>
Sept. 1, 1921	DANIEL W. SOOY, M.D., <i>Assistant Resident Surgeon</i>
Sept. 15, 1921	CHARLES H. JAMESON, M.D., <i>Assistant Resident Surgeon</i>

## PATHOLOGICAL DEPARTMENT

### Service began

Dec. 1, 1916	S. BURT WOLBACH, M.D., <i>Pathologist</i>
Sept. 15, 1921	GEORGE H. HANSMANN, M.D., <i>Resident Pathologist</i>
May 24, 1921	DONALD S. KING, M.D., <i>Associate in Pathology</i>

## ROENTGENOLOGIST

Oct. 15, 1919	LAWRENCE REYNOLDS, M.D.
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## DENTAL SURGEON

Jan. 22, 1920	VAROZTAD H. KAZANJIAN, D.M.D.
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## MEDICAL HOUSE OFFICERS

### Service began

### Service ended

Dec. 15, 1919	. . .	RICHARD MOORE MCKEAN, M.D.	Mar. 1, 1921
Dec. 16, 1919	. . .	DAVID COLE WILSON, M.D.	Mar. 1, 1921
Apr. 1, 1920	. . .	SEYMOUR FISKE, M.D.	July 1, 1921
Apr. 1, 1920	. . .	EDWARD A. GREENSPON, M.D.	July 1, 1921
July 1, 1920	. . .	HAROLD HIXON BRITTINGHAM, M.D.	Nov. 1, 1921
July 1, 1920	. . .	HENRY WALTER LOURIA, M.D.	Oct. 1, 1921

### Service will end

Oct. 15, 1920	. . .	EDWARD STANLEY EMERY, JR., M.D.	Mar. 1, 1922
Oct. 16, 1920	. . .	SAMUEL BECKER GRANT, M.D.	Mar. 1, 1922
Mar. 1, 1921	. . .	RICHARD C. TEFFT, JR., M.D.	July 1, 1922
Mar. 1, 1921	. . .	RUSSELL WOOD, M.D.	July 1, 1922
July 1, 1921	. . .	HERMANN BLUMGART, M.D.	Nov. 1, 1922
July 1, 1921	. . .	AXEL MAGNUS HJORT, M.D.	Nov. 1, 1922
Nov. 1, 1921	. . .	ROBERT W. BUCK, M.D.	Mar. 1, 1923
Nov. 1, 1921	. . .	CARLTON J. MARINUS, M.D.	Mar. 1, 1923



## OFFICERS OF THE INSTITUTION

### SURGICAL HOUSE OFFICERS

<i>Service began</i>		<i>Service ended</i>
Oct. 15, 1919 . . .	JAMES VALENTINE PRICE, JR., M.D.	Mar. 1, 1921
Oct. 27, 1919 . . .	ALEXANDER THOMAS ORMOND, M.D.	Mar. 1, 1921
Feb. 15, 1920 . . .	ALBERT HOWELL BREWSTER, M.D.	July 1, 1921
Mar. 1, 1920 . . .	FREDERIC E. B. FOLEY, M.D. . .	July 1, 1921
July 1, 1920 . . .	GLEN EVAN CHELEY, M.D. . . .	Nov. 1, 1921
July 1, 1920 . . .	WAYNE ADDISON YOAKAM, M.D. .	Nov. 1, 1921
		<i>Service will end</i>
Oct. 15, 1920 . . .	WILLIAM EUSTIS BROWN, M.D. .	Mar. 1, 1922
Oct. 15, 1920 . . .	ROBERT MAXWELL HARBIN, M.D.	Mar. 1, 1922
Mar. 1, 1921 . . .	DAN COLLIER ELKIN, M.D. . . .	July 1, 1922
Mar. 1, 1921 . . .	DON DEE LYON, M.D. . . . .	July 1, 1922
July 1, 1921 . . .	FLETCHER JOHNSON TOWLERTON, M.D.	Nov. 1, 1922
July 1, 1921 . . .	DENVER M. VICKERS, M.D. . . .	Nov. 1, 1922
Nov. 1, 1921 . . .	JOSEPH AUGUSTUS CRISLER, JR., M.D.	Mar. 1, 1923
Nov. 1, 1921 . . .	HARLAN FAY NEWTON, M.D. . .	Mar. 1, 1923

### PATHOLOGICAL HOUSE OFFICER

July 1, 1921 . . . FRANK FREMONT-SMITH, JR., M.D.

### HOUSE OFFICER IN X-RAY DEPARTMENT

June 1, 1921 . . . CHARLES LIEBMAN, 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*

Sept. 30, 1920 . . . . . MABEL McVICKER, R.N.

*Instructor in Theory*

Oct. 1, 1921 . . . . . ELEANOR LEE, R.N.

*Instructor in Practice*

Sept. 3, 1920 . . . . . HELEN M. BLAISDELL, R.N.

## PETER BENT BRIGHAM HOSPITAL

### *Supervisors*

Jan. 26, 1921	. . . . .	EUNICE M. WOODMAN, R.N.
Sept. 7, 1921	. . . . .	MARION E. WELD, R.N.
Nov. 1, 1918	. . . . .	MARGUERITE ROBB, R.N.
June 1, 1921	. . . . .	ALICE A. WESTON, R.N.

### *Night Supervisor*

Sept. 1, 1921	. . . . .	H. KATHRYN WAY, R.N.
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### *Social Service Worker*

Aug. 17, 1914	. . . . .	ALICE M. CHENEY, R.N.
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### *Dietitian*

May 15, 1919	. . . . .	OCTAVIA I. HALL
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### *Apothecary*

Dec. 2, 1912	. . . . .	HARRY H. COMAN
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### *Clerk*

April 29, 1912	. . . . .	LIDA E. CRAWFORD
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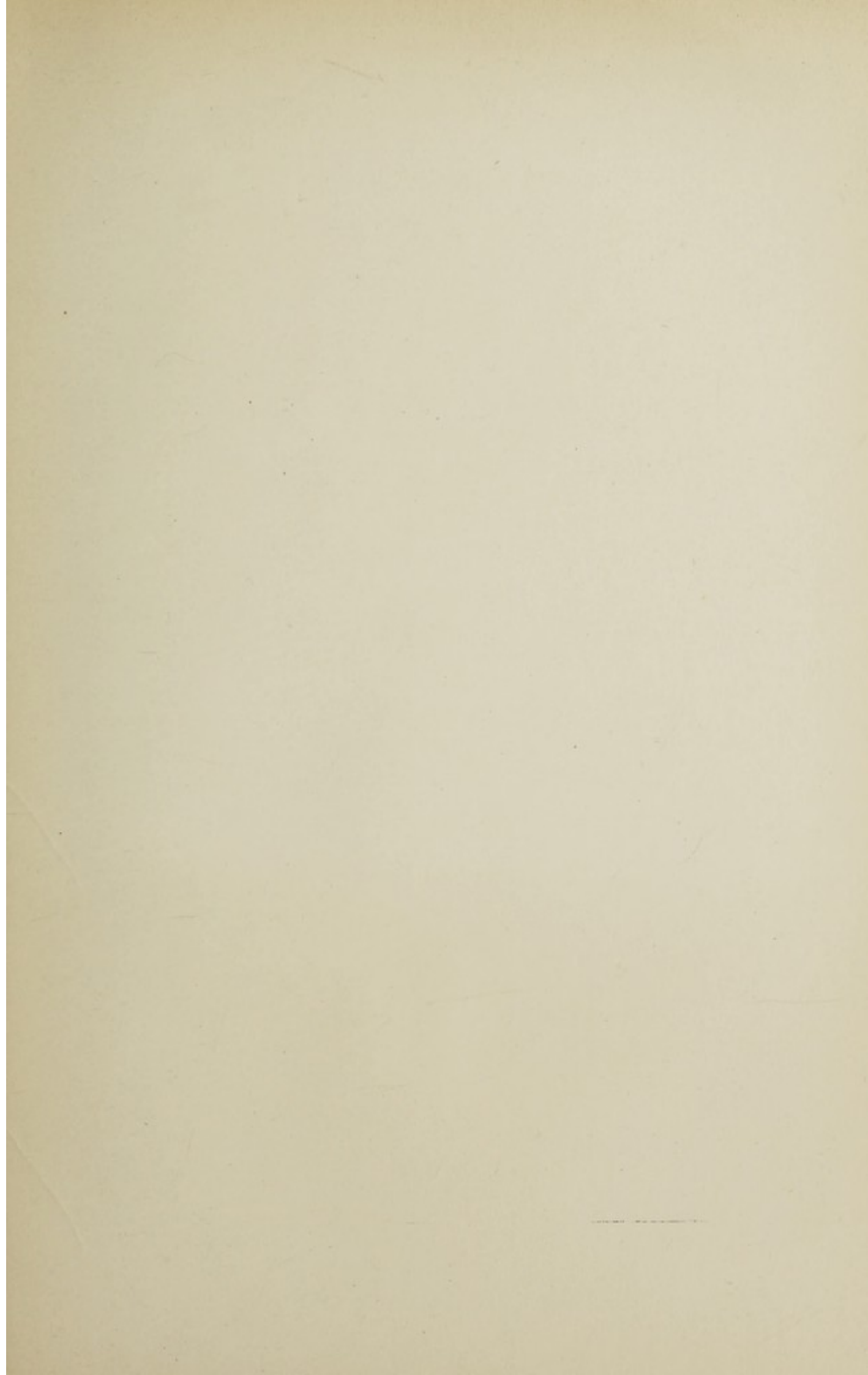
### *Housekeeper*

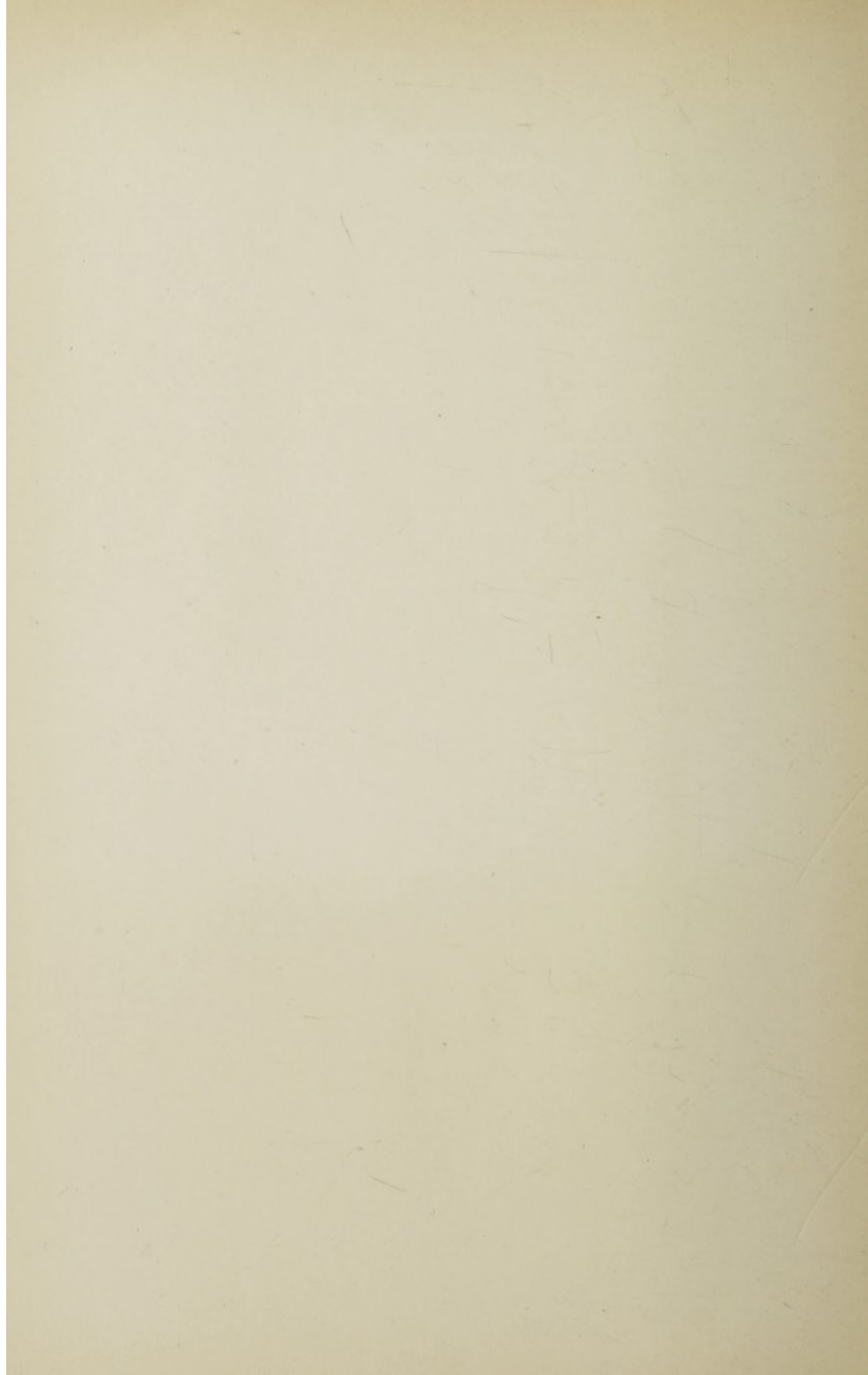
Nov. 1, 1912	. . . . .	ELIZABETH M. PACKARD
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### *Chief—Mechanical Departments*

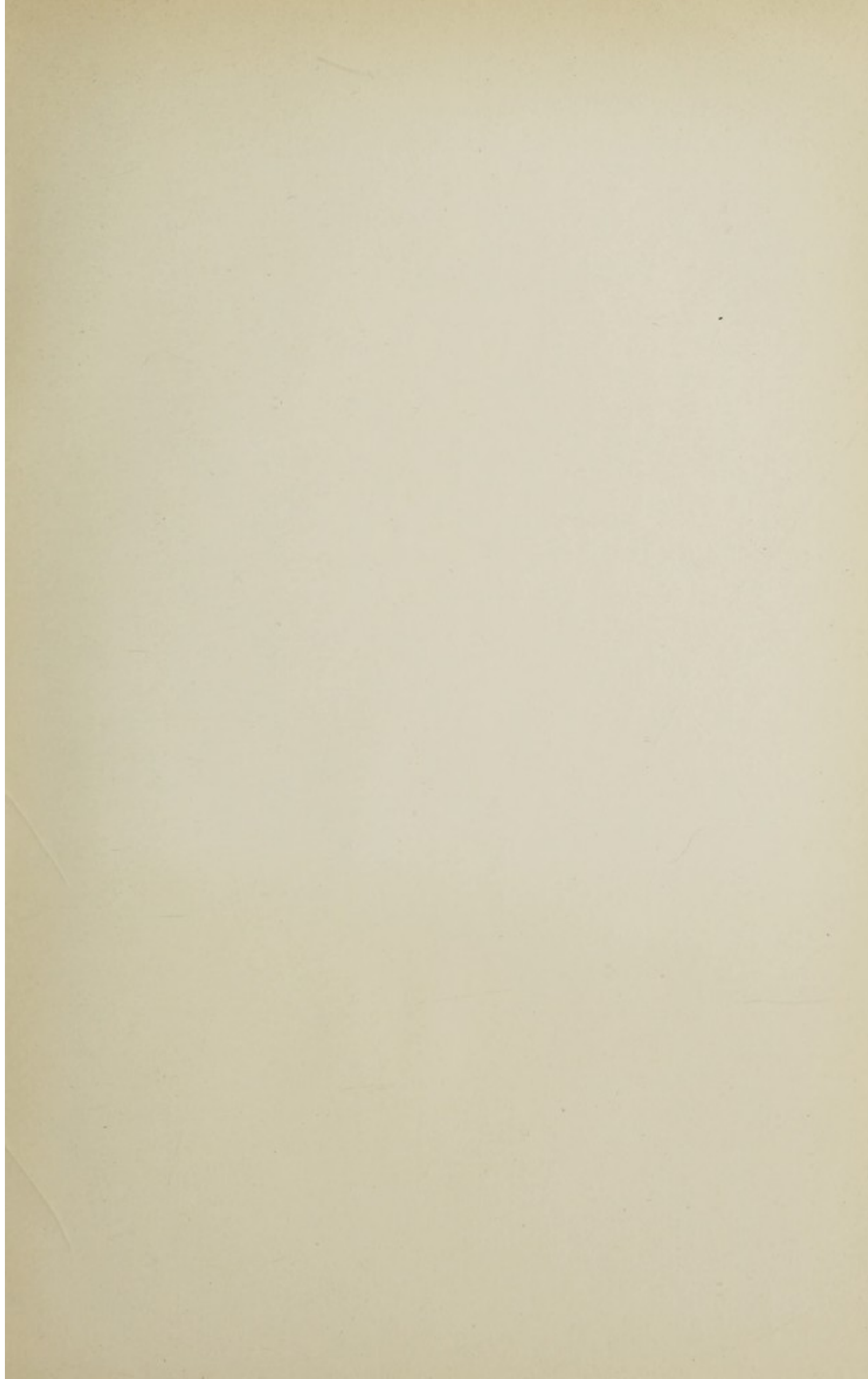
Oct. 21, 1911	. . . . .	JOHN A. AITKEN
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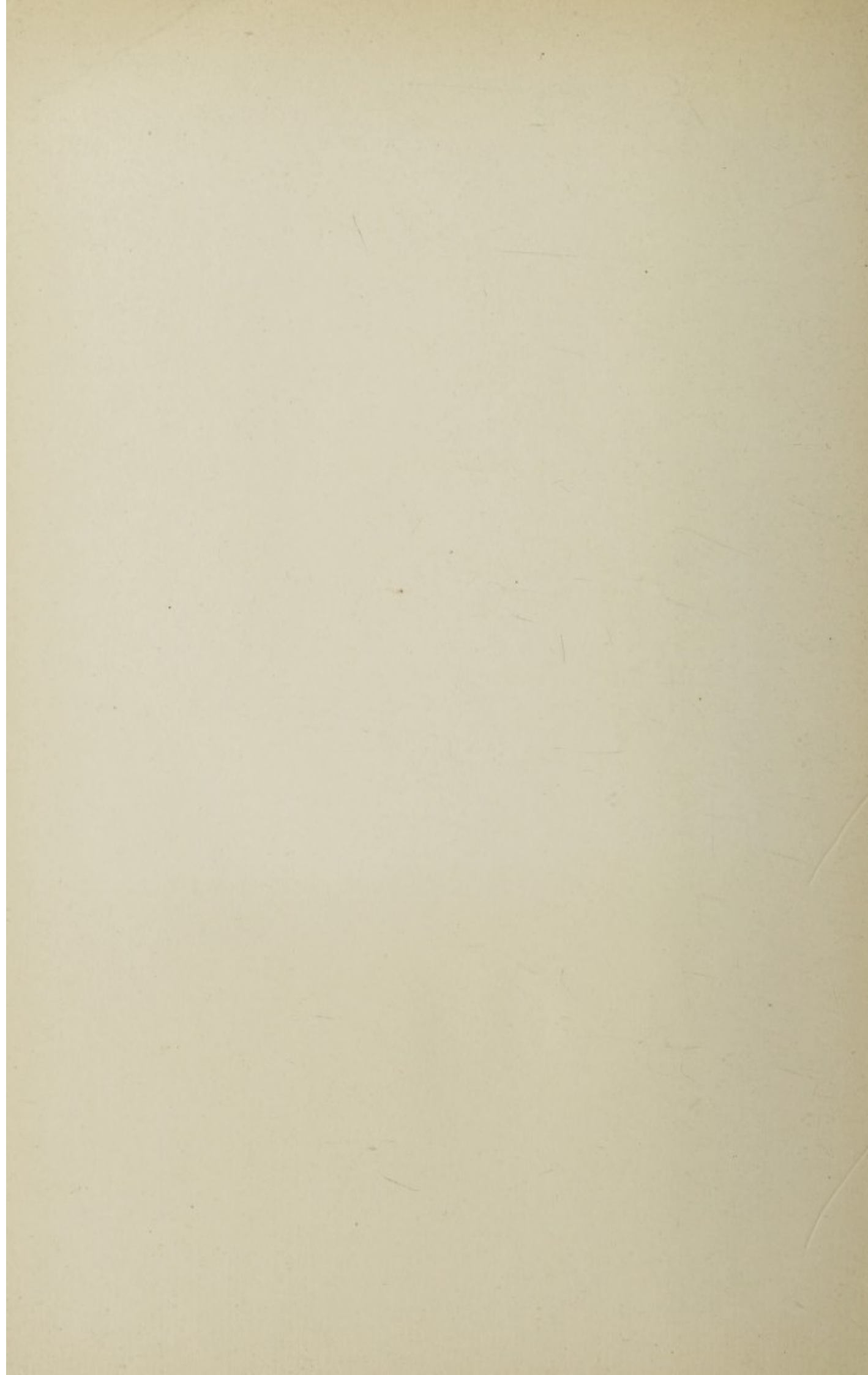














## FORM OF BEQUEST

*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.*

