

## **Annual report of the Peter Bent Brigham Hospital : 1924.**

### **Contributors**

Peter Bent Brigham Hospital.

### **Publication/Creation**

Cambridge : Cambridge University Press, 1924

### **Persistent URL**

<https://wellcomecollection.org/works/vc8u92ag>


### **License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

PETER BENT BRIGHAM  
HOSPITAL  BOSTON

ELEVENTH  
ANNUAL REPORT  
FOR THE YEAR 1924

WRIGHT & POTTER  
BOSTON  
1925



## FORM OF BEQUEST

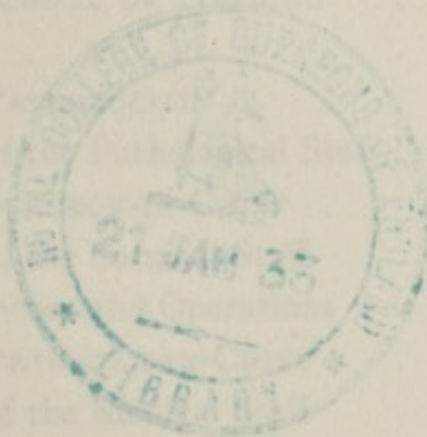
*I give and bequeath to the Peter Bent Brigham  
Hospital, a corporation established under the  
laws of the Commonwealth of Massachusetts, the  
sum of \_\_\_\_\_ dollars,  
the same to be used for the furtherance of its  
charitable work.*



22503068293

ELEVENTH ANNUAL REPORT  
OF THE  
PETER BENT BRIGHAM  
HOSPITAL

FOR THE YEAR  
1924



WRIGHT & POTTER  
BOSTON  
1925



EVENTS - ANNUAL REPORT

OF THE

PETER BENT BRIGHAM

HOSPITAL

WELCOME
LIBRARY
Ann Rep
WX28
.BE5
B74P47
1924

WIGHT & POTTER

BOSTON

1924





## Contents

	PAGE
PRESIDENT'S REPORT . . . . .	I
MEMORIAL, WILLIAM H. WELLINGTON . . . . .	4
DONATIONS . . . . .	5
FREE BEDS . . . . .	7
REPORT OF THE TREASURER . . . . .	8
REPORT OF THE SUPERINTENDENT . . . . .	14
Table I. Table of Medical and Surgical Diseases Reported in Terms of International Classification . . . . .	19
Table II. Comparative Tables of Statistics . . . . .	25
Table III.         "         "         "         " . . . . .	28
Table IV. Expense and Revenue Statement . . . . .	29
REPORT OF THE ROENTGENOLOGIST . . . . .	36
REPORT OF THE SCHOOL OF NURSING . . . . .	41
SOCIAL SERVICE . . . . .	50
REPORT OF THE PATHOLOGIST . . . . .	62
Publications of the Pathological Staff . . . . .	67
REPORT OF THE SURGEON-IN-CHIEF . . . . .	69
Publications of the Surgical Staff . . . . .	83
Surgical Diagnoses and Operations . . . . .	92
REPORT OF THE PHYSICIAN-IN-CHIEF . . . . .	119
Publications of the Medical Staff . . . . .	135
Summary of Medical Report . . . . .	152
SURGICAL HOSPITAL No. 6 . . . . .	153
REGISTER OF PRESENT MEMBERS OF THE STAFF . . . . .	155
REGISTER OF FORMER MEMBERS OF THE STAFF . . . . .	167
VISITING PHYSICIANS AND SURGEONS PRO TEMPORE . . . . .	193
OFFICERS OF THE INSTITUTION . . . . .	195

# Contents

1	General Report
4	Almonst, Walter H. Wundt
5	Almonst, Walter H. Wundt
6	Almonst, Walter H. Wundt
7	Almonst, Walter H. Wundt
8	Almonst, Walter H. Wundt
9	Almonst, Walter H. Wundt
10	Almonst, Walter H. Wundt
11	Almonst, Walter H. Wundt
12	Almonst, Walter H. Wundt
13	Almonst, Walter H. Wundt
14	Almonst, Walter H. Wundt
15	Almonst, Walter H. Wundt
16	Almonst, Walter H. Wundt
17	Almonst, Walter H. Wundt
18	Almonst, Walter H. Wundt
19	Almonst, Walter H. Wundt
20	Almonst, Walter H. Wundt
21	Almonst, Walter H. Wundt
22	Almonst, Walter H. Wundt
23	Almonst, Walter H. Wundt
24	Almonst, Walter H. Wundt
25	Almonst, Walter H. Wundt
26	Almonst, Walter H. Wundt
27	Almonst, Walter H. Wundt
28	Almonst, Walter H. Wundt
29	Almonst, Walter H. Wundt
30	Almonst, Walter H. Wundt
31	Almonst, Walter H. Wundt
32	Almonst, Walter H. Wundt
33	Almonst, Walter H. Wundt
34	Almonst, Walter H. Wundt
35	Almonst, Walter H. Wundt
36	Almonst, Walter H. Wundt
37	Almonst, Walter H. Wundt
38	Almonst, Walter H. Wundt
39	Almonst, Walter H. Wundt
40	Almonst, Walter H. Wundt
41	Almonst, Walter H. Wundt
42	Almonst, Walter H. Wundt
43	Almonst, Walter H. Wundt
44	Almonst, Walter H. Wundt
45	Almonst, Walter H. Wundt
46	Almonst, Walter H. Wundt
47	Almonst, Walter H. Wundt
48	Almonst, Walter H. Wundt
49	Almonst, Walter H. Wundt
50	Almonst, Walter H. Wundt
51	Almonst, Walter H. Wundt
52	Almonst, Walter H. Wundt
53	Almonst, Walter H. Wundt
54	Almonst, Walter H. Wundt
55	Almonst, Walter H. Wundt
56	Almonst, Walter H. Wundt
57	Almonst, Walter H. Wundt
58	Almonst, Walter H. Wundt
59	Almonst, Walter H. Wundt
60	Almonst, Walter H. Wundt
61	Almonst, Walter H. Wundt
62	Almonst, Walter H. Wundt
63	Almonst, Walter H. Wundt
64	Almonst, Walter H. Wundt
65	Almonst, Walter H. Wundt
66	Almonst, Walter H. Wundt
67	Almonst, Walter H. Wundt
68	Almonst, Walter H. Wundt
69	Almonst, Walter H. Wundt
70	Almonst, Walter H. Wundt
71	Almonst, Walter H. Wundt
72	Almonst, Walter H. Wundt
73	Almonst, Walter H. Wundt
74	Almonst, Walter H. Wundt
75	Almonst, Walter H. Wundt
76	Almonst, Walter H. Wundt
77	Almonst, Walter H. Wundt
78	Almonst, Walter H. Wundt
79	Almonst, Walter H. Wundt
80	Almonst, Walter H. Wundt
81	Almonst, Walter H. Wundt
82	Almonst, Walter H. Wundt
83	Almonst, Walter H. Wundt
84	Almonst, Walter H. Wundt
85	Almonst, Walter H. Wundt
86	Almonst, Walter H. Wundt
87	Almonst, Walter H. Wundt
88	Almonst, Walter H. Wundt
89	Almonst, Walter H. Wundt
90	Almonst, Walter H. Wundt
91	Almonst, Walter H. Wundt
92	Almonst, Walter H. Wundt
93	Almonst, Walter H. Wundt
94	Almonst, Walter H. Wundt
95	Almonst, Walter H. Wundt
96	Almonst, Walter H. Wundt
97	Almonst, Walter H. Wundt
98	Almonst, Walter H. Wundt
99	Almonst, Walter H. Wundt
100	Almonst, Walter H. Wundt

Digitized by the Internet Archive  
in 2019 with funding from  
Wellcome Library



## President's Report

MR. WILLIAM H. WELLINGTON, one of the most faithful and useful members of the Corporation of this hospital, has died since the last annual report. The members of the Corporation will feel deeply the loss of the aid of his strong character and wisdom.

The members of the Corporation record their satisfaction and pride that the following group of surgeons, trained in this hospital, have been called to important positions in the Western Reserve University Medical School and Lakeside Hospital:

Elliott Carr Cutler, Surgical House Officer, November 1, 1913, to March 1, 1915, Resident Surgeon, August 1, 1919, to September 1, 1921, Associate in Surgery, September 1, 1921, to July 1, 1924, now Professor of Surgery, Western Reserve University Medical School, and Chief Surgeon, Lakeside Hospital, Cleveland, Ohio.

Emile Holman, Assistant Resident Surgeon, July 15, 1923, to September 1, 1923, Resident Surgeon, September 1, 1923, to July 1, 1924, now Attending Surgeon, Lakeside Hospital, and Assistant Professor of Surgery, Western Reserve University, Cleveland, Ohio.

Claude S. Beck, Arthur Tracy Cabot Fellow, Harvard, and Associate in Surgery, Peter Bent Brigham Hospital, 1923 to 1924, in charge, Surgical Laboratory, Western Reserve University, Cleveland, Ohio.

W. J. Merle Scott, Associate in Surgery, September 1, 1922, to July 1, 1923, Assistant Resident Surgeon, July 1, 1923, to July 1, 1924, Resident



## PETER BENT BRIGHAM HOSPITAL

Surgeon, Lakeside Hospital, and Instructor in Surgery, Western Reserve University, Cleveland, Ohio.

The hospital acknowledges with gratitude a further gift of \$10,000 to the Philip Gray Fund, which enables the Surgeon-in-Chief of this hospital, Dr. Harvey Cushing, and his co-workers, to make some further contributions to the study of brain tumors. Gifts for the year aggregate \$18,914.35 as itemized in the Treasurer's report. They include an anonymous gift to the Surgeon-in-Chief's Fund, \$5,000; a gift from the Committee of the Permanent Charity Fund, Incorporated, for the Social Service Department, of \$2,750; for this purpose also the sum of \$4,150 was collected by the Social Service Committee, to whom we wish to express our thanks for their continued efforts and generous contributions.

It has been of great interest to the members of the Corporation to note the increasing opportunities offered by the public for verification of diagnoses by means of autopsies. The public are coming to appreciate more and more that the knowledge gained by these post-mortem examinations enables not only our own doctors, but many others, to diagnose and treat more successfully patients of the future. It was only by sustained effort that permission has been obtained to perform such autopsies, and it may be stated with confidence that a standard in this matter has been set by this hospital.

During the past year an addition was made to the nurses' home, made necessary by the shortening of the nurses' hours, the increased work of the hospital, and the increase in the education of nurses.

It is of interest to note in the report of the Roentgenologist the increasing use of the X-ray in the diagnosis and treatment of both surgical and medical



## REPORT OF THE PRESIDENT

patients. During the past year about 84 per cent of all house patients were examined by means of the X-ray.

We call attention to the affiliations for the education of our nurses formed during the past year with the Boston Lying-In Hospital, as stated in the Superintendent's report.

An interesting and time-saving innovation has been adopted in the Out-Door Department, by which patients visit our clinics by appointment instead of having to spend, as heretofore, many hours waiting their turn for treatment.

The hospital has lately installed sufficient bedside lamps for the use of patients in all wards, and would be grateful for gifts of books of fiction, history, travel, etc., for the use of the patients.

It will be seen in the Superintendent's report that the price of food per patient has been less this year than last year. This year the cost per day for uncooked food was 46 cents for each individual, as compared with 59 cents in 1920 and 33 cents in 1915.

The number of house patients treated has been somewhat less this year than last year. This hospital was founded for the treatment of acutely sick, poor residents of Suffolk County, and as the hospital never refuses admission to such patients, it may be that the past year has been an unusually healthy one.

The Board of Incorporators is grateful to the staff and to the employees for their faithful work during the year.

C. P. CURTIS,  
*President.*

DECEMBER 31, 1924.

## MEMORIAL UPON THE DEATH OF

### **William H. Wellington**

WILLIAM H. WELLINGTON, for many years a member of this Corporation and serving on its Finance and other important committees, died February 2, 1925.

Keenly interested in all phases of its activities, Mr. Wellington gave most generously of his time and experience in behalf of the hospital, notwithstanding the imperative calls of a widely extended business under the burden of increasing years, and his associates would spread these lines upon their records in token of their high esteem and appreciation of his character and attainments, of their great sense of loss in the passing of his presence from their deliberations, and of their deep sympathy with his family in the grief occasioned by his death, directing the Secretary to make due record of this memorial, and to send a copy to his family.



## Gifts to the Hospital During the Year 1924

Mr. Jesse Koshland . . . . .	\$25.00
Mr. John L. Sharp . . . . .	1.00
Mr. James Tormey . . . . .	17.95
Mr. Francis Geelin . . . . .	1.00
G. B. Buxton . . . . .	1.00
Mr. James E. Thompson . . . . .	12.00
Mary E. Taber . . . . .	2.00
Miss Flora Miller . . . . .	9.40
Miss Margaret I. Rogers . . . . .	25.00
Boston Firemen's Relief Fund for a free bed for year 1924 . . . . .	200.00
Mr. C. P. Curtis for a free bed for 1924 . . . . .	100.00
Legacy u/will Jacob H. Goodman . . . . .	100.00
Mr. William H. Wellington, gift to Fiction Library Fund . . . . .	100.00
Anonymous gift to Surgeon-in-Chief Fund . . . . .	5,000.00
Estate of Philip H. Gray for the furtherance of Neuro-Surgery . . . . .	10,000.00
Committee of the Permanent Charity Fund, Inc., to be used for general purposes of the Social Service Department . . . . .	2,750.00

### Gifts to Diabetic Research Fund:

Mrs. Dorothea F. Merriam . . . . .	30.00
Mr. Dudley L. Pickman, Jr. . . . .	50.00
Anonymous . . . . .	50.00

### Gifts to Social Service Fund:

Mrs. F. W. Sargent . . . . .	\$800	Miss Evelyn R. Sturgis . . . . .	\$25
Mrs. R. T. Paine, 2d . . . . .	15	Mrs. Harry Lyman . . . . .	15
Mrs. Philip Dexter . . . . .	25	Mrs. J. B. Hunnewell . . . . .	20
Mrs. M. S. Houghton . . . . .	10	Mrs. Reginald Foster . . . . .	5
Miss Mary T. Bartlett . . . . .	10	Mrs. Chas. Storrow . . . . .	10
Mrs. Walter C. Baylies . . . . .	25	Mrs. George P. Denny . . . . .	25
Mrs. Henry Grew . . . . .	10	Mrs. Arthur B. Denny . . . . .	25
Mrs. Amory A. Lawrence . . . . .	25	Mr. Augustus Hemenway . . . . .	25
Mrs. Eliot Hubbard . . . . .	10	Mrs. T. B. Gannett . . . . .	10
Miss Fannie M. Faulkner . . . . .	20	Mrs. J. H. Ropes . . . . .	5
Mrs. T. J. Coolidge . . . . .	30	Mrs. A. Farwell Bemis . . . . .	25
Miss Clara E. Sears . . . . .	5	Mr. L. H. H. Johnson . . . . .	50
Mrs. William Aldrich . . . . .	10	Mrs. Charles W. Whittier . . . . .	5
Mrs. R. W. Emmons, 2d . . . . .	15	Miss Sarah Bremer . . . . .	25
Mrs. Horace Binney . . . . .	5	Mrs. John C. Gray . . . . .	25
Mrs. Wm. Amory . . . . .	10	Mrs. T. Hassall Brown . . . . .	5
Mrs. Neal Rantoul . . . . .	25	Mrs. Francis C. Hall . . . . .	10
Mrs. Edward Grew . . . . .	5	Mrs. James C. Howe . . . . .	5
Mrs. William Emerson . . . . .	50	Miss Olivia Ames . . . . .	25
Mrs. Arthur T. Cabot . . . . .	25	Mrs. Richard D. Sears . . . . .	10
Mrs. Moses Williams, Jr. . . . .	5	Miss Elizabeth B. Brown . . . . .	10



PETER BENT BRIGHAM HOSPITAL

Mrs. John T. Reynolds . . .	\$50	Mrs. Robert Saltonstall . . .	\$25
Mrs. Marshall Fabyan . . .	5	Mrs. Philip Dalton . . .	5
Mrs. John Thorndike . . .	5	Mrs. George H. Lyman . . .	10
Mrs. Francis B. Crowninshield . . .	10	Mrs. E. J. Holmes . . .	5
Mrs. J. L. Bremer . . .	25	Mrs. F. Douglas Cochran . . .	25
Mr. H. J. Sargent . . .	100	Mr. William P. Homans . . .	20
Mr. George E. Cabot . . .	25	Mrs. Roger B. Merriam . . .	20
Mr. Norman Cabot . . .	30	Mrs. Richard Fisher . . .	25
Mrs. George B. Blake . . .	25	Mrs. David Cheever . . .	15
Mrs. John L. Grandin . . .	10	Mrs. John C. Phillips . . .	15
Mrs. William Hooper . . .	10	Mrs. R. G. Shaw . . .	10
Mrs. Nathaniel Thayer . . .	25	Mrs. J. Bernard Trafford . . .	10
Mrs. Gordon Abbott . . .	10	Mrs. J. Cameron Bradley . . .	10
Dr. Harvey Cushing . . .	50	Miss Harriet S. Curtis . . .	10
Mrs. John S. Ames . . .	10	Mrs. N. P. Hallowell . . .	5
Mrs. Joseph B. Howland . . .	10	Mrs. H. Pauline Merrick . . .	25
Mrs. Jeremiah Williams . . .	10	Mrs. William Amory . . .	100
Mrs. Donald M. Frost . . .	10	Mrs. L. H. H. Johnson . . .	5
Mrs. Hugh D. Scott . . .	5	Mrs. Charles Sturgis . . .	5
Mrs. William H. Wellington . . .	100	Ida G. Beal . . .	5
Dr. Francis W. Peabody . . .	10	Mabel Lyman . . .	10
Mrs. Henry A. Morss . . .	25	Mary Lindsay Lyman . . .	10
Mrs. Hilbert F. Day . . .	5	Mrs. Louis A. Frothingham . . .	25
Mrs. Arnold Hunnewell . . .	25	Miss Mary Hunnewell . . .	10
Mrs. W. A. L. Bazeley . . .	5	Mrs. F. Murray Forbes . . .	100
Mrs. George Wigglesworth . . .	5	Mrs. Herman Burr . . .	15
Mrs. William Amory . . .	5	Mrs. Kenneth Webster . . .	10
Mrs. William Whitman, Jr. . . .	10	Mrs. Richard Curtis . . .	25
Mrs. Frank Morison . . .	50	Mrs. Shepherd Brooks . . .	100
Mrs. Isabella Ingraham . . .	5	Miss Gertrude Hunnewell . . .	10
Mrs. Edwin Davies . . .	10	Miss Sylvia Warren . . .	25
Mrs. C. P. Curtis . . .	50	Mr. S. P. Warren . . .	5
Mrs. James Jackson, Jr. . . .	10	Mr. G. G. Peters . . .	50
Miss Amelia Peabody . . .	15	Mrs. Richard Paine . . .	5
Mrs. W. Rodman Peabody . . .	10	Mrs. Sidney Williams . . .	10
Mr. F. Douglas Cochran . . .	25	Mr. Bayard Warren . . .	50
Mrs. Herbert Lyman . . .	25	Mrs. Philip Stockton . . .	5
Miss E. B. Dalton . . .	5	Louise R. Sargent . . .	10
Mrs. Percival H. Lombard . . .	20	Evelyn T. Burr . . .	10
Mrs. J. W. Farley . . .	5	Mrs. H. G. Byng . . .	15
Mrs. Robert W. Lovett . . .	25	Mrs. J. A. L. Blake . . .	10
Mr. F. Gordon Dexter . . .	25	Mr. Edward A. Taft . . .	10
Mrs. Henry S. Brooks . . .	5	Mrs. Henry B. Chapin . . .	10
Mr. C. P. Curtis . . .	100	Mr. A. L. Lincoln . . .	10
Mrs. John L. Hall . . .	10	Mrs. Brooks Fenno . . .	5
Mrs. S. H. Wolcott . . .	10	Mrs. William Y. Peters . . .	20
Miss Louise Hunnewell . . .	20	Mrs. H. W. Ogden . . .	10
Mrs. Ronald T. Lyman . . .	25	Mrs. Gilbert Horrax . . .	10
Mrs. H. S. Howe . . .	25	Mr. William Amory . . .	500
Mrs. Henry Greenough . . .	10	Mr. Francis Wells Hunnewell . . .	100
Mrs. Everett Morse . . .	5	Mr. Augustus Hemenway, Jr. . . .	5
Anonymous . . .	10		

## Free Bed Fund

Alexander Cochrane Free Bed . .	\$10,000.00
Walter Hunnewell Free Bed . . .	8,000.00
Miss Aimee Lamb (In memory of Mrs. Winthrop Sargent) . . .	5,000.00
Theodore Lyman Free Bed . . .	1,000.00 for ten years
Boston Firemen's Relief Association Free Bed . . . . .	200.00 for one year
Charles P. Curtis Free Bed . . .	100.00 for one year



## 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, 1924, is as follows:

INCOME		
Real Estate Receipts:		
Rents . . . . .	\$196,838.25	
Taxes paid by tenants . . . . .	29,668.01	
Insurance paid by tenants . . . . .	3,522.76	
Portland Street Power Plant net receipts . . . . .	447.13	\$230,476.15
<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>		
Interest on investments:		
On bonds . . . . .	\$52,744.71	
On notes . . . . .	1,420.63	
On mortgages . . . . .	6,406.89	
<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>		
Dividends . . . . .	\$60,572.23 22,729.00	83,301.23
<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>		
Bank interest . . . . .		2,089.95
<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>		
Total income . . . . .		\$315,867.33

EXPENDITURES		
Taxes . . . . .	\$73,974.03	
Building repairs, etc. . . . .	15,006.20	
Insurance . . . . .	6,544.25	
Salaries . . . . .	7,800.00	
Legal expenses . . . . .	950.00	
Audit . . . . .	500.00	
Safe deposit box rent . . . . .	70.00	
Brokerage on leases . . . . .	1,336.25	
Printing, etc. . . . .	15.10	
<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>		
Total expenditures . . . . .	\$106,195.83	
Bond premiums amortized . . . . .	745.51	106,941.34
<hr style="width: 50%; margin-left: auto; margin-right: 0;"/>		
<i>Amount carried forward</i> . . . . .		<i>\$208,925.99</i>

REPORT OF THE TREASURER

<i>Amount brought forward</i> . . . . .		\$208,925.99
Transferred to Portland Street Power Plant depreciation account . . . . .	\$447.13	
Transferred to Surdna Foundation Fund overexpenditure . . . . .	1,500.00	
Transfer of income applicable to the following funds for year 1924:		
Surgeon-in-Chief Fund . . . . .	1,127.09	
John P. Reynolds Scholarship Fund . . . . .	125.00	3,199.22
		<hr/>
Net investment income available for hospital operating expenses . . . . .		\$205,726.77
Net payments for hospital operating expenses as shown by Superintendent's statement appended . . . . .	\$182,447.92	
Less increase in Superintendent's supplies . . . . .	7,779.06	174,668.86
		<hr/>
		\$31,057.91
Less amortization on hospital ambulances . . . . .	\$2,726.00	
Transfer to General Fund to restore in part deficits of previous years . . . . .	28,331.91	\$31,057.91
		<hr/> <hr/>

SCHEDULE OF PROPERTY

Land and buildings occupied for hospital, including furniture and fixtures . . . . .	\$1,977,283.89
Mortgages . . . . .	61,420.00
Notes with collateral . . . . .	40,000.00
Land and buildings:	
166-210 Portland Street . . . . .	775,436.22
5-11 Tremont Row . . . . .	493,221.99
224-30 Congress Street . . . . .	100,493.77
108-114 Lincoln Street . . . . .	158,814.31
223-5 Washington Street . . . . .	220,000.00
91-5 Portland Street . . . . .	75,957.25
	<hr/>
<i>Amount carried forward</i> . . . . .	\$3,902,627.43



PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward . . . . .</i>	\$3,902,627.43
Land and buildings — <i>Con.</i>	
67-9 Commercial Street . . . . .	73,999.76
1-3 Bowdoin Street . . . . .	54,452.51
148-50 Hanover Street . . . . .	60,787.78
1-7 Sudbury Street . . . . .	70,159.03
88-92 Court Street . . . . .	181,295.71
94-8 Arch Street and 13-17 Otis Street	166,386.80
Land corner of Albany and Dover Streets .	110,221.90
1,000 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 Company . . . . .	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 Electric Corporation . . .	13,278.33
1,000 shares Berkeley Hotel Trust . . . . .	65,000.00
300 shares New York Central & Hudson River	
R.R. Co. . . . .	29,367.95
100 shares Chicago, Milwaukee & St. Paul	
R.R. Co. . . . .	14,760.70
220 shares Pennsylvania R.R. Co. . . . .	11,731.88
1,500 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 . . . . .	60,322.21
25,000 Long Island R.R. Co., Gold Deben-	
ture, 5% bonds, 1934 . . . . .	24,000.00
5,000 Kansas City, Memphis Ry. & Bridge	
Co., 5% bonds, 1929 . . . . .	5,036.77
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 . . . . .	20,244.05
50,000 Boston & Maine R.R. Co., 4½%	
bonds, 1929 . . . . .	50,674.59
<i>Amount carried forward . . . . .</i>	\$5,675,604.90



REPORT OF THE TREASURER

<i>Amount brought forward</i> . . . . .	\$5,675,604.90
50,000 Interborough Rapid Transit Co., 5% bonds, 1966 . . . . .	49,500.00
50,000 Burlington, Cedar Rapids & Northern R.R. Co., 5% bonds, 1934 . . . . .	52,583.79
25,000 Baltimore & Ohio R.R. Co., So. West- ern Div., 3½% bonds, 1925 . . . . .	22,125.00
25,000 New York 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 . . . . .	52,231.39
25,000 New York Central & Hudson River R.R. Co., Debenture, 4% bonds, 1934 . . . . .	23,937.50
25,000 Northern Pacific Ry. 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 Ry. Co., series A 4½% bonds, 1948 . . . . .	} 43,250.00
2,500 Eastern Mass. Street Ry. Co., series D 6% bonds, 1948 . . . . .	
1,500 Eastern Mass. Street Ry. Co., series C 6% bonds, 1925 . . . . .	
300 Eastern Mass. Street Ry. Co., series C 6% bonds, 1927 . . . . .	
25,000 Quincy Market Realty Co., 5% bonds, 1964 . . . . .	25,000.00
75,000 Chicago & North Western R.R. Co., Extension, 4% bonds, 1926 . . . . .	72,750.00
28,000 General Electric Co., 3½% bonds, 1942 . . . . .	23,170.00
56,800 Pere Marquette Ry. Co., 1st mortgage, 5% bonds, 1956 . . . . .	49,420.00
3,000 Pennsylvania R.R. Co., 4% bonds, 1948 . . . . .	2,880.00
50,000 Illinois Steel Co., 4½% bonds, 1940 . . . . .	47,375.00
15,000 Boston & Albany R.R. Co., Equip- ment, 4½% bonds, 1925 . . . . .	} 34,340.00
5,000 Boston & Albany R.R. Co., Equip- ment, 4½% bonds, 1926 . . . . .	
15,000 Boston & Albany R.R. Co., Equip- ment, 4½% bonds, 1927 . . . . .	
<i>Amount carried forward</i> . . . . .	\$6,245,542.58



PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward</i> . . . . .			\$6,245,542.58
50,000 Atchison, Topeka & Santa Fé Ry. Co., Transcontinental Short Line, 4% bonds, 1958 . . . . .			47,500.00
50,000 Liberty Loan, 4¼% bonds, 1928 . . . . .			50,000.00
50,000 Liberty Loan, 4¼% bonds, 1938 . . . . .			50,000.00
25,000 Cedar Rapids Mfg. & Power Co., 1st mortgage, S. Fd., 5% bonds, 1953 . . . . .			24,250.00
20,000 Milwaukee Electric Railway & Light Co., Refd. & Extn. Mtge., 4½% bonds, 1931 . . . . .			18,500.00
15,000 Montreal Light & Power Company, 1st mortgage, 4½% bonds, 1932 . . . . .			13,875.00
10,000 Atchison, Topeka & Santa Fé Ry. Co., East Okla. Div., 1st mortgage, 4% bonds, 1928 . . . . .			9,649.60
Cash:			
Operating Expense Fund . . . . .	\$20,000.00		
In banks . . . . .	27,187.54		47,187.54
			<hr/>
Superintendent's Inventories . . . . .			55,005.81
			<hr/>
			\$6,561,510.53

Included in the above schedule of property are the following Special Funds:

SOCIAL SERVICE FUND . . . . .	\$732.82	
DIABETES RESEARCH FUND . . . . .	158.77	
PHILIP H. GRAY FUND for the furtherance of Neuro-Surgery . . . . .	6,105.60	
JOHN P. REYNOLDS MEMORIAL FUND . . . . .	1,000.00	
HEMENWAY SQUASH COURT . . . . .	11,050.00	
SURGICAL DRESSING FUND — Donation from the New England Surgical Dressing Committee . . . . .	10,000.00	
ALEXANDER COCHRANE FREE BED FUND . . . . .	10,000.00	
SURGEON-IN-CHIEF FUND . . . . .	22,833.33	
RADIUM FUND . . . . .	3,000.00	
JOHN P. REYNOLDS SCHOLARSHIP FUND . . . . .	2,500.00	
		<hr/>

<i>Amounts carried forward</i> . . . . .	\$67,380.52	\$6,561,510.53
--	-------------	----------------

REPORT OF THE TREASURER

<i>Amounts brought forward</i> . . .	\$67,380.52	\$6,561,510.53
THEODORE LYMAN FREE BED FUND . . . . .	1,000.00	
AIMEE LAMB FREE BED FUND in memory of Mrs. Winthrop Sar- gent . . . . .	5,000.00	73,380.52
	<hr/>	<hr/>
		\$6,488,130.01
		<hr/> <hr/>

Viz.:

Peter Bent Brigham Hospital accounts . . . . .	\$6,476,145.88
Reserved income account . . . . .	2,931.24
Portland Street Power Plant — depreciation account . . . . .	7,152.82
Surgeon-in-Chief Fund — in- come on hand . . . . .	1,698.22
John P. Reynolds Scholar- ship Fund — income on hand . . . . .	201.85
	<hr/>
	\$6,488,130.01
	<hr/> <hr/>

E. D. CODMAN,  
*Treasurer.*



## Report of the Superintendent

THE eleventh annual report of the Superintendent follows:

During the past year there have been admitted to the wards of the hospital 2,312 medical patients and 2,346 surgical patients — a total of 4,658, 117 less than the previous year; 72,539 days' treatment were given, — 2,315 days less than last year.

In the Out-Door Department, 8,846 new patients were seen during the year, and the total number of visits was 59,336. The corresponding figures for the previous year were: new patients, 8,801; visits, 57,967, — an increase of 1,369 visits.

The daily per capita cost for caring for all house patients, based on the total expenditures in all departments of the hospital (excepting the amount paid to special nurses) was \$6.83 —. Excluding the cost of operating the private ward, the amount paid to special graduate nurses, and the cost of operating the Out-Door Department, the daily per capita cost was \$5.67 —. The corresponding figures last year were \$6.64 + and \$5.37—.

Detailed comparisons of costs and statistics will be found in Table II on page 25.

The daily per capita cost of food for all persons in the hospital, patients and employees, was \$0.46 +, as compared with \$0.47— last year. Funds from the Rockefeller Insulin Fund were not available for the salary of an assistant dietitian devoted to the diabetic work, as last year, but the hospital has continued with



## REPORT OF THE SUPERINTENDENT

the extra Dietitian at its expense. The work of the Department is so divided that she has charge of the preparation of all special diets. Another assistant dietitian has charge of the regular work of the main and private ward kitchens, together with the serving and dining rooms. A general reorganization of the Dietary Department has taken place and a precedent book is in use for reference. Laboratory cookery classes for the nurses now extend from September to May. The course for student dietitians has been increased from four to six months. Applicants are increasing constantly.

The total special diets' days for the year were 16,206, representing 33 different types of special diets. The following are important examples: Anti-Constipation, 104; Diabetic, 3,024; Gastric, 163; High Caloric, 299; Low Protein, 2,648; Obesity, 1,197; Purin Free, 147; Sippy, 1,191; Standard Nephritic, 493; Typhoid, 269; Colitis, 155; Hyperthyroid, 101; Extra diets, 5,920.

There have been two changes in the department staff within the year, Miss Thelma Tubbs replacing Miss Rosina Vance, who left on account of illness; and Miss Muriel Long, in charge of special diets, replacing Miss Betty Hammett who received an appointment at the Peking Union Medical College Hospital, China.

Dr. Alvord Nichols, Second Assistant Superintendent, left June 1, 1924, to become an assistant medical director of the John Hancock Life Insurance Company. He was succeeded by Dr. Luney V. Ragsdale, a medical house officer appointee, who held the position until December 15, 1924. He was succeeded by Dr. Leslie H. Wright, a graduate of the University of Vermont College of Medicine, and who came to us



## PETER BENT BRIGHAM HOSPITAL

from the Monson State Hospital where he held the position of Pathologist.

Arrangement has been made with the Boston Lying-In Hospital to receive our student nurses for three months' training. The first students began in July. It was with much regret that we terminated our affiliations in obstetrics with the New York Lying-In Hospital and the New York Nursery and Child's Hospital, where our students have always received excellent training and the greatest consideration. We believe the New York hospitals were equally sorry to lose our nurses. The new arrangement we expect will be satisfactory, and our students will be close to us while getting their obstetrical training.

On April 24, 1924, the Trustees authorized a 70 bed addition to our nurses' home, which on completion will allow us to vacate two houses outside and a dormitory in the Out-Door Department. A five story fireproof addition was planned, extending from the old nurses' residence easterly on Van Dyke Street to Huntington Avenue. It was covered in early in the winter and we hope will be ready for occupancy by spring.

On July 29, an appointment system for patients was begun in the Out-Door Department. Under this plan, every patient, old and new, is received at a time set apart for him, thereby saving his time and spreading the work of the physicians evenly over the day and throughout the week. Emergency cases are received without appointments. A telephone has been installed in the appointment office to facilitate the making or changing of appointments without the necessity of a visit to the hospital. After five months' trial, the system seems to please patients and physi-



## REPORT OF THE SUPERINTENDENT

cians, and we feel that its adoption marks a real milestone of progress. We believe it to be the first general clinic for adults, on this basis, in New England.

During the year, all three wards of the private pavilion were redecorated. The women's dormitory has been repainted.

The fiction library has grown in size and is being more and more used and appreciated. There were added during the year 539 books, of which 124 were purchased and 415 given to us. Of these, the President of the Corporation, Mr. Charles P. Curtis, gave us 110, and also paid for a book catalogue which has been freely distributed throughout all wards; 9,723 books have been issued during the year, of these, 178 were in foreign languages; 25 foreign books were lent us by the State Library Commission, State House, for the patients' use.

As a safeguard during operations, auxiliary electric lights have been installed in two operating rooms, the sterilizing and supply rooms receiving current from a storage battery in the basement.

Our present building needs are twofold. First, an addition to the administration building to give more room in the X-ray Department, more administration office space, better doctors' offices, and, particularly, more room for the Resident Staff, a number of whom now have to live out. Others are crowded into smaller quarters than originally intended. Second, a new entrance to the Out-Door Department from Huntington Avenue, with more room to receive patients, more filing room for patients' histories, and more room for the social service workers and admission clerks. The requirements for increased clinical record filing will soon make some changes in the Out-Door Department imperative.



PETER BENT BRIGHAM HOSPITAL

The excellent co-operative spirit of officers and employees in all departments has continued. I wish to take this opportunity to thank all who have contributed to the successful operation of the hospital during the past year.

JOSEPH B. HOWLAND, M.D.,

*Superintendent.*

DECEMBER 31, 1924.

REPORT OF THE SUPERINTENDENT

Table I

Table of Medical and Surgical Diseases Reported in  
Terms of International Classification

JANUARY 1, 1924, TO JANUARY 1, 1925

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES						
1	Typhoid and paratyphoid fever . . . . .	11	2	..	..	1
5	Malaria . . . . .	..	..	..	..	1
7	Measles . . . . .	..	..	..	..	1
8	Scarlet fever . . . . .	4	..	..	..	1
10	Diphtheria . . . . .	2	..	..	..	1
11	Influenza . . . . .	8	..	3	..	4
13	Mumps . . . . .	..	..	..	..	1
14	Asiatic cholera . . . . .	1	..	..	..	..
16	Dysentery . . . . .	2	..	..	..	1
21	Erysipelas . . . . .	1	..	3	..	5
22	Acute poliomyelitis . . . . .	1	1	..	..	..
23	Lethargic encephalitis . . . . .	4	..	..	..	14
24	Meningitis . . . . .	2	1	1	1	..
25	Other epidemic and endemic diseases . . . . .	16	..	1	..	17
27	Anthrax . . . . .	..	..	2	..	2
30	Mycoses . . . . .	..	..	1	..	1
31	Tuberculosis of respiratory system . . . . .	84	2	17	..	194
32	Tuberculosis of meninges . . . . .	2	2	3	..	..
33	Tuberculosis of intestines and peritoneum . . . . .	6	..	11	1	12
34	Tuberculosis of vertebral column . . . . .	1	..	..	..	6
35	Tuberculosis of the joints . . . . .	2	..	2	..	1
36	Tuberculosis of other organs . . . . .	12	..	46	..	60
37	Disseminated tuberculosis . . . . .	2	1	1	..	..
38	Syphilis (see also tabes dorsalis and general paralysis of the insane) . . . . .	225	1	36	2	189
39	Soft chancre . . . . .	1	..	2	..	3
40	Gonococcus infection . . . . .	18	..	20	..	191
41	Purulent infection, septicemia . . . . .	9	1	26	2	42



PETER BENT BRIGHAM HOSPITAL

	MEDICAL		SURGICAL		O. D. D.	
	Disch.	Dead	Disch.	Dead		
II. GENERAL DISEASES NOT INCLUDED ABOVE						
43	Cancer and other malignant tumors of the buccal cavity . . . . .	1	..	11	2	28
44	Cancer and other malignant tumors of the stomach and liver . . . . .	19	3	30	12	79
45	Cancer and other malignant tumors of the peritoneum, intestines and rectum . . . . .	9	..	18	3	19
46	Cancer and other malignant tumors of the female genital organs . . . . .	1	1	33	1	15
47	Cancer and other malignant tumors of the breast . . . . .	2	..	33	1	31
48	Cancer and other malignant tumors of the skin . . . . .	1	..	4	..	17
49	Cancer and other malignant tumors of other or unspecified organs . . . . .	34	2	105	21	23
50	Benign tumors and tumors not returned as malignant (tumors of the female genital organs excepted) . . . . .	2	..	8	..	8
51	Acute rheumatic fever . . . . .	37	1	4	..	14
52	Chronic rheumatism, osteoarthritis, gout . . . . .	13	..	2	..	36
53	Scurvy . . . . .	1	..	..	..	1
54	Pellagra . . . . .	2	1	1	..	..
56	Rickets . . . . .	..	..	..	..	13
57	Diabetes mellitus . . . . .	124	3	28	2	188
58	Anemia . . . . .	70	9	16	..	29
59	Diseases of the pituitary gland . . . . .	2	..	54	3	9
60	Diseases of the thyroid gland . . . . .	54	..	57	..	84
63	Diseases of the adrenals (Addison's disease) . . . . .	1	..	..	..	2
64	Diseases of the spleen . . . . .	13	1	3	..	3
65	Leukemia and Hodgkin's disease . . . . .	10	..	6	1	9
66	Alcoholism (acute or chronic) . . . . .	13	1	8	..	5
67	Chronic poisoning by mineral substances . . . . .	2	..	..	..	14
68	Chronic poisoning by organic substances . . . . .	..	..	1	..	4
69	Other general diseases . . . . .	42	1	13	1	216
III. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE						
70	Encephalitis (does not include encephalitis lethargica) . . . . .	4	1	7	..	8
71	Meningitis (does not include meningitis specified as meningococcic, tuberculous, rheumatic, etc.) . . . . .	5	..	32	1	7



REPORT OF THE SUPERINTENDENT

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
72	Tabes dorsalis (locomotor ataxia) . . .	24	..	3	..	17
73	Other diseases of the spinal cord . . .	36	1	28	1	71
74	Cerebral hemorrhage, apoplexy . . .	38	6	3	..	17
75	Paralysis without specified cause . . .	19	2	9	..	16
76	General paralysis of the insane . . .	10	..	2	..	3
77	Other forms of mental alienation . . .	16	..	12	..	18
78	Epilepsy . . . . .	15	..	16	..	32
79	Convulsions (non-puerperal) (5 years and over) . . . . .	1	..	1	..	5
80	Infantile convulsions (under 5 years of age) . . . . .	..	..	3	..	..
81	Chorea . . . . .	8	..	..	..	29
82	Neuralgia and neuritis . . . . .	11	..	62	..	127
84	Other diseases of the nervous system . . .	127	..	34	..	383
	Tumors of nervous system (verified) . . .	1	..	48	13	..
	Tumors of nervous system (unverified) . . .	1	..	47	3	..
	Tumors of nervous system (suspects) . . .	10	..	99	14	..
85	Diseases of the eye and annexa . . . . .	42	..	13	1	56
86	Diseases of the ear and of the mastoid process . . . . .	19	..	12	..	40
IV. DISEASES OF THE CIRCULATORY SYSTEM						
87-90	Diseases of the heart . . . . .	457	35	48	4	504
91 & 92	Diseases of the arteries . . . . .	302	5	47	3	255
93	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.) . . . . .	54	..	138	2	560
94	Diseases of the lymphatic system (lymphangitis, etc.) . . . . .	8	..	24	..	172
95	Hemorrhage without specified cause . . .	2	..	4	..	13
96	Other diseases of the circulatory system . . .	271	1	33	..	496
V. DISEASES OF THE RESPIRATORY SYSTEM						
97	Diseases of the nasal fossae and their annexa . . . . .	21	..	1	..	235
98	Diseases of the larynx . . . . .	4	..	2	..	16
99	Bronchitis . . . . .	69	..	13	..	347
100	Bronchopneumonia (including capillary bronchitis) . . . . .	33	3	21	..	4
101	Pneumonia . . . . .	53	12	6	2	6
102	Pleurisy . . . . .	64	1	21	..	121
103	Congestion and hemorrhagic infarct of the lung . . . . .	11	..	1	..	..



PETER BENT BRIGHAM HOSPITAL

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
105	Asthma . . . . .	36	..	1	..	318
106	Pulmonary emphysema . . . . .	13	..	1	..	27
107	Other diseases of the respiratory system	7	..	7	1	18
VI. DISEASES OF THE DIGESTIVE SYSTEM						
108	Diseases of the mouth and annexa . . . . .	278	..	24	..	59
109	Diseases of the pharynx and tonsils . . . . .	82	..	75	..	142
110	Diseases of the esophagus . . . . .	..	..	1	..	3
111	Ulcer of the stomach and duodenum . . . . .	68	..	42	1	194
112	Other diseases of the stomach (cancer excepted) . . . . .	43	..	8	..	248
114	Diarrhea and enteritis (2 years and over)	42	..	9	..	45
116	Diseases due to intestinal parasites . . . . .	9	..	2	..	9
117	Appendicitis and typhlitis . . . . .	5	..	176	2	229
118	Hernia, intestinal obstruction . . . . .	32	..	173	6	433
119	Other diseases of the intestines . . . . .	52	..	69	..	892
120	Acute yellow atrophy of liver . . . . .	1	1	3	3	1
121	Hydatid tumor of liver . . . . .	..	..	1	..	..
122	Cirrhosis of liver . . . . .	20	2	3	1	8
123	Cholelithiasis and cholecystitis . . . . .	43	..	76	1	117
124	Other diseases of the liver . . . . .	28	..	30	..	101
125	Diseases of the pancreas . . . . .	..	..	4	1	..
126	Peritonitis without specified cause . . . . .	9	1	16	4	34
127	Other diseases of digestive system (cancer and tuberculosis excepted) . . . . .	..	..	1	..	..
VII. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA						
128	Acute nephritis . . . . .	15	..	1	..	19
129	Chronic nephritis . . . . .	103	12	6	1	200
131	Other diseases of kidneys and annexa (diseases of the kidneys in pregnancy excepted) . . . . .	18	1	53	1	60
132	Calculi of the urinary passages . . . . .	8	..	72	3	53
133	Diseases of the bladder . . . . .	15	..	25	..	110
134	Diseases of the urethra, urinary abscess, etc. . . . .	7	..	23	1	43
135	Diseases of the prostate . . . . .	10	..	78	9	90
136	Non-venereal diseases of the male genital organs . . . . .	8	..	41	..	80
137	Cysts and other benign tumors of the ovary . . . . .	2	..	33	..	45

REPORT OF THE SUPERINTENDENT

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
138	Salpingitis and pelvic abscess . . . . .	1	..	64	..	135
139	Benign tumors of the uterus . . . . .	6	..	76	..	97
140	Non-puerperal uterine hemorrhage . . . . .	..	..	..	..	42
141	Other diseases of the female genital organs . . . . .	39	..	157	..	726
142	Non-puerperal diseases of the breast (cancer excepted) . . . . .	2	..	30	1	38
VIII. THE PUERPERAL STATE						
143	Accidents of pregnancy . . . . .	..	..	27	..	33
	Pregnancy normal . . . . .	6	..	9	..	56
144	Puerperal hemorrhage . . . . .	..	..	4	..	..
150	Puerperal diseases of breast . . . . .	..	..	1	..	..
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE						
151	Gangrene . . . . .	1	..	3	..	14
152	Furuncle . . . . .	7	1	32	1	305
153	Acute abscess . . . . .	4	..	43	..	250
154	Other diseases of the skin and annexa . . . . .	60	..	37	..	842
X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMO- TION						
155	Diseases of the bones (tuberculosis ex- cepted) . . . . .	35	..	41	1	39
156	Diseases of the joints (tuberculosis and rheumatism excepted) . . . . .	49	..	21	..	360
157	Amputation . . . . .	2	..	..	..	..
158	Other diseases of organs of locomotion . . . . .	19	..	24	..	659
XI. MALFORMATIONS						
159	Congenital malformations . . . . .	16	..	29	..	60
XII. EARLY INFANCY						
	No cases . . . . .	..	..	..	..	..
XIII. OLD AGE						
164	Senility . . . . .	4	..	..	..	4
XIV. EXTERNAL CAUSES						
176	Poisoning by venomous animals . . . . .	..	..	..	..	7
177	Other acute accidental poisonings (gas excepted) . . . . .	2	..	1	..	1



PETER BENT BRIGHAM HOSPITAL

		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
179	Accidental burns (conflagration excepted)	..	..	6	2	90
181	Accidental absorption of irrespirable or poisonous gas . . . . .	..	..	..	..	1
183	Accidental traumatism by firearms (weapons of war excepted) . . . . .	..	..	3	1	..
184	Accidental traumatism by cutting or piercing instruments . . . . .	1	..	16	..	155
185	Accidental traumatism by fall . . . . .	3	..	65	1	467
187	Accidental traumatism by machines . . . . .	1	..	8	..	34
188	Accidental traumatism by other crushing (vehicles, railways, landslides, etc.) . . . . .	3	..	70	5	224
189	Injuries by animals (not poisoning) . . . . .	..	..	1	..	43
192	Starvation . . . . .	1	..	..	..	..
193	Excessive cold . . . . .	..	..	1	..	1
194	Excessive heat . . . . .	1	..	..	..	1
201	Fracture (cause not specified) . . . . .	..	..	1	..	..
202	Other external violence (cause specified) . . . . .	1	..	12	..	1,243
203	Other external violence (cause not specified) . . . . .	6	..	..	..	30
<b>XV. ILL-DEFINED DISEASES</b>						
204	Sudden death . . . . .	1	..	..	..	..
205	Diseases not specified or ill-defined . . . . .	37	1	41	..	546
	No disease . . . . .	5	..	16	..	390

## Comparative Tables of Statistics

## Table II

## HOSPITAL WARDS AND SINGLE ROOMS

	1924	1923
Patients in hospital first of year:		
Medical . . . . .	80	85
Surgical . . . . .	122	104
Total . . . . .	<u>202</u>	<u>189</u>
Patients admitted during the year:		
Medical . . . . .	2,312	2,502
Surgical . . . . .	2,346	2,273
Total . . . . .	<u>4,658</u>	<u>4,775</u>
Patients treated in hospital wards and private rooms during the year:		
Medical . . . . .	2,392	2,587
Surgical . . . . .	2,468	2,377
Total . . . . .	<u>4,860</u>	<u>4,964</u>
Patients discharged during the year:		
Well . . . . .	972	660
Improved . . . . .	2,732	3,022
Unimproved . . . . .	213	226
Untreated . . . . .	493	580
Died . . . . .	269	274
Total . . . . .	<u>4,679</u>	<u>4,762</u>
Patients in hospital end of year:		
Medical . . . . .	86	80
Surgical . . . . .	95	122
Total . . . . .	<u>181</u>	<u>202</u>



PETER BENT BRIGHAM HOSPITAL

	1924	1923
Total patients days' treatment:		
Paying patients . . . . .	41,737	45,764
Part paying patients . . . . .	13,997	12,838
Free patients . . . . .	16,805	16,252
	<hr/>	<hr/>
Total . . . . .	72,539	74,854
Percentage:		
Paying patients . . . . .	58—	61+
Part paying patients . . . . .	19+	17+
Free patients . . . . .	23+	22—
	<hr/>	<hr/>
Total . . . . .	100	100
Average patients per day:		
Paying patients . . . . .	114+	125+
Part paying patients . . . . .	38+	35+
Free patients . . . . .	46+	45—
	<hr/>	<hr/>
Total . . . . .	199—	205+
Average time per patient in hospital .	16— days	16— days
Daily average cost per patient . . . .	\$6.83—	\$6.64+
Daily cost per capita for provisions for all persons supported . . . . .	.46+	.47—
Patients were admitted as follows:		
Paying regular rate . . . . .	2,940	3,046
Paying less than regular rate . . .	753	712
Free . . . . .	965	1,017
	<hr/>	<hr/>
Total . . . . .	4,658	4,775

OUT-DOOR DEPARTMENT

Number of new cases treated . . . . .	8,846	8,801
Medical . . . . .	4,614	4,661
Surgical . . . . .	3,969	3,921
Urological . . . . .	263	219

REPORT OF THE SUPERINTENDENT

	1924	1923
Number of visits . . . . .	59,336	57,967
Medical . . . . .	32,940	31,289
Surgical . . . . .	21,861	21,355
Urological . . . . .	4,535	5,323
 Cost of maintenance of Out-Door De- partment . . . . .	 \$32,218.89	 \$29,510.51
Daily average cost per patient . . . . .	.54+	.51-

AMBULANCE

Ambulance calls during the year . . . . .	700	775
Average calls per day . . . . .	2-	2+
Mileage for patients . . . . .	4,436	4,646
Other business . . . . .	1,481	1,330
	<hr/>	<hr/>
Total mileage . . . . .	5,917	5,976



PETER BENT BRIGHAM HOSPITAL

Table III

Year	Expenses	Receipts	Number of Patients admitted to Wards	Total Days' Treatment	Average Stay in Hospital	Average Cost per Day per 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—	\$0.53—					
1914	256,423.25	69,251.23	2,843	49,295	“	5.15+	.35—	\$10,081.39	8,347	30,434	\$0.33+	
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	.49+	
1922	492,676.00	325,667.28	4,685	70,695	“	6.97—	.45+	28,157.67	8,111	58,014	.49—	
1923	540,524.41	367,369.45	4,775	74,854	“	*6.64—	.47—	29,510.51	8,801	57,967	.51—	
1924	535,531.70	354,083.78	4,658	72,539	“	*6.83—	.46+	32,218.89	8,846	59,336	.54+	

\* 1923 and 1924 does not include the cost of special nurses.

REPORT OF THE SUPERINTENDENT

Table IV  
Expense and Revenue Statement

ADMINISTRATION EXPENSES

	1924	1923
Salaries, officers and clerks . . . . .	\$31,634.48	\$29,318.98
Office expenses . . . . .	307.50	523.89
Stationery, printing and post- age . . . . .	6,470.48	7,467.87
Telephone and telegraph . . . . .	7,210.96	7,186.34
Liability insurance . . . . .	973.74	1,935.72
Miscellaneous . . . . .	1,440.28	3,015.01
	<hr/>	<hr/>
Total administration ex- penses . . . . .	\$48,037.44	\$49,447.81

PROFESSIONAL CARE OF PATIENTS

Salaries and wages:		
Physicians and surgeons . . . . .	\$21,703.66	\$21,660.72
Superintendent of nurses and assistants . . . . .	8,320.82	6,934.22
Nurses . . . . .	14,787.73	14,604.86
Special nurses . . . . .	40,357.48	43,821.48
Orderlies . . . . .	6,886.04	6,334.92
Druggists . . . . .	4,836.88	4,202.50
Ward employees . . . . .	8,505.52	8,231.40
Clerks . . . . .	13,028.97	12,120.18
Instrument repairs . . . . .	778.75	750.34
	<hr/>	<hr/>
	\$119,205.85	\$118,660.62
Training school:		
Salaries of instructors . . . . .	\$3,325.27	\$3,265.59
Supplies . . . . .	7,526.24	6,975.58
	<hr/>	<hr/>
	10,851.51	10,241.17
Medical and surgical supplies:		
Apparatus and instruments	\$3,913.77	\$5,007.40
Medical and surgical sup- plies . . . . .	24,636.32	27,180.14
Alcohol, liquors, wines . . . . .	1,187.78	782.01
	<hr/>	<hr/>
	29,737.87	32,969.55
	<hr/>	<hr/>
<i>Amounts carried forward</i> . . . . .	\$159,795.23	\$161,871.34



PETER BENT BRIGHAM HOSPITAL

	1924	1923
<i>Amounts brought forward</i>	\$159,795.23	\$161,871.34
Out-Door Department:		
Wages . . . . .	\$9,406.19	\$9,073.73
Supplies . . . . .	10,978.53	7,945.97
	<u>20,384.72</u>	<u>17,019.70</u>
X-ray service and photography:		
Salaries and wages . . . . .	\$11,296.36	\$8,772.25
Supplies . . . . .	10,927.49	9,615.01
	<u>22,223.85</u>	<u>18,387.26</u>
Library . . . . .	800.00	800.00
	<u>800.00</u>	<u>800.00</u>
Total professional care of patients . . . . .	\$203,203.80	\$198,078.30

DEPARTMENT EXPENSES

Ambulance:		
Labor . . . . .	\$2,738.64	\$2,682.54
Supplies . . . . .	2,757.53	597.24
	<u>\$5,496.17</u>	<u>\$3,279.78</u>
Laboratories:		
Labor . . . . .	\$15,877.84	\$14,253.99
Supplies . . . . .	6,049.78	6,125.90
	<u>21,927.62</u>	<u>20,379.89</u>
Housekeeping:		
Labor . . . . .	\$30,664.70	\$28,738.55
Supplies . . . . .	16,570.33	19,279.05
	<u>47,235.03</u>	<u>48,017.60</u>
Kitchen:		
Labor . . . . .	\$13,763.73	\$13,422.15
Supplies . . . . .	2,750.13	1,584.93
	<u>16,513.86</u>	<u>15,007.08</u>
Laundry:		
Labor . . . . .	\$11,897.64	\$11,901.20
Supplies . . . . .	2,988.61	6,483.61
	<u>14,886.25</u>	<u>18,384.81</u>
Steward's Department:		
Labor . . . . .	\$3,854.78	\$3,521.42
Provisions:		
Bread . . . . .	2,918.99	2,903.36
Milk and cream . . . . .	20,392.46	20,718.02
	<u>23,311.45</u>	<u>23,621.38</u>
<i>Amounts carried forward</i>	\$27,166.23	\$106,058.93
	<u>\$27,142.80</u>	<u>\$105,069.16</u>

## REPORT OF THE SUPERINTENDENT

	1924	1923
<i>Amounts brought forward</i>	\$27,166.23	\$106,058.93
	\$27,142.80	\$105,069.16
<b>Steward's Department — <i>Con.</i></b>		
Groceries . . . . .	20,690.83	22,183.31
Butter and eggs . . . . .	13,696.76	14,615.84
Fruit and vegetables . . . . .	10,725.40	12,045.22
Meat, poultry and fish . . . . .	21,705.28	22,919.74
	93,984.50	98,906.91
 Total department expenses	 \$200,043.43	 \$203,976.07

### GENERAL HOUSE AND PROPERTY EXPENSES

	1924	1923
Electric Department . . . . .	\$3,860.18	\$3,854.56
Heat, light and power . . . . .	51,597.13	56,102.98
Fuel . . . . .	.....	22.00
Gas . . . . .	3,243.48	3,394.67
Insurance . . . . .	2,268.50	1,535.93
Water . . . . .	2,487.03	4,121.64
Maintenance, real estate and buildings . . . . .	13,453.62	12,899.84
Maintenance, machinery and tools . . . . .	118.00	97.27
Plumbing and steam fitting . . . . .	7,219.09	7,054.30
	.....	.....
 Total general house and property expenses	 \$84,247.03	 \$89,083.19

### EXPENSE FROM SPECIAL FUNDS

Gift of St. John the Evangelist Church . . . . .	.....	\$6.51
Social Service Fund . . . . .	\$4,074.32	4,393.35
Diabetic Research Fund . . . . .	985.75	585.48
Fiction Library Fund . . . . .	150.65	126.37
Philip H. Gray Fund . . . . .	7,968.30	5,926.10
John P. Reynolds Memorial Fund . . . . .	.....	71.35
Permanent Charity Fund . . . . .	2,750.00	2,812.50
Gift for Flag and Pole . . . . .	.....	400.00
Surdna Foundation . . . . .	.....	2,850.45
John S. Lawrence Fund . . . . .	.....	500.00
	.....	.....
 <i>Amounts carried forward</i>	 \$15,929.02	 \$17,672.11



PETER BENT BRIGHAM HOSPITAL

	1924	1923
<i>Amounts brought forward</i>	\$15,929.02	\$17,672.11
Gift for Occupational Therapy	.....	102.58
Wallace Fund	.....	157.55
Training School for Nurses Fund	.....	950.00
Reynolds Scholarship Fund	125.00	.....
Blowey Fund	.....	9.92
	<hr/>	<hr/>
Total expenses from Special Funds	\$16,054.02	\$18,892.16

CORPORATION EXPENSES

Salaries, officers and clerks	\$1,000.00	\$1,000.00
Pension	.....	658.06
	<hr/>	<hr/>
Total corporation expenses	\$1,000.00	\$1,658.06

CAPITAL EXPENDITURES

Additional equipment:		
Out-Door Department	\$150.00	.....
Elevators	1,130.00	.....
Ambulance	1,885.00	.....
X-ray	.....	\$2,400.00
New buildings	1,689.75	.....
	<hr/>	<hr/>
Total capital expenditures	\$4,854.75	\$2,400.00

SUMMARY

EXPENSES

	1924	1923
Total administration expenses	\$48,037.44	\$49,447.81
Total professional care of patients' expenses	203,203.80	198,078.30
Total department expenses	200,043.43	203,976.07
Total general house and property expenses	84,247.03	89,083.19
	<hr/>	<hr/>
Total hospital expenses	\$535,531.70	\$540,585.37
Corporation expenses	1,000.00	1,658.06
	<hr/>	<hr/>
Capital expenses	\$536,531.70	\$542,243.43
	<hr/>	<hr/>
Capital expenses	4,854.75	2,400.00
	<hr/>	<hr/>
<i>Amounts carried forward</i>	\$541,386.45	\$544,643.43

## REPORT OF THE SUPERINTENDENT

	1924	1923
<i>Amounts brought forward</i>	\$541,386.45	\$544,643.43
<b>Special Funds:</b>		
Permanent Charity Fund . . . . .	2,750.00	2,812.50
Surdna Foundation . . . . .	.....	2,850.45
Training School Deposit Fund . . . . .	.....	950.00
Gift for Occupational Therapy . . . . .	.....	102.58
Gift for Social Service Work . . . . .	4,074.32	4,393.35
Blowey Fund . . . . .	.....	9.92
Wallace Fund . . . . .	.....	157.55
John S. Lawrence Fund . . . . .	.....	500.00
Diabetic Research Fund . . . . .	985.75	585.48
Fiction Library Fund . . . . .	150.65	126.37
Gift for Flag and Pole . . . . .	.....	400.00
Gift of St. John the Evangelist Church . . . . .	.....	6.51
Philip H. Gray Fund . . . . .	7,968.30	5,926.10
Reynolds Scholarship Fund . . . . .	125.00	.....
<b>GRAND TOTAL</b>	<b>\$557,440.47</b>	<b>\$563,464.24</b>

### REVENUE

	1924	1923
Administration receipts . . . . .	\$1,976.77	\$2,291.22
<b>Professional care of patients:</b>		
Board of private room patients . . . . .	\$87,658.78	\$98,134.88
Board of ward pay patients . . . . .	106,577.82	114,846.77
Special nurses . . . . .	48,659.05	55,259.68
Out-Door Department . . . . .	36,752.38	33,508.92
Photography and X-ray . . . . .	32,269.84	28,984.60
Miscellaneous . . . . .	26,895.93	24,695.42
	338,813.80	355,430.27
<b>Department receipts:</b>		
Ambulance . . . . .	\$1,704.26	\$2,181.17
Miscellaneous . . . . .	11,588.95	7,466.79
	13,293.21	9,647.96
<b>Total hospital receipts</b>	<b>\$354,083.78</b>	<b>\$367,369.45</b>
<b>Cash from Treasurer:</b>		
Current Expenses . . . . .	\$182,447.92	\$174,873.98
Training School Deposit Fund . . . . .	.....	950.00
<b>Amounts carried forward</b>	<b>.\$182,447.92</b>	<b>\$367,369.45</b>



PETER BENT BRIGHAM HOSPITAL

	1924	1923
<i>Amounts brought forward</i>	\$182,447.92	\$354,083.78
Cash from Treasurer — <i>Con.</i>		
Permanent Charity Fund . . . . .	2,750.00	2,812.50
Surdna Foundation . . . . .	.....	2,850.45
Gift for Occupational Therapy . . . . .	.....	102.58
Gift for Social Service Work . . . . .	4,074.32	4,393.35
X-ray Equipment . . . . .	.....	2,400.00
Blowey Fund . . . . .	.....	9.92
Wallace Fund . . . . .	.....	157.55
Lawrence Fund . . . . .	.....	500.00
Diabetic Research Fund . . . . .	985.75	585.48
Fiction Library Fund . . . . .	150.65	126.37
Gift for Flag and Pole . . . . .	.....	400.00
Gift of St. John the Evangelist Church . . . . .	.....	6.51
Philip H. Gray Fund . . . . .	7,968.30	5,926.10
Reynolds Scholarship Fund . . . . .	125.00	.....
Additional equipment:		
Out-Door Department . . . . .	150.00	.....
Elevators . . . . .	1,130.00	.....
Ambulance . . . . .	1,885.00	.....
New buildings . . . . .	1,689.75	.....
	203,356.69	196,094.79
 <b>GRAND TOTAL</b> . . . . .	 <b>\$557,440.47</b>	 <b>\$563,464.24</b>

## Statement of Stock on Hand

	1924	1923
Administration supplies . . . . .	\$5,916.50	\$3,805.43
Professional care of patients . . . . .	13,503.26	13,118.44
Department supplies . . . . .	34,026.55	28,057.82
General house and property supplies . . . . .	1,559.50	2,245.06
	\$55,005.81	\$47,226.75



## Report of the Roentgenologist

KNOWING the past and observing the present, it is interesting (and oftentimes profitable) to speculate upon the future. Knowing that this Department handled one thousand more patients than were examined or treated here two years ago, and observing the rapid expansion in the application of the X-rays, it behooves us to look ahead to see if there is a limit to be reached, and if not, to provide for a natural progression, arithmetical or geometrical, as the figures may indicate. The work done and to be done for the patients in the hospital is nearing its maximum, as during the past three years the percentage of house patients examined has risen respectively from 68 to 77, and this year to 84. In other words, 84 out of every 100 patients admitted to the hospital are examined in this Department. This increase has been most marked on the Medical Service, where the figures have been 56%, 67% and this year 87%. The Surgical Service has been more equable, perhaps having reached its maximum, and only varied between 80% and 88% during these three years. Much of the increased work from both services has been the confirmation by the X-ray of a previously diagnosed lesion or condition, and in other cases the exclusion of one or more possible lesions. The value of a "negative" diagnosis in chest or gastro-intestinal conditions is probably greater than that of any other so-called laboratory procedure, and the converse is also probably true. In a recent "check-up" of cases to whom the gall-bladder test, initiated by Dr. Graham of St. Louis, was given, 19 out of 20 results



## REPORT OF THE ROENTGENOLOGIST

were found to be exact, half of them "negative" or normal cases. In the more established gastro-intestinal work the percentage of accuracy was found to be 94%, and in cases of pulmonary tuberculosis, in another and larger clinic, it reached the amazing figure of 97%. It is obvious that Roentgenology is approaching an exact science when such results are obtainable. However, if the Department is being used to its maximum advantage in the hospital, there remain two places where its value may be enhanced and better service be rendered. As the Out-Door Department "feeds" the hospital, it is obvious that ambulatory patients would profit and the hospital benefit by having all necessary Roentgenological work done before admission to the wards. The patient would be spared the time spent on the ward awaiting a diagnosis and the expense connected with hospitalization, and the wards would be available to an increased number of cases by shortening the sojourn of the individual patient. As Dr. Cushing pointed out in his report last year, one day less per patient would mean that 125 more patients could be taken care of in a year. Also, as was pointed out in a report from this Department last year, this hospital is unique in that it does more work for patients *in* the hospital than it does for ambulatory patients from the Out-Door Department, whereas in other hospitals having dispensaries, the ratio is reversed and is usually 2 or 3 to 1. This would mean that the Out-Door Department would function as a diagnostic center and that the wards would be reserved more for therapeutic endeavors. But this is a problem that belongs to the hospital organization as a whole and touches our Department only in that more work could be done with the same expenditure of effort if more ambulatory



cases were handled; *i.e.*, the space allotted us could be used more efficiently, time could be conserved, the nurses freed from escorting patients, and the ward routines less apt to be subject to interruption.

The other opportunity for increased value and greater service is in teaching and investigation. Situated as we are, where medicine, surgery and pathology meet, we command a viewpoint ideal for teaching. The students are taught not Roentgenology, not Medicine, Surgery or Pathology, but are taught to observe the records and changes left by disease, to correlate these with, or subordinate them to, the findings by other methods, and then to apply their individual judgment in each case, particularly with regard to the form of therapy best suited to that individual and to the probable result. During the past three years, small groups of third-year students, not more than four at a time, have spent an hour each morning for three weeks going over the carefully selected group of films and plates and in discussing and applying what they see. Another valuable form of teaching is the demonstration conducted weekly with the Staff members for the particular benefit of the house officers and the fourth-year students, where the interesting films of the week are brought up and discussed with the help of the clinical records and the clinicians' impressions, which redounds as much to the benefit of the patient as to the students. The "teaching collection" is also in constant demand for larger clinics both for students and nurses, and for other more formal presentations.

As for investigation, the pressure of routine work is so great that no time is available and no equipment free to be used. Such work as is done must needs be performed after hours, in which manner two or three



## REPORT OF THE ROENTGENOLOGIST

studies have been published from this Department this year. With the additional appointment of a senior house officer for the coming year, more time should be available for independent studies.

The training of technicians has not been a function of this Department, but by special arrangement this has been tried this year, apparently with success, and it is suggested that the facilities here be made available to nurses graduated from this hospital or to others suitably qualified who desire the training in technical work.

We have been fortunate in maintaining an unchanged roster except for the usual progression of house officers. Dr. J. R. Carty completed his appointed work during the year, and has continued his training in this specialty by further work at the Children's Hospital and Huntington Memorial Hospital. His place has been adequately filled by Dr. E. C. Vogt, a graduate of the Medical College of Iowa University, who came to us following an internship at St. Vincent's Hospital, Toledo, Ohio.

One of the most important changes in the material phases of the work has been the substitution of special "Safety" films for routine use, in place of the highly inflammable cellulose-nitrate films, — a change of vital importance in view of the recent disastrous fires in two other hospitals. The existing stock of inflammable films is being thoroughly combed and all films not essential to the hospital records are being discarded. The remaining ones are kept in a fireproof portion of the basement guarded by automatic sprinklers, and located in a building not used by patients, reducing the risks to a minimum. This has necessitated an increase in expenditures of 20 per cent for the 15,000 films used during the year, but in



PETER BENT BRIGHAM HOSPITAL

spite of this the Department has shown a net balance greater than that of any previous year. In line with this has been another decrease in the cost per case, which has dropped nearly to that of the pre-war level. The added income has been derived from a group of patients paying full rates, — patients who have been referred to this Department by members of the Staff and outside physicians for examination or treatment and who have not been in or from the hospital or Outdoor Department. This group has steadily increased year by year, eventually, in 1920, under my predecessor, Dr. Reynolds, making the Department self-supporting, and lately revenue-producing. If this policy is to be continued, however, it is evident that more attractive quarters and a more efficient distribution of floor space must be secured.

The subjoined table gives the figures of the work done during the year, and, for comparison, similar summaries of the work done in previous years.

TABULATION OF DATA, DEPARTMENT OF ROENTGENOLOGY

YEAR	Ward Cases	O. D. D. Cases	Private	All Others	Totals	X-ray Treatments	Films taken	Dental Films	Alpine Lamp
1915	..	..	..	..	4,572	..	8,719	..	..
1916	2,227	2,789	123	263	5,504	381	11,062	1,551	..
1917	1,950	2,006	87	164	4,608	257	8,756	2,202	..
1918	1,692	1,537	48	129	3,406	27	6,994	702	..
1919	2,511	2,812	143	136	5,600	43	11,067	2,200	..
1920	2,919	2,896	409	140	6,364	609	7,180	942	..
1921	3,076	3,038	579	195	6,888	739	11,404	1,850	..
1922	3,200	3,207	698	191	7,303	629	13,696	2,457	..
1923	3,702	2,835	960	210	7,707	764	14,144	2,506	467
1924	3,869	3,283	1,031	200	8,383	916	15,408	3,530	1,097

MERRILL C. SOSMAN, M.D.,  
*Roentgenologist.*

DECEMBER 31, 1924.



## Report of the School of Nursing

THE enrolment of graduate and student nurses at the close of the year is as follows:

Superintendent of nurses . . . . .	1
Assistant superintendent of nurses . . . . .	1
Instructors . . . . .	2
Supervisors . . . . .	4
Night supervisors . . . . .	2
Graduate nurse anesthetists . . . . .	2
Pupil anesthetist . . . . .	1
Graduate head nurses of wards and assistants in departments . . . . .	15
Masseuse . . . . .	1
Student nurses . . . . .	92
Pupils in preliminary course . . . . .	30
	<hr/>
Total . . . . .	151

Fifty-five students have entered during the year; 41 have graduated; 15 have withdrawn for various reasons.

Perhaps the greatest change in the policy of the school has been the acceptance of affiliation at the Boston Lying-In Hospital for obstetrical nursing. The request came from the officers of that institution. This seemed a desirable thing to do in order that the institutions in this medical center might be more closely united and have more unity of purpose with relation to nursing education. For several reasons we were reluctant to withdraw our affiliations from the New York hospitals, as in many ways these have been very satisfactory. The new arrangement went into effect September first. The plan relieves this hospital of a large item of annual expense.



A new affiliation has been formed at the Massachusetts Eye and Ear Infirmary for periods of two months for teaching and experience in the care of diseases of the eye, ear, nose, and throat. Fifteen nurses have been permitted to have this course, and it has proved a popular one, particularly for those nurses who are planning to enter the Public Health Nursing field.

Seven nurses have had the course in Public Health Nursing. Many more requests have been received for this work, and the number desiring this course is constantly increasing. Much difficulty is experienced in assigning students to this work, as the course is given only twice in a year, and the course in obstetrics is a prerequisite while it is also very desirable that students shall have had affiliation for pediatrics.

Three nurses, Miss Mary M. Moody, Children's Hospital, 1923, Miss Alice Grosch, Easton Hospital, 1922, and Miss Alma Williams, P. B. B. H., 1923, have been received in our operating rooms for instruction in the administration of anesthetics.

Several changes in the graduate nursing staff have occurred:

Miss Ruth Messerli, P. B. B. H., 1922, Head Nurse on Ward F-Main for nearly two years, went, in October, to the Eastern Maine General Hospital, Bangor, as Instructor.

Miss Ruth Sleeper, Massachusetts General Hospital, 1923, replaced, in September, Miss Ella M. Rafuse, Children's Hospital, 1914, as Instructor in Theory.

An Assistant Night Supervisor has been added to the Staff, and that position has been filled by Miss Constance Batten, P. B. B. H., 1924.

During the summer Miss Helen Blaisdell, P. B.



B. H., 1918, Practical Nursing Instructor, and Miss Lucy H. Beal, P. B. B. H., 1919, Medical Supervisor, had leaves of absence to pursue studies at Teachers' College, Columbia University. They have returned to their duties with enthusiasm, increased breadth of vision, and many new teaching methods.

The five-story addition to the nurses' home, now under construction, will solve some of our problems. It will provide suitable housing facilities for the school at its present size, separate rooms for night nurses, and adequate bathing facilities. Three sitting rooms now utilized as double bed rooms will be restored as sitting rooms. It will not relieve the congestion in class rooms, nor provide additional reception and recreation room space, so sorely needed in a school which includes 150 girls with modern ideas of life and work and recreation.

The Principal of the School of Nursing has made graduation addresses at the Whidden Memorial Hospital, Everett, Mass., on April 8; the Framingham Hospital, Framingham, Mass., on May 5; Symmes-Arlington Hospital, Arlington, Mass., on May 12; Lynn Hospital, Lynn, Mass., on May 15; Somerville Hospital, Somerville, Mass., on September 17.

The tenth graduation of this School of Nursing occurred November 6 with Mr. Curtis presiding, and Ashley Day Leavitt, D.D., making the graduation address. Forty-eight members were in the class, the largest thus far in the history of the school. The Dr. John P. Reynolds Gold Medal for general excellence was awarded to Miss Bernice Evelyn Anderson. The John P. Reynolds Scholarship for excellence in theory at the end of the second year was awarded to Margaret Rockwell Schubert, B.A., with an average of 97.3.



At the request of the President of the Corporation, the Principal of the School of Nursing outlined a nurse's duties, and, with a few changes, that outline follows:

It is a commonly accepted principle of hospital management that a School of Nursing exists to supply nursing for the patients in the hospital. It was in recognition of this custom that this school was organized.

If, however, a hospital sends out literature announcing that it maintains a School of Nursing, it gives those persons who read it the right to think that it prepares for something beyond the actual two or three years of service in the hospital. Certainly the girl who, in all good faith, enters one of these schools does so, not to care for the sick in that hospital, but to prepare herself for a life of usefulness.

With the rapidly increasing demands upon the services of graduate nurses has developed this double responsibility of hospital boards, which, in many instances, they have been slow in accepting. Fortunately, many hospital authorities have recognized the dual responsibility. We are glad to include this hospital in the list and to record our appreciation of the co-operation of those in authority.

In this school the first sixteen weeks of a student's time are consumed in teaching the student the rudiments of good nursing, the history and ethics of her profession, and brief, but applied, courses in the sciences underlying nursing practices, — in short, those fundamentals needed to make her just ordinarily intelligent in the care of the sick in this hospital, — to render bedside care, to fit her for the responsibilities of ward duty and of night duty, to know methods of carrying out prescribed treatments, to be capable of accurate observation and recording of symptoms and conditions, to understand their significance, and to help her to adjust to the rather complex life and organization of a modern hospital.

At the end of this preliminary course, she begins ward duties. At first she is given the easier tasks, but in a few short weeks she is fulfilling her part in the ward program something as follows: She rises at 6 A.M. and reports on duty at 7 o'clock, after having had breakfast. She, with the other nurses on the ward, will first listen to the night report given by the night nurse to the head nurse, and will receive any instructions which the head nurse finds it necessary to give. After the report the nurses will distribute themselves according to the duties assigned.



## REPORT OF THE SCHOOL OF NURSING

One nurse will be in charge of the kitchen and begin preparations for serving the breakfasts, which will be all ready in the steam table waiting to be served. This includes serving the trays, giving to each patient the kind of diet which is prescribed for him, and giving careful attention to the special diets which have been prepared for special patients in the Main Diet Kitchen. After the trays have been returned to the kitchen, this nurse will be responsible for clearing them, for the general order and tidiness of the kitchen, including the refrigerator and the fruit closet. She will chart the diets in cases of those patients who are on special diet, will record fluid intake on those patients on which this observation is being made, will list the supplies needed for the next day in the kitchen, and will be responsible for advising the head nurse of the needs.

Another nurse will take temperatures, pulses and respirations on all the patients on the ward, numbering from twelve or fifteen to twenty-five or thirty. She will record these in a temperature book and on the patients' charts. She then goes to the kitchen and assists in serving the breakfasts, feeding those patients who are helpless. She prepares the drug basket to go to the drug store, listing drugs and other articles needed and making a list for the head nurse. She next gives the after-meal medicines. She will again take and record temperatures, pulses, and respirations on all patients on four-hourly charts at 12 and 4 o'clock.

Still another nurse will go to the Utility Room and see that it is in proper order for the day. She will take care of all the flowers belonging to patients, will be responsible for the dusting of the ward corridors, the doctors' office, the head nurse's desk. She will also be responsible for the order of the bathrooms and toilets.

Still another nurse will care for the surgical dressing car. She will see that the utensils are clean, instruments sterilized, all surgical dressings and supplies for the day's work at hand, and will assist at dressings.

If on a surgical ward, still another nurse will immediately begin the care of pre-operative patients, — those patients who are listed for operation that day. They will have baths and treatments according to orders, their beds made in preparation for care following operation. She will accompany such patients to the operating rooms.

When these preliminary duties are finished — about 8.10 — all the nurses will repair to the wards for the care of patients. The duties of a day nurse, working eight hours, cover the daily bedside care of from two to nine patients, depending upon the



## PETER BENT BRIGHAM HOSPITAL

number of patients on the ward, the nature and seriousness of their illnesses, and the number of nurses assigned to that ward. This number of nurses varies according to the fluctuation in enrolment, members away for vacations, and nurses off duty, ill or from other causes. Obviously, the number of patients is not fixed, and changes almost from hour to hour.

Ordinary bedside care includes the bathing of the patient, attention to hair, nails, and teeth, making of the bed with patient in it, and sometimes transferring the patient to another bed. It includes all the care of that bed, keeping it clean and dry, the sheets tight, without wrinkles, free from crumbs or other material in order that the patient's skin may be kept in good condition, no pressure sores allowed to appear, and involves attention to every phase of the physical well-being of that individual. While making beds, the bedside table, which contains the personal things of the patient, will receive care.

If on a medical ward, preparations will be made for tests, such as gastric analysis, and all baths given and beds made previous to the ward visit which begins daily at 10 o'clock.

Between-meal nourishments will be served about 10.30, trays prepared for dinner, store and kitchen supplies will be received and put away, and the daily supply of linen placed on the shelves of the linen closet.

The noon meal is served in much the same way as the breakfast and is followed immediately by the visiting hour. After-meal medicines and 2 o'clock medicines must be given. Nurses must go to their own luncheons, and by this time some will be having their off-duty time, so that the number of nurses on the ward is very much decreased. Following the visiting hour, the wards must be put in order, fruit and flowers brought in by visitors must be taken care of, and on the surgical wards, preparation made for the surgeons' ward rounds which occur in the afternoon.

The rest of the afternoon will be consumed by treatments, dressings, on the surgical wards specialling of ether patients, and on the medical wards preparing patients for and assisting at intramuscular, intravenous and intraspinal treatments, while the patients must also have more commonplace care, as washing of their faces and hands in preparation for the evening meal and the night, and at all times every attention paid to their physical comfort. The hour from 4 to 5 is a very busy one — frequently a head nurse and one student form the whole Staff. All others are either off duty or attending lectures.

Suppers are served at 5 o'clock in the same manner as the breakfasts and the dinners, following which after-meal medicines and other medication must be given and patients made



## REPORT OF THE SCHOOL OF NURSING

ready for the night with careful attention to beds, tightness of sheets, rubbing of backs, etc. All orders must be checked, the ward must be left in good order, and plenty of materials and supplies left on hand for the work of the night nurse.

These are the routine daily procedures. In addition, the order book must be watched constantly for new orders that they may be carried out without loss of time. Nurses must prepare for and assist at, as ordered, gastric lavages, gastric analyses, phthalein tests, two-hour renal tests, glucose tolerance tests, Meltzer-Lyon tests, infusions, transfusions, paracenteses, lumbar punctures, etc. They must understand the Sippy régime, the administration of insulin and other special treatments.

Nurses are required to leave their wards to accompany patients to the baking room, X-ray rooms, operating rooms, eye laboratory, photographic room, clinics, metabolism laboratory, cystoscopy room, etc.

During the day, probably several new patients are admitted. If ambulatory, these are piloted to the wards by messenger girls. Following are the duties of a nurse in admitting a patient: to greet the patient cheerfully, to take the pulse, temperature, and respiration, and record them; to notify the house doctor by telephone of the arrival of the patient. If an ambulance patient, the patient must be undressed and given a bath in bed; if an ambulatory patient, the patient will be assisted to undress and be given a bath in the tub and assisted to bed. The head must be examined for pediculi. Special attention must be given to the condition of the skin, the feet and hands. The clothing must be listed, marked, the list signed by the patient and the nurse, the clothing taken to the locker room down one flight of stairs, sometimes two flights. The valuables, if the patient has any, must be listed, placed in the proper container, and carried to the cashier's office for safe-keeping. The nurse will make out the bedside chart. If the patient is a woman, she will be present during physical examination.

Probably several discharges have also occurred and the process has been reversed. Clothing must be brought up from the locker rooms, patient must be assisted to dress, if necessary, must be required to sign the clothes list showing that he has received all his clothes, the bookkeeper's office must be notified, discharge card made out, appointment card for return to the Out-Door Department secured from the house doctor, presence of valuables in the safe ascertained, patient escorted to the Front, where the nurse must report to three different offices with the patient, and may not leave him until he is



actually ready to leave the hospital front door. This will consume from five to thirty-five minutes; the nurse then hurries back to her ward to finish her interrupted duties there.

If the day has not been too strenuous, or if another admission is not received at 6.30 or a quarter of 7, the nurse will perhaps be off duty at 7 P.M. Meantime, an evening duty nurse has come on at 3 o'clock, and at 7 o'clock she will be left in sole charge of the ward until 11. At 11 o'clock she will be relieved by the night nurse, who in turn is on until 7 A.M.

A repetition of this day occurs daily for a period of nearly two years — part of the time on medical wards, part on surgical wards, on men's wards, on women's wards, the private ward, on day duty, evening duty, or night duty.

Much is exacted of nurses which is not strictly nursing. There are many housekeeping tasks which it is necessary for every nurse to understand, but it is scarcely necessary that she perform them daily for two or three years in order to perfect herself in them. Many other duties, such as I have described, might very properly be transferred to another group of workers, thereby leaving the nurse's time less interrupted and therefore concentrated on proper duties pertaining to the actual care of the sick.

Since good nursing means making the patient comfortable in every way, in mind as well as body, we try to think that the performance of these duties does contribute, at least indirectly, to the comfort of the patient. Certain other duties, such as the care of the Diet Kitchen, the medicine closet, the linen room, the utility room and its utensils, the dressing carriage and its equipment, are more nearly related to nursing care and do contribute quite directly to the welfare and the safety of the patient.

While the nurse is actively engaged with these ward duties, her course of instruction is proceeding regularly. During the second year, each student averages four and a half hours per week of class and lecture work which is carried in her off-duty time. This teaching is done by the Resident Staff of physicians and surgeons and by the nurse instructors of the School of Nursing.

In the third year, each nurse has experience in the operating rooms, in the Out-Door Department, and in the Diet Kitchen. She doubtless gains much knowledge from these experiences. She also contributes a good deal to the daily routine work of the hospital, particularly in the Out-Door Department and in the Diet Kitchen.

It is in the third year of her course that several features are introduced which are of value solely to the individual nurse,



## REPORT OF THE SCHOOL OF NURSING

and which are not given her primarily to make her more proficient as a nurse in this hospital. I refer particularly to affiliations of three months each, which provide teaching and practice in obstetric and pediatric nursing. Every student nurse receives the advantages of these two affiliations. A limited number have also four months of teaching and experience in Public Health Nursing. This year a new elective has been offered, and several nurses have had two months' teaching and experience in the care of diseases of the eye and ear at the Massachusetts Charitable Eye and Ear Infirmary. A three months' course has also been offered at the McLean Hospital, Waverley, for the care of those mentally sick, and one of our students has expressed the desire for this course which we hope to be able to give her. The Psychopathic Hospital has cooperated splendidly by giving a series of sixteen lectures and clinics at that hospital on psychiatry and psychiatric nursing to our third-year students, with those of the Children's Hospital.

These advantages are offered our student nurses purely as educational features, not contributing markedly to the quality of nursing here, except by attracting sufficient numbers of young women into the school to keep the quotas well filled, and by the quality of the services our graduates are prepared to render when they return for executive and teaching positions.

There remain, however, many courses to be added to the curriculum and many changes to be brought about in our routine to keep our school abreast of the times in the preparation of its nurses.

CARRIE M. HALL,

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

DECEMBER 31, 1924.



## Report of the Social Service Department

THE purposes of Hospital Social Work are to assist in the care of patients whose circumstances render medical care alone ineffective; to foster the hospital's community relationships; and to develop co-operation between medicine and social work.

The methods of performing these functions are:

1. **CASE WORK.** To discover and interpret the social factors that contribute to the patient's physical condition; to guide the patient in necessary changes in his environment; to strengthen in him those forces that will tend to re-establish health and economic independence.

2. **EDUCATION.** To assist, where facilities permit, in the training of students in Hospital Social Work; to interpret to allied groups the social aspects of medical problems; to promote mutual understanding between the hospital and the community.

3. **RESEARCH.** To study social causes and results of disease, factors that contribute to health, and problems of social behavior.

Hospital Social Work is now an integral part of the hospital, and the principles of social service are impregnating the whole fabric of medical service. These influences have awakened the general public to the need of a common program in which the medical and the social agencies shall work together toward longer, sounder and richer lives for all its people.

In the busy dispensary and hospital the physician



does not have the time to give that personal relationship common twenty years ago. Necessarily both patient and doctor lose by this situation. The patient, unable to carry out the physician's order, is discouraged and helpless, and the physician, understanding but unable to help, loses the knowledge and the experience of the effect of his treatment for his patients. Most doctors now realize the futility of prescribing a long period of rest and a nutritious diet to the woman who has seven small children and whose husband is out of work, without social service.

Doctors have also come to know that in special classes or clinics, such as cardiac, diabetic, and goitre clinics, where patients with a common disease come at regular intervals covering a considerable period of time, the success of the clinic largely depends upon the hospital social worker. She it is who does the follow-up, gives much of the instruction, visits the home, attends to the problems she meets there, and reports to the physician any significant data.

But her interest is not confined to the individual nor to the special group, but to the entire intake of the hospital. She has a keen sense of the responsibility of the hospital as a whole, to the needs of the patients and to the community. The time has come when the hospital Staff looks beyond the four walls of the hospital to a better understanding of the environment from which our patients come, and that to which they return. Of what avail to correct a physical disability if there are conditions in the home and the community which kill the spirit and destroy the soul?

This development of the social viewpoint of the hospital is apparent in many hospitals. At the Peter Bent Brigham Hospital the head worker in the Social Service Department assisted in establishing a system



## PETER BENT BRIGHAM HOSPITAL

whereby each patient coming to the Out-Door Department has a social interview to ascertain his background and his ability to pay. Budgets necessary for families of various sizes have been prepared, and patients whose incomes are below those for proper sustenance of life are admitted, partly paying or free. This is not a clearly defined task, for many patients present different circumstances. Each case has to be considered individually. Such instances as these arise:

1. A man with adequate income, but in whose family there is a member who is an extra expense on account of illness.
2. A man who has been out of work, and accumulated debts.
3. The single woman or widow who is no longer able to work, and who has only small savings.
4. The mother of a family of adult children who are working and whose combined income is adequate but the amount given her by them is not sufficient to meet the expenses of the family and allow her the extra money she should have for medical care. On the other hand, there is the adult man or woman living at home who contributes to the family support and has not enough to pay his own medical care.
5. Then there are patients who can pay the full fee if they do not have to come often, but cannot afford to do this if they have to come two or three times a week; *i.e.*, for surgical dressings, X-ray treatments, baking, massage, etc.

It is evident that tact and discrimination are needed in this office. An effort is made to place women here who have these qualities. They are under the supervision of the Social Service Department, but are not included in the budget of this Department.

There have been certain changes and developments in the Social Service Department in the past year. In September Dr. Sturgis asked for the services of a worker in the Goitre Clinic which he had recently organized in the Out-Door Department. He felt that



social problems had a marked pathological effect on the condition of goitre patients, and that if these patients could be assisted with difficulties arising at home or elsewhere it would greatly aid in their recovery. He also felt there was a chance to collect much social data which might be of great value in a special study of the disease. It is too soon to give any report of accomplishment, but it has been proved without a doubt that there is a large field for social work. The aim, in a few words, is to get acquainted with the patients, before operation if possible, to find out their special worries and to try to relieve their minds; to provide convalescent care as long as needed; to try to make it possible for them not to return to their regular work for three months; to help find different or lighter work; to be sure that they return at proper intervals to the clinic and for metabolism test. The work in this clinic promises to be most interesting, and we hope, by next year, to have something of value to report. The worker on the Surgical Service was detailed to this clinic.

SURGICAL SERVICE — GOITRE CLINIC.

Brought forward from last year . . . . .	56
New patients . . . . .	281
Reinstated . . . . .	25
Steering and follow-up . . . . .	74

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.



## PETER BENT BRIGHAM HOSPITAL

### CARDIAC CLINIC.

Brought forward from last year . . . . .	170
New patients referred . . . . .	67
Reinstated . . . . .	8
	245
Total membership during year . . . . .	245
Closed during the year . . . . .	45
	200
Present attendance January 1, 1925 . . . . .	200
Total number of visits to clinic . . . . .	566
Average number at clinic . . . . .	11

Of the present clinic of 200 members, there are 23 men, 64 women, 48 boys, 65 girls (age division being made at 18 years).

Because the supervision of the patients must, of necessity, cover a long period of years, it is possible for the social worker to become intimately acquainted with each member of the clinic and with many of their families, and thus it is comparatively easy to advise and plan with them when sudden and unforeseen emergencies arise. The problems are almost never confined to the patient alone. Generally some other member of the family is in need of medical oversight, and occasionally a real social difficulty is apparent for them likewise. The patient is not divorced from his family, and their problems also fall to the cardiac worker to help untangle and solve as best she may.

For instance, upon looking into the home situation of a 16-year-old Irish girl, a patient in the Cardiac Clinic with a diagnosis of early mitral stenosis and post-rheumatic fever, these facts were found to be present: The parents were living apart; there were four children, the youngest 14 and the oldest 21 years of age; the mother, an expert power machine stitcher,



had been out of work for the past two months because of illness; an 18-year-old daughter, formerly employed as a clerical worker in a department store, had recently lost her job so that the entire support of the family fell upon the eldest son, a boy of 21 years. Plans were at once made for the mother to come in to the Medical Clinic of the Out-Door Department of the hospital for a complete physical examination. A diagnosis of (?) pernicious anemia and malnutrition was made, and upon the doctor's advice, arrangements were made for the mother to enter the hospital wards for treatment. The family was then referred to the Family Welfare Society for financial aid and general oversight of the family during the mother's absence from home. As our doctor advised convalescent care for the mother upon her discharge from the hospital we appealed to the Lend-A-Hand Society for a sum of money sufficient to pay her board for two weeks at Chickering House. This amount was generously given, and the mother not only had a happy rest, but gained 8 pounds in weight while there. In the meantime we persuaded the oldest daughter to take our cardiac patient and her 14-year-old brother to the Massachusetts Eye and Ear Infirmary a number of times for needed treatment for discharging ears. Aside from this and the heart condition of our patient, the children in the family were in good health. As the mother was badly in need of artificial teeth, an appeal was made to the Invalid Aid Society and again to the Lend-A-Hand Society, both of whom willingly agreed to share the expense of the necessary dental work, and arrangements were accordingly made with the Harvard Dental School for the work to be done. Upon the mother's return home, efforts were made to secure employment for the oldest daughter, who now



no longer needed to remain at home, to look out for the family. An application was made through the Women's Educational and Industrial Union, but within a few days the daughter was able to find suitable work for herself. The Family Welfare Society will continue to aid and advise the family for a while longer. Our first patient is reporting at regular intervals at the Cardiac Clinic, and the social worker in this clinic will continue her interest in her and her family.

Probably the most important social work to be accomplished in the Cardiac Clinic is the planning for vocational training for the boys and girls about to leave school. There are many types of work which are safely within the heart capacity of these cardiacs, and following the doctor's directions and recommendations they are guided to one or another of the various agencies equipped to wisely map out a suitable course of training. The cost of tuition is met wherever necessary by the State, and usually either a temporary or permanent position is awaiting the patient upon completion of his course.

During the past year, as in previous years, it has been found difficult to obtain work for our older cardiac men who are unskilled laborers. The only types of work they know how to do are too taxing for their heart damage, and because of their previous lack of education, it is well-nigh impossible to fit them into any occupation requiring the correlation of their brains and hands. If in Boston we could have a bureau for handicapped men such as the Women's Educational and Industrial Union supplies for handicapped women, it would help tremendously in solving the problem of self-support for these men. There is likewise a need for trade school education for cardiac



boys. At the present time boys with heart trouble are not admitted to the regular trade school. We are fortunate in being able to place our cardiac girls in the Boston Trade School for Girls, where they are given an opportunity to learn a definite trade and later on are placed by the school in industry. For the boys and girls beyond school age who are unable, because of their heart condition, to take up regular and sustained work, the James Marsh Jackson League of Occupational Therapy offers interesting and profitable occupation with a small recompense in addition. Real stimulus and encouragement are given the patients who in this way derive the benefit of contact with other boys and girls and consequently dwell less upon their own disability.

In addition to the lack of facility for the placement of unskilled cardiac men in industry, there is a very definite need for further resources for convalescent and chronic hospital care for cardiac men and boys over 12 years of age. It is extremely difficult at the present time to provide any adequate sort of after care for these patients. It is to be hoped that through the New England Heart Association these two problems may be met and successfully solved.

MEDICAL CLINIC.

Brought forward from last year . . . . .	28
New patients referred . . . . .	250
Reinstated . . . . .	50
Steering and follow-up . . . . .	67

LUETIC CLINIC.

Brought forward from last year . . . . .	314
New patients referred . . . . .	156
Reinstated . . . . .	12



PETER BENT BRIGHAM HOSPITAL

The work assigned to this Division falls into four parts: A. The work in the general medical. B. The work in the Luetic Clinic. C. The work connected with gonorrhoea cases. D. That connected with unmarried pregnancy and other sex problems.

During the year of 1924, 467 patients were examined in the Luetic Clinic; 314 patients were carried over from 1923. New patients to the clinic were 156, and reinstated, 12; 3,585 visits, 2,173 by men and 1,412 by women, were made to the clinic. Patients discharged during the year totalled 278:

Discharged as probably cured . . . . .	26
Discharged as non-infectious, but not cured . . . . .	182
Discharged to another clinic or doctor . . . . .	62
Dead . . . . .	7
Diagnosis ruled out . . . . .	1

This leaves 204 active patients, of which 117 are men and 87 women.

During this year, 1,408 letters were written to patients of both clinics. Letters to patients in the Luetic Clinic total 1,066:

First letters . . . . .	674
Second letters . . . . .	232
Third letters . . . . .	145
Special letters (two months) . . . . .	15

Letters to patients in the G. C. Clinic total 342:

Letter No. 1 of Board of Health . . . . .	242
Letter No. 2 of Board of Health . . . . .	100

Fifty-two G. C. patients were reported to the Board of Health by name because they neglected their treatment and did not reply to letters.

Of 154 patients followed in the G. C. Clinic in 1924, 80 were discharged from active follow-up work:



## SOCIAL SERVICE

Discharged as probably cured . . . . .	24
Discharged as non-infectious, but not cured . . . . .	35
Discharged to other doctors or clinics . . . . .	20
Diagnosis ruled out . . . . .	1

This leaves 74 active patients in the G. C. Clinic, of whom 61 are men and 13 women.

Besides the routine follow-up and Board of Health registration carried on in both clinics, there are certain very definite and often pathetic situations which arise from the very fact of the patient's presence in one of these clinics. There are, for example, the delicate task of tracing sources of infection; of examining others associated with the patient, such as husband, or wife, or child; of discovering possible causes of the particular social evil which may or may not be responsible for the patient's condition, such as unsanitary or crowded lodging houses, or other unwholesome living conditions.

Chief among these problems is that presented by the unmarried pregnant woman with or without the attendant complication of a venereal infection. Cases of unmarried pregnant women are in the minority in this hospital, but such as do occur usually require a most carefully detailed planning and intensive effort.

Last December Dr. Fitz reorganized the Diabetic Clinic and asked for the services of a social worker. One was detailed to this clinic who also works with patients on both medical and surgical services. It is too soon to give a separate report of this worker.

The total number of patients for whom some form of social service was done are as follows:

Brought forward from last year . . . . .	302
New patients referred . . . . .	750
Patients reinstated . . . . .	103



## PETER BENT BRIGHAM HOSPITAL

These new and reinstated patients were referred from:

	House.	O.D.D.	Total.
Medical Service . . .	236	257	493
Surgical Service . . .	128	143	271
Urological Service . . .	5	—	5
Admitting Offices . . .	9	—	9
Outside Agencies . . .	—	—	75
Patients followed in the Luetic Clinic . . . . .			467
Patients followed in the G. C. Clinic . . . . .			154
Steering and follow-up service for Outside Agencies . . .			286

### OCCUPATIONAL THERAPY.

Total number of patients receiving Occupational Therapy . . . . .	151
Patients on the surgical wards . . . . .	65
Patients on the medical wards . . . . .	86

The work was carried on by one worker with the help of a volunteer two days a week in January and February. The patients' handiwork, such as basketry, beadwork, knotting and other crafts, was sold at the annual sale held in November under the auspices of the Social Service Committee. The proceeds from the Occupational Therapy table amounted to \$90.

The Social Service Department of this hospital is used for field work by the Simmons College School of Social Work for the training of its students in the practical experience of working out social problems. This is both an interesting and stimulating feature of our work, and also an incentive to keep standards high.

The Social Service Committee has been very active during the past year. Meetings have been held once a month at the hospital with the exception of the three summer months. Money has been raised by the ladies of this committee for the support of social work in the hospital. Both through financial help and by interest in the work the committee has added a stimulus to the Social Service Department.



## SOCIAL SERVICE

We take this opportunity to gratefully acknowledge the financial aid which the Permanent Charity Fund Incorporated has given us the past six years.

We wish to express also our appreciation of the fine spirit of friendliness and helpfulness manifested throughout the hospital, and for the generous co-operation of our friends in the community.

### STAFF OF WORKERS

Surgical Service — Goitre Clinic

MINA M. BROWN

General Service — Cardiac Clinic

THEKLA ANDREN

KATHARINE A. HOMANS (volunteer)

Medical Service — Luetic Clinic

LOUISE GILLIS

EDA RUVIN (resigned September 1)

General Service — Diabetic Clinic

ELLEN L. TAYLOR (began October 1)

FLORENCE W. MARK (volunteer)

Occupational Therapy

ANNA P. REVERE

#### *Volunteers*

MARGARET KAHN

HOPE COOK

PATRICE H. PULVER

#### *Clerical Staff*

AGNES F. DAY

DOROTHY E. COLBY (part-time)

AGNES SCOLLARD (part-time)

#### APPOINTMENT OFFICE, OUT-DOOR DEPARTMENT

(Salaries paid by hospital and not included in Social Service Department)

MABEL A. LINDSAY

IDA V. SMITH (half-time)

MARION LYONS (half-time)

ALICE M. CHENEY,

*Director Social Service Department.*



## Report of the Pathologist

THE figures for the Department are as follows:

Autopsies, Medical Service . . . . .	68
Autopsies, done outside for Medical Service . . . . .	4
Autopsies, Surgical Service . . . . .	69
Autopsies, done outside for Surgical Service . . . . .	2
Autopsies, Neurological Service . . . . .	39
Autopsies, done outside for Neurological Service . . . . .	8
	190
Total number of autopsies recorded . . . . .	190
General autopsies . . . . .	143
Neurological autopsies . . . . .	47
	190
Recorded autopsies . . . . .	190
Cases counted twice . . . . .	13
	177
Actual total . . . . .	177
Reports on Surgical Specimens . . . . .	1,199
Reports on Neurological Specimens . . . . .	151
Reports on Bacteriological Specimens . . . . .	1,261
Guinea-pig Inoculations for suspected Tuberculosis . . . . .	208
	2,819
Total . . . . .	2,819

There were 269 deaths in the hospital, 125 in the Medical Service, 95 in the Surgical Service, and 49 in the Neurological Service. Sixteen deaths were investigated by the Medical Examiner.

The percentage of autopsies for the year, after deducting the sixteen cases taken over by the medical



## REPORT OF THE PATHOLOGIST

examiner, proves to be 70%. The percentage of autopsies for the various services, after making corrections for autopsies twice entered, is Medical, 57.6%; Surgical, 61.0%; Neurological, 96%.

The number and percentages of autopsies for all years are:

Year	No.	Per Cent.
1924 . . . . .	177	70.0
1923 . . . . .	153	58.0
1922 . . . . .	174	68.0
1921 . . . . .	158	62.8
1920 . . . . .	155	58.2
1919 . . . . .	102	40.0
1918 . . . . .	145	40.0
1917 . . . . .	114	55.6
1916 . . . . .	113	49.5
1915 . . . . .	101	47.6
1913 and 1914 . . . . .	147	58.5

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

Year	No.
1924 . . . . .	2,819
1923 . . . . .	2,708
1922 . . . . .	2,391
1921 . . . . .	1,984
1920 . . . . .	1,826
1919 . . . . .	1,628
1918 . . . . .	2,224
1917 . . . . .	1,248
1916 . . . . .	1,140
1915 . . . . .	1,030
1914 . . . . .	847

The number of autopsies this past year is the largest and the percentage of autopsies in relation to the number of deaths is the highest since the hospital was opened. In 1924, for the first time, fortnightly



clinical-pathological conferences, for the benefit of the House Staff, have been held on Friday afternoons, alternating with the clinical-pathological conferences conducted by Dr. Cabot and the Pathologist, for the third-year class of medical students.

The routine work of the laboratory has been facilitated by the aid of competent voluntary assistants, Dr. G. F. Green and Dr. Boris M. Fried, and it is gratifying to note that the number of candidates for these voluntary positions is sufficiently large so as to always insure the granting of this privilege to able persons. Candidates for the position of house officer now come from all of the medical centers.

The figures above by no means give an idea of the activities of the Department. In addition to the clinical-pathological conferences, teaching to second-year students is conducted regularly three times a week during the academic year by the Resident Pathologist. Fourth-year students in varying numbers are present throughout the academic year, and occasionally graduate students and members of the Hospital Staff are given assistance in the use of the accumulated material in the laboratory. The obligation to use post-mortem material to the best advantage is a great one, and this obligation we try to fulfill in the use of such material for the education of students and of the Hospital Staff and in the preservation of occasional specimens in permanent form for storage and exhibition in the Warren Museum.

While there is an ever-increasing number of candidates for positions in the Pathological Department, but a small proportion of these candidates contemplate a career in pathology. An overwhelming majority wish the experience as part of their preparation for the practice of medicine and surgery. This



condition is one that should perhaps interest universities rather than hospital trustees, but nevertheless it is one affecting the medical profession as a whole, as the explanation lies in the great disparity in compensations received by pathologists and practitioners of medicine and surgery. The condition serves to emphasize the value to the Brigham Hospital of intimate association and affiliation with the Department of Pathology of the Harvard Medical School, in that the hospital has secured its pathological services at an exceedingly small cost in salaries, and I venture to say that it is not infrequent for surgeons, even in the Brigham Hospital, to receive single fees greater than the yearly recompense paid either to the Resident Pathologist or the Pathologist of the hospital. Frequently the Pathologist or the Pathological Department acts in the capacity of consultant in the private work of the physicians and surgeons of the hospital, and very frequently many hours and sometimes even days are spent in the study of material, surgical or bacteriological, for the purpose of contributing evidence towards diagnosis. The Pathologist ventures to express the belief that the advantages to the clinical staff of a well-conducted Pathological Department in any hospital where private patients are permitted is not sufficiently understood by those having the governing power of the institutions, and he further ventures to state that these advantages have come to be taken entirely too much as a matter of course by the clinical departments. The value of the services rendered by the Pathological Department in behalf of the private patients in the Peter Bent Brigham Hospital, reckoned upon the assumption that the Pathologist's time is worth but a small fraction of the surgeon's time, would easily make the



## PETER BENT BRIGHAM HOSPITAL

Department many times self-supporting. It does not seem fair that the debit side of the bookkeeping concerning the Pathological Department should not be balanced by a realization of the at present intangible credit side. It is a recommendation of the Pathologist that this credit side be made tangible along the lines suggested, and the proceeds be used for the maintenance of the laboratory, the more adequate compensation of its servants, and in increasing facilities for research.

Changes in the Pathological Staff in the last year are as follows:

Dr. Charles L. Brown succeeded Dr. James R. Wilson as Resident Pathologist, July 1, 1924. Dr. Henry Pinkerton succeeded Dr. Gustav Wilens, July 1, 1924, and Dr. Harold Blosser succeeded Dr. Ashley W. Oughterson, January 1, 1925, as Pathological House Officers.

Dr. George F. Green served as Assistant in Pathology, July 1, 1924, to January 1, 1925. Dr. Boris M. Fried, Voluntary Graduate Assistant since January, 1923, resigned in July, 1924, to assist in researches in Dr. Cushing's department.

While most of the former house officers and residents have gone into the practice of medicine and surgery, a number have remained in laboratory work. Dr. Lawrence J. Rhea, Resident Pathologist from July 1, 1912, to October 1, 1913, is now Associate Professor of Pathology in McGill University and Director of the Laboratory of the Montreal General Hospital. Dr. Ernest W. Goodpasture, Resident Pathologist from September 1, 1915, to October 1, 1917, is Professor of Pathology in the Vanderbilt Medical School at Nashville, Tenn. Dr. Victor Jacobson is Professor of Pathology in Albany Union



## REPORT OF THE PATHOLOGIST

Medical College, Albany, N. Y. Dr. J. Jay Keegan is Professor of Clinical Pathology and Dean of the Medical School of the University of Nebraska, at Omaha, Neb. Dr. William S. Quinland is Professor of Pathology at Meharry College, Nashville, Tenn. Dr. George H. Hansmann is Pathologist to the Hospital of the University of Iowa School of Medicine, Iowa City, Iowa.

### Publications

The following articles have been published or completed during the past year:

WOLBACH, S. BURT. Rocky Mountain Spotted Fever. A Textbook of Medicine by American Authors.

— Typhus Fever. A Textbook of Medicine by American Authors.

— The Rickettsiae and Their Relationship to Disease. Jour. of the A. M. A., March 7, 1925, 84, 723.

— A Summary of the Effects of Repeated X-ray Exposures upon the Human Skin, antecedent to the Formation of Carcinoma. American Journal of Roentgenology and Radium Therapy, February, 1925.

BROWN, CHARLES L. Skin Lesions in Meningococcus Septicaemia. Am. Jour. of Dis. of Chil., June, 1924, Vol. 27, pp. 598-602.

BROWN, CHARLES L., and STIEFEL, D. M. A Case of Multiple Bone Lesions of Atypical Roentgenographic Appearance with Pathological Findings. (Multiple tuberculous osteomyelitis with both formative and destructive lesions.) The Jour. of Bone & Joint Surgery, Vol. VI, No. 3, July, 1924, pp. 550-563.

BROWN, CHARLES L., and SYMMERS, DOUGLAS. Acute Serous Encephalitis: A Newly Recognized Disease of Children. Am. Jour. of Dis. of Children. In Press.

FRIED, BORIS M. Besredka's Tuberculosis Antigen and the Complement Fixation Reaction. The Amer. Rev. of Tuberculosis, 1924, Vol. 9, p. 112.



PETER BENT BRIGHAM HOSPITAL

FRIED BORIS, M. The Appearance of Specific Antibodies in the Serum of Rabbits by Intratracheal and Intravenous Injections of Living Tubercle Bacilli. Proc. of the Soc. for Exp. Biol. & Med., 1924, Vol. 21, p. 396.

— Concerning the Presence of a Specific Antigen in the Urine of Patients with Active Tuberculosis. The Amer. Rev. of Tuberculosis, 1924, Vol. 9, p. 264.

— Primary Carcinoma of the Lungs. Arch. of Int. Med., 1925, Vol. 25, p. 1.

S. B. WOLBACH,  
*Pathologist.*



## Report of the Surgeon-in-Chief

HOSPITAL AND MEDICAL SCHOOL. The relation of the Brigham Hospital to the Harvard Medical School is a peculiar one. In accordance with an unwritten agreement between the Corporation of the University and the original Hospital Board of Trustees it was understood that the Physician-in-Chief and the Surgeon-in-Chief should hold chairs of Medicine and Surgery in the Medical School. These were respectively the Hersey Professorship of the Theory and Practice of Physic and the Moseley Professorship of Surgery. It has come about, also, that the Shattuck Professor of Pathological Anatomy, the acknowledged head of that department, by a tacit understanding automatically holds the position as Pathologist to the hospital. It would appear, therefore, that the Brigham Hospital, more truly than in the case with any of the other general hospitals affiliated with the School, plays the rôle of a university hospital so far as that is possible when boards of control are not interlocking and when the principle is not clearly and frankly acknowledged by both parties. The possibilities of such an alliance probably never entered the founder's mind; but had he known that his projected hospital was some day to be erected in immediate juxtaposition to an established medical school, he would certainly have been quick to see the mutual advantages of a hard and fast partnership.

However this may be, the principle was accepted at the outset by the chiefs-of-service here, and their hospital staffs have been so organized, through the



medium of a graded residential system, that from top to bottom they would most effectively function as university teaching units. The system of fourth-year clinical clerk and dresser services was promptly introduced, and the undergraduates were given privileges at the bedside, in the laboratories and operating rooms which previously had not been accorded to medical students in this locality. This is now largely a matter of forgotten history, for other of the affiliated hospitals have followed suit and the general principle is fairly well established. The reform, in short, was initiated as a hospital policy, not as a school policy, and there may be some doubts as to whether the School as a whole has been conscious that a reform in clinical teaching has taken place. The School, indeed, during the decade has paid scant attention to the development of the clinical and pathological departments and has largely expended its funds and energies in strengthening the departments which have to do with the preclinical sciences.

There nevertheless has been an aroused consciousness, on the part of trustees, administrators, and attendants in all the hospitals affiliated with the Medical School, of the fact that the elbow-to-elbow teaching of medical students in the wards, outpatient departments and autopsy rooms is not only an obligation but an opportunity for service, and that the staff organization must be so modified as to meet the obligation squarely. If the time is not actually at hand, it will certainly come when not only at the Brigham but also at the Massachusetts General and City Hospitals there will be developed full-time teaching services for surgery as well as for medicine which unquestionably will be beneficial both to the School and to the individual hospitals. Whether this



highly desired objective, when fully attained, will necessitate some definite alteration in the present organization of the Departments of Medicine and Surgery is a question deserving of careful consideration. It is this question — one involving the principle of administrative centralization or decentralization of the clinical departments — which I propose to discuss.

Our situation here in Boston, whereby a number of widely separated hospitals have a more or less precarious and loose connection with the Harvard Medical School, differs considerably from that in many other medical centers. The simplest arrangement — perhaps the ideal arrangement — is that whereby a hospital and an adjacent medical school are under university control or at least under the control of interlocking boards. Such an arrangement, to mention a few examples, exists at the University of Pennsylvania, at the Johns Hopkins and at Washington University. It exists, too, at certain of the State universities as in Michigan, California and Iowa. It moreover is the plan in prospect for the new schools being erected at Rochester, at Chicago, for Vanderbilt University in Nashville, and for Columbia in New York. The fact that for each of these newer establishments the plans call for a school and hospital practically under one roof shows that the ready access of the clinic to the science workers and of the science laboratories to the clinician is the desideratum aimed at. In all of the schools so organized, there are recognized heads of departments who have the control and disposition of their respective departmental budgets, including ample funds for research purposes. Indeed, as is proper, the responsibilities for the conduct of a department are placed upon one pair of shoulders, and there consequently is no



dodging of the responsibility. If the pair of shoulders should prove incompetent, this misfortune can be corrected by the passage of time on which a well-established university can afford to wait — or, if necessary, by dismissal.

One difficulty experienced by a university hospital and school so organized has been the fact that as the students increased in numbers the clinical material was apt to prove insufficient for effective fourth-year bedside instruction. This deficiency could be met in two ways: either by holding down the number of students or by increasing the number of beds, both of them moves which entail great expense. In fact, as the recent campaign for funds projected by the Johns Hopkins has made clear, the cost of educating a few medical students on modern lines in a university hospital has become well-nigh prohibitive.

In this respect, the Harvard Medical School occupies an advantageous position and gives far less for the opportunities of clinical instruction than it gets in return. Its affiliated hospitals, even before the Brigham Hospital was erected, provided ample clinical material for all essential purposes, even though the material was poorly utilized. The University, therefore, from the onset has been spared what has proved such a burden elsewhere, namely, the great expense of having to engage in the business of running its own hospitals.

With such material, indeed, as is available in Boston for clinical teaching, it might be easily possible for the School, were there not objections on other grounds, to double the number of its students instead of reducing them as other institutions have been compelled to do. The School buildings, moreover, were erected, it would appear, with the expectation



that they would accommodate classes of two hundred or more; but something else than amplitude of space and a handsome quadrangle attracts matriculants.

With the lengthening of the course to an obligatory four years and an increase in entrance requirements put into effect in 1901, the number of matriculants had been cut in two, the entering class in 1900 having been 198 and in 1901, 87. From 1908 to 1912, the lowest ebb in matriculation was reached, the total number of students in the School being well below 300, and the year before the Brigham Hospital opened there were only 50 men who graduated and only 258 in the entire School. The matriculation for the next few years, however, showed a distinct turning of the tide; and had not the number of entering students been limited to 100 by faculty action a few years later, a number increased to 125 by the regulation reluctantly accepted in 1920, the School might have been filled to its physical capacity, even though the quality of the teaching would certainly have suffered.

Though doubtless there were other influences, beside the improvements in clinical teaching, which twelve years ago affected the sudden increase in the popularity of the School, at all events the increase in numbers coincided with the reforms in clinical teaching which have been mentioned; and it is gratifying to feel that the Brigham Hospital may have played at least some small part in this as well as in nationalizing a school which had previously been largely sectional.\* The influence of the hospital has certainly been in this direction, to judge from the wide geographical distribution of its graduates, a larger

---

\* Of the 496 students in the School in 1901-02, when the registration was comparable to the present number, 465, or 93%, were from New England. The present registration of 506 students for 1924-25 shows that 189, or 35%, are from New England.



percentage of them, than is the case with the other local hospitals, having come from other parts of the country, and a larger percentage of them, too, having scattered widely to go into practice or accept teaching positions in distant schools.

That the primary duty of any hospital is to give the best possible care to its individual patients goes without saying; but the idea is gradually permeating that the quality of this service is more likely to improve when the attending staff is organized as a teaching unit. In other words, it is becoming widely recognized that there is no stimulus to hospital attendants so great as that afforded by the presence of students, not merely as occasional onlookers from the seats, but as actual junior participants in the everyday reception and treatment of patients, whether in the wards or out-patient departments.

Consequently when the clinical services in the older established hospitals will have been so remodeled as to put into full effect their long neglected possibilities as teaching agencies, the Brigham Hospital will have difficulty in competing with them for the students' favor. Our proximity to the School is not, after all, in these days of motor transportation, so great an advantage as it once promised to be, and with the handicap of distance eliminated the wealth of material in the larger hospitals should make the strongest bid for the students' favor, provided the spirit of work and interest in teaching is in all places on the same level of excellence.

So far as the Surgical Department is concerned, there is, however, one unquestioned advantage in our position, namely, the ease of access to the departmental laboratory located in the School buildings. At the time of their erection in 1906 space was re-



served and equipped, through the farsightedness of Dr. J. Collins Warren, for a laboratory of surgical research. Until 1912 this laboratory had a somewhat precarious existence, owing to many causes. Among them were: the meagreness of its budget, which had to be amplified each year by the solicitation of funds from sources outside the School; the fact that there was no individual in constant attendance to give help and encouragement to the occasional worker in solving his problem; and perhaps more than to any other influence, the fact that the interests and training of the local surgeons had been rather along morphological than physiological lines, which took them to the dissecting room rather than to a laboratory where the experimental method was chiefly employed.

It was not until 1912, when the Arthur Tracy Cabot Fellowship became available, the appointment being at the hands of the Moseley Professor of Surgery, that it was possible to put a full-time worker in charge of this laboratory for experimental surgery, and the productivity of the laboratory immediately increased in quantity and quality. A fat volume of reprints in the library of the School testifies to the quantity; the names and subsequent positions held by the succession of Arthur Tracy Cabot Fellows is a sufficient testimony of its quality. I feel, from personal experience, that there is no kind of training more valuable for a young man, wherever his future career may lead him, than to be put for a year or two in charge of the affairs and general conduct of a laboratory of experimental surgery. If they have any hidden flair for investigation, it will come to the surface under these circumstances.

Subjoined is a list of the Arthur Tracy Cabot Fellows and their present positions:



## PETER BENT BRIGHAM HOSPITAL

- Dr. Lewis H. Weed (1912-14), Professor of Anatomy and Dean of the Johns Hopkins Medical School.
- Dr. Gilbert Horrax (1914-15), Instructor in Surgery, Harvard Medical School.
- Dr. Samuel C. Harvey (1915-16), Professor of Surgery, Yale Medical School.
- Dr. William S. McCann (1916-17), Associate Professor of Medicine, Johns Hopkins Medical School; Professor of Medicine-Elect, Rochester University.
- Dr. George B. Wislocki (1917-18 and 1919-20), Associate Professor of Anatomy, Johns Hopkins Medical School.
- Dr. Percival Bailey (1920-21), Instructor in Surgery, Harvard Medical School.
- Dr. Roger C. Graves (1921-22), in surgical practice.
- Dr. W. J. M. Scott (1922-23), Resident in Surgery, Lakeside Hospital, Cleveland, Ohio.
- Dr. Claude S. Beck (1923-24), in charge of the Laboratory of Experimental Surgery, Western Reserve Medical School.
- Dr. Lester R. Whitaker, present incumbent.

To make the tradition of this Fellowship even stronger, if possible, the incumbents since 1914 have been given a titular position as Junior Associate in the Brigham Hospital, where they may lunch with the Staff and keep in touch with the clinical workers, many of whom may thereby be encouraged to undertake the solution of some of their daily problems in the laboratory. Its convenience of access for the Brigham Hospital group has naturally resulted in giving to the School laboratory a distinct flavor of that institution, though the laboratory is actually conducted for the Surgical Department as a whole and workers from any other hospital are equally welcome.

This laboratory, in short, for the past twelve years has been the only foothold the Department of Surgery has had in the buildings of the Medical School. It is there that the second-year students are given their instruction in elementary surgical procedures, — in bandaging, the uses of surgical apparatus, in surgical



technique and instrumentation; and in consequence during certain months of the year the personnel of the laboratory is engaged almost wholly in these tasks. It is for these reasons that the entire budget of the Surgical Department which, aside from teachers' salaries, amounts to the very meagre sum of *circa* \$7,000, comes to be utilized in the surgical laboratory.

The Surgical Department, therefore, with scant encouragement, has hung on with some tenacity to its School quarters, and now the disconcerting question is being raised as to whether the School should favor the continuance of this laboratory or should, on the other hand, favor the establishment within the different hospitals of facilities for investigation. Indeed, a small sum, has already been apportioned from school funds to encourage this development for the surgical unit in one of the hospitals, whereas here at the Brigham the School bears none of the heavy expense incidental to the running of the laboratories for medical and surgical investigation which have been in operation since the hospital opened.

It is not solely for historical reasons that this annual report has been utilized as a means of putting on record these facts concerning the School and the Brigham Hospital so far as they concern a University Department of Surgery and the relation of the Moseley Professor, present and future, to that department. We have seen that there are three general hospitals which are healthy rivals for school favor so far as clinical teaching in surgery is concerned; that these hospitals are gradually coming to have well-organized teaching units as a modified full-time basis; that for each of them a teacher of professorial rank has been appointed; that the School laboratory remains the only common meeting ground for departmental ex-



penditure, and that it proves to be a place largely utilized by the Brigham Hospital group. Not only is this situation different from that in other high-grade university medical schools, but at Harvard it is a stated principle that there are no acknowledged heads of departments. Whether this is a policy which in a medical school is likely to produce the best results is not to be debated here. But it is a curious fact that while authority is becoming more and more centralized in chiefs-of-service within the several hospitals, it at the same time is becoming decentralized so far as the school departments of medicine and surgery are concerned.

Without a head, or at least a guiding hand, in which authority rests, the affairs of a department so complicated as a modern department of medicine or surgery must inevitably suffer, and this is particularly so when its activities are so scattered as they are here at Harvard between many hospitals. A committee may serve an equal purpose up to a certain point, even though its actions are usually influenced by its most active and interested member. But whatever the organization, the final responsibility for decisions and their consequences must lie somewhere, and if not with a departmental head it naturally shifts to some available person who may make independent decisions and put them into effect.

The inevitable consequence would seem to be the splitting of the existing department into three independent units. If there is actually a drift in this direction, full advantages must be taken of it; the situation must be analyzed and a constructive program laid down. Without venturing to question the desirability of this apparent trend, there would seem to be only one logical outcome, namely, that the



School recognize the existence in the three major hospitals of three independent clinical units, both for medicine and for surgery, and that they stand on an equality so far as teaching positions, school salaries and expendable budget are concerned. Should such a program be put into effect, there remains but one logical further step, namely, the equal subdivision of the third and fourth year students among the three hospitals which are thereby recognized as entirely separate and rival hospital schools, which may build up their own individual traditions of excellence as teaching institutions.

This proposal is not so radical as it perhaps sounds. It has many evident advantages. Among them are the following: the Dean's Office in its dealings with the separate hospitals would be freed from any imputation of favoritism; the present decentralization of authority within the clinical departments and its not altogether satisfactory replacement by committee action could be effectively atoned for when authority becomes again refocussed on the teaching chiefs-of-clinic; a healthy rivalry between the teaching groups in the several hospitals would be fostered and would tend toward efficiency; the school would know just whom to hold responsible for ineffective teaching and could deal directly with the hospital concerned.

In accordance with this proposal, with classes of 125 students, *circa* 40 fourth-year men and an equal number of third-year men would be apportioned by lot, choice or election to each of the three hospitals and would receive the major portion of their clinical training there. The class could meet as a whole for certain general exercises as it does at present; it could also be subdivided and distributed to certain special



hospitals for instruction in the specialties; but in principle it would mean that for two years a certain group of men would be in sufficiently close contact with the teachers in one institution to permit of their becoming thoroughly known as individuals with names rather than as nameless members of a class as at present.

This proposal I feel is in line with a program which has received favor with the University, namely, that whereby the effort is being made to introduce the principle of the English tutorial system. The advantages of such a system amount largely to the influence of personal contact between teacher and student, which is a question largely of propinquity and of personal acquaintanceship. Under our present system, whereby 250 students at a time during their two clinical years are scattered among the many teachers of several hospitals for short periods, it is impossible to know them sufficiently well even to greet them by name, far less to know anything of their intellectual needs, their failings and virtues, their background and their ambitions, and the countless other things which make toward intimacy. Whether this proposal or some modification of it is worthy of further discussion or possible faculty action is for others to say. In any event, the existing organization of the clinical departments leaves much to be desired. They resemble nothing so much as the Manx insignia, — three legs revolving in the same direction round a pivot and no head.

**ENCOURAGEMENT FOR RESEARCH.** As hinted in the foregoing discussion, there are opportunities for surgical research open to members of the Department as a whole in the School laboratory which is supported in part by certain restricted funds, in part by an ap-



## REPORT OF THE SURGEON-IN-CHIEF

appropriation from the general funds of the School, and in part by funds privately solicited. During the past year, for example, Mr. Harold Vanderbilt of New York made a generous donation to further the experiments in cardiac surgery in which Drs. Cutler, Levine and Beck were jointly interested. In addition, there are opportunities for research in laboratories of the hospital itself, where for obvious reasons experiments on the larger animals can scarcely be undertaken. The hospital Board of Trustees, in spite of the fact that to keep pace with the growth of the institution they have been obliged to dip into their principal, have been generous in equipping laboratories for this purpose. They however can hardly be called upon to subsidize research to the extent of paying a living wage to investigators who play but a small part in the actual work of the wards.

In the last annual report, mention was first made of the fact that a sum of money, in memory of Mr. Philip Gray, had been generously put at the disposal of the Surgeon-in-Chief to further certain studies of brain tumors. During the past year, this fund has been renewed and Dr. Percival Bailey has continued in general charge of this special laboratory where a reclassification of the gliomas has been undertaken. Other aspects of the neuro-pathology of brain tumors have also been investigated by a number of fellows or volunteer workers who have been attached to the clinic. Among them have been Dr. Loyal E. Davis of Chicago, a National Research Council Fellow, and Mr. Norman M. Dott of Edinburgh, Fellow of the British Medical Research Council, both of whom terminated their period at the conclusion of the School session in May, 1924. At the opening of the present School year, Dr. Arthur van Dessel of



Louvain, holder of one of the C. R. B. Educational Foundation Fellowships, joined this particular laboratory group, and Dr. Leopold Schönbauer of Vienna, assistant to Professor Eiselsberg, serving on a Rockefeller Foundation Fellowship, also passed two months here working partly in the School and partly in the hospital laboratory.

Owing to the interest of the Surgeon-in-Chief, to the wealth of neurosurgical material the clinic affords, and to the comparative freedom from routine ward work afforded these special workers, it is natural that the publications from the clinic should be predominantly neurological in character. However, the subjoined list of papers which has appeared in print during the year will show that the clinic is no less rich in opportunities for study and research in quite different directions.

Especially noteworthy have been the contributions by Dr. Cutler and his coworkers and by Dr. Emile Holman, which have shed new light on certain aspects of the surgery of the circulatory system. Though these studies were prompted by their immediate bearing on surgical therapeutics, they incidentally, like all experimental studies so undertaken, shed light on certain obscure matters relating to the cardiovascular physiology. This was notably the case with Dr. Holman's observation on the relation of arteriovenous fistulæ to blood volume. That research conducted with the express object of some immediate practical application, when compared with research for the sake of research alone, is science of a lower order, impure or alloyed, is purely a fetish. The stimulation to research provoked by the war has served to show the absurdity of this pose. But this does not mean that the researcher so engaged need



curb his curiosity in regard to the seemingly unrelated matters which are bound to swim into his imagination, whatever may be his primary objective.

## Publications for the Year 1924

- BAILEY, PERCIVAL. A study of tumors arising from ependymal cells. *Arch. Neurol. & Psychiat.*, Jan., 1924, XI, 1-27.
- Concerning the cerebellar symptoms produced by suprasellar tumors. *Ibid.*, Feb., 1924, XI, 137-150.
- Further observations on pearly tumors. *Arch. Surg.*, March, 1924, VIII, 524-534.
- A contribution to the study of aphasia and apraxia. *Arch. Psychiat. & Neurol.*, May, 1924, XI, 501-529.
- BAILEY, PERCIVAL, and HILLER, GRACE. The interstitial tissues of the central nervous system: A review. *J. Nerv. & Ment. Dis.*, April, 1924, LIX, 337-361.
- BAILEY, PERCIVAL, and DAVIS, LOYAL E. A progressive staining method for mitochondria. *J. Med. Research*, Sept., 1924, XLIV, 535-538.
- BAILEY, PERCIVAL, and WOLBACH, S. B. The histology of tumors of the cerebrum and cerebellum. *Ibid.*, 104-106.
- BECK, CLAUDE S. A study of lymph pressure. *Johns Hopkins Hosp. Bull.*, July, 1924, XXXV, 206-214.
- BECK, CLAUDE S., and CUTLER, ELLIOTT C. A cardiovalvulotomy. *J. Expr. Med.*, Sept., 1924, XL, 375-379.
- CUSHING, HARVEY. Les tumeurs du nerf auditif et le syndrome de l'angle ponto-cérébelleux. Traduction de M. Deniker & Th. de Martel. Paris, chez Gaston Doin, Editeur, 1924.
- The clinical teacher and the medical curriculum. *J. Am. M. Ass.*, Mar. 15, 1924, LXXXII, 841-844.
- The Western Reserve and its medical traditions. An address at the dedication of the new medical building of Western Reserve University, October 9, 1924. Privately printed, 33 pp.
- CUTLER, ELLIOTT C., and COOPER, HENRY S. F. Congenital deficiency of the diaphragm. *Arch. Surg.*, March, 1924, VIII, 506-523.
- CUTLER, ELLIOTT C. Apoplexy of the breast. *J. Am. M. Ass.*, May 31, 1924, LXXXII, 1763-4.



PETER BENT BRIGHAM HOSPITAL

- CUTLER, ELLIOTT C., and SOSMAN, MERRILL C. Calcification in the heart and pericardium. *Am. J. Roentgenol.*, Oct., 1924, XII, 312-320.
- CUTLER, ELLIOTT C., LEVINE, SAMUEL A., and BECK, CLAUDE S. Observations on experimental surgery of the heart. *Proc. Am. Soc. Clin. Investigation*, 1924, 12-13.
- The surgical treatment of mitral stenosis: experimental and clinical studies. *Arch. Surg.*, Nov., 1924, IX, 689-821.
- DAVIDOFF, LEO M. Preventive medicine among medical students and physicians. *Nation's Health*, Oct., 1924, VI, 692-3.
- DAVIS, LOYAL E. A physio-pathologic study of the choroid plexus with the report of a case of villous hypertrophy. *J. Med. Research*, Sept., 1924, XLIV, 521-534.
- ELKIN, DAN COLLIER. Cirroid aneurism of the scalp. *Ann. Surg.*, Sept., 1924, LXXX, 332-340.
- Biliary obstruction. *South. M. J.*, Sept., 1924, XVII, 692-696.
- GRAVES, ROGER C., and DAVIDOFF, LEO M. II. Studies on the ureter and bladder with especial reference to regurgitation of the vesical contents. *J. Urol.*, Aug., 1924, XII, 93-103.
- HOLMAN, EMILE. Protein sensitization in isoskingrafting. *Surg., Gynec. & Obst.*, Jan., 1924, XXXVIII, 100-106.
- Exposure in gall bladder and common duct surgery. *J. Am. M. Ass.*, Mar. 29, 1924, LXXXII, 1045-1046.
- Experimental studies in arteriovenous fistulas. I. Blood volume variations. *Arch. Surg.*, Nov., 1924, IX, 822-836.
- Experimental studies in arteriovenous fistulas. III. Cardiac dilatation and blood vessel changes. *Ibid.*, 856-879.
- Arteriovenous aneurism. Clinical evidence correlating size of fistula with changes in the heart and proximal vessels. *Ann. Surg.*, Dec., 1924, LXXX, 801-816.
- HOLMAN, EMILE, and KOLLS, ALFRED C. Experimental studies in arteriovenous fistulas. II. Pulse and blood pressure variations. *Arch. Surg.*, Nov., 1924, IX, 837-855.
- HOLMAN, EMILE, HARRISON, TINSLEY R., and DOCK, WILLIAM. Experimental studies in arteriovenous fistulæ: cardiac output. *Heart (Lond.)*, Dec. 29, 1924, XI, 337-341.



REPORT OF THE SURGEON-IN-CHIEF

- HORRAX, GILBERT. Generalized cisternal arachnoiditis simulating cerebellar tumor: its surgical treatment and end-results. *Arch. Surg.*, July, 1924, IX, 95-112.
- JAMESON, C. HAROLD. Renal malformation and renal disease. *Arch. Surg.*, July, 1924, IX, 113-144.
- JOELSON, JAMES J. Primary sarcoma of the penis. *Surg., Gynec. & Obst.*, Feb., 1924, XXXVIII, 150-158.
- LEE, FERDINAND C. Some observations on lymph-pressure. *Am. J. Physiol.*, Feb., 1924, LXVII, 498-513.
- McKENZIE, K. G., and SOSMAN, M. C. The roentgenological diagnosis of craniopharyngeal pouch tumors. *Am. J. Roentgenol. & Radium Therapy*, Feb., 1924, XI, 171-176.
- McKENZIE, K. G. Intrameningeal division of the spinal accessory and roots of the upper cervical nerves for the treatment of spasmodic torticollis. *Surg., Gynec. & Obst.*, July, 1924, XXXIX, 5-10.
- NEWTON, FRANCIS G. Uterus didelphys. Notes on its developmental etiology and its clinical significance. *Ann. Surg.*, Jan., 1924, LXXIX, 102-113.
- The mono-osteitic type of Paget's disease of bone (osteitis deformans). *Arch. Surg.*, Jan., 1924, VIII, 24-38.
- Researches on the alleged influence of sympathetic innervation on warmth production in skeletal muscles. *Am. J. Physiol.*, Dec., 1924, LXXI, 1-11.
- Quantitative measurements of the excitability of the central nervous system after thyroidectomy and thymectomy. *Ibid.*, 12-18.
- QUINBY, WM. C. The operative treatment of renal and ureteral calculi. *J. Urol.*, June, 1924, XI, 539-543.
- Remarks on the operative localization of urinary calculi. *Boston M. & S. J.*, July 31, 1924, CXCI, 194-196.
- A note on the results of decapsulation of the kidney for various forms of nephritis. *Tr. Sect. Genito-Urinary Dis., Am. M. Ass.*, 1924, XVII, 195-198.
- A note on the localization of renal calculi by the aid of X-ray films made during operation. *Ibid.*, 199-200.
- SCOTT, W. J. M. The influence of the adrenal glands on resistance. II. The toxic effect of killed bacteria in adrenalectomized rats. *J. Exptl. Med.*, March, 1924, XXXIX, 457-471.



PETER BENT BRIGHAM HOSPITAL

SCOTT, W. J. M. Gross demonstration of adrenal lipoid changes. *Internat. Assoc. Med. Mus. Bull.*, 1924, X, 27.

SPURLING, ROY G., and STEWART, FRED W. Acute pyogenic parotitis in otherwise healthy individuals. *Boston M. & S. J.*, May 15, 1924, CXC, 826-831.

SPURLING, ROY G., and MINOT, GEORGE R. The effect on the blood of irradiation, especially short wave length Roentgen-ray therapy. *Am. J. Med. Sc.*, Aug. 1924, CLXVIII, 215-242.

THE STAFF AND ITS CHANGES IN PERSONNEL. The year has been signalized by the resignation of Dr. Elliott C. Cutler from the position of Associate in Surgery to accept, as successor of Dr. George W. Crile, the Professorship of Surgery in the Western Reserve University and the position as Surgeon-in-Chief to the Lakeside Hospital in Cleveland. Dr. Cutler has been connected off and on with the hospital since he was a surgical house officer here in our early days. After the war, he succeeded Dr. Conrad Jacobson as our third Resident Surgeon, and at the expiration of a two years' service in that capacity, retained his association with hospital and school until his acceptance last spring of his present post, where he will be able to develop with a free hand what is one of the really important surgical positions in the country. He possesses that rare combination of gifts — good surgical judgment, operative skill, executive ability, enthusiasm for research and teaching — which makes his kind much sought. His loss to the hospital and school is great. Among those who had received part of their training here and who accompanied or followed him to Cleveland are Dr. Emile Holman, Dr. W. J. M. Scott, Dr. Claude S. Beck, Dr. James Joelson, one of Dr. Quinby's former assistant residents who will have charge of the Department of Urology, and Dr. Robert M. Harbin, a



## REPORT OF THE SURGEON-IN-CHIEF

former house officer who has taken up orthopedics as a specialty. Dr. Holman, in series our fifth Resident, who came here a highly trained surgeon after two years' service as the late Professor Halsted's Resident at the Johns Hopkins, has accompanied Dr. Cutler as his Senior Associate in the Department. He has been succeeded here by Dr. Harlan F. Newton, a former Assistant Resident.

During the year, a new associate has been welcomed on to the Surgical Staff in the person of Dr. Lyman G. Richards, a recent graduate of the Massachusetts Eye and Ear Infirmary, who will be given an opportunity of developing the special field of ear, nose, and throat surgery in a post which has had no incumbent since the resignation in April, 1918, of Dr. Clifford Walker.

On the termination of his residency, Dr. Francis Newton spent a year abroad on a Moseley Travelling Fellowship awarded by the Harvard Medical School. His time was passed chiefly in the physiological laboratory of Professor Asher in Berne, and on his return he has received an appointment on the Staff as an Associate in Surgery, and has taken over the post vacated by Dr. Cutler as Supervisor of the third-year students in the Out-Door Department.

Other changes to be recorded have occurred in the grade of Assistant Residents. Dr. Tracy J. Putnam, at the expiration of his term as Assistant in Neurosurgery, left for a year's study abroad and was succeeded by Dr. William P. Van Wagenen, a former house officer. Dr. R. H. Fisher, Dr. Quinby's assistant in urology, was succeeded by Dr. Fletcher H. Colby, a former house officer at the Massachusetts General, who had subsequently spent two years in India. Dr. Quinby's special work is so important



for the hospital and his teaching responsibilities are such that an additional assistant was apportioned to him, Dr. Harold H. Gile from the Presbyterian Hospital in New York having been given this position. In the midyear, Dr. R. S. Moore and Dr. H. P. Stimson, both former house officers, succeeded Dr. H. F. Newton and Dr. W. J. M. Scott as Assistant Residents. Dr. Stimson, after a short period of service, resigned in order to accompany the Langdon Warner archeological expedition to Mongolia.

It is with mixed feeling that the resignation of one of our house officers, Dr. Gibbs Milliken, must be recorded; but we may console ourselves by the fact that he has withdrawn so that he might accept a teaching position in the Department of Anatomy proffered him by his alma mater, the University of Texas. Dr. Lester R. Whitaker, a graduate of the Harvard Medical School, after a year's internship at the New Haven Hospital, has succeeded Dr. Beck as Arthur Tracy Cabot Fellow in charge of the Surgical Laboratory at the school, where he has chiefly occupied himself with studies of biliary function and in perfecting the use of cholecystograms for the diagnosis of gall-bladder disease. These studies, undertaken in conjunction with Dr. Milliken, have been carried to the clinic, where the junior staff submitted themselves as experimental material until it was thought proper to establish the test as a routine in the wards. Thanks are due to the Roentgenologist, Dr. M. C. Sosman, for his willing collaboration in these studies in a department heavily overburdened by routine hospital work. It is interesting that two of the Arthur Tracy Cabot Fellows should incidentally have made useful contributions to Roentgenological technique, — Dr. Graves in 1923 by the introduction



of sodium iodid for the purpose of pyelograms, and Dr. Whitaker by the introduction of tetraiodophenolphthalein for cholecystograms.

**SURGEON-IN-CHIEF PRO TEMPORE.** In other issues of these annual reports, it has been emphasized that there should, after all, be no essential difference in the routine of a medical and surgical ward. There should be the same detailed history, the same careful laboratory studies of the case, the same use of the material in teaching. The only difference lies, or should lie, in the employment of different forms of therapy. A duodenal ulcer is the same lesion, whether it chances to be under medical or surgical care.

Nevertheless, we are all aware that, in some hospitals perhaps more than others, the work in the operating room so far overshadows all other activities of a surgical staff that its members are apt to be somewhat more casual, to put it mildly, in their preliminary studies of surgical cases and are inclined to lean heavily on their medical colleagues, not only for diagnosis but for the pre-operative and post-operative care of the patient. This, if carried to its natural end, makes the surgeon once more merely the handcraftsman he was in the Middle Ages. To offset this so far as possible, it has been suggested once or twice that for a week or two each year the Surgeon-in-Chief and the Physician-in-Chief should actually change places. Neither of us has any actual first-hand familiarity with the inner workings of his colleague's department, and doubtless both would have much to learn therefrom.

Though this proposal has never actually been put into operation, it was partly under the influence of the idea, and partly because Dr. Cutler was soon to become his colleague at the Lakeside Hospital in



Cleveland, that Dr. C. F. Hoover, the Professor of Medicine at Western Reserve, came to be invited to act as the temporary Surgeon-in-Chief. This post he occupied for a period of a week in early February, and, as customary, "lived in" with the junior staff. Whether Dr. Hoover profited as much from this experience as did the juniors on his heels is not recorded. He at all events chanced upon a group of young men who had novel and debatable ideas regarding matters pertaining to cardiovascular physiology, a subject in which the Surgeon *pro tem* was particularly at home.

Later on, from April 19 to May 5, the position of Surgeon *pro tem* was filled by Sir D'Arcy Power, for many years on the Staff at St. Bartholomew's Hospital, London. Not only did he bring something to our students of the successful teaching methods long in vogue in that institution, but what is perhaps for us more important, he aroused an interest in the literary and historical side of medicine to which in his later years he has given so much time. The bond, already a strong one between St. Bartholomew's and the Brigham, was further cemented by his sojourn.

**SURGICAL TABULATION.** For reasons given in previous reports, there is appended a general table in which are assembled certain figures which will give some idea of the steady growth of the service, although the number of beds available has remained for the past ten years practically unchanged. It is evident that during the past year we have exceeded what had been set as our limit estimated at 2,281 patients for 125 beds, with an average twenty-day sojourn for a surgical patient and every bed kept full. There may be several factors to account for this. One is that a few more beds have been added in the private ward; another that there is an increasing number of



REPORT OF THE SURGEON-IN-CHIEF

seriously ill and short-lived cases admitted, so that the turnover is more rapid; but the probabilities are that the excess figures are due to the more or less continuous presence of emergency beds in the larger wards. Though we have a constant waiting list, even so, emergencies cannot be refused admission. With the same number of house officers that we had in 1914, the work as measured by the number of patients discharged has been nearly doubled.<sup>1</sup>

YEAR	Total Discharges	Deaths	General Mortality (Per Cent)	Diagnoses	Excess Per Cent of Diagnoses	Patients operated upon	Case Per Cent operated upon	Operations recorded	Post-operative Deaths	Case Mortality (Per Cent)	Operative Mortality (Per Cent)
1913	690	35	5.00	690	0	477	69.1	693	29	6.0	4.2
1914	1,474	83	5.63	1,474	0	992	67.3	1,361	61	6.1	4.5
1915	1,869	89	4.76	2,366	26.5	1,328	71.2	1,526	72	5.4	4.7
1916	2,014	93	4.61	2,348	16.5	1,422	70.6	1,632	68	4.8	4.1
1917	2,021	74	3.66	2,533	25.3	1,457	72.0	1,639	54	3.7	3.2
1918	1,856	71	3.82	2,315	24.7	1,304	70.2	1,474	61	4.7	4.1
1919	2,123	102	4.80	2,659	25.2	1,411	66.4	1,563	79	5.6	5.1
1920	2,090	91	4.35	2,604	24.5	1,399	66.8	1,602	69	4.9	4.3
1921	2,195	107	4.87	2,640	20.2	1,405	64.0	1,591	86	6.1	5.3
1922	2,274	110	4.83	2,692	18.3	1,517	67.1	1,552	71	4.7	4.5
1923	2,397	135	5.62	3,084	28.2	1,646	68.6	1,713	81	4.9	4.7
1924	2,508	144	5.74	3,462	38.0	1,783	71.1	1,843	75	4.2	4.1

There follows the usual tabulation of surgical diagnoses and operations. It shows that the general mortality figures for the service lie, as would be expected, in the group of serious neurosurgical and urological cases. It is gratifying that the figures for the past year should prove to be as low as they have been at any time in the history of the hospital.

HARVEY CUSHING,  
*Surgeon-in-Chief.*

<sup>1</sup> An error affecting slightly the general mortality percentages in this tabulation for the past years has been picked up and corrected. For the years 1913-23 the deaths had not been included in the figures for the total discharges.



# Surgical Diagnoses and Operations

JANUARY 1, 1924, TO JANUARY 1, 1925

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
(See also SPECIAL ORGANS)				
Actinomycosis <i>Excision</i> . . . . .	1		1	
Anthrax infection <i>Skin graft</i> . . . . .	2		1	
Condylomata <i>Excision</i> . . . . .	1		1	
Granuloma <i>Excision</i> . . . . .	1		1	
(For tubercular and syphilitic <i>cf.</i> Special Organs.)				
Influenza . . . . .	3			
Pneumonia (post-operative, 18) . . . . .	27	2		
Sepsis, general . . . . .	7	2		
Syphilis . . . . .	37	2		
Tuberculosis, miliary . . . . .	1			
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
Echinococcus cyst <i>Splenectomy</i> . . . . .	1		1	
Oxyuris vermicularis . . . . .	1			
Pediculosis capitis . . . . .	1			
Tinea epidermophytosis . . . . .	3			
Trichiniasis . . . . .	1			
SECTION III				
DISEASES OF METABOLISM				
Acidosis, non-diabetic . . . . .	1			
Diabetes insipidus . . . . .	1			
Diabetes mellitus . . . . .	30	2		



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Gangrene, diabetic <i>Amputation</i> . . . . .	4		4	
Gout . . . . .	2			
Hemochromatosis <i>Cholecystostomy</i> . . . . .	2		1	
Obesity . . . . .	7			
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns, varia <i>Skin graft</i> . . . . .	5	2	1	
Frost bite . . . . .	1			
Scalds . . . . .	1			
SECTION VI				
POISONINGS. INTOXICATIONS				
Alcoholism, acute . . . . .	7			
Alcoholism, chronic . . . . .	1			
Poisoning, chronic industrial . . . . .	1			
Poisoning, chronic non-industrial . . . . .	1			
SECTION VII				
TUMORS, BENIGN OR MALIGNANT				
(See SPECIAL ORGANS)				
SECTION VIII				
CONGENITAL MALFORMATIONS				
Bladder:				
Extrophy of bladder . . . . .	1			
<i>Transplantation of ureter</i> . . . . .			2	
Cervical rib . . . . .	1			
Diverticulum, Meckle's <i>Excision</i> . . . . .	1		1	
Harelip <i>Plastic repair</i> . . . . .	1		1	
Kidneys				
Absence of one kidney . . . . .	2			
Cysts of kidneys . . . . .	1			
Oxycephaly <i>Subtemporal decompression</i> . . . . .	2		2	
Pilonidal sinus <i>Excision</i> . . . . .	6		7	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Spina bifida occulta . . . . .	1			
Thyro-glossal cyst <i>Excision</i> . . . . .	4		4	
Urethra:				
Accessory urethra <i>Excision</i> . . . . .	1		1	
Uterus:				
Absence of uterus and adnexa . . . . .	1			
Double uterus <i>Excision</i> . . . . .	1		1	
Vagina:				
Double vagina <i>Suspension</i> . . . . .	1		1	
SECTION IX				
INJURIES				
Abrasions and contusions <i>Incision — drainage</i>	43		1	
Amputation, traumatic, of finger . . . . .	4			
<i>Secondary amputation</i> . . . . .			2	
Amputation, traumatic, of leg . . . . .	1			
Dislocation of elbow <i>Reduction</i> . . . . .	2		1	
Dislocation of hip . . . . .	1			
Dislocation of scaphoid . . . . .	1			
Dislocation of shoulder <i>Reduction</i> . . . . .	1	1	1	1
Dislocation of thumb <i>Reduction</i> . . . . .	1		1	
Dislocation of toe . . . . .	1			
Displacement of semilunar cartilage <i>Resection</i>	4		3	
Foreign body . . . . .	1			
Fractures:				
Head:				
Malar bone . . . . .	1			
Mandible . . . . .	2			
Maxilla . . . . .	2			
Skull <i>Subtemporal decompression</i> . . . . .	22	5	3	3
Lower extremity:				
Cuneiform bone . . . . .	1			
Femur . . . . .	11			
Fibula . . . . .	4			
Metatarsals . . . . .	2			
Patella . . . . .	2			
Tibia . . . . .	4			
Tibia and fibula . . . . .	18			
Toe . . . . .	1			



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Upper extremity:				
Humerus . . . . .	10			
Metacarpals and phalanges . . . . .	3			
Radius . . . . .	8			
Radius and ulna . . . . .	6			
Ulna . . . . .	2			
Trunk:				
Clavicle . . . . .	3			
Pelvis . . . . .	1			
Ribs . . . . .	7			
Scapula . . . . .	1			
Spine . . . . .	6			
Sternum . . . . .	2			
Hematoma <i>Incision — drainage</i> . . . . .	4		1	
Injury to peripheral nerve, operative . . . . .	4			
Rupture . . . . .	4			
Shock . . . . .	1			
Sprain . . . . .	2			
Wound, gunshot . . . . .	2	1		
Wounds, incised or lacerated <i>Suture</i> . . . . .	46		6	
SECTION X				
SPECIAL SKIN DISEASES				
Abscess <i>Incision — drainage</i> . . . . .	33		25	
Carbuncle, varia <i>Incision — drainage</i> . . . . .	25	1	19	
Cellulitis, varia <i>Incision — drainage</i> . . . . .	7		5	
Cicatrix . . . . .	2			
Dermatitis . . . . .	1			
Eczema . . . . .	1			
Erysipelas . . . . .	3			
Furunculosis . . . . .	9			
Keratosis . . . . .	1			
Nevus pigmentosis <i>Excision</i> . . . . .	1		1	
Paronychia . . . . .	1			
Psoriasis . . . . .	2			
Sycosis vulgaris . . . . .	1			
Tuberculosis <i>Incision — drainage</i> . . . . .	5		2	
Tumors:				
Angioma <i>Excision</i> . . . . .	1		1	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Carcinoma, epidermoid <i>Excision</i> . . . . .	1		1	
Cyst, dermoid <i>Excision</i> . . . . .	1		1	
Cyst, sebaceous <i>Excision</i> . . . . .	5		6	
Epithelioma <i>Excision</i> . . . . .	1		1	
Fibroma <i>Excision</i> . . . . .	2		1	
Lipoma <i>Excision</i> . . . . .	4		4	
Papilloma <i>Excision</i> . . . . .	1		1	
Sarcoma <i>Excision</i> . . . . .	4		3	
Ulcer <i>Incision</i> . . . . .	5		1	
Urticaria . . . . .	1			
Wound, infected, varia <i>Incision — drainage</i>	23		4	
SECTION XI				
DISEASES OF THE CIRCULATORY SYSTEM				
A. ARTERIES				
Aneurism <i>Wiring</i> . . . . .	7		1	
Arteriosclerosis . . . . .	16	1		
Endarteritis, obliterative <i>Amputation</i> . . . . .	1	1	1	1
Fistula, arteriovenous <i>Excision</i> . . . . .	1		1	
Gangrene, senile <i>Amputation</i> . . . . .	3		3	
Thromboangietis obliterans <i>Amputation</i> . . . . .	5		3	
Thrombosis <i>Enterostomy</i> . . . . .	3	1	1	1
B. HEART				
Angina pectoris <i>Sympathectomy</i> . . . . .	2		2	
Aortic insufficiency . . . . .	1			
Aortic insufficiency and mitral stenosis . . . . .	2			
Auricular fibrillation . . . . .	11			
Bradycardia . . . . .	1			
Endocarditis, subacute . . . . .	1			
Heart disease, rheumatic . . . . .	1			
Hypertension . . . . .	21			
Infarct of heart . . . . .	1			
Mitral insufficiency and stenosis . . . . .	2			
Mitral stenosis <i>Cardiotomy and valvulotomy</i>	6	3	3	3
Myocarditis, chronic . . . . .	29	2		
Neurosis, cardiac . . . . .	1			
Pericarditis, chronic adhesive . . . . .	1			



## REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>C. VEINS</b>				
Phlebitis . . . . .	7			
Thrombophlebitis . . . . .	14			
Thrombosis . . . . .	1			
Tumor:				
Angioma cavernosum <i>Excision</i> . . . . .	1		1	
Varix . . . . .	35			
<i>Excision</i> . . . . .			33	
<i>Ligation</i> . . . . .			1	
<i>Skin graft</i> . . . . .			1	
Varix with ulcers <i>Excision and skin graft</i> . . . . .	9		9	
<b>SECTION XII</b>				
<b>DISEASES OF THE LYMPHATIC SYSTEM</b>				
Abscess, cervical <i>Incision — drainage</i> . . . . .	4		5	
Elephantiasis . . . . .	1			
Lymphadenitis <i>Incision — drainage</i> . . . . .	10		3	
Tuberculosis of lymph nodes, varia <i>Excision</i>	21		15	
Tumors:				
Carcinoma of lymph glands . . . . .	3			
Lymphoma, malignant . . . . .	4			
<b>SECTION XIII</b>				
<b>DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS</b>				
Anemia, pernicious . . . . .	1			
Anemia, secondary . . . . .	15			
Leukemia, lymphoid . . . . .	2	1		
Leukemia, myeloid . . . . .	1			
Purpura hemorrhagica <i>Splenectomy</i> . . . . .	1	1	1	1
Splenomegaly <i>Splenectomy</i> . . . . .	3		2	
<b>SECTION XIV</b>				
<b>DISEASES OF THE DUCTLESS GLANDS</b>				
<b>B. PITUITARY GLAND</b>				
Acromegaly <i>Transphenoidal operation</i> . . . . .	13		2	
Dyspituitarism without tumor . . . . .	2			



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Dyspituitarism with adenoma . . . . .	34	1		
<i>Transfrontal operations</i> . . . . .			9	
<i>Transphenoidal operations</i> . . . . .			18	1
Dyspituitarism with tumor, glioma . . . . .	1			
Dyspituitarism with tumor of cranio-pharyngeal (Rathke's) pouch . . . . .	5	2		
<i>Transfrontal operation</i> . . . . .			4	
<i>Ventriculography</i> . . . . .			3	2
Syndrome polyglandular . . . . .	3			
E. THYROID GLAND				
Goitre, diffuse colloid <i>Partial thyroidectomy</i>	6		5	
Goitre, exophthalmic . . . . .	35			
<i>Ligation of vessels</i> . . . . .			2	
<i>Partial thyroidectomy</i> . . . . .			25	
Tumors:				
Adenoma with or without hyperthyroidism . . . . .	17			
<i>Partial thyroidectomy</i> . . . . .			13	
Carcinoma . . . . .	1			
SECTION XV				
DISEASES AND INJURIES OF THE NERVOUS SYSTEM				
A. BRAIN				
Abscess <i>Puncture</i> . . . . .	5		1	
Apoplexy . . . . .	2			
Arteriosclerosis, cerebral . . . . .	6			
Concussion . . . . .	12			
Encephalitis . . . . .	2			
Ependymitis, ventricular . . . . .	1			
Epilepsy . . . . .	20			
Fungus cerebri . . . . .	1			
Hemiplegia . . . . .	4			
Hemorrhage into pons . . . . .	1			



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hydrocephalus . . . . .	4			
Ophthalmoplegia . . . . .	1			
Paralysis, cerebral infantile . . . . .	1			
Syndrome, post-encephalitic . . . . .	3			
Tumors:				
(1) Pituitary and suprasellar ( <i>cf.</i> Ductless Glands, Section XIV, B.)				
(2) Cerebral tumors, verified:				
Angioma <i>Decompression</i> . . . . .	1		1	
Carcinoma, metastatic <i>Exploration</i> . . . . .	2	1	1	1
Cyst, dermoid . . . . .	1			
Endothelioma, meningioma . . . . .	18	3		
<i>Extirpation or partial removal</i> . . . . .			14	1
Glioma . . . . .	40	12		
<i>Exploration with decompression</i> . . . . .			5	1
<i>Extirpation, partial or total</i> . . . . .			14	3
<i>Subtemporal decompression</i> . . . . .			1	
Perithelioma <i>Extirpation, partial</i> . . . . .	2	1	1	
Pineal tumor . . . . .	2	2		
Sarcoma, melanotic . . . . .	1	1		
Spongioblastoma <i>Extirpation</i> . . . . .	4	1	2	
Tumor, unclassified . . . . .	1	1		
(3) Cerebellar tumors, verified:				
(a) Intracerebellar tumors:				
Cystic perithelioma <i>Exploration</i> . . . . .	1		1	
Glioma and gliomatous cyst . . . . .	12	1		
<i>Exploration with partial removal</i> . . . . .			4	
Spongioblastoma . . . . .	5	2		
<i>Exploration with partial removal</i> . . . . .			3	2
(b) Extracerebellar tumors:				
Acoustic neurinoma <i>Extirpation, partial</i> . . . . .	12	3	6	2
(c) Pontine:				
Glioma <i>Suboccipital exploration</i> . . . . .	2		2	
(4) Unverified tumors:				
(a) Cerebral . . . . .				
<i>Exploration with subtemporal decompression</i> . . . . .	36	2	21	
(b) Cerebellar . . . . .				
<i>Suboccipital exploration</i> . . . . .	10	1	3	
<i>Subtemporal decompression</i> . . . . .			2	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
(5) Tumor suspects:				
(a) Cerebral . . . . .	74	11		
<i>Exploration</i> . . . . .			10	2
<i>Subtemporal decompression</i> . . . . .			4	2
<i>Exploration with decompression</i> . . . . .			2	1
(b) Cerebellar . . . . .	25	3		
<i>Decompression</i> . . . . .			3	
<i>Exploration</i> . . . . .			6	2
B. CEREBROSPINAL AFFECTIONS				
Rhinorrhea, cerebrospinal . . . . .	1			
Sclerosis, multiple . . . . .	4			
C. MENINGES				
Arachnoiditis <i>Exploration</i> . . . . .	25		2	
Meningitis, cerebrospinal . . . . .	3	1		
<i>Ventricular puncture</i> . . . . .			1	1
Meningitis, encephalo . . . . .	1			
Meningitis, tuberculous . . . . .	3			
Pachymeningitis, chronic suppurative . . . . .	1			
<i>Exploration</i> . . . . .			1	
Pachymeningitis, interna hemorrhagica . . . . .	3	1		
<i>Exploration with removal of clot</i> . . . . .			3	
D. MENTAL AFFECTIONS				
Feeble-mindedness . . . . .	1			
Insanity, manic depressive . . . . .	2			
Neurosis, traumatic . . . . .	4			
Paresis, general . . . . .	2			
Psychoneuroses . . . . .	29			
Psychopathic inferiority, constitutional . . . . .	1			
Psychopathic personality . . . . .	3			
Psychoses, infectious . . . . .	1			
Psychoses, toxic . . . . .	1			
Psychoses, traumatic . . . . .	1			
E. MISCELLANEOUS				
Aphasia . . . . .	2			
Cephalalgia <i>Trephination</i> . . . . .	2		1	
Convulsions <i>Unknown cause</i> . . . . .	4			



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Neuroses, occupation . . . . .	1			
Paralysis agitans . . . . .	2			
Vertigo . . . . .	1			
<b>F. PERIPHERAL NERVES</b>				
Neuralgia: coccygodynia <i>Excision</i> . . . . .	2		1	
Neuralgia, facial (obscure origin) <i>Excision</i>	1		1	
Neuralgia, sciatica . . . . .	4			
Neuralgia, trigeminal, major . . . . .	32			
<i>Avulsion of sensory root</i> . . . . .			26	
Neuralgia, trigeminal, minor . . . . .	25			
<i>Alcohol injection</i> . . . . .			25	
<i>Neurectomy</i> . . . . .			1	
Paralysis of brachial plexus . . . . .	1			
Paralysis of cranial nerves (varia) . . . . .	3			
Spasmodic torticollis <i>Intraspinal neurectomy</i>	1		1	
Tumors:				
Neurofibromatosis . . . . .	2			
Neuroma of vagus nerve <i>Resection</i> . . . . .	1		1	
<b>G. SPINAL CORD</b>				
Myelitis, traumatic . . . . .	1			
Paraplegia . . . . .	2			
Sclerosis, combined . . . . .	1			
Sclerosis, lateral <i>Ramisection</i> . . . . .	6		2	
Sclerosis, spinal <i>Laminectomy</i> . . . . .	3		1	
Tabes dorsalis <i>Cordotomy</i> . . . . .	3		1	
Tumors:				
(1) Verified:				
Glioma <i>Laminectomy</i> . . . . .	2	1	1	1
Gliomatosis <i>Laminectomy</i> . . . . .	1		1	
Meningioma <i>Laminectomy</i> . . . . .	1		1	
Tumor <i>Laminectomy</i> . . . . .	1		1	
(2) Unverified <i>Laminectomy</i> . . . . .				
	7		3	
<b>H. SYMPATHETIC NERVOUS SYSTEM</b>				
Syndrome, cervical sympathetic . . . . .	1			



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XVI				
DISEASES OF THE BONES, JOINTS, MUSCLES, TENDONS AND FASCIA				
A. DISEASES OF THE BONES AND CARTILAGES				
Cranial defect <i>Bone graft</i>	1		1	
Exostosis	1			
Osteitis deformans	3	1		
Osteomyelitis, chronic	22			
<i>Amputation</i>			4	
<i>Incision — drainage</i>			12	
<i>Removal sequestra</i>			5	
Osteomyelitis, tuberculous <i>Amputation</i>	1		1	
Periostitis (non-traumatic)	2			
Periostitis, traumatic	1			
Tuberculosis of bone and tendon	3			
<i>Incision — drainage — resection</i>			3	
Tumors:				
Carcinoma, metastatic of spine	2	1		
Carcinoma of antrum <i>Partial excision</i>	1		1	
Carcinoma of chest wall <i>Extirpation</i>	1		1	
Cyst of metacarpal <i>Curettage</i>	2		1	
Fibrosarcoma of scapula	1			
Osteochondroma of orbit <i>Excision</i>	1	1	1	1
Osteochondroma of temporal region <i>Excision</i>	1		1	
Osteochondroma of thorax <i>Excision</i>	1		1	
Osteoma of metatarsal <i>Removal</i>	1		1	
Osteoma of skull <i>Removal</i>	1		1	
Osteosarcoma of orbit	1			
Sarcoma of ilium	1			
Sarcoma of skull <i>Excision, partial</i>	2		4	
B. DISEASES OF THE JOINTS				
Abscess of hip <i>Incision — drainage</i>	1		1	
Ankylosis	3			
<i>Amputation of finger</i>			1	
<i>Excision of mal-united fracture of elbow</i>			1	
Arthritis, acute	3			
Arthritis, chronic infectious	13			



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Arthritis, traumatic <i>Arthrotomy</i> . . . . .	1		1	
Osteoarthritis <i>Cordotomy</i> . . . . .	3		1	
Relaxed sacro-iliac . . . . .	1			
Strain, sacro-iliac . . . . .	3			
Synovitis, traumatic . . . . .	1			
Tuberculosis . . . . .	2			
C. OTHER DISEASES				
Amputation stump, painful . . . . .	2			
<i>Re-amputation</i> . . . . .			1	
<i>Repair, plastic</i> . . . . .			1	
Bursitis <i>Incision</i> . . . . .	4		3	
Contraction, cicatricial <i>Excision scar</i> . . . . .	4		4	
Contraction, Dupuytren's . . . . .	4			
<i>Excision palmar fascia</i> . . . . .			3	
Ganglion of wrist <i>Resection</i> . . . . .	1		1	
Hallux valgus <i>Osteotomy</i> . . . . .	2		1	
Hammer toe <i>Amputation</i> . . . . .	1		1	
Paralysis, ischemic . . . . .	1			
Tenosynovitis of fingers <i>Incision — drainage</i>	2		1	
Tumors:				
Endothelioma of popliteal space <i>Excision</i>	1		1	
Hemangioma of muscle and fascia <i>Excision</i>	1		1	
Keloid of popliteal region <i>Excision</i> . . . . .	1		1	
Lipoma of shoulder girdle <i>Excision</i> . . . . .	1		1	
Myxochondroma of popliteal region <i>Excision</i>	1		1	
Neurofibroma of tendon sheath <i>Excision</i>	1		1	
Sarcoma of muscle <i>Excision</i> . . . . .	1		1	
SECTION XVII				
DISEASES AND INJURIES OF THE EYE AND EAR				
DISEASES OF THE EYE				
E. CORNEA				
Keratitis, neuroparalytica . . . . .	1			
Ulcer of cornea . . . . .	1			



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
K. RETINA				
Scotoma . . . . .	1			
M. OPTIC NERVE				
Amblyopia . . . . .	1			
Atrophy . . . . .	2			
Neuritis, optic . . . . .	1			
N. EYEBALL				
Exophthalmos . . . . .	3			
Panophthalmitis <i>Evisceration</i> . . . . .	1		1	
P. DISTURBANCES OF MOTION				
Palsy, oculomotor . . . . .	1			
DISEASES OF THE EAR				
R. AURICLE				
Abscess, pre-auricular <i>Incision — drainage</i>	1		1	
V. MIDDLE EAR AND MASTOID				
Mastoiditis, chronic . . . . .	1			
Otitis media <i>Drainage</i> . . . . .	8		1	
W. INTERNAL EAR				
Labyrinthitis . . . . .	3			
SECTION XVIII				
DISEASES OF THE NOSE AND ACCESSORY SINUSES				
Epistaxis . . . . .	1			
Hypertrophy of turbinate <i>Removal</i> . . . . .	1		1	
Polypi of sinus <i>Removal</i> . . . . .	1		1	
Sinusitis <i>Drainage</i> . . . . .	2		1	



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XIX				
DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS AND PALATE				
Abscess, varia <i>Drainage</i> . . . . .	9		3	
Fistula of parotid gland . . . . .	1			
Leukoplakia of mouth . . . . .	1			
Parotitis <i>Incision</i> . . . . .	2		1	
Pharyngitis . . . . .	4			
Tonsillitis, acute <i>Tonsillectomy</i> . . . . .	8		1	
Tonsillitis, chronic <i>Tonsillectomy</i> . . . . .	59		57	
Tuberculosis of tonsil . . . . .	1			
Tumors:				
Carcinoma of cheek <i>Excision</i> . . . . .	1		1	
Carcinoma of lip <i>Excision</i> . . . . .	4		5	
Carcinoma of mouth <i>Excision</i> . . . . .	1		1	
Lymphoma, malignant, of tonsil <i>Excision</i>	1		1	
Tumor of parotid gland <i>Excision</i> . . . . .	4		4	
Vincent's angina . . . . .	1			
SECTION XX				
DISEASES OF THE JAW, TEETH AND GUMS				
Abscess, alveolar . . . . .	3			
Caries of teeth . . . . .	8			
Hemorrhage of gum . . . . .	3			
Tumors:				
Carcinoma of jaw . . . . .	1			
SECTION XXI				
DISEASES OF THE TONGUE				
Tumors:				
Angioma <i>Excision</i> . . . . .	1		1	
Carcinoma . . . . .	5	2		
<i>Dissection of neck</i> . . . . .			2	1
<i>Excision</i> . . . . .			3	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXII				
DISEASES OF THE ESOPHAGUS				
Cardiospasm <i>Dilatation</i> . . . . .	2		2	
Stricture <i>Gastrostomy</i> . . . . .	1		1	
Tumors:				
Carcinoma <i>Gastrostomy</i> . . . . .	2		1	
SECTION XXIII				
DISEASES OF THE STOMACH				
Adhesions about stomach <i>Lysis</i> . . . . .	1		1	
Motor and secretory disturbances . . . . .	5			
<i>Gastro-jejunosomy</i> . . . . .			1	
Tumors:				
Adenocarcinoma . . . . .	1	1		
Carcinoma . . . . .	23	8		
<i>Gastro-enterostomy</i> . . . . .			10	6
<i>Resection</i> . . . . .			6	3
Lymphoma <i>Resection</i> . . . . .	1		1	
Ulcer, gastric . . . . .	12			
<i>Excision</i> . . . . .			6	
<i>Gastro-enterostomy</i> . . . . .			3	
SECTION XXIV				
DISEASES OF THE INTESTINES				
Adhesions, intestinal <i>Lysis</i> . . . . .	1		1	
Appendicitis, acute . . . . .	107	2		
<i>Appendicectomy</i> . . . . .			72	
<i>Appendicectomy with drainage for abscess</i> <i>or peritonitis</i> . . . . .			25	
<i>Drainage</i> . . . . .			8	2
Appendicitis, chronic <i>Appendicectomy</i> . . . . .	67		61	
Cecum mobile . . . . .	1			
Colitis, acute . . . . .	1			
Colitis, chronic . . . . .	1			
Colitis, ulcerative <i>Colostomy</i> . . . . .	1		1	
Constipation . . . . .	6			
Diarrhea, chronic . . . . .	1			
Diverticulitis of colon <i>Sigmoidostomy (2-stage)</i> . . . . .	1		1	
Enteritis . . . . .	3			



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Fistula, duodenal <i>Closure</i> . . . . .	2		1	
Fistula, fecal . . . . .	1			
Gastroenteritis . . . . .	2			
Obstruction, intestinal . . . . .	21	3		
<i>Caecostomy</i> . . . . .			1	
<i>Colostomy</i> . . . . .			2	2
<i>Enterostomy</i> . . . . .			4	1
<i>Ileostomy</i> . . . . .			3	
Paralytic ileus . . . . .	1			
Tuberculosis . . . . .	2			
<i>Appendicectomy</i> . . . . .			1	
<i>Excision of cecum</i> . . . . .			1	
Tumors:				
Adenocarcinoma of colon . . . . .	3	1		
<i>Colostomy and resection</i> . . . . .			2	
Carcinoma of appendix . . . . .	1			
Carcinoma of colon . . . . .	5	2		
<i>Caecostomy</i> . . . . .			1	1
<i>Ileo-colostomy</i> . . . . .			1	
<i>Ileo-sigmoidostomy</i> . . . . .			1	
<i>Resection</i> . . . . .			2	1
Ulcer, duodenal . . . . .	30	1		
<i>Excision</i> . . . . .			3	
<i>Exclusion by suture</i> . . . . .			3	1
<i>Gastro-jejunostomy</i> . . . . .			5	
<i>Gastro-jejunostomy — transection pylorus</i> . . . . .			4	
<i>Pyloroplasty</i> . . . . .			8	
Visceroptosis . . . . .	1			
SECTION XXV				
DISEASES OF THE LIVER AND GALL DUCTS				
Abscess of liver . . . . .	1			
Adhesions about gall bladder <i>Lysis</i> . . . . .	3		2	
Atrophy, acute yellow . . . . .	3	3		
Cholangitis . . . . .	2			
Cholecystitis, acute . . . . .	4			
<i>Cholecystectomy</i> . . . . .			2	
<i>Cholecystectomy — choledochostomy</i> . . . . .			1	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Cholecystitis, chronic . . . . .	9			
<i>Cholecystectomy</i> . . . . .			6	
<i>Cholecystectomy — choledochostomy</i> . . . . .			1	
Cholelithiasis . . . . .	17	1		
<i>Cholecystectomy</i> . . . . .			6	1
<i>Choledochostomy</i> . . . . .			1	
Cholelithiasis with cholecystitis, acute . . . . .	10			
<i>Cholecystectomy</i> . . . . .			9	
<i>Cholecystectomy — choledochotomy</i> . . . . .			1	
Cholelithiasis with cholecystitis, chronic . . . . .	49			
<i>Cholecystectomy</i> . . . . .			29	
<i>Cholecystectomy — choledochostomy</i> . . . . .			12	
Cirrhosis of liver . . . . .	3	1		
Hepatitis <i>Cholecystectomy</i> . . . . .	1		1	
Hypertrophy of liver . . . . .	1			
Jaundice . . . . .	6			
Tumors:				
Carcinoma of common bile duct . . . . .	3	2		
<i>Cholecyst-gastrostomy</i> . . . . .			1	
<i>Cholecystostomy</i> . . . . .			1	1
Carcinoma of liver . . . . .	2	1		
SECTION XXVI				
DISEASES OF THE PANCREAS				
Pancreatitis, acute . . . . .	1	1		
<i>Choledochotomy — cholecystostomy</i> . . . . .			1	1
Pancreatitis, chronic . . . . .	3			
<i>Cholecystostomy — choledochostomy</i> . . . . .			1	
<i>Cholecyst-duodenostomy</i> . . . . .			1	
<i>Drainage</i> . . . . .			1	
Tumors:				
Carcinoma <i>Cholecyst-duodenostomy</i> . . . . .	3	1	1	
SECTION XXVII				
DISEASES OF THE ABDOMEN, ABDOMI- NAL WALL AND PERITONEUM IN GENERAL				
Abdominal pain . . . . .	1			
Abscess of abdomen <i>Incision — drainage</i> . . . . .	1		1	



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Abscess, retroperitoneal <i>Incision — drainage</i>	2		2	
Adhesions, intra-abdominal <i>Lysis of adhesions</i>	3		1	
Adhesions, pelvic . . . . .	3			
Hernia, epigastric <i>Repair</i> . . . . .	2		1	
Hernia, femoral <i>Repair</i> . . . . .	10		7	
Hernia, femoral, strangulated <i>Repair</i> . . . . .	2	1	2	1
Hernia, inguinal <i>Repair</i> . . . . .	114	2	107	2
Hernia, inguinal, strangulated <i>Repair</i> . . . . .	4		4	
Hernia, umbilical <i>Repair</i> . . . . .	4		1	
Hernia, umbilical, strangulated <i>Repair</i> . . . . .	2		2	
Hernia, ventral, post-operative <i>Repair</i> . . . . .	21		16	
Hernia, ventral, post-operative, strangulated <i>Repair</i> . . . . .	1		1	
Peritonitis, acute general <i>Drainage</i> . . . . .	6	4	5	3
Peritonitis, general adhesive <i>Lysis of adhesions</i>	2		1	
Peritonitis, pelvic . . . . .	2			
Relaxed inguinal ring . . . . .	2			
Tuberculosis of peritoneum . . . . .	5	1		
Tumors:				
Adenocarcinoma of peritoneum . . . . .	2			
<i>Partial removal</i> . . . . .			1	
Carcinoma of peritoneum . . . . .	1			
Fibrosarcoma of omentum <i>Excision</i> . . . . .	1		1	
SECTION XXVIII				
DISEASES OF THE RECTUM AND ANUS				
Abscess, peri-anal <i>Incision — drainage</i> . . . . .	14		15	
Anal fissure <i>Dilatation or excision</i> . . . . .	13		11	
Fistula in ano . . . . .	20			
<i>Excision</i> . . . . .			16	
<i>Incision</i> . . . . .			3	
Hemorrhoids, external or internal . . . . .	70	2		
<i>Clamp and cautery operation</i> . . . . .			43	
<i>Hemorrhoidectomy</i> . . . . .			19	2
<i>Whitehead operation</i> . . . . .			5	
Prolapse of rectum . . . . .	6			
<i>Clamp and cautery operation</i> . . . . .			1	
<i>Whitehead operation</i> . . . . .			3	
Pruritis ani . . . . .	3			



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Stricture of rectum, non-malignant . . . . .	3			
<i>Incision — dilatation</i> . . . . .			1	
Tumors:				
Adenoma of rectum . . . . .	1			
<i>Excision by abdomino-perineal route</i> . . . . .			1	
Carcinoma of rectum . . . . .	6		6	
<i>Colostomy</i> . . . . .				
Polypus of rectum . . . . .	4		4	
<i>Excision</i> . . . . .				
SECTION XXIX				
DISEASES OF THE LARYNX				
Laryngitis, acute . . . . .	2			
SECTION XXX				
DISEASES OF THE TRACHEA AND BRONCHI				
Asthma . . . . .	1			
Bronchitis, acute . . . . .	7			
Bronchitis, chronic . . . . .	7			
SECTION XXXI				
DISEASES OF THE LUNGS				
Abscess . . . . .	2			
Abscess of lung with atelectasis . . . . .	1	1	3	1
<i>Rib resection</i> . . . . .				
Atelectasis . . . . .	1			
Collapse of lung . . . . .	2			
Embolism, pulmonary . . . . .	7			
Emphysema . . . . .	1			
Infarct of lung . . . . .	1			
Pneumoconiosis . . . . .	1			
Tuberculosis . . . . .	16			
SECTION XXXII				
DISEASES OF THE PLEURA AND MEDIASTINUM				
Empyema of pleura . . . . .	13			
<i>Thoracostomy with rib resection</i> . . . . .			6	
<i>Drainage</i> . . . . .			4	



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hemopneumothorax . . . . .	1			
Hemothorax . . . . .	1			
Pleurisy, acute fibrinous . . . . .	2			
Pleurisy, chronic fibrous . . . . .	1			
Pleurisy, post-operative . . . . .	1			
Pleurisy, sero-fibrinous . . . . .	2			
Pneumothorax . . . . .	2			
Tuberculosis . . . . .	1			
SECTION XXXIII				
DISEASES OF THE KIDNEY AND URETER				
Abscess, perinephric . . . . .				
<i>Drainage</i> . . . . .	4		4	
Calculus, ureteral . . . . .	39	1	14	1
Colic, ureteral . . . . .	1			
Ectopic kidney . . . . .				
<i>Nephrectomy</i> . . . . .	1		1	
Fistula, urinary . . . . .	1			
Hematuria . . . . .				
<i>Suprapubic cystotomy</i> . . . . .	4		1	
Hydronephrosis . . . . .	1			
Nephritis, acute . . . . .	1			
Nephritis, chronic . . . . .				
<i>Decapsulation</i> . . . . .	9	1	1	
Nephrolithiasis . . . . .	31	2		
<i>Nephrectomy</i> . . . . .				6
<i>Nephrotomy, pyelotomy or both</i> . . . . .				19
<i>Ureterotomy</i> . . . . .				2
Nephroptosis . . . . .				
<i>Nephropexy</i> . . . . .	5		4	
Oxaluria . . . . .	1			
Pyelitis . . . . .	17			
Pyelonephritis . . . . .				
<i>Nephrectomy</i> . . . . .	5		1	
Pyonephrosis . . . . .	11	1		
<i>Nephrectomy</i> . . . . .				3
<i>Ureterotomy</i> . . . . .				1
Sinus, urinary . . . . .	2			
Stricture of ureter . . . . .				
<i>Suprapubic cystotomy</i> . . . . .	1		1	
Tuberculosis . . . . .				
<i>Nephrectomy</i> . . . . .	13		11	
Tumors:				
Cyst of kidney . . . . .				
<i>Nephrectomy</i> . . . . .	1		1	
Hypernephroma . . . . .				
<i>Nephrectomy</i> . . . . .	4		3	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXIV				
DISEASES OF THE BLADDER				
Calculus, vesical	<i>Suprapubic lithotomy</i>	2	2	
Cystitis, chronic		12		
Cystitis, interstitial		5		
	<i>Cystotomy</i>		1	
	<i>Dilatation</i>		3	
Diverticulum of bladder		2		
Fistula, recto-vesical		1		
Paralysis of bladder		1		
Retention of urine		2		
Tuberculosis		2		
Tumors:				
Carcinoma		6	2	
	<i>Cystotomy</i>		3	
	<i>Excision</i>		2	1
Papilloma		4		
	<i>Cystotomy, excision, implantation of radium</i>		1	
	<i>Excision or cauterization</i>		2	
Urosepsis		1		
SECTION XXXV				
DISEASES OF THE URETHRA, MALE AND FEMALE				
Abscess, periurethral	<i>Incision — drainage</i>	2	2	
Caruncle of urethra	<i>Excision</i>	4	3	
Fistula, urethral		1		
Prolapse of urethra	<i>Dilatation</i>	4	3	
Stricture	<i>Urethrotomy</i>	10	3	
Urethritis, chronic	<i>Dilatation</i>	7	1	
SECTION XXXVI				
DISEASES OF THE MALE GENERATIVE ORGANS				
B. PENIS				
Granuloma, infectious	<i>Amputation</i>	1	1	
Phimosis	<i>Circumcision</i>	5	2	



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Redundant prepuce <i>Circumcision</i> . . . . .	3		3	
Ulcer <i>Excision of tissue</i> . . . . .	1		2	
C. PROSTATE				
Abscess . . . . .	2			
Calculus, prostatic . . . . .	2	1		
<i>Cystotomy with removal of calculi</i> . . . . .			1	1
Hypertrophy of prostate . . . . .	61	8		
<i>Cystotomy, suprapubic</i> . . . . .			10	1
<i>Prostatectomy, perineal</i> . . . . .			2	
<i>Prostatectomy, suprapubic</i> . . . . .			45	6
<i>Punch operation</i> . . . . .			1	
Prostatitis . . . . .	16			
Tuberculosis of prostate . . . . .	1			
Tumors:				
Carcinoma . . . . .	10	2		
<i>Prostatectomy, perineal</i> . . . . .			1	
<i>Prostatectomy, suprapubic</i> . . . . .			3	1
<i>Radium implantation</i> . . . . .			3	
D. SCROTUM				
Abscess <i>Incision — drainage</i> . . . . .	2		2	
Hydrocele <i>Excision</i> . . . . .	18		16	
Spermatocele <i>Excision</i> . . . . .	2		2	
Varicocele <i>Excision or ligation</i> . . . . .	11		11	
E. SEMINAL VESSELS				
Vesiculitis . . . . .	2			
F. TESTICLE				
Epididymitis <i>Incision — drainage</i> . . . . .	5		1	
Obstruction of vasa deferentia <i>Suture</i> . . . . .	1		1	
Tuberculosis of epididymis <i>Epididymectomy</i> . . . . .	3		1	
Tuberculosis of spermatic cord . . . . .	1			
Undescended testicle <i>Operations for</i> . . . . .	6		6	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXVII				
DISEASES OF THE FEMALE GEN- ERATIVE ORGANS				
A. GENERAL AND FUNCTIONAL				
Abscess, pelvic	<i>Drainage</i>	3	1	
Dysmenorrhea	<i>Dilatation — curettage</i>	2	1	
Dyspareunia		1		
Menopause		6		
Menorrhagia	<i>Dilatation — curettage</i>	2	1	
Relaxed pelvic floor		61		
	<i>Local repair</i>		10	
	<i>Local repair with suspension of uterus</i>		17	
	<i>Local repair with hysterectomy</i>		11	
	<i>Hysterectomy</i>		2	
	<i>Suspension of uterus</i>		7	
Sterility		4		
B. FALLOPIAN TUBES				
Hydrosalpinx		4		
	<i>Salpingectomy</i>		2	
	<i>Salpingostomy</i>		1	
Salpingitis, acute	<i>Salpingectomy</i>	25	14	
Salpingitis, chronic	<i>Salpingectomy</i>	41	30	
Tuberculosis		1		
Tumors:				
Adenofibroma		1		
C. OVARY				
Abscess	<i>Drainage</i>	1	1	
Oöphoritis	<i>Oöphorectomy</i>	5	1	
Tumors:				
Adenocarcinoma		6	1	
	<i>Excision</i>		1	
	<i>Salpingo-oöphorectomy</i>		2	
Carcinoma	<i>Excision</i>	3	3	
Cyst of ovary (varia)	<i>Oöphorectomy</i>	31	23	
Cystadenoma	<i>Oöphorectomy</i>	2	1	
Teratoma	<i>Oöphorectomy</i>	2	2	



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
D. UTERUS				
Anteflexion of cervix-uteri <i>Suspension</i> . . . . .	1		1	
Atrophy of uterus . . . . .	1			
Endocervicitis, chronic <i>Curettage or excision</i>	36		27	
Endometritis (varia) . . . . .	40			
<i>Dilatation — curettage</i> . . . . .			29	
<i>Supravaginal hysterectomy</i> . . . . .			4	
Fibrosis of uterus . . . . .	1			
Laceration of cervix-uteri <i>Repair</i> . . . . .	21		8	
Metritis <i>Dilatation — curettage</i> . . . . .	1		1	
Metrorrhagia <i>Dilatation — curettage</i> . . . . .	2		1	
Retroversion of uterus <i>Suspension</i> . . . . .	23		18	
Stricture of cervical canal . . . . .	1			
<i>Dilatation — curettage</i> . . . . .			1	
Tuberculosis of endometrium . . . . .	1			
<i>Dilatation — curettage</i> . . . . .			1	
Tumors:				
Adenocarcinoma of cervix-uteri . . . . .	1			
Adenocarcinoma of uterus . . . . .	4			
<i>Hysterectomy, supravaginal</i> . . . . .			3	
<i>Panhysterectomy</i> . . . . .			1	
Adenomyoma . . . . .	3			
<i>Hysterectomy, supravaginal</i> . . . . .			1	
<i>Panhysterectomy</i> . . . . .			1	
Carcinoma of cervix-uteri <i>Panhysterectomy</i>	15		4	
Carcinoma of uterus <i>Implantation of radium</i>	2		1	
Cyst of broad ligament . . . . .	2			
Fibromyoma of uterus . . . . .	64			
<i>Dilatation — curettage</i> . . . . .			8	
<i>Hysterectomy, supravaginal</i> . . . . .			45	
<i>Myomectomy</i> . . . . .			6	
Polypus of cervix-uteri <i>Curettage or excision</i>	5		4	
Polypus of uterus <i>Excision</i> . . . . .	3		2	
E. VAGINA				
Fistula, vesico-vaginal <i>Repair</i> . . . . .	2	1	4	1
Tumors:				
Adenocarcinoma <i>Curettage</i> . . . . .	2		1	
Vaginitis <i>Curettage</i> . . . . .	3		2	



PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
F. VULVA				
Bartholinitis <i>Excision of abscess or cyst</i> . . . . .	4		3	
Kraurosis vulvæ . . . . .	1			
Laceration of vulva . . . . .	1			
Pruritis vulvæ . . . . .	2			
SECTION XXXVIII				
PUERPERAL STATE				
Abortion <i>Dilatation — curettage</i> . . . . .	21		18	
Abortion threatened <i>Dilatation — curettage</i> . . . . .	4		2	
Pregnancy . . . . .	9			
Pregnancy, extrauterine <i>Salpingo-oöphorectomy</i> . . . . .	2		2	
Retained secundines <i>Dilatation — curettage</i> . . . . .	4		4	
SECTION XXXIX				
DISEASES OF THE BREAST, MALE AND FEMALE				
Abscess <i>Incision — drainage</i> . . . . .	9		5	
Cystic disease of breast <i>Amputation</i> . . . . .	2		2	
Fissure of nipples . . . . .	1			
Mastitis <i>Mastectomy</i> . . . . .	8		4	
Paget's disease of nipple <i>Amputation</i> . . . . .	1	1	1	1
Tuberculosis <i>Amputation</i> . . . . .	2		2	
Tumors:				
Carcinoma <i>Radical extirpation</i> . . . . .	33	1	26	
Fibroma <i>Excision</i> . . . . .	8		8	
Lipoma <i>Excision</i> . . . . .	3		3	
SECTION XL				
ANAPHYLAXIS				
Urticaria, anaphylactic . . . . .	1			



REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XLI				
ILL-DEFINED OR UNCLASSIFIED DISEASES				
Decubitus . . . . .	1			
Emphysema, traumatic . . . . .	1			
Fever, cause unknown . . . . .	2			
Hemorrhage, post-operative . . . . .	3			
No disease <i>Exploratory laparotomy</i> . . . . .	41		6	
Phantom tumor . . . . .	1			
	3,462	144	1,843	75



## Summary of Statistics

JANUARY 1, 1924, TO JANUARY 1, 1925

Total number of surgical admissions in 1924 . . . . .	2,481	
Total number of cases remaining in wards, January 1, 1924 . . . . .	122	
		2,603
Total number of surgical cases discharged or transferred . . . . .	2,364	
Total number of deaths . . . . .	144	
<i>(Post-operative, 75 — Non-operative, 69 — Total, 144)</i>		
		2,508
Total number of surgical cases remaining in the wards, January 1, 1925 . . . . .	95	
		2,603
Total number of operations . . . . .	1,843	
Incidental operations . . . . .	133	
		1,976



## Report of the Physician-in-Chief

DURING 1924 there have been the usual minor changes in Staff. Dr. Burgess Gordon has continued as Resident Physician. As Assistant Resident Physician, Dr. Guy Wells ended his service to begin practice in Providence, R. I., Dr. James A. Evans resigned to enter practice in La Crosse, Wis., and Dr. William Dock resigned to continue medical studies in Vienna. These vacancies were filled by the appointment of Drs. John C. Shrader, M.D., of the University of Iowa and former member of the Resident Staff of the University of Iowa Hospital; Lawrence A. Kohn, M.D., of Johns Hopkins University and former interne at the Johns Hopkins Hospital; and Walter B. Whiting, M.D., of Harvard, who had just completed a medical house officership at the Peter Bent Brigham Hospital.

At four-month intervals two new house officers begin a sixteen months' graded medical service. As has been our practice since the opening of the hospital, house officers are appointed after competitive examination, open to graduates of any medical school. Invariably there has been a considerable group of high-grade candidates, and it has been possible to select competent men representative of the training afforded by medical schools in various parts of the country. It has been felt that there is a distinct advantage in having members of the Resident Staff who have had their training in various medical schools rather than in limiting choice to graduates of a single contiguous medical school. It is a definite



stimulus to better work by all members of the Staff to have a continuous inflow of men with varied points of view and dissimilar training as is provided by this method.

Dr. William G. Walker during the summer resigned as Junior Associate in Medicine to begin practice at Brockton, Mass. His place in special studies of nephritis, in association with Dr. James P. O'Hare, has been taken by Dr. H. O. Altnow, M.D., University of Michigan, 1907, who came to us as a Volunteer Graduate Assistant from medical practice in Mandan, N. D.

As is our custom, we had Dr. James B. Herrick, Professor of Medicine at Rush Medical School and Attending Physician at the Presbyterian Hospital, Chicago, Ill., spend a week as Physician-in-Chief, *pro tempore*. Dr. Herrick as tenth incumbent of this post brought us the stimulus of a delightful personality and that matured clinical judgment acquired in an extensive experience as practitioner, consultant, teacher and hospital physician. We owe a constantly growing debt of gratitude to these men who leave their important work at home in order that, for a brief period, they may become members of our Staff and our teachers of better ways in medical practice.

#### SOME CHANGES IN METHODS

In last year's annual report appeared a criticism of our work by Dr. Fitz, based on a comparison with the Mayo Clinic where he had served for two years as a member. In this he pointed out certain defects in our practice which concerned the possibility of a closer interweaving of the work of the medical service with that of the surgical and pathological services. As a result, during 1924 there has been



## REPORT OF THE PHYSICIAN-IN-CHIEF

brought about a closer interchange along the lines suggested by Dr. Fitz which is proving advantageous, and we hope that further extensions in this direction will come.

Certain disadvantages in our system of separate records for patients treated by different departments were pointed out by Dr. Fitz. These are recognized and have been discussed. So far it has not seemed feasible to change to the system suggested by him, and it may not be desirable for our work to do so, though some method to accomplish what he had in mind (a plan to facilitate bringing together all the information about any patient acquired at any time in any department of the hospital) is desirable, and some improvement in this direction already has been accomplished. Further improvement in this respect should be made. Other of his suggestions have been put into effect.

This criticism of Dr. Fitz, based on his experience elsewhere, is illustrative of what we regard as a desirable feature of a staff organization which facilitates an oft-repeated addition to its membership of men who have acquired their medical experience in various schools and hospitals, and who can compare our methods with those they have been trained in and show to us ways of improving ours. It is only after having actually lived with two methods that one is in position to criticise profitably. The peripatetic visitor, who comes for but a few days, is just as apt as otherwise to miss completely the salient features of a system and carry away the idea that some point is highly worth while when that particular thing is on the point of being discarded as ineffectual, and to fail to appreciate the most worth-while features. This fact is borne in to us after an oft-



repeated succession of visitors, seeking the ideal method of running a hospital or medical school, who have given us most discordant accounts of what is actually being done in some place they severally have visited, and no doubt they have carried away equally inaccurate ideas of our own methods.

During 1924 two things strikingly have impressed me so far as the wards are concerned. First, diabetic coma no longer is a difficult problem in treatment. Insulin has made it a condition easily treated and cured, provided the treatment is begun promptly. These patients recover from coma instead of dying, as did almost all in the pre-insulin days. Diabetes has always been an easy problem of diagnosis, and a disease in general fairly easy to treat except in its more severe forms. Insulin has greatly simplified the problem for the severe types. Second, cardiac infarction, whether fatal or recovered from, has become an easily recognized clinical entity. In our fatal cases with autopsy, few other clinical diagnoses now so often are proved correct as that of infarct of the heart.

These are not developments of the year. Since the use of insulin has been possible, we have made rapid advances in diabetic therapy; the management of coma is perhaps the most striking of improvements in the treatment of this disease. For a number of years we have been studying patients with cardiac infarction and correlating history and physical findings with pathological changes observed at autopsy. From this has crystallized out such a clear clinical picture that it has become an easily recognized disease instead of a post-mortem curiosity, as it was in my own student days and earlier postgraduate years in the pathological laboratory. Its possibilities



## REPORT OF THE PHYSICIAN-IN-CHIEF

of healing in certain patients now is clearly recognized. The electrocardiogram has thrown light on this condition, for in some cases the electrocardiographic findings are very striking. However, the condition can be recognized by such simple methods as history taking and simple physical examination, not going beyond ordinary bedside methods. It is quite worthy of note that our fourth-year students now can recognize with considerable accuracy a diseased condition that only a relatively few years ago was rarely diagnosed by any one prior to post-mortem inspection of the heart, and that this has come about largely as the result of careful, simple clinical methods checked by pathological-anatomical studies.

### ADDITION TO NURSES' HOME

In the report of 1923 appears the following sentence: "The completion of 1923 and retrospection of its activities add new facts to the rapidly accumulating data from which has crystallized the conviction that the most pressing need of the hospital is for added buildings to house additional Staff and more nurses."

This need has been met, in part, by building an addition to the nurses' home, paid for out of the existing capital of the hospital. This new building meets one of the two great needs of the hospital, even though it does not provide for all needed class and recreation rooms for the nurses. The need for additional quarters for our nurses seemed so pressing that the Executive Committee of the Staff gladly and unanimously voted that in their opinion an addition to the nurses' home should be the first undertaking of the Trustees in a building program.



THE HOSPITAL'S MOST URGENT NEED

*Today the other great need of the hospital, an addition to the Administration Building, is even more pressing than it was a year ago. As pointed out in last year's report, the Administration Building, even before it was completed, was recognized as inadequate and unsatisfactory because it was poorly arranged and contained too few rooms to house an adequate Resident Staff.*

Thirteen years have passed and no real effort has been made toward remedying this defect. In these thirteen years the Resident Staff has been somewhat enlarged by crowding more individuals into already inadequate quarters, but many hospital developments have been prevented because of lack of rooms for greatly needed additional men on the Resident Staff.

Since 1914 the volume of work of the X-ray Department has increased almost 300 per cent, but it still carries on in crowded basement quarters, poorly lighted and ventilated, awaiting an addition to this same Administration Building in order that it may have quarters in any way commensurate with the amount and the importance of its work.

In the Bookkeeping Department and in the offices of the Superintendent of Nurses and of the Dietitian, many workers are crowded into small space, an arrangement which is conducive neither to efficiency of work nor good health in the workers. Similar conditions exist in other parts of the Administration Building, and this crowding must continue to increase, if the hospital continues to develop, until that day when adequate enlargement of this building is made.



## REPORT OF THE PHYSICIAN-IN-CHIEF

These seem quite sufficient reasons for asking for an addition to the Administration Building. This want is again reiterated in the hope that this very pressing need of the hospital may be met in order that the Peter Bent Brigham Hospital may minister more efficiently than it now can do to the sick patients that pass its portals.

### COMMENTS ON STAFF ORGANIZATION

The Medical Staff of the Peter Bent Brigham Hospital is composed of two groups, — those salaried for part-time service, and those whose work is purely voluntary. In the former group come the Physician-in-Chief, two Physicians, one Resident Physician, three Assistant Resident Physicians, and eight house officers, the last receiving only room and board; in the latter group come the Associates and Junior Associates in Medicine and the Voluntary Graduate Assistants. Of the first group the Physician-in-Chief and the two Physicians also receive salary from the Medical School. All have a fixed age retirement. For none is there any pension provision by the hospital effective on age retirement. For none has there been any salary increase from the hospital since the hospital opened in 1913, notwithstanding increases in salary and cost items in every other part of the hospital organization. In twelve years there has been added to the Medical Staff but one salaried member, notwithstanding a very considerable increase both in the number of patients handled and in the number of diagnostic measures utilized in the individual cases. Staff members with grade of Associate or higher may have private patients in the hospital, but the available number of rooms for private patients frequently is inadequate for the



number seeking admission. For some of the Staff the hospital provides offices in which they may see their private patients. To all members of the Staff outside professional work is allowed.

As in the years since the hospital opened, there has been a very considerable increase in the number of patients handled, and in the variety of examinations made on each patient need for enlargement of the Staff has been felt. Failure to increase the size of the Resident Staff has resulted in greatly limiting the amount of time available to each for study and special investigative work. This has decreased the desirability of resident posts and decreased the output of our contributions to medical literature. There is a need for additional salaried Staff members to permit of certain enlargements and improvements in the hospital work. Here, again, there would result an increase in investigative work published from the hospital.

There have been no increases in salary of Staff members since the hospital opened. This is equivalent to an actual reduction in remuneration to these men because of the increased cost of living. It is worthy of note that increased payments have been made throughout the hospital except to the professional Staff. This might be looked upon as an actual discrimination against a very integral, if not entirely indispensable, part of the hospital machinery, and warrants study from the Trustees.

In the development of the hospital the group of voluntary workers, associates, junior associates and graduate assistants have become very important, and they have helped greatly in maintaining the level of work of the Medical Staff. They carry on much of the investigative work.



The opportunity to do investigative work is their fair recompense. In doing it, some of the hospital's routine work is cared for and cared for exceedingly well. The hospital receives a splendid return for anything it may be able to do to give opportunity to such men, and it should encourage more and more men to work in this capacity. On the other hand, it should guard jealously such men against that portion of routine which might hamper their productivity. As I see it, we should ask of this portion of the Staff only such routine work as aids in the solution of the problem under investigation, or may help in the development of the man's professional ability. I regret to say that this is not always possible at the present time. However, these men have done without complaint the routine work asked of them. To provide them with more technical assistants and better places to work would be a productive expenditure of hospital funds.

#### A RESEARCH FUND NEEDED

It is worthy of comment that the Peter Bent Brigham Hospital has no endowment for research, no research scholarships, no fund available at present to the Medical Staff for investigation other than \$500 provided annually by the Harvard Medical School and \$500 from the salary of the medical advisor to the Trustees, now generously placed at the disposal of the medical service each year by Dr. Shattuck. What has been produced with these slender resources, it is hoped, may serve as a stimulus to some donor to place at our disposal a fund for research work.



RELATIONS OF STAFF TO DEVELOPMENT OF OUTSIDE  
WORK

A serious problem of Staff organization concerns the future of its members. Perhaps this problem is not so serious with us as with a salaried Staff limiting their work entirely to the hospital, and yet it is a constant cause for thought and some misgivings to the present Chief of the Medical Staff here. There is a very natural tendency for salaried members of the Staff to center all their work in the hospital. In the earlier years of one's work this is undoubtedly wise because it permits of carrying on investigation, and facilitates the development of one's professional knowledge and ability, for it allows one to be continuously on the job in the hospital. However, as the years pass, a time inevitably will come when any existing salary arrangement grows inadequate because living expenses continue to mount. When this happens either increase in salary from the hospital or the development of outside sources of revenue are the alternatives which are available. The former, judging the future from the past, does not seem to be a probable happening, and so the latter seems the only available method.

The scheme of organization which has been adopted at the Peter Bent Brigham Hospital, which does not purport to pay a full living salary to Staff members, and provides no pension from the hospital on retirement at a fixed age, would seem to imply the expectation of outside remunerative work to increase in a way to allow a gradual transition from a stage in which one's energies are centered almost exclusively in hospital work to one in which hospital work is no longer the major occupation of the day. In this



changing center of one's activity presumably would go a shift in one's teaching activities in the Medical School, either gradual or abrupt.

In the Peter Bent Brigham Hospital organization, at the age of sixty-three, the Chief of Service, if his health lasts that long, is translated into other work. Up to that time his interests and energies must be centered primarily on hospital work, teaching and investigation, though he may be permitted and encouraged to do outside work within the bounds set by his arrangement with the institution. At sixty-three his problem, as far as the hospital is concerned, is settled by his passing from its portals, to which thereafter he will repair but as a visitor. The problem as to his future professional relations is one that none other than himself has concern for. The part-time arrangement with hospital and Medical School, providing no pension, contemplates his developing before retiring from official positions some form of professional work that he may continue after his hospital connection has ended, presumably some form of private practice. This implies the development in some degree of outside work prior to his retirement, as at the age of sixty-three it is very doubtful whether it could be commenced with any prospect of success.

Furthermore, it would seem almost necessary to develop some outside work fairly early, for experience seems to show that, without it, touch is lost with the general public, both lay and professional, and work on paying patients done within the hospital lags in consequence. Of course, it is necessary to arrange that the obligation to the hospital and Medical School is fully met, and that other work is limited to time made available by the arrangement with the hospital.



This same general idea applies to other members of the Visiting Staff. The less their salary return from hospital and Medical School, the sooner must the development of outside work take place. To such, as the hospital can provide facilities for handling their patients within the hospital walls, this necessity is proportionately reduced. By furnishing such facilities the hospital gains from the time the Staff members save by the increased facilities for their work, and from their increased availability for hospital duties. With a part-time plan of arrangement with its smaller salaries, office quarters and provision for private bed patients for part of the Staff seem an almost inevitable sequence, if the hospital is to receive much of their attention.

How long should Staff positions be held by Staff members? Perhaps the best way to answer this is by saying, until that time arrives when private work is sufficient to justify encroachment on what may be regarded as a reasonable time for hospital duties in return for what the hospital contributes in salary and facilities for work. The same conditions apply for Medical School relations when a school appointment is also held. On the basis of the arrangement now in vogue at the Peter Bent Brigham Hospital for salaried members of the Staff this is approximately one-half a man's working time for combined hospital and school work. Obviously with this understanding, the time for retirement may come at any time up to the age retirement maximum. When private work encroaches on agreed hospital time, then some new arrangement needs to be made involving a lessened obligation to the hospital and a lessened direct and indirect remuneration as far as the hospital is concerned, and the same applies for the Medical School.



For Associates and Junior Associates in Medicine, the hospital makes no salary payments and provides no office space for seeing private office patients, though it receives their patients on the private ward, where these patients pay them for professional service. The real return from the hospital to these men is the opportunity for investigative work and for personal professional development that results from a hospital service. Here the obligation on the man as to time spent in hospital work is a much looser one, varying with each individual, and a Chief of Service need feel but little responsibility for the future of this group. Loosely woven ties are easily severed, and their severance, but little, changes the course of a man's life.

Members of the Resident Staff are essentially in training, and the time soon comes for them to move on. The Chief of Staff is desirous of seeing them placed where there are good opportunities for continued advance, and such openings are quite numerous. A danger lies in encouraging a useful man to remain too long in an assistant's capacity, missing the optimum time to commence his individual life work.

On the whole, the weakest part of this plan lies in its failure to provide for a continuous infusion of new blood in the higher places and for the maintenance of investigative work. For Resident Staff there is a continuous inflow of new men. Many stay too short a time in resident capacity. It is rare for one to stay too long. For associate grade new blood can be provided by enlargement of the group, even though those already on the Staff remain. With the many special fields that may be cultivated within a general medical service, there is no limit to the num-



ber of Staff members of this type beyond the limit of supply of places within the hospital buildings where such men may work. This is a source of new blood. For many of the men of longer duration of service, outside work, as it grows, encroaches more and more on time for hospital work, and they occupy less of the available working space, and so, automatically, room is provided for new additions to the Staff.

A more serious problem lies in the Staff members just below the rank of Chief and on salary. How may new blood come in this group? So far as I can see, only by the process of increasing outside work reaching the point of no longer permitting adequate time for the required hospital work, and consequent withdrawal from the paid hospital position, or by the enlargement of this portion of the Staff. The stimulus to increasing outside work lies in the increasing financial needs of the individual outgrowing the salary provision from the hospital possible on a part-time basis of arrangement. If the man does not accept the increasing outside work, he runs the risk of being either unwanted or being unpleasantly situated, if, with the retirement of the Chief of Service, another than himself is chosen as Chief, which is not at all unlikely, especially if there are several in equal rank with him. If he does not make provision for gradual transition by taking on outside work, he may be confronted by the necessity of an abrupt change relatively late in professional life, when a new Chief of Service is necessitated by vacancy from age retirement or other cause. When and how to make the change is an individual problem for each man.

As the years have passed, it is evident that our present organization makes inadequate provision for



## REPORT OF THE PHYSICIAN-IN-CHIEF

maintaining a satisfactory level of investigative work. Resident Staff actually has had the hours available for research curtailed, because with increased demands on their time for routine work, less and less has been left for investigations. Salaried members of the Staff have had more routine work, and by nature of the plan of organization, as just pointed out, have needed to increase the time devoted to private patients. To meet the former curtailment an increase in the number of men on the Resident Staff, as described in earlier reports, is needed. To meet the latter there should be created one or more positions with salaries beginning at \$3,000 and increasing to \$5,000, to be held for so long as the incumbent is a productive worker and willing to devote the major portion of his time to investigation, teaching and a minimum of hospital routine. These men should teach in the Medical School, and their salary provision then may become a joint arrangement between hospital and school. The addition of two positions of this kind would round out our present organization into a very satisfactory one and greatly increase the effectiveness of the institution as a trainer of high-grade men and as a contributor to medical knowledge.

In the plan at present in vogue at the Peter Bent Brigham Hospital it would seem that there is almost a necessity to all on the Visiting Staff to do outside private work of a nature likely to increase for each man from year to year, though probably at varying rate, dependent on the time wisely devoted to it and the man's personal suitability for private practice. Is such an arrangement with increasing private work advantageous or otherwise to the hospital and associated Medical School? On this point there has been



and still is much debate. It can be argued that the Staff member is most valuable to the hospital and Medical School when all of his energies are converged on the problems within the hospital walls, or it can be argued that the outside work is broadening to his knowledge, trains him better to advise and to teach in regard to that part of the patient's life to be spent outside the hospital, and brings contacts with the outside world, both lay and professional, of much value to the hospital. The real answer to this question can come only after considerable time has elapsed and the results of each type of arrangement can be compared. Probably no one plan will be found ideal for every institution. For the present, at least, the Peter Bent Brigham Hospital is committed to a plan which expects of all members of the Staff, except the Resident Staff, a varying amount of outside private work, and in my opinion that should be planned to increase gradually and progressively with a relative decrease in the individual's time spent in actual hospital work. Unfortunately in such a plan restlessness and uncertainty as to future moves must enter at some period in each man's progression as disturbing and worrying elements. So far as I can see, these are unavoidable in any plan of organization, for no hospital can provide adequate remuneration for the progressive development of all that join its Staff, but perhaps, after all, these disturbances may serve a useful purpose in leading eventually to that solution of the problem which is best for each individual and for each hospital.



REPORT OF THE PHYSICIAN-IN-CHIEF

PUBLICATIONS DURING 1924

- CHRISTIAN, HENRY A. The Use and Abuse of Endocrinology. *Canad. Med. Assoc. Jour.*, 1924, XIV, 102.
- Method of Examining the Nephritic Patient. *New Orleans Med. and Surg. Jour.*, 1924, LXXVI, 487.
- Some Observations, Largely Pessimistic, on Early Diagnosis of Gastric Cancer. *Jour. Am. Med. Assoc.*, 1924, LXXXII, 2011.
- Glandular Therapy; Epinephrin and Suprarenal Gland in Internal Medicine. *Jour. Am. Med. Assoc.*, 1924, LXXXIII, 1588.
- The Treatment of Chronic Myocarditis and Chronic Valvular Disease of the Heart. Blumer Edition of Billings-Forchheimer Therapeutics of Internal Diseases. A. Appleton & Co., New York, 1924.
- FROTHINGHAM, C. Diseases of the Kidney (revision). Nelson's Loose Leaf Living Medicine, 1923, IV, 660.
- FITZ, REGINALD. A Case of Intracranial Aneurism. *Boston Med. and Surg. Jour.*, 1924, CIXC, 521.
- FITZ, REGINALD, and MURPHY, W. P. Insulin as an Investment for the Patient with Diabetes Mellitus. *Jour. Am. Med. Assoc.*, 1924, LXXXII, 435.
- The Cause of Death in Diabetes Mellitus. *Am. Jour. Med. Sciences*, 1924, CLXVIII, 313.
- The Muscular Efficiency of Patients with Diabetes Mellitus. *Arch. Int. Med.*, 1924, XXXIV, 402.
- FITZ, REGINALD, and STARR, P. Excretion of Organic Acids in Urine of Patients with Diabetes Mellitus. *Arch. Int. Med.*, 1924, XXXIII, 97.
- BERGLUND, HILDING, DERICK, C., and FOLIN, O. Uric Acid Problem; Experimental Study on Animals and Man, Including Gouty Subjects. *Jour. Biol. Chem.*, 1924, LX, 361.
- BRILL, I. C. Studies in the Diastatic Activity of the Blood, with a Consideration of Its Value in Clinical Diagnosis. *Arch. Int. Med.*, 1924, XXXIV, 542.
- DOCK, WILLIAM. Intermittent Fever of Seven Months' Duration Due to Meningococemia (with an Analysis of 68 Reported Cases of Meningococemia). *Jour. Am. Med. Assoc.*, 1924, LXXXIII, 31.



PETER BENT BRIGHAM HOSPITAL

- EMERY, EDWARD S., Jr. Diverticula of Stomach. *Am. Jour. Roentgenol.*, 1924, XI, 354.
- GORDON, B., and WELLS, G. Diminution in Heart Size in Circulatory Collapse. *Boston Med. and Surg. Jour.*, 1924, CXC, 831.
- Effect of Amyl Nitrite, Bleeding and Epinephrin on Blood Pressure and Size of Cat's Heart. *Arch. Int. Med.*, 1924, XXXIII, 738.
- GORDON, B., and ISAACS, I. Effect of Exercise on Distribution of Corpuscles in Blood Stream. *Am. Jour. Physiol.*, 1924, LXXI, 106.
- GORDON, B., DERICK, C. L., and LEVINE, S. A. Some Changes in Chemical Constituents of Blood Following a Marathon Race, with Special Reference to Development of Hypoglycemia. *Jour. Am. Med. Assoc.*, 1924, LXXXII, 1778.
- GORDON, B., LEVINE, S. A., and WILMAERS, A. Observations on a Group of Marathon Runners, with Special Reference to Circulation. *Arch. Int. Med.*, 1924, XXXIII, 425.
- GORDON, B., STRONG, G. F., and EMERY, E. S., Jr. Effect of Direct Radiation Over Precordium on Heart Size, Heart Mechanism and Myocardium of Rabbits. *Am. Jour. Roentgenol.*, 1924, XI, 328.
- HARRISON, T. R., DOCK, WILLIAM, and HOLMAN, EMILE. Experimental Studies in Arteriovenous Fistulæ: Cardiac Output. *Heart*, 1924, XI, 337.
- LEVINE, S. A., and STURGIS, C. C. Hyperthyroidism Masked as Heart Disease. *Boston Med. and Surg. Jour.*, 1924, CXC, 233.
- LEVINE, S. A., and DOCK, W. Occurrence of Regular Ventricular Rhythm with Rate of Over 50 in Cases of Auricular Fibrillation. *Am. Jour. Med. Sc.*, 1924, CLXVII, 664.
- LEVINE, S. A., and HARRISON, T. R. Regional Distribution of Rheumatic Fever and Rheumatic Heart Disease in United States. *Southern Med. Jour.*, 1924, XVII, 914.
- LEVINE, S. A., BECK, C. S., and CUTLER, E. C. Surgical Treatment of Mitral Stenosis: Experimental and Clinical Studies. *Arch. Surg.*, 1924, IX, 689.
- MURPHY, WILLIAM P. Administration of Insulin. *Jour. Am. Med. Assoc.*, 1924, LXXXII, 1264.
- O'HARE, J. P., and WALKER, W. G. Hemorrhagic Nephritis. *Atlantic Med. Jour.*, 1924, XXVII, 280.



## REPORT OF THE PHYSICIAN-IN-CHIEF

- O'HARE, J. P., and WALKER, W. G. Arteriosclerosis and Hypertension. *Arch. Int. Med.*, 1924, XXXIII, 343.
- Heart in Hypertension. *Boston Med. and Surg. Jour.*, 1924, CXC, 683.
- Incidence of Infections in Hypertension. *Boston Med. and Surg. Jour.*, 1924, CXC, 968.
- O'HARE, J. P., WALKER, W. G., and VICKERS, M. C. Heredity and Hypertension. *Jour. Am. Med. Assoc.*, 1924, LXXXIII, 27.
- WALKER, W. G. Value of Blood Creatinin in Nephritis. *Boston Med. and Surg. Jour.*, 1924, CXCI, 881.

### OSTEOPATHIC STUDIES

At the request of a committee of the Massachusetts Medical Society a study was undertaken at the Peter Bent Brigham Hospital of certain phases of osteopathy. This is part of a larger investigation to determine what of the claims of osteopathy might be established by a simultaneous critical examination of a group of patients by men trained as osteopaths and by men with general medical training. At the Peter Bent Brigham Hospital two phases of the problem were studied: (1) to demonstrate the presence of an "osteopathic lesion," meaning thereby a maladjustment of structure resulting in perverted function, and its association with given diseases; and (2) to see the value of osteopathic adjustment in a series of patients with asthmatic bronchitis. Two papers by Dr. William P. Murphy, M.D., and Perrin T. Wilson, D.O., detailing this work, will appear in 1925 and be listed in the next annual report of the Peter Bent Brigham Hospital (see *Boston Medical and Surgical Journal*, March 5 and 19, 1925).

The plan of the first investigation was to have each patient examined by two of five men, the group made up of two practicing osteopaths, two men trained as



regular physicians, and one who, trained as an osteopath, was a senior in the Harvard Medical School. Each recorded independently his findings. The main results were that in patients with diabetes two observers agreed in the location of maladjustments in only 49 of 337 maladjustments found; in cardiac cases there was agreement in 36 of 221; in respiratory cases in 119 out of 568 maladjustments, and in a miscellaneous group the results were about the same. In other words, in over 82 per cent of examinations two independent observers were unable to agree in the localization of the maladjustments that were found. In addition to lack of agreement in findings there was no evidence to show any constancy of location of osteopathic lesion at any given level to fit in with the idea that maladjustments by pressure on nerves had a causal relation to the diseased process. In other words, this study did not support the important basic principles of osteopathy on which the theory of osteopathy has been built up.

The second study was a trial of osteopathic methods of treatment for a single type of respiratory disease, namely, asthmatic bronchitis. General osteopathic opinion favored a "lesion" for this disease in the region of the fourth and fifth dorsal vertebræ, and so treatment was directed toward this area. Twenty patients were treated, the number of treatments varying from 10 to 70 in each case. Four were relieved of attacks, two were so much better that attacks did not interfere with their daily routine, five had no relief, and two had very transient relief during an attack; two were estimated to be 75 per cent improved, two 50 per cent improved, and three 25 per cent improved. On the whole, the results did not



demonstrate any real superiority of the method over other methods of treatment of this type of case.

These studies failed to show that the osteopathic principles had any diagnostic usefulness or that there was any proved association between the osteopathic lesion and a particular diseased condition. As a form of mechanical treatment the results in a particular disease indicated that osteopathic treatment had a certain usefulness, as might be expected of other methods of mechanotherapy.

#### OUT-DOOR DEPARTMENT

As in previous years, the general care of patients in the medical Out-Door Department has devolved on two house officers who work there all day for four months as their final service. Coming, as it does, after the completion of their ward service they are well trained to do this work. Various of the Associates in Medicine rotate in duty in the Out-Door Department to supervise the house officers and particularly to act as consultants for them in more difficult cases.

From the general Out-Door Department service special groups of cases are separated to be managed as groups, classes or clinics. These groups are in charge of different members of the Medical Staff and meet on stated days each week.

The important new arrangement in the Out-Door Department is the application of the appointment system by which patients are assigned to report at a definite time on a specified day. This serves to distribute the load of patients and prevents crowding of patients at certain hours. A more even and controlled distribution of patients permits of more thorough study of patients, and saves to the patient



much time lost under the old system in awaiting a turn to be seen. All agree that the appointment system has been of great usefulness in the Out-Door Department work. It is of interest that though it was strongly recommended for adoption in my annual report for 1916, it was not put into effect for eight years, and then after its use at the Children's Hospital gave us a practical demonstration of its value.

#### ASTHMA AND HAY FEVER CLINIC

Owing to the large number of patients an extra clinic period has been added on Thursday from 9 to 11. All new patients are required to go to the general clinic for a general history and physical examination before reference to the asthma clinic, and then to report to the Thursday asthma clinic. The Saturday morning and Monday afternoon clinics are devoted to treatment, while the Thursday morning clinic is reserved for the examination and testing of new patients, who already have had an examination in the general clinic. Dr. David Medalia has been appointed Voluntary Graduate Assistant in the asthma clinic. The volume of this work is indicated by the 10,284 visits of patients during 1924. There were in the year 321 new asthma patients and 140 new hay fever patients.

#### CARDIAC CLINIC

In this clinic there were 245 patients making 566 visits. Patients in this clinic are limited to rheumatic heart disease, potential heart disease and a few cases of angina pectoris uncomplicated by valvular lesions.

Special attention is being paid to those cases which have been discharged from the hospital following rheumatic infections. The progress of an early existing valve lesion or of a potential cardiac must



be most carefully watched, and it is in this field that the social worker is especially valuable. It is without doubt true that social service is by far the most important feature of this clinic.

### DIABETIC CLINIC

Clinic day for diabetics has been changed from Thursday afternoon to Wednesday morning. Drs. Fitz and Murphy have joined Dr. Root, which facilitates a much closer relationship between ward and Out-Door Department in the treatment of our diabetics, since the former are in supervision of and familiar with the management of the diabetic while a house patient. Experience has shown that this is very essential, for the successful treatment of the diabetic depends on the continuous daily doing of the proper thing, and a lapse of even a day in certain cases brings serious consequences. Any misunderstanding as to what to do in the transition period from being a house case to being a home case, that may arise from lack of co-ordination of these two branches of diabetic management, must be reduced to a minimum.

Diabetes is a combined medical, dietetic and social problem. Physician, dietitian and social service worker combine in caring for these patients, and in the clinic they meet with the patients to discuss jointly the problems that arise. During the year clinic attendance averaged 13 patients. Mrs. Mark, for ten years social service worker in the diabetic clinic, resigned during the year. She will be missed by many. To her we acknowledge a deep debt. Her work has been ever helpful, and in periods when the medical service was short-handed, without Mrs. Mark there would have been no diabetic clinic. We



deeply regret that Mrs. Mark has felt it necessary to withdraw, but we have the hope that in another year she may find the time to return for work somewhere in the hospital, even if not as social service volunteer in the diabetic clinic.

#### GASTRO-INTESTINAL CLINIC

During the year a gastro-intestinal clinic for the group study of patients of this type has been established under the leadership of Dr. E. Stanley Emery, Jr., who, after serving first as medical house officer and then as house officer in roentgenology at the Peter Bent Brigham Hospital, spent a winter studying gastro-intestinal disease in the clinic of the late Dr. Sippy in Chicago.

Not a very large group of patients have been treated in the clinic, for it has been the idea to study carefully and thoroughly a few patients in order to develop better methods. In doing this some patients will report periodically to guide them in carrying out the dietary régime instituted in the medical wards; others will be advised as to diet as a continuation treatment, following some surgical procedure on the gastro-intestinal tract; other patients will be drawn from the general Out-Door Department clinic because they have not done sufficiently well under methods instituted there. Dr. Emery also consults with the house officers in charge of the general clinic with regard to the diagnoses and treatment of patients that continue in the general clinic.

As in other of the clinics, the prime object of the gastro-intestinal clinic is the dual one of better treatment of the patient and the accumulation of data for the furtherance of knowledge of these diseases. To attain either object relatively small groups of pa-



tients must be taken under observation. Many patients would make impossible these ends for the clinic. Like diabetes, this group involves the physician, the dietitian and the social service worker. Dr. Emery has suggested that there might be mutual profit from combining the two groups, a suggestion which seems to me to have some very important implications and might well be tried out. It is certainly true that today there is much uncertainty in regard to diets in general, and particularly as to special foodstuffs. One often sees a diet theoretically adapted to a diabetic do injury in other respects because not adapted to the individual diabetic's gastro-intestinal tract.

#### RENAL CLINIC

The 1924 work of the renal clinic can be given best in Dr. O'Hare's own words:

"The year 1924 has been a very satisfactory one for the renal clinic. The total number of patients, the total number of visits, and the total number of new patients have definitely increased so that at the end of the year we were working at full capacity two mornings a week. Only through a somewhat radical change in our plan of work have we been able to accommodate so many patients. I do not think that we should attempt to increase further the size of our clinic. In fact, it might be wiser to reduce its size so that we could give more time to a smaller group. The impossibility of predicting which vascular and renal cases are going to be most worth while following makes one hesitate to cut out any one. The very ordinary patient today may be the very extraordinary one a year hence. And yet we must make room for the admission of new and interesting cases.

"During the year eight patients from the clinic have died. Of these, five died in the hospital. Post-mortem examinations were obtained on four of the five, thus giving us an opportunity to complete our observations, some of which had been carried on for several years. One patient had been coming regularly to the clinic for eight years; another for four years.



## PETER BENT BRIGHAM HOSPITAL

The other two had been studied intensively for one year. Such completed studies are very much worth while. Incidentally it is worth noting that the contacts established between physicians and patients in the clinic has very materially helped in the obtaining of autopsies. It is, indeed, a rarity to have the relatives of any patient of ours who dies in the hospital refuse permission for such an examination."

The statistics for the clinic follow:

Total number of patients . . . . .	194
Total number of visits . . . . .	710
Total number of new patients . . . . .	111
Dead . . . . .	8
Autopsies . . . . .	4

### SYPHILIS CLINIC

During the year of 1924 there were, on an average, sixteen patients visiting the syphilitic class in the medical Out-Door Department each Tuesday morning. There were 156 new cases seen during the year. The total number of cases on the active list at the end of the year was 204, 117 of which were men and 87 women.

As has been the policy in previous years, the house officers in the Out-Door Department have given the intramuscular mercury treatments. For intravenous or intraspinal therapy the patients have been admitted to the hospital for over night.

Since February, 1924, iodo-bismuthate of quinine has been used intramuscularly in cases that are "Wassermann fast;" congenital syphilis that had had previous treatment; and in some cases of headache which had not responded to routine treatment. The results have been very gratifying, and it is planned to continue the use of this drug. The dosage used has been 0.2 gram twice a week for seven weeks. There are about forty cases that have



## REPORT OF THE PHYSICIAN-IN-CHIEF

received this form of treatment. In the first six months the clinic was under the charge of Dr. Evans, and in the second six months under Dr. Shrader, both Assistant Resident Physicians.

### THYROID CLINIC

During 1924, for the first time, thyroid patients coming to the Out-Door Department have been managed as a group or clinic. This has been done under the direction of Dr. Sturgis, whose report of the work follows:

"The thyroid clinic was established in the Out-Door Department during the summer of 1924 for the chief purpose of observing patients with exophthalmic goiter during the course of medical treatment of this disease, and following surgical removal of part of the thyroid gland. Another important purpose of the clinic was the prolonged observation of patients suffering with myxedema, which is due to a partial or complete failure of the thyroid gland to function, and which may be completely relieved by the careful administration of dried thyroid gland obtained from animals.

"Patients who have exophthalmic goiter should be observed for a long interval following any type of treatment, for two reasons. As the disease has a tendency to recur it is essential to detect early the signs which indicate that additional treatment is necessary. It is also highly desirable to follow the course of such a patient after treatment over a long interval, in order to accumulate data which will permit the accurate appraisal of the various types of therapy. Medical literature abounds with the reports on the immediate effects of treatment, but there is no reliable information dealing with even a small group of patients who have been followed by the proper methods of study for ten or twelve years.

"Several years ago, while investigating the condition of all patients with myxedema who had been in the hospital since its beginning, it became strikingly apparent that while medical science held a specific cure for this disease, permanent results were not obtained because the patients disappeared through their own lack of interest, or because they were not supervised with sufficient care following their discharge from the hospital. At present, considerable success has followed an



effort to have such patients report at regular intervals in order that their condition might be observed and the proper laboratory tests performed in order to insure that the patient is receiving the maximum result from the treatment. Efficient treatment in this condition almost always means that the individual can be maintained in perfect health, while the lack of it usually results in a helpless invalid who eventually may develop pronounced and incurable mental changes.

"The plan of procedure in the clinic is for the physician in charge to come in contact with all patients with disease of the thyroid gland, either in the Out-Door Department or in the hospital wards. The treatment in the hospital and its effect is observed, and on discharge definite directions are given concerning future care. Also the patient is told to report to the thyroid clinic on a given date. By this means accurate information is obtained concerning the patient's condition, the exact treatment given, and contact with the thyroid clinic is made for the future observation.

"A social service worker has been regularly assigned to work in the clinic since its beginning, and without her aid the work could not be accomplished. Persons suffering with exophthalmic goiter frequently present social service problems of great complexity, as they are often either partially or completely incapacitated for a long time prior to treatment, and, if a thyroid operation is performed, it is usually about three months before the patient can hope to be restored to economic efficiency. The absence of a wage earner or one on whom a family is otherwise dependent may result in serious consequences, provided the conditions are not foreseen and arrangements made to avert them by one trained in such problems.

"Patients with exophthalmic goiter are often exceedingly difficult to manage, as it is typical of the disease to produce a change in an individual's temperament, characterized by nervous irritability, impulsiveness, and emotional instability, which often account for an unsettled condition in the patient's home and frequent marital disturbances. In addition, in this disease there is usually a profound nutritional disturbance which demands careful attention in the form of a well-balanced high caloric diet, and the providing of it is often a matter of some difficulty. Heart failure often exists as a complication in this disease, and requires prolonged rest and the administration of the proper drugs. Furthermore, this condition may seriously handicap the patient, at least temporarily, and add to the difficulties of restoring him to a useful and satisfactory life.

"In considering the many aspects of thyroid disease, especially exophthalmic goiter, and appreciating the utmost im-



portance of remaining in contact with these patients for a long interval, it is apparent that little could be done without the assistance of a well-trained social service worker. Since the beginning of the clinic the Social Service Department has given highly efficient assistance, and their very helpful cooperation has contributed greatly to the success of the clinic.

“One very pressing need has been apparent since the beginning of the clinic. It has often been necessary for the social service worker to make calls at patients’ homes, because the patient has failed to keep a given appointment at the clinic, either on account of lack of interest or because his condition has been such that a trip on the street car was inadvisable. It has been a rigid policy to make every effort to keep in touch with such patients, and this often requires that the social service worker spend half a day or more making one call in going to and from the patient’s home by street car. The economic inefficiency of this is self-evident. If it were possible to secure the donation of an automobile and driver for even one morning or afternoon a week, in order that more calls could be made and semi-invalid patients could be conveyed to and from the hospital, a great deal more good could be accomplished.”

#### SPECIAL CLASSES OR CLINICS IN RELATION TO THE GENERAL MEDICAL CLINIC

When the medical Out-Door Department of the Peter Bent Brigham Hospital was first opened the plan of segregating certain patients with the same general disease into classes or groups was instituted. Dr. Joseph H. Pratt in his tuberculosis class had shown the way. His idea has been modified to fit diseases other than tuberculosis, and purposes at times different from those he had with his own tuberculosis class. Still, his essential ideas have prevailed, — a group study for the benefit of the individual patients, improvement in methods of treatment and increase in knowledge of the disease. It seems very obvious that our Out-Door Department work has been much improved by Dr. Pratt’s plan.

Throughout, a conscious effort has been made to



secure the benefits of the plan without detracting from the interest of the general clinic and its value to the men working there. To this end the special groups meet at the same time the general clinic is being held and in contiguous rooms. No patients are referred direct to special clinics but pass first through the general clinic. Cases for special clinics are selected on various bases, but not all cases of any given type are so removed from the general clinic that the man in the general clinic cannot study them. Those in charge of special groups are available for consultation, and the selection of a patient for group study involves a consultation with those in the general clinic. Most of those in charge of special groups serve also in the general clinic for a part of each year.

Progressively to detach entirely from the general clinic patients with so many different disturbances as at present are handled in special clinics would result in a general clinic of very small interest. This should not take place, for none can be expected to feel much real interest in a clinic reduced to patients with those miscellaneous or infrequent diseases that do not belong to some special group. I believe this disadvantage of the special clinic so far has been very largely, if not entirely, prevented. It must be remembered always that in every part of the hospital both patients and physicians must receive consideration. Fortunately patients are most efficiently treated by physicians keenly intent on improving methods of diagnosis and treatment, and physicians learn most in those clinics in which patients are obtaining the best possible service. Defective or slovenly administration is equally harmful to patients and physicians. The appointment system that



improves administration, for example, saves the patient's time in waiting, gives the physician better opportunity to study the patient, and results in better treatment for the patient and a more profitable day's work for the physician. Any let down in any direction is detrimental to both patients and physicians. Special clinics, apart from the direct gain within them, have, I believe, enhanced the value and interest of the general clinic, and this is as it should be.

#### HEALTH OF NURSES

Each year, particularly in the winter months, among the nurses there is a heavy incidence of illness, especially upper respiratory tract infections, that entail a considerable total of days off duty. Fortunately in the years of the hospital there has been very little serious illness among the nurses. Nevertheless, days lost from sickness incommode seriously the work of the hospital, and probably is a detriment to the future efficiency of the nurse, for each attack of infectious disease is liable to start a degenerative change somewhere in the body, even if a minor one.

Though without any comparable figures for other groups, I have the definite impression that the incidence of sickness among nurses is larger than should be expected in a group of this age, especially when it is recalled that a physical examination is one basis of selection. Furthermore, it is to be remembered that illness among nurses and others of the hospital family is an arraignment of an institution whose object is the promotion of health.

This incidence of illness no doubt is due to ascertainable and in part remediable causes. Conditions should be studied in the coming winter with the view of observing actual conditions of contacts, heating,



ventilation, etc., throughout the institution to see if means may not be devised to reduce greatly illness among the nurses. Repeatedly I note in the hospital obviously unhygienic conditions in heating, ventilation, etc., that receive scant corrective treatment, and a closer study undoubtedly would reveal more. I recommend to our Trustees that in the ensuing year a careful study of hospital hygiene be made, not as it concerns the patients so much as it concerns those who care for the patients, for these acute infections are very uncommon in the patients except where directly traceable to contact with the personnel caring for them. In these present days of so much talk of preventive medicine, a hospital more than any other place, except, perhaps, a school of public health, should be a place of ideal hygienic conditions with a minimum of acute infectious diseases. So long as this is not the case, it would seem idle to preach preventive medicine to the general public.

Pupil nurses, perhaps, must live within the hospital walls, though the real necessity of this is debatable. Dietitians, head nurses, supervisors and others in charge of the nursing school really ought not to be forced to live within the institution where rules and regulations made for others necessarily must be enforced. Rather they should, except when on duty, be entirely detached from the institution in congenial outside living conditions. Were such arrangement made, no doubt our head nurses would remain longer on duty. As it is, with frequent changes, the efficiency of the hospital work suffers, for, whenever a new head nurse comes on duty, there are many unavoidable slips because of unfamiliarity with the job. With rare exceptions the best-run wards are under the charge of head nurses with at



## REPORT OF THE PHYSICIAN-IN-CHIEF

least six months' experience in the job. Needed space in the nurses' home could be had as a result of having this group live outside. All in all, it seems to me that it would be advantageous to make such an arrangement.

For all those in more or less permanent positions a brief midwinter vacation should be introduced in addition to the month in summer as a means of increasing health, and especially of adding efficiency to the work by the impetus of a renewed enthusiasm that always follows a respite from routine work. Living as they do within the institution, they are, in a peculiar way, constantly on the job. As I watch this group of nurses I become more and more impressed with the feeling that they would actually accomplish more if they had more time in which they did no work, and a midwinter vacation on pay would be an economy in the long run to the hospital. After all, it is much cheaper to the hospital for the nurse to be off duty on vacation than off duty as a patient occupying a bed. This latter is an added reason for a midwinter vacation.

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



PETER BENT BRIGHAM HOSPITAL

Summary of Medical Report

JANUARY 1, 1924, TO JANUARY 1, 1925

Total number of admissions in 1924 . . . . .		2,350	
Total number of medical cases remaining in the wards January 1, 1924 . . . . .		81	
			2,431
Total number of medical readmissions discharged in 1924 .	688		
Total number of medical new cases discharged in 1924 .	1,656		
		2,344	
Total number of medical cases remaining in the wards January 1, 1925 . . . . .		87	
			2,431
Results on medical cases discharged in 1924 were as follows:			
Total number discharged well . . . . .	90		
improved . . . . .	1,558		
unimproved . . . . .	107		
untreated . . . . .	325		
transferred to Surgical Service . . . . .	139		
dead . . . . .	125		
		2,344	
Total number of medical cases remaining in the wards January 1, 1925 . . . . .		87	
			2,431



## Surgical Hospital No. 6

### A Unit of the Organized Reserves of the Army of the United States

PURSUANT to a request from the War Department, there has been established by appointment from the Adjutant General's Office personnel to compose a surgical hospital.

"This is a type of unit, a legacy from the World War, evolved in order to provide for the class of battle casualties known as non-transportable wounded. When first adopted during our operations overseas it was designated as a Mobile Hospital and retained that name throughout the war. These units were designed in order that a well-equipped and standardized surgical hospital, capable of being easily transported and providing facilities for competent and immediate surgical aid of an expert character to the seriously wounded, might be brought to the patient close to the battle line, instead of removing any chance of recovery that the non-transportable man might have by conveying him an uncertain distance to another hospital in the rear."

The personnel of the unit is as follows:

- Commanding Officer — Lieut. Col. William Carter Quinby, Med., O. R. C.
- Chief of Surgical Service — Major Gilbert Horrax, Med., O. R. C.
- Chief of Medical Service — 1st Lieut. Burgess Gordon, Med., O. R. C.
- Roentgenologist — Capt. Merrill Clary Sosman, Med., O. R. C.
- Dental Surgeon — Capt. Harrison Lindsay Parker, Dent., O. R. C.
- Asst. Operating Surgeon — 1st Lieut. Francis C. Newton, Med., O. R. C.
- Asst. Operating Surgeon — Capt. Fletcher Hatch Colby, Med., O. R. C.



## PETER BENT BRIGHAM HOSPITAL

- Asst. Operating Surgeon — 1st Lieut. Harlan Newton, Med.,  
O. R. C.  
Asst. Operating Surgeon — 1st Lieut. Roy Glenwood Spurling,  
Med., O. R. C.  
Asst. Operating Surgeon — 1st Lieut. Percival Bailey, Med.,  
O. R. C.  
Asst. Operating Surgeon — 1st Lieut. Clarence E. Bird, Med.,  
O. R. C.  
Asst. Operating Surgeon — 1st Lieut. Richmond L. Moore,  
Med., O. R. C.  
Asst. Operating Surgeon — 1st Lieut. Leo Max Davidoff, Med.,  
O. R. C.  
Asst. Physician — 1st Lieut. Guy Wm. Wells, Med., O. R. C.  
Adjutant — 1st Lieut. Leroy Edward Parkins, Med., O. R. C.

We are fortunate in the appointment of Miss Mabel McVicker as Chief Nurse of Surgical Hospital No. 6, who has already enlisted a nursing corps for the unit consisting of nineteen of our recent graduates.

WM. C. QUINBY,

*Lieut. Col., Med., O. R. C.,*

*Surgical Hospital No. 6.*



# Register of Present Members of the Staff

## ABBREVIATIONS

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

### ALTNOW, HUGO OSKAR

M.D., Univ. of Mich., 1907; Interne and Asst. Surg., Northern Pac. Ry. Hosp., Brainerd, Minn., 1907-09; Surg., Northern Pac. Ry., and Private Practice, Mandan, N. D., 1909-24; Visit. Phys., Mandan Deaconess Hosp., 1919-24; Grad. Asst. in Neurol., O. P. D., M. G. H., May 1-July 1, 1924; *Vol. Grad. Asst. in Med., P. B. B. H., April 1-July 11, 1924; Jr. Assoc. in Med., ibid.*

### BAILEY, PERCIVAL

B.S., Univ. of Chicago, 1914; Ph.D., *ibid.*, 1918; M.D., Northwestern Univ., 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1914-15; Asst. in Anatomy, Northwestern Univ., 1915-17; Assoc. in Anat., Univ. of Chicago, 1917-18; Surg. H. O., Mercy Hosp., Chicago, 1918-19; *Asst. Res. Surg., P. B. B. H., April 1-Dec. 19, 1919; Res. Phys., Neurol. Service, Cook County Hosp., Chicago, 1920; Res. Phys., Psychopathic Hosp., Chicago, 1920; Arthur Tracy Cabot Fellow, Harv., 1920-21; Assoc. in Surg., P. B. B. H., Sept. 1, 1920-July 1, 1921; Asst. Etranger à la Salpêtrière, Service du Prof. Pierre Marie, 1921-22; *Jr. Assoc. in Surg., P. B. B. H., July, 1922-September, 1923; Instr. in Surg. and Director of Lab. of Surg. Research, Harv.; Assoc. in Surg., P. B. B. H.**

### BECK, CLAUDE S.

A.B., Franklin and Marshall College, 1916; Grad. Sch., Univ. of Pittsburgh, 1916-17; M.D., Johns Hopkins, 1921; Res. H. O., J. H. H., 1921-22; Asst. Res. Surg., New Haven Hosp., 1922-23; Arthur Tracy Cabot Fellow, Harv., and *Assoc. in Surg., P. B. B. H., 1923-24; in charge Surg. Lab., Western Reserve Univ., Cleveland, Ohio.*

### BENTON, ROY WILMOT

Ph.B., Brown Univ., 1918; M.D., Harv., 1922; *Med. H. O., P. B. B. H., Nov. 1, 1922-March 1, 1924; H. O., New York Nursery and Child's Hosp., 1924-25; H. O., Providence City Hosp., 1925.*

### BERGLUND, HILDING

M.D., Univ. of Stockholm, 1916; S.D., *ibid.*, 1920; Asst. Phys., Stockholm Hosp., 1915-19; Asst. Prof. Int. Med., Univ. of Stockholm, 1920; *Asst. Res. Phys., P. B. B. H., July 5, 1921-Sept. 1, 1923; Asst. Prof. Medicine, Harv.; Assoc. in Med., P. B. B. H.*



PETER BENT BRIGHAM HOSPITAL

BIRD, CLARE EDWARD

A.B., Univ. of Cal., 1920; M.D., Harv., 1923; Interne, Indian Harbor Hosp., Labrador, with Grenfell Mission, 1922; *Surg. H. O., P. B. B. H., July 1, 1923–Nov. 1, 1924*; Asst. in Surg. and Pathol., Yale.

BOYD, DOUGLAS

Univ. of Ga.; M.D., Harv., 1922; H. O., Robert Brigham Hosp., Boston, 1921–22; Asst. Res. Phys., Boston Sanatorium, 1922–23; *Surg. H. O., P. B. B. H., March 1, 1923–July 1, 1924*; *Act. Asst. Res. Surg., ibid., July 1, 1924–Aug. 1, 1924*; Asst. Res. Phys., Hosp. of Rockefeller Inst., N. Y.

BRILL, SELLING

M.D., Harv., 1924; *Surg. H. O., P. B. B. H., Nov. 1, 1924*.

BROWN, CHARLES LEONARD

B.S., Univ. of Oklahoma, 1919; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., March 1, 1922–July 1, 1923*; Res. Pathol., Children's Hosp., 1923–24; Instr. in Pathol., Harv.; *Res. Pathol., P. B. B. H.*

CANNON, WALTER BRADFORD

A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., *ibid.*, 1900; S.D., Yale, 1923; C.B. (military), 1919; D.S.M., 1922; Instr. in Zoölogy, Harv., 1899–1900; Instr. in Physiol., *ibid.*, 1900–02; Asst. Prof. Physiol., *ibid.*, 1902–06; Geo. Higginson Prof. Physiol., *ibid.*; Fellow, Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer, Royal Society, London, 1918; Corr. Mem., Société de Biologie, Paris, 1919; Reale Accademia delle Scienze, Bologna, 1921; Honorary Member, Sociedad de Biologia, Buenos Aires, 1922; Lieut. Col., M. C., U. S. Army; *Consult. Physiol., P. B. B. H.*

CARTY, JOHN RUSSELL

B.S., Princeton, 1917; M.D., Cornell, 1921; House Phys., N. Y. Hosp., 1921–22; *X-ray H. O., P. B. B. H., July 1, 1923–July 1, 1924*.

CHEEVER, DAVID

A.B., Harv., 1897; M.D., *ibid.*, 1901; *Surg. H. O., B. C. H., 1901–03*; Asst. in Anat., Harv., 1903–08; Asst. Visit. Surg., B. C. H., 1905–12; Demonstr. in Anat., Harv., 1908–13; Asst. Prof. Surg. and Anat., Harv.; Chief Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Assoc. Prof. of Surg., Harv.; *Surg., P. B. B. H.*

CHRISTIAN, HENRY ASBURY

A.B. and A.M., Randolph-Macon, 1895; Grad. Stud., *ibid.*, 1895–96; LL.D., *ibid.*, 1923; M.D., Johns Hopkins, 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., Harv., 1902–05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of med. students, M. G. H., 1905–07; Instr. in Theory and Practice of Physic, Harv., 1905–07; Asst. Prof. in Theory and Practice of Physic, *ibid.*, 1907–08; Phys.-in-Chief, Carney Hosp., Boston, 1907–12; Dean, Faculty of Med. and of Med. Sch., Harv., 1908–12; Fellow, Am. Acad.; Corr. Mem., Wiener Gesellschaft f. innere Medizin, etc.; formerly Major, M. R. C., U. S. Army (on leave of absence Oct. 1, 1919–Oct. 1, 1920, as



## REGISTER OF PRESENT MEMBERS OF THE STAFF

Chairman, Div. of Med. Sciences, Nat'l Research Council, Washington, D. C.); Hersey Prof., Theory and Practice of Physic, Harv.; *Phys.-in-Chief, P. B. B. H.*

### COLBY, FLETCHER H.

S.B., Dartmouth, 1914; M.D., Harv., 1918; served with B. C. H. unit, Evacuation Hosp. No. 110, during war; Surg. Interne, M. G. H., 1919-21; Ludlow-Tate Co., Ltd., Calcutta, India, 1921-23; *Vol. Grad. Asst., P. B. B. H., Oct. 23, 1923-Dec. 31, 1923; Asst. Res. Surg., ibid., Jan. 1, 1924-Jan. 1, 1925; Jr. Assoc. in Urol., ibid.*

### CURTISS, ARTHUR NILES

A.B., Oberlin Coll., 1918; M.D., Syracuse Univ., 1923; Instr. in Physiol., Coll. of Med., Syracuse Univ., 1918-24; substitute practice, summer, 1923; *Med. H. O., P. B. B. H., Nov. 1, 1924.*

### CUSHING, HARVEY

A.B., Yale, 1891; A.M. and M.D., Harv., 1895; Hon. F.R.C.S., London, 1913, and Ireland, 1918; Hon. A.M., Yale, 1913; 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. and Assoc. Prof. in Surg., Johns Hopkins, 1898-1912; Fellow, Am. Acad., 1914; Mem. Wash. Acad. Sciences, 1916; Director, U. S. Army, Base Hosp. No. 5, 1916-19; Col., M. C., U. S. Army; Mem. Nat'l Acad. Sciences, 1917; Stud., St. Bartholomew's Hosp., 1922; Mickle Fellow, Univ. of Toronto, 1922; Cameron Prize, Univ. of Edinburgh, 1924; Companion of the Bath; D.S.M., Chev. Leg. D'Honneur; Moseley Prof. of Surg., Harv.; *Surg.-in-Chief, P. B. B. H.*

### CUTLER, ELLIOTT CARR

A.B., Harv., 1909; M.D., *ibid.*, 1913; *Surg. H. O., P. B. B. H., Nov. 1, 1913-March 1, 1915; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Res. Surg., M. G. H., 1915-16; Alumni Asst. in Surg., Harv., 1915-16; Vol. Asst., Rockefeller Inst., N. Y., 1916-17; Major, M. C., U. S. Army; D.S.M., 1917-19; Instr. in Surg., Harv., 1921-24; *Res. Surg., P. B. B. H., Aug. 1, 1919-Sept. 1, 1921; Assoc. in Surg., ibid., Sept. 1, 1921-July 1, 1924; Chairman, Dept. of Surg., and Director of Lab. of Surg. Research, Harv., 1922-24; Prof. of Surg., Western Reserve Univ. Med. Sch., and Chief Surg., Lakeside Hosp., Cleveland, Ohio.**

### DAVIDOFF, LEO MAX

2 yrs. pre-med. work, Harv.; M.D., *ibid.*, 1922; Stud. Interne, Boston Psychopathic Hosp., April, 1921-June, 1922; Pediatric Serv., B. C. H., July-Nov., 1922; Med. Serv., New Haven Hosp., Nov. 1, 1922-Nov. 1, 1923; *Vol. Grad. Asst., P. B. B. H., Nov. 1, 1923-March 1, 1924; Surg. H. O., P. B. B. H., March 1, 1924.*

### DAVIS, LOYAL E.

M.D., Northwestern Univ., 1918; M.S., *ibid.*, 1921; Ph.D. in Surg., *ibid.*, 1923; Nat. Research Council Fellow, 1922-24; *Vol. Grad. Asst. in Surg., P. B. B. H., Sept., 1923-March, 1924; Jr. Assoc. in Surg., ibid., March, 1924-*



PETER BENT BRIGHAM HOSPITAL

DAY, HILBERT FRANCIS

Ph.B., Yale, 1901; M.D., Harv., 1905; Surg. H. O., B. C. H., 1905-07; House Phys., Boston Lying-In Hosp., 1907-08; 3d Asst. Visit. Surg., B. C. H. (Gynecol. Dept.), 1908-09; 4th Asst. Visit. Surg., B. C. H., 1909; District Phys., Boston Disp., 1909-12; Asst. to Surgs., Boston Disp., 1911-12; Surg., Maverick Disp., E. Boston, 1913-14; Asst. Surg., Boston Disp., 1912-14; Surg., *ibid.*, 1914-19; 1st Asst. Surg., Beth Israel Hosp., 1917-18; Asst. in Surg., Harv., 1919-21; Instr. in Surg., *ibid.*; Surg.-in-Chief, Boston Disp.; *Assoc. in Surg., P. B. B. H.*

DENNY, GEORGE PARKMAN

A.B., Harv., 1909; M.D., Harv., 1913; *Med. H. O., P. B. B. H., June 1, 1913-July 1, 1914*; Vol., Lab. of Physiol. Research, Johns Hopkins, 1914-15; Capt., M. C., U. S. Army; Alumni Asst. in Med., Harv., 1915-16; Phys. to Med. Students, *ibid.*; Attend. Phys., Channing Home, Boston; *Assoc. in Med., P. B. B. H.*

DERICK, CLIFFORD L.

M.D., McGill Univ., 1918; H. O., Montreal Gen. Hosp.; Fellow, Nat. Research Council; *Vol. Grad. Asst., P. B. B. H., Sept. 25, 1922-Sept. 1, 1923*; *Asst. Res. Phys., ibid., Sept. 1, 1923-July, 1924*; Asst. in Med. and Research Fellow in Bio-Chemistry, Harv., 1922-24; Asst. Res. Phys., Rockefeller Hosp., New York.

DOCK, WILLIAM

B.S., Wash. Univ., 1920; M.D., Rush Med. Coll., 1922; *Med. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*; *Asst. Res. Phys., ibid., Nov. 1, 1923-Nov. 1, 1924*; Grad. Stud., Vienna, Austria.

DOTT, NORMAN McOMISH

M.B., Ch.B., Edinboro; F.R.C.S., Edinboro; Asst. to Sir E. Sharpey Schafer, Physiol. Dept., Univ. of Edinboro; Asst. Surg., Church of Scotland Deaconess Hosp., Edinboro; Asst. Surg., Chalmers Hosp., Edinboro; *Jr. Assoc. in Surg., P. B. B. H., Nov. 1, 1923*; Clin. Tutor in Surg., Clinic of the Prof. of Surg., Royal Infirmary, Edinboro, Scotland.

EDSON, PHILIPS JOSIAH

A.B., Univ. of Cal., 1920; M.A., *ibid.*, 1921; M.D., *ibid.*, 1924; Stud. Interne, Hahnemann Hosp., summer, 1922; Med. Officer to Sierra Club Outings, 1921-22; Interne, Yosemite Hosp., Cal., 1923; *Med. H. O., P. B. B. H., Nov. 1, 1923-March 1, 1925*; *H. O., X-ray Dept., ibid., March 1, 1925.*

EMERY, JR., EDWARD STANLEY

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., Nov. 1, 1920-March 1, 1922*; *H. O., X-ray Dept., ibid., July 1, 1922-July 1, 1923*; Stud. in Clin. of Dr. Sippy, Presbyterian Hosp., Chicago, 1923-24; *Jr. Assoc. in Med., P. B. B. H.*

EVANS, JAMES A.

A.B., Univ. of Wis., 1917; M.D., Harv., 1920; Med. Interne, Barnes Hosp., St. Louis; Group practice, 1 yr.; St. Frances Hosp., La Crosse, Wis.; June, 1922, holder of Scholarship in France under Professors Gilbert and



## REGISTER OF PRESENT MEMBERS OF THE STAFF

Widal and Dr. Bensaude; *Asst. Res. Phys., P. B. B. H., July 10, 1923-July 1, 1924; Vol. Grad. Asst. in Roent., ibid., July 1-Aug. 1, 1924; in practice, La Crosse, Wis.*

### FISHBACK, FRED C.

A.B., Harv., 1919; M.D., *ibid.*, 1922; *Pathol. H. O., P. B. B. H., May 15, 1923-Feb. 1, 1924; N. Y. Lying-In-Hosp., 1925.*

### FITZ, REGINALD

A.B., Harv., 1906; M.D., *ibid.*, 1909; Med. House Pupil, M. G. H., 1910-11; Vol. Asst. in Pharmacol. and in Med. Clinic, J. H. H., 1911-12; *Sr. Med. H. O., P. B. B. H., Nov. 1, 1912-July 1, 1913; Asst. Res. Phys., ibid., July 1, 1913-Sept. 1, 1915 (granted leave of absence to Dec. 31, 1916);* Fellow in Physiol., Harv., 1914-15; *Asst. Res. Phys., Rockefeller Inst. Hosp., New York City; Major, M. C., U. S. Army, 1917-19; Assoc. in Med. and Act. Res. Phys., East Med. Serv., M. G. H., 1919-20; Mayo Clinic and Mayo Foundation, 1920-22; Phys., P. B. B. H.*

### 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; Stud., Univs. of Sweden and Germany, 1897 and 1898; *Asst. Prof. of Physiol. Chem., Univ. of W. Va., 1899-1900; Research Chem., McLean Hosp., Waverley, 1900-08; Assoc. Prof. of Biol. Chem., Harv., 1907-09; Hamilton Kuhn Prof. of Biol. Chem., ibid.; Chem., M. G. H.; Consult. Chem., P. B. B. H.*

### FOSTER, LEWIS CHANDLER

A.B., Univ. of Kansas, 1919; M.D., Harv., 1923; Substitute Med. Serv., N. Y. Hosp., 2 mos., 1922; *Surg. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924.*

### FROTHINGHAM, CHANNING

A.B., Harv., 1902; M.D., *ibid.*, 1906; Med. H. O., B. C. H., 1906-07; *Asst. Visit. Phys., Carney Hosp., O. P. D., Boston, 1908-12; Sec'y, Faculty of Med., Harv., 1908-13; Asst. in Theory and Practice of Physic, ibid., 1908-12; Instr. in Med., ibid., 1913-22; Lieut. Col., M. C., U. S. Army, June 1, 1917-Dec. 5, 1918; Asst. Prof. in Med., Harv.; Chairman, Dept. of Med., ibid.; Phys., P. B. B. H.*

### GORDON, BURGESS

A.B., Gonzaga Univ., 1912; M.D., Jefferson Med. Coll., 1919; *Interne, Jefferson Hosp., 1919-21; Asst. Res. Phys., P. B. B. H., Sept. 15, 1921-Aug. 1, 1922; Res. Phys., ibid., Aug. 1, 1922.*

### GRABFIELD, GUSTAVE PHILIP

A.B., Williams, 1912; M.D., Harv., 1915; Teaching Fellow, Dept. of Pharmacol., *ibid.*, 1915-16; *Med. H. O., P. B. B. H., March 1, 1916-June 17, 1917; Capt., M. C., U. S. Army, 1917-19; Asst. in Roent., Univ. of Mich. Hosp., 1919-20; Instr. in Pharm., Harv., 1920-21; Asst. in Pharm., ibid., 1921-22; Instr. in Pharm. and Asst. in Med., ibid.; Jr. Assoc. in Med., P. B. B. H.*

### GRAVES, EDWIN G.

A.B., Univ. of Texas, 1920; M.D., Harv., 1924; *Med. H. O., P. B. B. H., July 1, 1924.*



PETER BENT BRIGHAM HOSPITAL

GREEN, GEORGE F.

B.S., Univ. of Mich., 1922; M.D., *ibid.*, 1924; Asst. in Physiol., *ibid.*;  
*Vol. Grad. Asst. in Pathol., P. B. B. H., July 1-Oct. 1, 1924*; Asst. in Med.,  
B. C. H., IV. Med. Serv.; *Jr. Assoc. in Pathol., P. B. B. H.*

HALL, FRANCIS C.

Litt.B., Princeton, 1913; M.D., Harv., 1917; H. O., M. G. H., 1918;  
M. C., U. S. Army, 1918-19; Asst. Visit. Phys. and Visit. Phys. to O. P.  
D., M. G. H., 1920-22; *Assoc. in Med., P. B. B. H.*

HARRISON, TINSLEY RANDOLPH

A.B., Univ. of Mich., 1919; M.D., Johns Hopkins, 1922; *Med. H. O.,*  
*P. B. B. H., Nov. 1, 1922-March 1, 1924*; *Asst. Res. Phys., ibid., March 1,*  
*1924-Sept. 1, 1924*; Asst. in Med., Johns Hopkins.

HOLMAN, EMILE

A.B., Stanford Univ., 1911; Univ. of Oxford, 1916; Med. Stud., Oxford  
Univ., Royal College of Surgeons, Edinboro, Rotunda Hosp., Dublin,  
National Hosp., London, 1914-17; M.D., Johns Hopkins, 1918; Res.  
Med. Officer, Children's Hosp. Sch., 1918-19; Asst. Res. Surg., J. H. H.,  
1919-23; Res. Surg., *ibid.*, 1919-23; *Asst. Res. Surg., P. B. B. H., July 15,*  
*1923-Sept. 1, 1923*; *Res. Surg., ibid., Sept. 1, 1923-July 1, 1924*; Attend.  
Surg., Lakeside Hosp. and Asst. Prof. of Surg., Western Reserve Univ.,  
Cleveland, Ohio.

HOMANS, JOHN

A.B., Harv., 1899; M.D., *ibid.*, 1903; House Pupil, M. G. H., 1903-04;  
Asst. in Hunterian Lab., Johns Hopkins, 1908-09; Vol. Asst. Surg., Chil-  
dren's Hosp., Boston, 1909-10; Surg., M. G. H., O. P. D., 1910-12; Asst.  
in Surg., Harv., 1910-13; Surg., Boston Dispensary, 1913-14; Assoc. in  
Surg., Harv., 1914-15; Major, M. C., U. S. Army, 1918-19; Instr. in  
Surg., Harv.; *Surg., P. B. B. H.*

HORRAX, GILBERT

A.B., Williams, 1909; M.D., Johns Hopkins, 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, Harv., 1914-15; *Asst. Res. Surg., P. B. B. H.,*  
*1915-16*; Res. Surg., M. G. H., 1916-17; Major, M. C., U. S. Army,  
1917-19; Instr. in Surg. and Chairman, Dept. of Surg., Harv.; *Assoc.*  
*in Neurol. Surg., P. B. B. H.*

HOWLAND, JOSEPH BRIGGS

M.D., Harv., 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; Act. Ad-  
ministrator and Res. Phys., *ibid.*, 1917-19; Pres., American Hosp. Assoc.,  
1919-20; Mem. Mass. State Bd. of Reg. of Nurses, 1919-24; Pres., N. E.  
Hosp. Assoc., 1921-22; Trustee, *ibid.*; *Supt., P. B. B. H.*

JACKSON, HOWARD BURR

A.B., Harv., 1915; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., March 15,*  
*1919-April 1, 1920*; H. O., Surg. and Obstet. Services, Mass. Homœo-  
pathic Hosp., 1920; *Vol. Asst., Med. Serv., P. B. B. H.*; Asst. Phys. to  
Out-Patients, M. G. H.; in practice, Jamaica Plain, Mass.



## REGISTER OF PRESENT MEMBERS OF THE STAFF

### JONES, WILFRED GRANT

B.S., College of Wooster, Wooster, Ohio, 1921; M.D., Harv., 1924; *Med. H. O., P. B. B. H., July 1, 1924.*

### KENT, HAROLD A.

H.D.S., 1919; Asst. to Dr. Miner, Prof. of Oral Surg., H.D.S.; *Dental Surg., P. B. B. H.*

### KINSMAN, JAMES MURRAY

B.A., Mt. Allison Univ., Sackville, N. B., 1918; M.D., C.M., McGill Univ., 1922; Pathol. Interne, Royal Victoria Hosp., 1922-23; Demonstr. in Pathol., McGill Univ., 1922-23; *Med. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924;* Asst. Res. Med., New Haven Hosp., New Haven, Conn.

### KOHN, LAWRENCE A.

A.B., Williams, 1914; work in Bacteriol. with Dr. Park, N. Y., 1914-17; work in Bacteriol. with army in France, 1917-19; 1st Lieut., San. Corps, 1918-19; M.D., Johns Hopkins, 1923; Med. Interne, *ibid.*; *Asst. Res. Phys., P. B. B. H.*

### LEVINE, SAMUEL ALBERT

A.B., Harv., 1911; M.D., *ibid.*, 1914; *Assoc. in Med., P. B. B. H., July 1, 1914-July 1, 1915; Med. H. O., ibid., July 1, 1915-Nov. 1, 1916;* Moseley Travelling Fellow, Harv., 1916-17; Asst., Rockefeller Inst. Hosp., N. Y., 1916-17; Capt., M. C., U. S. Army, 1917-19; Instr. in Med., Harv.; Consult. Phys., Boston Psychopathic Hosp.; Phys. to Boston Dispensary; *Assoc. in Med., P. B. B. H.*

### LIEBMAN, CHARLES

Ph.B., Yale, 1917; M.D., Harv., 1921; X-ray Dept., Base Hosp., Camp Devens; X-ray Dept., Mass. Eye and Ear Inf.; X-ray Dept., New Haven Hosp.; *X-ray H. O., P. B. B. H., June 1, 1921-July 1, 1922;* Roentgenologist, Children's Hosp., Boston; *Vol. Grad. Asst., X-ray Service, P. B. B. H.*

### MACPHERSON, DONALD JOHN

B.S., Univ. of Rochester, 1911; M.D., Harv., 1915; *Med. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1916; Asst. Res. Phys., ibid., Nov. 1, 1916-June 22, 1917;* Capt., M. C., U. S. Army, 1917-19; *Assoc. in Med., P. B. B. H.*

### MASON, B. HENRY

M.D., Bowdoin, 1907; Gen. Internship, Maine Gen. Hosp., 1907-08; Asst. Phys., State Asylum, Worcester, Aug., 1908-Nov., 1913; in practice, Portland, Me., 1913-14; Asst. Phys., Worcester State Hosp., Feb., 1914-May, 1914; Asst. Supt., *ibid.*, May, 1914-June 18, 1918; Act. Supt., *ibid.*, June 18, 1918-April 1, 1921; Neuro-Psychiatrist, Advisory Board A and B, Worcester, Mass., during draft; Asst. Director, Psychopathic Hosp., Ann Arbor, Mich., April, 1921-Jan., 1923; Neuro-Psychiatrist, U. S. V. B.; Instr. in Psychiatry, Univ. of Mich. Med. Sch., 1921-23; *First Asst. Supt., P. B. B. H.*

### MILLIKEN, SAMUEL GIBBS

M.D., Univ. of Texas, 1922; Sr. Instr. in Pathol., Univ. of Texas, 1922; *Surg. H. O., P. B. B. H., March 1, 1924-Feb. 1, 1925;* Asst. Prof. of Path., Univ. of Texas.



PETER BENT BRIGHAM HOSPITAL

MONROE, ROBERT THORNHILL

A.B., Univ. of Mich., 1918; M.D., *ibid.*, 1924; *Med. H. O., P. B. B. H., July 1, 1924.*

MOORE, RICHMOND LAWRENCE

A.B., Univ. of Va., 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., Nov. 1, 1923-March 1, 1924; Asst. Res. Surg., ibid., July 1, 1924.*

MURPHY, WILLIAM P.

A.B., Univ. of Ore., 1914; M.D., Harv., 1922, as of 1920; H. O., R. I. Hosp., 1920-22; *Vol. Grad. Asst., P. B. B. H., summer of 1921; Asst. Res. Phys., ibid., 1922-23; Proctor Research Fellow, Harv.; Jr. Assoc. in Med., P. B. B. H., July 10, 1923.*

NEWTON, FRANCIS CHANDLER

A.B., Amherst, 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H., March 15, 1919-July 1, 1920; Asst. Res. Surg., ibid., July 1, 1920-Sept. 1, 1921; Res. Surg., ibid., Sept. 1, 1921-July 1, 1923; Jr. Assoc. in Surg., ibid., July 1, 1923-Sept. 15, 1923; Asst. in Surg., Harv., 1920-23; Moseley Trav. Fellow, *ibid.*, 1923-24; Vol. Asst., Phys. Inst., Berne, Switzerland, 1923-24; Instr. in Surg., Harv.; *Assoc. in Surg., P. B. B. H.**

NEWTON, HARLAN FAY

A.B., Yale, 1916; M.D., Harv., 1920; Pathol. H. O., B. C. H., 1920-21; *Surg. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923; Asst. Res. Surg., ibid., Oct. 1, 1923-July 1, 1924; Austin Teach. Fellow in Surg., Harv.; Res. Surg., P. B. B. H.*

NICHOLS, ALVORD G.

A.B., Colgate, 1916; M.D., Harv., 1921; Interne, Worcester City Hosp., 1921-23; Act. Asst. Supt., *ibid.*; *2d Asst. Supt., P. B. B. H., Sept. 17, 1923-June 1, 1924; Asst. Med. Director, John Hancock Life Insurance Co., Boston.*

O'HARE, JAMES PATRICK

A.B., Harv., 1908; M.D., *ibid.*, 1911; Med. H. O., B. C. H., So. Dept., 1911; Med. H. O., Carney Hosp., Boston, 1912-13; Fellow in Med., Harv., 1913-15; Asst. Visit. Phys., Carney Hosp., 1913-15; Asst. Visit. Phys., B. C. H., 1915-17; Asst. in Med., Harv.; *Act. Phys., P. B. B. H., Aug. 1, 1917-Feb. 1, 1918, and April 1, 1918-Jan. 1, 1919; Assoc. in Med., P. B. B. H.*

ORR, JR., LOUIS M.

B.S., Emory Coll., 1922; M.D., Atlanta Med. Coll., 1924; Jr. Interne, Grady Hosp., Atlanta, Ga., 1923-24; *Surg. H. O., P. B. B. H., July 1, 1924.*

OUGHTERSON, ASHLEY W.

M.D., Harv., 1924; *Pathol. H. O., P. B. B. H., Jan. 1, 1924-Jan. 1, 1925.*

PEABODY, FRANCIS WELD

A.B., Harv., 1903; M.D., *ibid.*, 1907; House Pupil, M. G. H., 1907-08; Asst. Res. Phys., J. H. H., 1908-09; Fellow in Pathol., Johns Hopkins, 1909-10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911-12; Asst., Rockefeller Inst., 1911-



## REGISTER OF PRESENT MEMBERS OF THE STAFF

- 12; *Res. Phys., P. B. B. H., Nov. 1, 1912–Sept. 1, 1915* (granted leave of absence March 1, 1914–Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation); *Asst. Visit. Phys., P. B. B. H., Sept. 1, 1915–Dec. 9, 1915*; Alumni Asst. in Med., Harv., 1913–15; Asst. Prof. of Med., *ibid.*; Consult. Phys., Collis P. Huntington Mem. 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, 1918–19; Assoc. Prof. of Med., Harv.; Prof. of Med., *ibid.*; Visit. Phys., B. C. H.; Director, Thorndike Lab., *ibid.*; *Consult. Phys., P. B. B. H.*
- PINKERTON, HENRY**  
S.B., M. I. T., 1918; M.D., Harv., 1924; *Pathol. H. O., P. B. B. H., July 1, 1924.*
- POTTER, WILLIAM HENRY**  
A.B., Harv., 1878; D.M.D., *ibid.*, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv., 1887–88; Clin. Lecturer, *ibid.*, 1890–96; Lect., *ibid.*, 1896–1900; Asst. Prof., *ibid.*, 1900–04; Prof. of Operative Dentistry, *ibid.*; in practice, Boston; Dental Corps, U. S. Army, 1917–19; 1st Lieut., Major, and Lieut. Col.; *Consult. Dental Surg., P. B. B. H.*
- PUTNAM, TRACY JACKSON**  
A.B., Harv., 1915; M.D., *ibid.*, 1920; Asst. Res. Pathol., J. H. H., 1920–21; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1923–Oct. 1, 1924*; Moseley Travelling Fellow, Harv.
- QUINBY, WILLIAM CARTER**  
A.B., Harv., 1899; M.D., *ibid.*, 1902; House Pupil, M. G. H., 1902–03; Asst. G. U. Surg., Boston Disp., 1907–09; Asst. Surg., N. E. Baptist Hosp., Boston, 1908–14; in charge of Experimental Surg., Brady Clin., J. H. H., 1914–16; Assoc. in Urol., *ibid.*, 1915–16; Asst. Prof., G. U. Surg., Harv.; *Urol. Surg., P. B. B. H.*
- RAGSDALE, LUNEY VARNON**  
A.B., Univ. of Ala., 1917; M.D., Harv., 1924; *2d Asst. Supt., P. B. B. H., June 1, 1924–Dec. 15, 1924*; *Med. H. O., ibid., Dec. 15, 1924.*
- RHOADS, CORNELIUS PACKARD**  
A.B., Bowdoin, 1920; M.D., Harv., 1924; *Surg. H. O., P. B. B. H., July, 1924.*
- RICHARDS, LYMAN G.**  
A.B., Harv., 1916; M.D., *ibid.*, 1919; Lab. in Smyrna with Near East Relief, 1919; Surg. H. O., St. Luke's Hosp., New York, 1920–22; Mass. Eye and Ear Infirmary, Ear, Nose and Throat Serv., 1922–24; Chief in Otolaryngology, Children's Hosp., Boston; Assoc. in Otolaryngology, New England Deaconess Hosp.; Consultant in Otolaryngology, Union Hosp., Fall River; *Assoc. in Otolaryngology, P. B. B. H.*
- RINGER, MICHAEL**  
B.S., Coll. of City of N. Y., 1915; M.D., Cornell, 1919; Instr. in Exper. Med., Yale, 1919–21; Instr. in Physiol., Cornell, 1921–23; *Med. H. O., P. B. B. H., Nov. 1, 1923–Jan. 1, 1925*; in practice, N. Y.



PETER BENT BRIGHAM HOSPITAL

RIOCH, DAVID M.

B.A., Butler Coll., Indianapolis, 1920; M.D., Johns Hopkins, 1924; *Surg. H. O., P. B. B. H., Nov. 1, 1924.*

ROOT, HOWARD FRANK

A.B., Harv., 1913; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., Feb. 13, 1919-Jan. 1, 1920*; Clin. Lab., J. H. H., 1920; Asst. Phys., N. E. Deaconess Hosp.; *Assoc. in Med., P. B. B. H.*

SCOTT, W. J. MERLE

A.B., Oberlin, 1914; M.D., Johns Hopkins, 1918; A.M., Columbia Univ., 1922; 1st Lieut., M. C., U. S. Army, 1918-19; Asst. in Surg., Henry Ford Hosp., Detroit, Mich., 1918-21; Fellow in Exper. Pathol., Montefiore Hosp., 1921-22; Arthur Tracy Cabot Fellow, Harv., 1922-23; Asst. in Surg., *ibid.*, 1923; *Assoc. in Surg., P. B. B. H., Sept. 1, 1922-July 1, 1923*; *Asst. Res. Surg., ibid., July 1, 1923-July 1, 1924*; Res. Surg., Lakeside Hosp. and Instr. in Surg., Western Reserve Univ., Cleveland, Ohio.

SHRADER, JOHN C.

B.S., Univ. of Iowa, 1920; M.D., *ibid.*, 1922; Med. Interne, Univ. Hosp., Iowa, 1922-23; Hosp. Chem., *ibid.*, 1923-24; *Asst. Res. Phys., P. B. B. H.*

SOSMAN, MERRILL

A.B., Univ. of Wis., 1913; M.D., Johns Hopkins, 1917; 1 yr. Interne; entered U. S. A., M. C.; Army Med. Sch., X-ray Dept., Walter Reed Hosp.; X-ray Dept., M. G. H., 1921; Consult. Roent., C. P. Huntington Mem. Hosp.; *Roentgenologist, P. B. B. H.*

SPURLING, ROY G.

A.B., Univ. of Mo., 1920; A.M., *ibid.*, 1923; M.D., Harv., 1923; *Surg. H. O., P. B. B. H., Nov. 1, 1923-March 1, 1925*; *Asst. Res. Surg., ibid., March 1, 1925.*

STECHE, ROBERT

B.S., Dart., 1919; M.D., Harv., 1923; *Med. H. O., P. B. B. H., March 1, 1924.*

STELLAR, ROBERT W.

B.S., Occidental Coll., Cal., 1919; Univ. of Cal., 2 yrs.; M.D., Harv., 1923; *Surg. H. O., P. B. B. H., Nov. 1, 1923-March 1, 1925.*

STIMSON, HORACE POTTLE

A.B., Amherst, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., March 1, 1923-July 1, 1924*; *Asst. Res. Surg., ibid., Sept. 8, 1924-Dec. 12, 1924*; Phys. of Fogg Museum Archæological Expedition to Mongolia.

STURGIS, CYRUS CRESSEY

B.S., Univ. of Wash., 1913; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H., Oct. 15, 1917-Aug. 22, 1918*; 1st Lieut., M. C., U. S. Army, 1918-19; *Asst. Res. Phys., P. B. B. H., Aug. 25, 1919-April 15, 1920*; *Res. Phys., ibid., April 15, 1920-Aug. 1, 1922*; Instr. in Med., Harv.; *Assoc. in Med., P. B. B. H.*

TURNBULL, GEORGE CLARENCE

M.D., Northwestern Univ.; H. O., Gen. Serv., Surg. and Obstetrics, Evanston Hosp., Evanston, Ill., 1922-23; Asst. in Pathol., Northwestern



## REGISTER OF PRESENT MEMBERS OF THE STAFF

Univ., 1920-22; Med. H. O., State of Kentucky Y. M. C. A. summer camps, 1920-21; *Med. H. O., P. B. B. H., March 1, 1923-July 1, 1924*; Med. Asst. (special), Yale, Dept. Univ. Health, New Haven, Conn.

### VAN WAGENEN, WILLIAM P.

M.D., Harv., 1922; *Surg. H. O., P. B. B. H., Nov. 1, 1922-March 1, 1924*; *Asst. Res. Surg., ibid., Oct. 1, 1924*.

### VOGT, EDWARD C.

M.D., Univ. of Iowa, 1923; Interne, St. Vincent's Hosp., Toledo, Ohio, 1923-24; *H. O., X-ray Dept., P. B. B. H., Sept. 12, 1924-March 1, 1925*; *Asst. Res. in Roent., ibid., March 1, 1925*.

### WALKER, ISAAC CHANDLER

A.B., Johns Hopkins, 1905; M.D., *ibid.*, 1909; Grad. Stud., Lab. of Theory and Practice of Physic, Harv., 1910-11; Med. H. O., Carney Hosp., Boston, 1910-11; Lect. on Clin. Microscopy and Phys. Diag., Univ. of Iowa, 1911-12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., N. Y., 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, Hosp. A<sup>b</sup>. 32 bis Passy Yonne, France, 1915; Asst. in Pharmacol., Harv.; Alumni Asst. in Med., *ibid.*; *Act. Phys., P. B. B. H., Aug. 1, 1917-Feb. 1, 1918, and April 1, 1918-Dec. 16, 1918*; Asst. Prof. of Med., Harv., 1918-19; *Assoc. in Med., P. B. B. H.*

### WALKER, WILLIAM G.

M.D., Univ. of Iowa; 3 mos. Pathol. Dept., *ibid.*; 1 yr. Interne, Univ. of Iowa Hosp.; 1 yr. Clin. Asst., *ibid.*; 2½ mos. Clin. Microscopy, *ibid.*; *Vol. Grad. Asst., Med. Service, P. B. B. H., March 28, 1922-Sept. 25, 1922*; *Jr. Assoc. in Med., ibid., Sept. 25, 1922-July 1, 1924*; in practice, Brockton, Mass.

### WELLS, GUY

Ph.B., Brown Univ., 1916; M.D., Cornell, 1920; Interne, R. I. Hosp., 1920-22; *Asst. Res. Phys., P. B. B. H., Aug. 1, 1922-March 1, 1924*; in practice, Providence, R. I.

### WHITAKER, LESTER R.

M.D., Harv., 1923; *Surg. H. O., New Haven Hosp., 1923-24*; *Vol. Grad. Asst. in Pathol., P. B. B. H., April 1-July 11, 1924*; *Assoc. in Surg., ibid.*; Arthur Tracy Cabot Fellow, Harv.

### WHITING, WALTER BELKNAP

2 yrs. pre-med. work, Wash. and Lee Univ., and Cornell Summer Sch.; M.D., Harv., 1923; *Med. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924*; *Asst. Res. Phys., ibid.*

### WILENS, GUSTAV

Ph.B., Yale, 1920; M.D., *ibid.*, 1923; *Pathol. H. O., P. B. B. H., July 1, 1923-July 1, 1924*; Res. Pathol., Children's Hosp., Boston; Instr. in Pathol., Harv.



PETER BENT BRIGHAM HOSPITAL

WILSON, JAMES ROBERT

M.D., Syracuse Univ., 1921; Instr., *ibid.*; Asst. in Pathol., Harv.; Res. Pathol., Children's Hosp., Boston; Instr., Dept. Pathol., Harv.; *Res. Pathol., P. B. B. H., Sept. 15, 1923-July 1, 1924.*

WILSON, RICHARD B.

B.S., Emory Univ., 1920; M.D., *ibid.*, 1922; H. O., Boston Psycho. Hosp., 1922-23; *Vol. Grad. Asst. in Pathol., P. B. B. H., Sept. 10, 1923-March 1, 1924; Med. H. O., ibid., March 1, 1924.*

WOLBACH, SIMEON BURT

Stud., Harv., 2 yrs.; M.D., *ibid.*, 1903; 2d Asst. in Pathol., B. C. H., 1903-04; 1st Asst. in Pathol., *ibid.*, 1904-05; 2d Asst. Visit. Pathol., *ibid.*, 1905-08; Pathol., Long Island Hosp., Boston, 1905-08; Pathol., Boston Floating Hosp., 1905-08; Pathol., Mass. Infants' Asylum, 1905-08; Asst. in Pathol., Harv., 1905-06; Instr. in Pathol., *ibid.*, 1906-08; Adjunct Prof. of Pathol. and Bacteriol., Albany Med. Coll., 1908-09; Director, Bender Hygienic Lab., Albany, N. Y., 1908-09; Pathol., Albany City Hosp., 1908-09; Pathol., St. Peter's Hosp., Albany, 1908-09; Pathol., St. Margaret's House, Albany, 1908-09; Lecturer in Pathol., McGill Univ., 1909-11; Director, Histol. Lab., *ibid.*, 1909-11; Director, Montreal Gen. Hosp. Lab., 1909-11; Asst. Prof. of Bacteriol., Harv., 1910-14; Assoc. Prof. of Bacteriol., *ibid.*, 1914-16; Pathol., Children's Hosp., Boston; Fellow, Am. Acad. of Arts and Sciences, 1914; Visit. Pathol., Children's Hosp., Boston, 1915; Corr. Mem., Société de Pathologie Exotique, Paris; Commander, Order of Polonia Restituta; Shattuck Prof. Pathol. Anat., Harv.; *Pathol., P. B. B. H. (on leave of absence Jan. 1, 1920-Aug. 1, 1920, in charge of Typhus Research Hosp., Poland).*

WOOD, NATHANIEL KNIGHT

A.B., Harv., 1897; M.D., *ibid.*, 1901; H. O., B. C. H., 1902-04; H. O., Boston Lying-In-Hosp., 1904; Visit. Phys., Carney Hosp., O. P. D., 1907-12; Visit. Phys., Boston Consumptives' Hosp., O. P. D., 1909-17; Phys., Boston Disp., 1912-18; *Assoc. in Med., P. B. B. H.*

WOOD, R. HUGH

M.D., Med. Coll. of Va., 1921; Interne, St. Elizabeth's Hosp., Richmond, Va., 1922; Res. Pathol., Mem. Hosp., Richmond, Va., 1922-23; *Med. H. O., P. B. B. H., March 1, 1923-July 1, 1924; Chief Res., Grady Hosp., Atlanta, Ga.*

WRIGHT, LESLIE H.

M.D., Univ. of Vt., 1918; H. O., Naval Hosp., Chelsea, 1918-19; Transport Serv., May 1, 1919-Sept. 1, 1919; Asst. Phys., Conn. State Hosp., Sept., 1919-July, 1920; Private Practice, July, 1920-May, 1922; Pathol., Monson State Hosp., May, 1922-Dec., 1924; *Second Asst. Supt., P. B. B. H.*

ZINSSER, HANS

A.B., Columbia, 1899; A.M., M.D., *ibid.*, 1903; Asst. Prof. Bacteriol., Leland Stanford, 1910-11; Prof., *ibid.*, 1911-13; Prof. Bacteriol., Columbia Univ., 1913; Bacteriol., Presbyterian Hosp.; Prof. of Bacteriol., Harv.; *Consult. Bacteriol., P. B. B. H.*



## Register of Former Members of the Staff

### ADAMS, FRANK DENNETTE

Litt.B., Princeton, 1913; M.D., Harv., 1917; Med. H. O., M. G. H., 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; *Pathol. H. O., P. B. B. H., Oct. 1, 1919-March 15, 1920; Act. Res. Pathol., ibid., March 15, 1920-July 1, 1920;* Res. Phys., B. C. H., Sept., 1920-June, 1922; Lect. in Med., Univ. of N. C., Extension Div., 1922 and 1923; H. O., So. Dept., B. C. H., Oct., 1922-Dec., 1922; Assoc. in Therapeutics, Geo. Washington Univ.; Instr. in Med., Georgetown Univ., 1923; Asst. in Med., Harv.; in practice, Boston.

### ALEXANDER, HARRY LOUIS

A.B., Williams, 1910; M.D., Columbia, 1914; H. O., Presbyterian Hosp., N. Y., 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, 1919-24; Asst. Adjunct Attend. Phys., 2d Med. Div., Bellevue Hosp., N. Y., 1919-24; Attend. Phys. and Visit. Pathol., Overlook Hosp., Summit, N. J., 1920-24; Chief of Asthma Dept., Cornell Pay Clin., N. Y., 1921-24; Assoc. Prof. Med., Washington Univ., and Assoc. Phys., Barnes Hosp., St. Louis.

### ATWATER, REGINALD MYERS

A.B., Colorado Coll., 1914; M.D., Harv., 1918; C.P.H., Johns Hopkins, 1920; Dr. P.H., *ibid.*, 1921; *Med. H. O., P. B. B. H., March 1, 1918-April 15, 1919;* Dept. of Hygiene, Hunan-Yale College of Med., Changsha, Hunan, China.

### BAGLEY, JR., CHARLES

M.D., Univ. of Md., 1904; A.B., 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;* Major, M. C., U. S. Army, 1917-19; Visit. Surg., Hebrew Hosp., Church Home and Infirm., St. Agnes' Hosp., Bon Secours Hosp., and Union Mem. Hosp., Baltimore; Consult. Surg., Baltimore Eye, Ear and Throat Charity Hosp., Emergency Hosp., Annapolis, Md., Presbyterian Eye, Ear and Throat Charity Hosp., Baltimore, and Waynesboro Hosp., Waynesboro, Pa.; Assoc. in Exper. Neurol., Johns Hopkins; Asst. Psychiatrist, J. H. H., Baltimore; Consult. Neuro-Surgeon, U. S. P. H. S.; in practice, Baltimore.

### BALDWIN, LOUIS B.

Litt.B., Princeton, 1915; M.D., Columbia, 1919; Interne, Presbyterian Hosp., N. Y., April, 1919-July, 1920; Assoc. in Med., *ibid.*, July, 1920-July, 1921; *Vol. Grad. Asst., Med. Serv., P. B. B. H., Oct. 25, 1921-March 28, 1922; Asst. Res. Phys. (acting), ibid., Dec. 20, 1921-Feb. 1, 1922;* in practice, Rochester, N. Y.



## PETER BENT BRIGHAM HOSPITAL

### 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*; in practice, Oklahoma City.

### BARROW, WILLIAM HULBERT

A.B., Harv., 1908; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., Nov. 1, 1916-June 17, 1917*; Capt., M. C., U. S. Army; Med. Advisor, Middlesex School, Concord, Mass., 1921-22; Med. Advisor and Prof. of Phys. Education, Leland Stanford Univ.

### BELT, A. ELMER

M.D., Univ. of Cal., 1920; Fellow, Hooper Research Laboratories, *ibid.*; Asst. in Urol. Surg., Univ. Hosp., for a year; *Asst. Res. Surg., P. B. B. H., July 1, 1922-July 1, 1923*; in practice, Los Angeles.

### BENET, GEORGE

Student for 3 yrs., Univ. of S. C., and Univ. of Va.; M.D., Harv., 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, 1915; Surg. at French Hosp. near Annel, 1915-16; Capt. and Asst. Surg., 2d Harv. Unit, B. E. F., France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., 1916-17; Surg., Fulham Military Hosp., London, England, 1917; M. R. C., U. S. Army, 1917-18; Capt., M. C., U. S. Army; in practice, Columbia, S. C.

### BERRY, FRANK BROWN

A.B., Harv., 1914; M.D., *ibid.*, 1917; Pathol. H. O., B. C. H., July-Dec., 1917; *Med. H. O., P. B. B. H., Jan. 9, 1918-March 1, 1918*; Capt., M. C., U. S. Army, 1918-19; 1st Asst. Pathol., B. C. H., 1919-20; Surg. H. O., Presbyterian Hosp., N. Y., 1920-21; Practicing Med., Providence, R. I., 1921-23; Res. Surg., Bellevue Hosp., N. Y., 1923-24; Instr. in Surg., Columbia; Adjunct Attend. Surg., Bellevue Hosp.; in practice, New York.

### BLAKE, FRANCIS GILMAN

A.B., Dart., 1908; M.D., Harv., 1913; *Med. H. O., P. B. B. H., July 1, 1913-Nov. 1, 1914*; *Asst. Res. Phys., ibid., Nov. 1, 1914-Sept. 1, 1915*; *Res. Phys., ibid., Sept. 1, 1915-Oct. 1, 1916*; Moseley Travelling Fellow (Harv.), 1916-17; Asst., Rockefeller Inst. Hosp., 1916-17; Asst. Prof. of Med., Univ. of Minn., 1917-19; Visit. Phys., Elliott Mem. Hosp., Univ. of Minn., 1917-19 (leave of absence Feb. 11, 1918-July 1, 1919); Assoc. in Med., Rockefeller Inst. Hosp., 1919-20; Assoc. Mem. in Med., Rockefeller Inst. Hosp., 1920-21; John Slade Ely, Prof. of Med., Yale Univ., School of Med.; Phys.-in-Chief, New Haven Hosp., New Haven, Conn.

### BLUMGART, HERRMANN

B.S., Harv., 1917; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., July 1, 1921-Nov. 1, 1922*; Moseley Travelling Fellow, 1923-24; Asst. in Med., Thorndike Mem. Lab., B. C. H.; Asst. in Med., Harv.

### BOEHM, JULIUS BENJAMIN

B.S., St. Louis Univ., 1910; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., Nov. 1, 1914-Nov. 1, 1915 (resigned)*; Res. Surg., Greenpoint Hosp., Brooklyn, N. Y., 1915-18; Surg. Serv., Walter Reed Hosp.; in practice, Brooklyn, N. Y.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### BOGGS, ARTHUR GORDON

A.B., Dartmouth, 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H., March 15, 1919-July 1, 1920*; New Haven Hosp., New Haven, Conn.; Med. Missionary, Clough Mem. Hosp., Ongole, So. India.

### BOOTHBY, WALTER MEREDITH

A.B., Harv., 1902; M.D., *ibid.*, 1906; A.M., *ibid.*, 1907; European clinics for 8 mos., 1907-08; *Surg. H. O., B. C. H., 1908-09*; Asst. in Anat., Harv., 1910-14; Asst. in Anesthesia, Harv. Grad. School of Med., 1912-13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anesthetist, B. C. H., 1912; *Supervisor of Anesthesia, P. B. B. H., Dec. 11, 1913-Nov. 14, 1916*; Lect. on Anesthesia and Instr. in Anat., Harv., 1914-16; Capt. and Major, M. C., U. S. Army, 1917-19; Assoc. Prof. of Med., Mayo Foundation, Univ. of Minn.; Head of Sect. of Clin. Metabolism, Mayo Clinic, Rochester, Minn.

### BREWSTER, ALBERT H.

B.A., Univ. of Va., 1914; M.D., Harv., 1918; M. C., U. S. Army, 1917-19; Children's Hosp. Sch., Baltimore, Md., 1919-20; *Surg. H. O., P. B. B. H., Feb. 15, 1920-July 1, 1921*; Orthopedic Service, Children's Hosp., Boston; in practice, Boston.

### BRIGHAM, FERDINAND

A.B., Tufts Coll., 1912; D.M.D., H.D.S., 1915; *Dental Surg., P. B. B. H., March 13, 1919-Jan. 20, 1920*; Capt., R. A. M. C., 1915-19; Degree, Dental Surg., Fac. of Med., Paris; in practice, Paris.

### BRITTINGHAM, HAROLD HIXON

A.B., Yale, 1916; M.D., Harv., 1920; *Med. H. O., P. B. B. H., July 1, 1920-Nov. 1, 1921*; *Asst. Res. Phys., ibid., Nov. 15, 1921-Dec. 6, 1921*; Demonstr. Physiol., Western Reserve Univ., 1922-23; Demonstr. in Med., *ibid.*, 1923-24; Asst. Visit. Phys., Cleveland City Hosp.; in practice, Cleveland, Ohio.

### BROWN, WILLIAM EUSTIS

Ph.B., Lafayette Coll., 1909; C.P.H., Harv.-M. I. T., Sch. of Public Health, 1915; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Oct. 15, 1921-Feb. 20, 1922*; Surg.-in-Chief, N. J. Zinc Co. Hosp., Franklin, N. J., 1922-24; Assoc., Indust. Health Conservancy Lab., Cincinnati, Ohio.

### BRYANT, JOHN

A.B., Harv., 1903; Asst. Res. Surg., Free Hosp. for Women, Brookline, 1905-06; M.D., Harv., 1907; Instr. in Pathol. and Neuropathol., *ibid.*, 1907-08; Surg. House Pupil, M. G. H., 1908-10; Research in Europe, 1912, 1913, and 1914; Asst. in Anat., Harv., 1913; Grad. Asst., M. G. H., O. P. D., 1915-16; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., 1915-16; *Vol. Asst., P. B. B. H., July 1916-Jan., 1917*; *Assoc. in Med., ibid., Jan. 1, 1917-Jan. 1, 1918*; Major, M. C., U. S. Army, 1917-19; Med. Asst. in Problems of Convalescence, M. G. H.; in practice, Boston.

### BUCK, ROBERT WILLIAM

A.B., Butler Coll., 1914; A.M., Columbia, 1915; M.D., Harv., 1921; Asst. Res., Boston Hosp. for Consumptives, 1921; *Med. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; H. O., Boston Lying-In Hosp., 1923; Asst. Phys., Boston Disp.; in practice, Boston.



PETER BENT BRIGHAM HOSPITAL

BURLINGHAM, LOUIS HERBERT

A.B., Yale, 1902; M.D., Johns Hopkins, 1906; House Pupil, M. G. H., 1906-07; Asst. Res. Phys., *ibid.*, 1907-12; Asst. Adm., *ibid.*, 1912; *1st Asst. Supt.*, *P. B. B. H.*, Oct. 19, 1912-April 30, 1917; *Curator*, *ibid.*, May 8, 1913-May 10, 1917; Lect. on Hosp. Adm., Washington Univ. Med. Sch.; Assoc. Editor, *Modern Hosp.*; Supt., Barnes Hosp., St. Louis, Mo.; Administrator, St. Louis Children's Hosp.

CADBURY, WILLIAM WARDER

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903-05; Stud. in Vienna, 1905; Instr. in Pathol. and Pharmacodynamics, Univ. of Pa., 1906-07; Pathol., St. Mary's Hosp., Philadelphia, 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; *Asst. Res. Phys.*, *P. B. B. H.*, Nov. 1, 1915-March 1, 1916; College Phys., Canton Christian College, Canton, China; Internist, Canton Hosp.

CARR, GLADYS LYDIA

M.D., Tufts, 1906; H. O., N. E. Hosp. for Women and Children, 1906-07; Asst. on Maternity Staff, *ibid.*, 1907-08; Gen. Practice, Boston, 1907-08; Private Practice, Lynn, 1908-14; Head of Roent. and Electrotherapeutic Depts., N. E. Hosp. for Women and Children; *Roentgenologist, pro tempore*, *P. B. B. H.*, June 1, 1914-Feb. 1, 1916; *Roentgenologist, ibid.*, Feb. 1, 1916-Oct. 31, 1917; Roentgenologist, American Comm. for Relief in the Near East, Asia Minor; Roentgenologist, Finley Hosp., Dubuque, Iowa.

CARTER, JR., DAVID WENDEL

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., Johns Hopkins, 1914; H. O., Clifton Springs Sanitarium, 1914; *Med. H. O.*, *P. B. B. H.*, Jan. 4, 1915-July 1, 1916; Asst. Res. Phys., J. H. H., 1916-17; Res. Phys. in charge of Private Wards, *ibid.*, 1917-18; 1st Lieut., M. C., U. S. Army, 1917-19; Visit. Phys., Parkland Hosp., Dallas; Assoc. Prof. of Med., Baylor Univ., Dallas; Mem. Staff, Baylor Hosp.; in practice, Dallas, Texas.

CHASE, HENRY MELVILLE

S.B., Dart., 1897; M.D., Harv., 1901; House Pupil, M. G. H., 1901-02; Asst. Surg., Boston Disp., 1906-14; Surg., Boston Disp.; Surg., Berkeley Infirmary; *Assoc. in Surg.*, *P. B. B. H.*, Nov. 17, 1914-July 11, 1919 (*resigned*); in practice, Boston.

CHELEY, GLEN EVAN

A.B., Colorado Coll., 1916; M.D., Harv., 1920; *Surg. H. O.*, *P. B. B. H.*, July 1, 1920-Nov. 1, 1921; H. O., Boston Lying-In Hosp., 1921-22; Assoc. Surg., Denver City and County Hosp.; in practice, Denver, Colorado.

COBB, STANLEY

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Surg. H. O.*, *P. B. B. H.*, July 1, 1914-July 1, 1915; Vol., Lab. of Physiol. Research, Johns Hopkins, 1915-16; Asst. in Physiol., *ibid.*; Asst. in Psychiatry, *ibid.*, 1916-17; Asst. in Psychiatry and Physiol. of the Nervous System, *ibid.*; Asst. Psychiatrist, *ibid.*, 1917-18; Assoc. in Psychiatry, *ibid.* (on leave of



## REGISTER OF FORMER MEMBERS OF THE STAFF

absence); 1st Lieut., M. C., U. S. Army, 1917-19; Asst. Neurol., M. G. H., 1919-20; Dalton Scholar, *ibid.*; Instr. in Neurol. and Physiol., Harv., 1919-23; Asst. Neurol., M. G. H.; Asst. Prof. of Neuropathol., *ibid.*, 1923; Assoc. Prof. of Neuropathol., *ibid.*; Rockefeller Fellow in Europe, 1923-25.

### COOK, WARD HANCE

A.B., Univ. of Kans., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909-10; Instr. in Embryology and Histology, *ibid.*, 1910; M.D., Harv., 1914; *Med. H. O., P. B. B. H., July 1, 1914-July 10, 1915 (resigned)*; 2d Asst. in Pathol., B. C. H., 1915-16; 1st Asst. in Pathol., *ibid.*, 1916-17; Pathol., Long Island Hosp., Boston, 1917-21; Instr. in Pathol., Harv., 1917-21; Prof. of Pathol., Med. Coll. of Va., Richmond, Va., 1921-24; Assoc. Director, Wm. H. Singer, Mem., Research Lab., Pittsburgh, Pa.

### COUNCILMAN, WILLIAM THOMAS

M.D., Univ. of Md., 1878; Stud., Univs. of Vienna and Leipzig; Hon. A.M., Harv., 1899; Hon. A.M., Johns Hopkins, 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anat., Johns Hopkins, 1890-91; Shattuck Prof. of Pathol. Anatomy, Harv., 1892; Emeritus Prof., *ibid.*; *Consult. Pathol., P. B. B. H., March 25, 1912-Aug. 14, 1913; Pathol., ibid., 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.

### CRISLER, JR., JOSEPH AUGUSTUS

B.S., Univ. of Va., 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; in practice, Memphis, Tenn.

### CROCKETT, EUGENE ANTHONY

*Act. Consult. Otolologist and Laryngologist, P. B. B. H., June 13, 1918-Dec. 31, 1919.*

### CUNNINGHAM, THOMAS DONALD

B.S., Dart., 1913; M.D., Harv., 1918; House Pupil, M. G. H., 1917-18; *Asst. Res. Phys., P. B. B. H., March 1, 1919-July 1, 1920*; House Pupil, Children's Med. Serv., M. G. H., 1920-21; Mem., Med. Staff, Denver City and County Hosp., St. Joseph's Hosp., St. Luke's Hosp., and Children's Hosp., Denver, Colo.; in practice, Denver, Colo.

### CURTIS, ROBERT DUDLEY

A.B., Harv., 1914; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., July 1, 1918-July 1, 1919*; Pediatric H. O., M. G. H., 1918; Asst. Visit. Phys., *ibid.*, O. P. D., 1919; Med. Director, Boston Baby Hygiene Assoc.; Asst. in Pediatrics, Harv.

### DAVIDSON, LEONARD TOMB

B.S., Oberlin, 1912; M.D., Johns Hopkins, 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., Harv., 1911; Med. H. O., Carney Hosp., Boston, 1911-12; *Med. H. O., P. B. B. H., Nov. 1, 1912-Nov. 1, 1913*; Fellow in Med., Harv., 1914-15; Phys., Carney Hosp., O. P. D., 1914-15;



PETER BENT BRIGHAM HOSPITAL

*Assoc. in Med., P. B. B. H., July 1, 1915-Dec. 31, 1916; Asst. Phys., Boston Disp., O. P. D.; Phys. to O. P. D., M. G. H.; Asst. in Med., Harv.; in practice, Boston.*

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, 1918-19; in practice, New York.*

DEVAN, THOMAS ALAN

B.S., Rutgers, 1906; M.D., Johns Hopkins, 1910; H. O., Presbyterian Hosp., N. Y., 1911-13; *2d Asst. Supt., P. B. B. H., Aug. 1, 1913-May 1, 1917; 1st Asst. Supt., ibid., May 1, 1917-July 1, 1919 (resigned) (on leave of absence); 1st Lieut., M. C., U. S. Army, Nov. 5, 1918-Dec. 6, 1918; College Phys. and Prof. of Hygiene, Rutgers Coll., New Brunswick, N. J.*

DONALD, DOUGLAS

B.S., Univ. of Mich., 1916; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 12, 1918-March 1, 1919; Asst. Res. Phys., ibid., March 1, 1919-June 16, 1919; Henry Ford Hosp., 1919-20; in practice, Detroit, Mich.*

DRINKER, CECIL KENT

B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; Vol. Asst., Dept. of Pharmacology, Univ. of Pa. Med. Sch., 1913-14; *Med. H. O., P. B. B. H., March 1, 1914-July 1, 1915; Asst. in Physiol., Johns Hopkins, 1915-16; Instr. in Physiol., Harv., 1916-18; Res. Phys., P. B. B. H., July 10, 1917-Oct. 15, 1917; Asst. Prof. Physiol., Harv., 1918-19; Assoc. Prof. Applied Physiol., *ibid.*, 1919-23; Asst. in Med., M. G. H., 1922; Asst. to the Visit. Phys., B. C. H.; Prof. of Physiol., Harv. Sch. of Public Health.*

DRINKER, KATHERINE ROTAN

A.B., Bryn Mawr, 1910; M.D., Women's Med. Coll. of Pa., 1914; *Asst. Res. Phys., P. B. B. H., July 7, 1917-Sept. 24, 1917; Research Worker in Physiol., 1914-15, 1916-17; ibid., Johns Hopkins, 1915-16; Managing Ed., Journal Indust. Hygiene, 1918-21; Lect. in Hygiene, Bryn Mawr Coll., 1921-23; Research Worker in Physiol., Harv.*

EDWARDS, SUMNER

A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910-11; M.D., Harv., 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., Johns Hopkins, 1918; *Med. H. O., P. B. B. H., June 15, 1918-July 1, 1919; St. Louis Children's Hosp., 1919-20; Phys., Boston, Mass., 1920-21; Dept. of Pediatrics, New Haven Hosp., New Haven, Conn., 1921-23; Instr., Pediatric Dept., Yale, 1921-25; Director, Div. of Child Hygiene, U. S. Children's Bureau, Washington, D. C.*

ELKIN, DANIEL COLLIER

A.B., Yale, 1916; M.D., Emory Univ., 1920; Asst. Res. Surg., N. Y. Lying-In Hosp., 1920; *Surg. H. O., P. B. B. H., March 1, 1921-July 1, 1922; Asst. Res. Surg., ibid., July 1, 1922-July 1, 1923; Res. Surg., ibid., July 1, 1923-Sept. 1, 1923; Asst. in Surg., Harv., 1923; Instr. in Surg., Emory Univ. Sch. of Med., 1924; Assoc. in Surg., *ibid.*; in practice, Atlanta, Ga.*



## REGISTER OF FORMER MEMBERS OF THE STAFF

### FALLON, LOUIS

M.D., Univ. of Pa., 1916; *Surg. H. O., P. B. B. H., July 1, 1916–Nov. 15, 1916*; M. C., U. S. Army, 1918–19; Capt. with Base Hosp. 51 and 69 and Gen. Hosp. 31, Carlisle, Pa.; in practice, St. John's, Newfoundland.

### FISHER, RIVINGTON H.

M.B., Queen's Univ., 1916; M.D., *ibid.*; *Asst. Res. Surg., P. B. B. H., July 13, 1923–Jan. 1, 1924.*

### 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., ibid., April 1, 1920–July 1, 1921*; Out-Patient Attend., Babies' Hosp., New York, 1921–22; Attend. Phys., Cornell Clin., 1921–23; Attend. Gastro-Enterologist, Vanderbilt Clin., New York, 1923–24; Chief of G. I. Clin., Midtown Hosp., New York; Asst. Attend. Phys., Lutheran Hosp. of Manhattan; in practice, New York.

### FLEMING, HOWARD

A.B., Univ. of Cal., 1914; M.D., *ibid.*, 1917; Med. and Surg. H. O., San Francisco Hosp. for 8 mos.; Capt., M. C., U. S. Army; Asst. Res. Surg., San Francisco Hosp., 1919; *Asst. Res. Surg., P. B. B. H., Dec. 20, 1919–Feb. 1, 1921*; Instr. in Surg., Univ. of Cal.; Visit. Neuro-Surg., St. Luke's, Mt. Zion, and San Francisco Hospitals; in practice, San Francisco.

### FLEMING, LEROY NEWTON

A.B., Miami, 1910; M.D., Johns Hopkins, 1914; Asst. in Surg., *ibid.*, 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915–March 1, 1916*; Special Stud., Univ. of Mich., 1915–16; Surg. Research, Detroit, Mich.

### FOLEY, FREDERIC E. B.

Ph.B., Yale, 1913; M.D., Johns Hopkins, 1918; Asst. in Pathol., *ibid.*, 1918–19; Lab. for Surg. Research, Harv., 1919–20; *Surg. H. O., P. B. B. H., March 1, 1920–July 1, 1921*; Genito-urinary Surg., City and County Hosp., St. Paul, Minn.; Visit. Surg., Miller Hosp.; Urologist, Miller Hosp. Clin., St. Paul, Minn.; in practice, St. Paul, Minn.

### FORBES, HENRY STONE

A.B., Harv., 1905; Philippine Islands, 1905–06; M.D., Harv., 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 Cal., Berkeley, Cal., 1914–15; Am. Red. Cross, Serbia, 1915–16; Asst. Phys., M. G. H., O. P. D.; Lieut. and Capt., M. C., U. S. Army, 1917–19; Research Work, Cancer Commission, Harv.; Lab. and Field Work, Div. Industrial Hygiene, *ibid.*; Hon. Research Fellow, Applied Physiol., Yale Univ., New Haven, Conn.; Research Work, Neuropathol., Harv.

### 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, 1918–19; Instr. in Med., Hunan-Yale Coll. of Med., Changsha, China; Vol. Asst., Thorndike Mem. Lab., B. C. H., 1923–24; Asst. in Med., Harv., 1924; Asst. Prof. in Med., Hunan-Yale Coll. of Med., Changsha, China.



## PETER BENT BRIGHAM HOSPITAL

### FREMONT-SMITH, FRANK

M.D., Harv., 1921; *Pathol. H. O., P. B. B. H., July 1, 1921-July 1, 1922*; Med. H. O., B. C. H., 1922-23; Asst. in Neuropathol., Harv., 1923-24; Asst. in Neurol., M. G. H.

### FREMONT-SMITH, MAURICE

A.B., Harv., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., March 1, 1918-Feb. 7, 1919*; in charge of hosp. at Sivas, Armenia, 1919-20; in practice, Boston.

### GABE, WILLIAM EDWIN

M.D., Harv., 1918; *Surg. H. O., P. B. B. H., March 1, 1918-March 31, 1919*; in practice, Indianapolis, Indiana.

### GOETSCH, EMIL

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. and Assoc. in Anat., *ibid.*, 1904-08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908-09; Rush Med. Coll., 1906-07; M.D., Johns Hopkins, 1909; Asst. in Surg., *ibid.*, 1909-10; Asst. Res. Surg., *ibid.*, 1910-12; *Res. Surg., P. B. B. H., Sept. 1, 1912-Sept. 1, 1915*; Asst. in Surg., Harv., 1912-15; Assoc. in Surg., Johns Hopkins, 1915-18; Assoc. Prof. of Surg., *ibid.*, 1918-19; Prof. of Surg. and Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn, N. Y.; in practice, Brooklyn, N. Y.

### GOLDEN, ROSS

A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., Harv., 1916; *Med. H. O., P. B. B. H., July 1, 1916-July 18, 1917*; Capt. and Major, M. C., U. S. Army, 1917-20; House Phys., X-ray Dept., M. G. H., 1920-21; *Asst. Res. Phys., P. B. B. H., July 1, 1921-April 15, 1922*; Visit. Phys., Roentgen-ray Dept., Presbyterian Hosp., New York; Asst. Prof. of Med., Columbia Univ.

### GOODALL, HARRY WINFRED

A.B., Dart., 1898; M.D., Harv., 1902; House Pupil, M. G. H., 1902-03; House Pupil, Boston Lying-In Hosp., 1903; *Assoc. in Med., P. B. B. H., Dec. 12, 1912-Dec. 31, 1917*; Lieut. Col., M. C., U. S. Army, 1917-19; Instr. in Med., Harv. Grad. Sch. of Med.; Phys., Boston Dispensary; Asst. Visit. Phys., N. E. Baptist Hosp.; in practice, Boston.

### GOODPASTURE, ERNEST WILLIAM

A.B., Vanderbilt, 1907; M.D., Harv., 1912; Rockefeller Fellow in Pathol., Johns Hopkins, 1912-14; Pathol., Union Protest. Infirmary, Baltimore, 1913-14; Asst. Res. Pathol., J. H. H., 1913-14; Act. Res. Pathol., *ibid.*, 1914-15; Instr. in Pathol., Johns Hopkins, 1914-15; *Res. Pathol., P. B. B. H., Sept. 1, 1915-Oct. 1, 1917*; Asst. Prof. Pathol., Harv.; Fellow in Pathol., Cancer Comm., *ibid.*; Lieut. (j. g.), M. C., U. S. N. R. F.; *Act. Pathol., P. B. B. H., Feb. 1, 1920-Aug. 15, 1920*; Chief, Dept. of Pathol. and Bacteriol., Univ. of Philippines, 1922; Pathol., Phil. Gen. Hosp., Manila, 1922; Director, William H. Singer, Mem., Research Lab., Pittsburgh, 1922-24; Prof. of Pathol., Vanderbilt Univ.

### GRANT, SAMUEL BECKER

B.S., Washington Univ., 1918; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., Oct. 16, 1920-March 1, 1922*; Med. H. O., J. H. H., March 1, 1922-May



## REGISTER OF FORMER MEMBERS OF THE STAFF

1, 1922; *Asst. Res. Phys., P. B. B. H., April 15, 1922-Sept. 15, 1923*; Asst. in Clin. Med., Wash. Univ.; Clin. Asst. in Med., Barnes Hosp.; in practice, St. Louis, Mo.

### GRAVES, ROGER COLGATE

A.B., Syracuse Univ., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., Aug. 15, 1918-Oct. 19, 1919*; Asst. Res. Surg., New Haven Hosp., New Haven, Conn., 1919-20; *Asst. Res. Surg., P. B. B. H., July 15, 1920-Aug. 1, 1921*; *Assoc. in Surg., ibid., Sept. 1, 1921-April, 1923*; Cabot Fellow, Harv., in charge of Lab. of Surg. Research, Sept. 1, 1921-Sept. 1, 1922; Asst. Visit. Surg., Long Island Hosp.; Secretary, Med. Research Comm., Boston Conservation Bureau; in practice, Boston.

### GRAY, HORACE

A.B., Harv., 1909; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., Nov. 1, 1914-March 1, 1916*; 1st Lieut., M. C., U. S. Army, 1917-19; in practice, Boston; Temp. address, Santa Barbara, Calif.

### GREENSPON, EDWARD A.

M.D., McGill Univ., 1916; House Bacteriol., Royal Victoria Hosp., Montreal, 1916-17; Asst. Res. Pathol., Johns Hopkins, 1917-18; Capt., Canadian Army Med. Corps; *Res. Pathol., P. B. B. H., Oct. 1, 1919-April 1, 1920*; *Med. H. O., ibid., April 1, 1920-July 1, 1921*; May Fellow in Med. Research, Johns Hopkins; Asst. in Med., *ibid.*, 1921-23; Jr. Attend. Phys., Montreal Gen. Hosp.; in practice, Montreal, Canada.

### GREY, ERNEST

A.B., Univ. of Wis., 1907; Asst. in Anat., *ibid.*, 1907-08; Stud. in Med., *ibid.*, 1907-08; M.D., Johns Hopkins, 1911; Res. H. O., *ibid.*, 1911-12; *Surg. H. O., P. B. B. H., Nov. 1, 1912-Feb. 12, 1914*; *Asst. Res. Surg., ibid., Feb. 12, 1914-Sept. 1, 1916*; Asst. in Surg., Harv., 1915-16; Instr. in Surg., Johns Hopkins; *died, Oct. 12, 1918.*

### HALE, WORTH

A.B., Univ. of Mich., 1908; M.D., *ibid.*, 1904; *Assoc. in Med., P. B. B. H., Nov. 1, 1917-Dec. 31, 1918*; Assoc. Prof. of Pharm. and Asst. Dean, Harv.

### HALLER, DAVID ALEXANDER

A.B., Hampden-Sidney, 1908; M.D., Columbia, 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, 1917-19; Junior Attend. Phys., Hahnemann Hosp., 1920-21; Internist for the Rochester Clinic, Rochester, N. Y., 1919-25; Asst. Phys., Rochester Gen. Hosp.; Phys. to Baden St. Disp.; in practice, Rochester, N. Y.

### HANSMANN, GEORGE H.

M.D., Univ. of Iowa, 1918; Hosp. Chem., Iowa Univ. Hosp., 1918-19; Clin. Asst., Dept. of Internal Med., *ibid.*, 1919-20; Lect. in Clin. Microscopy, *ibid.*, 1920-21; *Res. Pathol., P. B. B. H., Sept. 15, 1921-Sept. 15, 1923*; Pathol., Iowa Univ. Hosp.

### HARBIN, ROBERT MAXWELL

B.S., Univ. of Georgia, 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Nov. 1, 1920-March 1, 1922*; H. O., Children's Hosp., 1922-23; Jr. Surg.,



PETER BENT BRIGHAM HOSPITAL

Harbin Hosp., 1923-25; Assoc. in Orthopedic Surg., Lakeside Hosp.; Surg. in Charge, Rainbow Hosp.; Instr. in Orthopedics, Western Reserve Univ., Cleveland, Ohio.

HARVEY, SAMUEL CLARK

Ph.B., Yale, 1907; M.D., *ibid.*, 1911; Alonzo Clark Fellow, Columbia, 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, Harv., 1915-16; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1916-May 7, 1917*; Major, M. C., U. S. Army, 1917-19; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale, 1919-20; Asst. Prof. of Surg., *ibid.*, 1920-21; Assoc. Prof. of Surg., *ibid.*, 1921-23; Attend. Surg., New Haven Hosp. and New Haven Disp.; Prof. of Surg., Yale.

HATCH, FLOYD FROST

A.B., Univ. of Utah, 1912; M.D., Harv., 1914; *Med. H. O., P. B. B. H., March 1, 1914-Jan. 4, 1915 (granted leave of absence from Jan. 4, 1915-Feb. 28, 1915)*; Surg. House Pupil, M. G. H., 1915-16; House Surg., *ibid.*, 1916-17; Surg. to G. U. Dept., Salt Lake County Hosp., 1917-18; Surg. to G. U. Dept., L. D. S. Hosp., Salt Lake City, Utah; 1st Lieut., M. C., U. S. Army, 1918-19; Asst. County Phys., Salt Lake County Hosp., and Asst. Visit. Surg., *ibid.*, 1921-22; Surg., Inter-Mountain Clin.; in practice, Salt Lake City, Utah.

H'DOUBLER, FRANCIS TODD

B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; Ph.D., *ibid.*, 1910; Stud., Univ. of Wis. Med. Sch., 1 yr.; Stud., Rush Med. Sch. and Univ. of Philippines, 1 yr.; M.D., Harv., 1915; H. O., Augustana Hosp., Chicago, 1915-16; *Med. H. O., P. B. B. H., Jan. 11, 1916-March 1, 1917*; H. O., Augustana Hosp., 1917-18; 1st Lieut. and Capt., M. C., U. S. Army, 1918-19; Moseley Travelling Fellow, Harv., 1919-20; Lakeside Hosp., Cleveland, Ohio, 1921; Instr. in Pathol. and Surg., Univ. of Ill., 1921-24; Jr. Attend. Surg., Augustana Hosp., Chicago; in practice, Chicago.

HEAD, JEROME R.

M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923.*

HERRICK, THEODORE POMEROY

A.B., Yale, 1915; M.D., Harv., 1919; *Med. H. O., P. B. B. H., Dec. 26, 1918-Jan. 1, 1920*; Med. H. O., Children's Hosp., Boston, 1920; H. O., Infants' Hosp., Boston, 1921; Res. Pediatrician, Rainbow Hosp., 1921-24; Asst. Visit. Pediatrician, St. Luke's Hosp., Cleveland, 1922-23; Asst. Visit. Pediatrician, St. Vincent's Charity Hosp., Cleveland, Ohio; in practice, Cleveland, Ohio.

HERRMANN, GEORGE R.

B.S., Univ. of Mich., 1916; M.D., M.S., *ibid.*, 1918; Ph.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., Oct. 1, 1918-Oct. 1, 1919*; Asst. Res. Phys., Barnes Hosp., 1919-20; Res. Phys., *ibid.*, and Asst. in Med., Wash. Univ., St. Louis, 1920-21; Instr. in Med., Univ. of Mich., and Asst. Prof. Med., *ibid.*, 1921-25; Asst. Prof. of Med., Tulane Univ., New Orleans, La.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### HJORT, AXEL MAGNUS

A.B., Univ. of Ill., 1914; M.S., *ibid.*, 1915; Ph.D., Yale, 1918; M.D., Yale Univ. Med. Sch., 1921; *Med. H. O., P. B. B. H., July 1, 1921-Nov. 1, 1922*; Parke Davis & Co., Detroit, Mich.

### HODGSON, JOHN SPRAGUE

Ph.B., Brown, 1911; M.D., Harv., 1917; Surg. House Pupil, M. G. H., 1915-16; Res. Surg., *ibid.*, 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, 1917-19; Typhus Work in Macedonia, 1919; Res. Surg., M. G. H., 1920.

### HOUSTON, JR., DAVID WALKER

A.B., Princeton, 1912; M.D., Harv., 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, 1918-19; Surg. Staff, Samaritan Hosp., Troy, N. Y.; in practice, Troy, N. Y.

### HOWARD, HERBERT BURR

A.B., Harv., 1881; M.D., *ibid.*, 1884; Asst. Phys., State Infirmary, Tewksbury, Mass., 1884-85; in practice, 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., American Hosp. Assoc., 1909-10; Trustee, State Colony for the Insane, Gardner, Mass.; *died, March 6, 1923*.

### HURWITZ, SAMUEL HAYMANN

A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Stud., Univ. of Strassburg, Germany, 1909-10; Spec. Student, Inst. of Infectious Diseases, Berlin, Germany, summer of 1911; M.D., Johns Hopkins, 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., Univ. of Cal.; Asst. Clin. Prof. of Med., *ibid.*; Phys., Mt. Zion Hosp.; in practice, San Francisco, Calif.

### JACK, EDWIN EVERETT

A.B., Harv., 1884; M.D., *ibid.*, 1887; *Act. Consult. Ophthalmologist, P. B. B. H.*; Consult. Ophthalmologist, Mass. Eye and Ear Infirm.; in practice, Boston.

### JACK, WILLIAM DAVID

A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909-10; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., July 1, 1914-Nov. 1, 1915*; Capt. and Asst. Surg., 2d Harv. Unit, B. E. F., France, 1915-16; Asst. Res. Urologist, J. H. H., 1916-17; Capt., M. C., U. S. Army and Consult. Urologist, A. E. F., 1917-19; Asst. Res. Surg., and Res. Urol., J. H. H., 1919-21; in practice, Chicago, Ill.

### JACOBSON, CONRAD

B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. and Bacteriol., Armour Inst. of Tech., 1903-05; Research Asst. in Pathol., Univ. of Chicago, 1907-08; M.D., Johns Hopkins, 1911; Asst. in Surg., Hunterian Lab., *ibid.*, 1911-12; *Asst. Res. Surg., P. B. B. H.*,



PETER BENT BRIGHAM HOSPITAL

*Sept. 1, 1912-Sept. 1, 1915; Res. Surg., P. B. B. H., Sept. 1, 1915-July 1, 1920; Asst. in Surg., Harv.; Assoc. Prof. of Surg., Univ. of Minn. Med. Sch. 1920-22; in practice, Seattle, Washington.*

JACOBSON, VICTOR CLARENCE

B.S., Univ. of Wis., 1915; M.D., Harv., 1917; *Med. H. O., P. B. B. H., July 18, 1917-July 1, 1918; 1st Lieut., M. C., U. S. Army, 1918; Pathol. H. O., P. B. B. H., Jan. 1, 1919-July 1, 1919; Res. Pathol., ibid., 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., Harv., 1920-21; Pathol., Albany Hosp. and Child's Hosp.; Prof. of Pathol., Union Univ., Albany, N. Y.*

JAMESON, CHARLES HAROLD

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Surg. H. O., P. B. B. H., June 15, 1919-Nov. 1, 1920; Free Hosp. for Women, Brookline, 1920-21; Asst. Res. Surg., P. B. B. H., Feb. 14, 1921-June 15, 1921; Asst. Res. Surg., ibid., Sept. 15, 1921-June 21, 1922; in practice, Rockland, Maine.*

JANNEY, JAMES CRAIK

A.B., Harv., 1911; M.D., *ibid.*, 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; H. O., Boston Lying-In Hosp., 1923; in practice, Boston.*

JOELSON, JAMES J.

M.D., Columbia, 1920; *Surg. Interne, Presbyterian Hosp., N. Y., 1920-22; Asst. Res. Surg., P. B. B. H., July 15, 1922-July 26, 1923; Asst. Res. Surg., New Haven Hosp., and Instr. in Surg., Yale, 1923-24; Asst. Res. Surg. (Urology), Lakeside Hosp. and Demonstr. in G. U. Surg., Western Reserve Univ., Cleveland, Ohio.*

JONES, MERRITT LACOUNT

S.B., Univ. of Wis., 1912; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1916; Asst. Res. Surg., ibid., Nov. 1, 1916-March 1, 1917; Capt., M. C., U. S. Army, 1917-19; in practice, Wausau, Wis.*

KAZANJIAN, VARAZTAD H.

D.M.D., Harv., 1905; M.D., *ibid.*, 1921; Mem., Harv. Unit, B. E. F., 1915-16; *Surg. Specialist for Wounds of Jaws and Face, B. E. F., 1916-19; C. M. G.; Dental Surg., P. B. B. H., Jan. 22, 1920-Dec. 1922; Prof. of Clin. Oral Surg., Harv.; Visit. Surg., Oral and Plastic Surg., B. C. H.; Asst. Laryngologist, M. G. H.; Attend. Specialist, U. S. P. H. S.; in practice, Boston.*

KEBABJIAN, HRANT SETRAG

A.B., Anatolia Coll. (Armenia), 1913; M.D., Harv., 1918; *Admitting Phys., Babies' Ward, Post Grad. Hosp., N. Y., 1918; Surg. H. O., P. B. B. H., Nov. 15, 1918-March 1, 1920; City Phys., Buffalo, N. Y., 1920-21; Director, Comm. on Hosps. in Cilicia, 1921-22; Asst. Res., Long Island Hosp., Boston Harbor, 1922; in practice, Boston.*

KEEGAN, JOHN JAY

A.B., Univ. of Neb., 1912; A.M., *ibid.*, 1914; M.D., *ibid.*, 1915; *Instr. in Anat., ibid., 1915-17; Pathol. H. O., P. B. B. H., June 15, 1917-Dec. 15,*



## REGISTER OF FORMER MEMBERS OF THE STAFF

1917; Lieut., M. C., U. S. Navy, 1917-19; *Surg. H. O., P. B. B. H., Aug. 13, 1919-Nov. 1, 1920*; Asst. Prof. of Pathol., Univ. of Neb., 1920-23; Prof. Clin. Pathol., Director of Clinics, Sec. of the Faculty, *ibid.*, 1923; Act. Dean, *ibid.*, 1920-23; Neuro-surg., Univ. Hosp.; Dean, Coll. of Med., Univ. of Nebraska; in practice, Omaha, Nebraska.

### KEYSER, LINWOOD DICKENS

B.A., Virginia, 1914; M.D., Johns Hopkins, 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, 1920; Fellow, Mayo Foundation, Rochester, Minn., 1920-23; M.S., Mayo Foundation; Univ. of Minn. Grad. Sch. in Med., 1921; Surg. and Urol., Lewis Gale Hosp. Clin., Roanoke, Va.; in practice, Roanoke, Va.

### KING, DONALD STORRS

A.B., Oberlin, 1912; M.D., Harv., 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., May 24, 1921-May 24, 1922*; Fellow in Med., Harv., 1923; Asst. in Med., *ibid.*; Asst. in Med., M. G. H.; in practice, Boston.

### KING, WILLIAM ROBERT

B.S., Univ. of Minn., 1913; M.D., Harv., 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)*; in practice, Minneapolis, Minn.

### KIRKWOOD, ALLAN STEWART

M.D., Univ. and 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; Phys. to Tuberculosis Clin., O. P. D., Mountainside Hosp., Montclair, N. J.; Neuro-Psychiatrist, *ibid.*; Visit. Phys., St. Vincent's Hosp., Montclair; Consult. Phys., Montclair Bd. of Health; in practice, Montclair, N. J.

### KOEFOD, HILMAR OLAF

B.S., Beloit, 1911; M.D., Harv., 1916; Moseley Travelling Fellowship, *ibid.*, 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, 1917-18; Chief of Clin. at Mem. Lab. and Clin., Santa Barbara, Cal.; Asst. in Med., Med. Sch., Univ. of Cal.; Asst. to Prof. H. C. Moffitt in his private work; Chief of Med. Dept., Santa Barbara Clin.; Attend. Phys., Cottage Hosp., Santa Barbara, Cal.; in practice, Santa Barbara, Cal.

### 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; Instr. in Urol., Univ. of Cal.; Urologist for N. W. P. R. R.; Chief Urol., Chinese Hosp.; in practice, San Francisco, Cal.

### LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia, 1915; *Med. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1917*; Asst. Phys., Presbyterian Hosp., New York, and Instr. in Med., Columbia, 1918-19; 1st Lieut., M. C., U. S. Army; Asst. in Med., J. H. H., and Instr. in Med., Johns Hopkins, 1919-21; Instr. in Med., Columbia, 1921-24; Assoc. in Med., *ibid.*; Asst. Phys., Presbyterian Hosp., N. Y.



PETER BENT BRIGHAM HOSPITAL

LAMSON, PAUL DUDLEY

A.B., Harv., 1905; M.D., *ibid.*, 1911; Med. House Pupil, M. G. H., 1909-10; Lect. Asst. in Pharm., Univ. of Wurzburg, Germany, 1912-13; Sheldon Travelling Fellow, Harv., 1911-13; *Asst. Res. Phys., P. B. B. H., Oct. 1, 1913-Oct. 15, 1914*; Asst. in Exp. Therapeutics, Johns Hopkins, 1914-15; Assoc. in Exp. Therapeutics, *ibid.*; Assoc. Prof. Pharmacology, *ibid.*

LANMAN, THOMAS HINCKLEY

A.B., Harv., 1912; M.D., *ibid.*, 1916; *Assoc. in Urol., P. B. B. H., March 22, 1920-June 26, 1922*; Jr. Asst. Surg., Children's Hosp., Boston; in practice, Boston.

LEHMAN, EDWIN PARTRIDGE

A.B., Williams, 1910; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914-July 1, 1915*; Asst. Res. Surg., Barnes Hosp., St. Louis, Mo., 1915-16; Asst. in Surg., Washington Univ., 1916-20; 1st Lieut., M. C., U. S. Army, 1917-19; Res. Surg., Barnes Hosp., St. Louis, 1919-20; Visit. Surg., St. Louis City Hosp.; Clin. Asst. in Surg., Barnes Hosp.; Surg. to Out-Patients, Washington Univ. Disp; Instr. in Clin. Surg., Washington Univ.; Clin. Asst., St. Louis Mullanphy Hosp.; in practice, St. Louis, Mo.

LEWIS, EDWIN RAY

M.D., Boston Univ., 1901; Asst. Surg., Clinton Hosp., 1907; Asst. Supt., Mass. Homœopathic Hosp., 1909; Act. Supt., *ibid.*, 1916; Supt., Hahnemann Hosp., Rochester, N. Y., 1916; Supt., Flower Hosp., 1919-20; Capt., M. C., U. S. Army, 1918-19; *2d Asst. Supt., P. B. B. H., April 11, 1921-Oct. 1, 1923*; Supt., Easton Hosp., Easton, Pa.

LIEB, CLARENCE WILLIAM

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., Harv., 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); Gastroenterologist, Post Grad. Hosp., N. Y.; in practice, New York.

LOCKE, JR., CHARLES EDWARD

A.B., M.S., Univ. of Cal.; M.D., *ibid.*, 1919; S.D. (*en Chirurgie*), Univ. of Brussels, 1922; Med. and Surg. H. O., Univ. of Cal. Hosp., 12 mos.; *Asst. Res. Surg., P. B. B. H., June 15, 1920-June 1, 1921*; Asst. on Visit. Surg. Staff, Dr. Depage's Service, St. Pierre Hosp., Brussels; Asst. Etranger, Prof. Pierre Marie's Serv. Salpêtrière, Paris, 1921-22; Fellow, C.R.B., Educational Foundation, 1921-22; Asst. in Dept. of Surg., Univ. of Cal. Med. Sch.; Staff of University and Hahnemann Hospitals; Fellow, National Research Council, 1922-23; Full-time Instr. in Surg., Univ. of Cal.; Staff, Hooper Research Foundation.

LOURIA, HENRY WALTER

A.B., Columbia, 1916; M.D., *ibid.*, 1919; Surg., H. O., Presbyterian Hosp., N. Y. 1919-20; *Med. H. O., P. B. B. H., July 1, 1920-Oct. 1, 1921*; Stud., M. I. T., 1921; Med. Interne, J. H. H., 1921-22; Asst. Phys., Brooklyn Jewish Hosp.; in practice, Brooklyn, N. Y.

LYLE, EVELINE BURTON

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



## REGISTER OF FORMER MEMBERS OF THE STAFF

### LYNCH, JR., JAMES JOSEPH

B.S., Notre Dame Univ., 1915; M.D., Harv., 1919; H. O., Boston Lying-In Hosp., 1919; *Med. H. O., P. B. B. H., July 1, 1919-July 1, 1920*; H. O., Cambridge City Hosp., 1920-21; Jr. Visit. Obstetrician, St. Elizabeth's Hosp.; Jr. Asst. Surg., Boston Disp.; in practice, Boston.

### LYON, DON DEE

S.B., Wash. Univ., 1914; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., March 1, 1921-July 1, 1922*; Interne, Blodgett Mem. Hosp., Grand Rapids, Mich.

### MALLORY, TRACY BURR

M.D., Harv., 1921; *Med. H. O., P. B. B. H., March 1, 1922-July 1, 1923*; Instr. in Bacteriol., Harv.

### MARINUS, CARLETON J.

B.Sc., Syracuse, 1915; M.Sc., *ibid.*, 1917; M.D., Univ. of Mich., 1921; *Med. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; in practice.

### MARKHAM, BLACKWELL

A.B., Univ. of N. C., 1917; M.A., *ibid.*, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*; Res. Surg., Fifth Ave. Hosp., 1923-24; in practice, Durham, N. C.

### MARLOW, SEARLE BISSET

A.B., Harv., 1912; Stud., Harv., 1 yr.; M.D., Syracuse, 1916; *Pathol. H. O., P. B. B. H., July 1, 1916-June 11, 1917*; Capt., M. C., U. S. Army, 1918-19; House Surg., Herman Knapp Hosp., N. Y., 1920-21; Instr. of Ophthal., Syracuse Univ.; Ophthalmologist, Syracuse Free Disp., St. Joseph's Hosp., General Hosp., and Syracuse Mem. Hosp.; in practice, Syracuse, N. Y.

### MARTIN, PAUL

S.B., Brussels, 1911; M.D., *ibid.*, 1920; Med. Interne, Hosp. St. Pierre, Brussels, 1919-20; Surg. Interne, New Haven Hosp., 1920-21; *Assoc. in Surg., P. B. B. H., Sept. 1, 1921-March 1, 1922*; *Asst. Res. Surg., ibid., March 1, 1922-Nov. 1, 1922*; Asst. in Surg., Brussels Univ. Hosp.; in practice, Brussels, Belgium.

### MARVIN, FRANK WILLIAM

A.B., Harv., 1910; M.D., *ibid.*, 1914; House Pupil, M. G. H., 1914-15; *Surg. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1916*; Asst. Surg., M. G. H., O. P. D.; Asst. in Anat., Harv.; in practice, Boston.

### MARVIN, HAROLD MYERS

A.B., Davidson Coll., 1914; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 13, 1918-Feb. 9, 1919*; Dist. Phys. with Near East Relief, Alexandropol, Armenia, 1919-20; Asst. in Med., Harv.; Asst. in Med., M. G. H., 1920-21; Instr. in Med., Yale, 1921-23; Asst. Prof. of Med., *ibid.*

### McCANN, WILLIAM SHARP

A.B., Ohio State Univ., 1911; M.D., Cornell, 1915; Asst. Res. Phys., Gen. Mem. Hosp., N. Y., 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, Harv.; Capt., M. C., U. S. Army; Instr. in Med., Cornell; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys.,



PETER BENT BRIGHAM HOSPITAL

Bellevue Hosp., N. Y.; Assoc. Prof., J. H. H., Baltimore, Md.; Assoc. in Med., Johns Hopkins; Assoc. Prof. Med., *ibid.*; Prof. of Med., Univ. of Rochester, Rochester, N. Y.

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., ibid., Oct. 1, 1918-Feb. 9, 1919;* Relief Comm., Near East, Armenia, 1919-20; Post. Grad. Study in Europe, 1920; Urol. and Surg., Western Montana Clin., Missoula, Mont.; in practice, Missoula, Mont.

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;* in practice, Tacoma, Wash.

McCLURE, CHARLES WALTER

A.B., Ohio State Univ., 1906; M.D., Starling Med. Coll., Ohio, 1910; Med. H. O., St. Francis Hosp., Columbus, Ohio, 1910-11; Asst. in Clin. Med., Starling Med. Coll., 1911-12; Asst. in Med., Univ. of Iowa Med. Sch., 1912-15; Grad. Stud. in Med., Harv., 1915-16; *Asst. Res. Phys., P. B. B. H., July 1, 1916-Nov. 1, 1916;* Alumni Asst. in Med., Harv.; *Res. Phys., P. B. B. H., June 7, 1917-July 6, 1917;* Phys.-in-Chief, St. Luke's Hosp., South Bethlehem, Pa., 1917-18; Capt., M. C., U. S. Army, 1918; *Assoc. in Med., P. B. B. H., Feb. 13, 1919-Sept. 1, 1921;* Research Worker, Evans Mem. and Gastroenterologist to O. P. D., Mass. Homœopathic Hosp., Boston; in practice, 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;* H. O., Infants' Hosp., Boston, 1921; Jr. Phys., Detroit Receiving Hosp., 1921-22; Assoc., *ibid.*; Instr. in Int. Med., Detroit, Coll. of Med. and Surg.; in practice, Detroit, Mich.

McKENZIE, KENNETH G.

M.B., Toronto; M.D., *ibid.*, 1914; Interne, Toronto Gen. Hosp., 1914; Capt., Imp. Army M. C., 1914-19; Instr. in Anat., Univ. of Toronto, 1919 (on leave of absence to work with Dr. Cushing under the Mickle Fellowship of Toronto Univ.); *Asst. Res. Surg., P. B. B. H., Nov. 1, 1922-Nov. 1, 1923;* in practice, Toronto, Can.

McQUESTEN, PHILIP

A.B., Dart., 1911; M.D., Harv., 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;* in practice, Nashua, N. H.

MILLET, JOHN ALFRED PARSONS

A.B., Harv., 1910; M.D., *ibid.*, 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, 1916-20; Capt., M. C., U. S. Army, 1917-19; Asst. Attend. Phys., Buffalo Gen. Hosp.; Assoc. in Med., Buffalo Univ. Med. Sch., and Asst. to the Chiefs of Med. Div., Dept. of Hospitals and Dispensaries, Buffalo, N. Y., 1916-24; Assoc. Phys., Austen Riggs Foundation, Stockbridge, Mass.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### MONTGOMERY, JAMES BLAINE

A.B., Dart., 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1917*; House Surg., Mass. Eye and Ear Infirm., 1917; Grad., Army Med. Sch., 1917; 1st Lieut., M. C., U. S. Army; Major, Med. Corps, U. S. Army, Washington, D. C.

### MORRIS, LAIRD M.

M.D., Univ. of Cal., 1916; *Asst. Res. Phys., P. B. B. H., April 15, 1920-Oct. 1, 1920*; Asst. in Med., Univ. of Cal. Med Sch., 1921-22; Instr. in Med., *ibid.*, 1923; in practice, San Francisco, Calif.

### MORRIS, JR., SAMUEL LESLIE

B.S., Davidson (N. C.), 1911; M.D., Harv., 1916; *Surg. H. O., P. B. B. H.; Nov. 1, 1916-Nov. 1, 1917*; 1st Lieut., M. C., U. S. Army; 1st Asst. House Surg., St. Louis Southwestern Hosp., 1919; Chief House Surg., *ibid.*; in practice, Atlanta, Ga.

### MORTON, JOHN JAMIESON

A.B., Amherst, 1907; M.D., Johns Hopkins, 1913; *Surg. H. O., P. B. B. H., March 1, 1913-July 1, 1914*; Fellow in Pathol., Rockefeller Inst., N. Y. City, 1914-15; House Surgeon, M. G. H., 1915-16; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y., 1916-17; Major, M. C., U. S. Army, 1917-19; practice, Orthopedic Surg., Boston, Mass.; Grad. Asst., O. P. D., Children's Hosp., Boston, and Asst. Orthopedic Surg., *ibid.*, 1919-21; Asst. Prof. Surg., Yale, 1921-24; Prof. Surg., Rochester Univ. Sch. of Med. and Dentistry, Rochester, N. Y.

### NELLANS, CHARLES T.

B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; Mem. Res. Staff, Presbyterian Hosp., Chicago, 1918-19; *Med. H. O., P. B. B. H., Sept. 15, 1919-Nov. 1, 1920*; Asst. in Med., Yale, 1921; Instr. in Med., *ibid.*, and Res. Phys., New Haven Hosp., 1921-22; Instr. in Med., Emory Univ., and Asst. Visit. Phys., Wesley Mem. and Grady Hospitals, Atlanta, Ga.; in practice, Atlanta, Ga.

### NICHOLS, 3D, ANDREW

A.B., Harv., 1912; M.D., *ibid.*, 1916; *Surg. H. O., B. C. H., 1916-17*; Capt., M. C., U. S. Army, 1917-19; *2d Asst. Supt., P. B. B. H., July 1, 1919-Feb. 1, 1921*; in practice, Hathorne, Mass.

### 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*; in practice, Detroit, Mich.

### O'CONNOR, 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., 1918; 1st Lieut., M. C., U. S. Army, 1918-19; *Asst. Res. Surg., P. B. B. H., Feb. 15, 1919-July 15, 1920*; Urol. Surg., Washington Boulevard Hosp.; Instr. in G. U. Surg., Univ. of Ill., Sch. of Med.; in practice, Chicago, Ill.



PETER BENT BRIGHAM HOSPITAL

O'MEARA, JOHN WILLIAM

A.B., Holy Cross, 1912; M.D., Harv., 1918; *Surg. H. O., P. B. B. H., Jan. 7, 1918-Jan. 7, 1919*; Orthopedic H. O., Children's Hosp., Boston, 1919; Comm. for Relief in Near East, in charge of Surg. Wards, American Hosp., Samsoun, Turkey in Asia, 1919-20; Asst. Orthopedic Surg., M. G. H., O. P. D.; Orthopedic Surg., St. Vincent's Hosp., Worcester; in practice, Worcester, Mass.

OPPENHEIMER, ELLA

A.B., Bryn Mawr, 1914; M.D., Johns Hopkins, 1918; *Med. H. O., P. B. B. H., Sept. 1, 1918-June 11, 1919*; Phys. in Charge, Baby Summer Hosp. Camp, Washington, D. C., 1920; Examining Phys. (Girls), Juvenile Court, Washington, D. C., 1920-21; Asst. Visit. Phys., Children's Hosp.; Phys., National Training School for Girls; Research Asst., Federal Children's Bureau; Assoc. Pediatricist, Providence Hosp., Washington, D. C.; Director, Div. of Child Hygiene, Children's Bureau, U. S. Dept. of Labor

ORMOND, ALEXANDER T.

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

PARKER, JR., FREDERICK

A.B., Harv., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., March 1, 1917-April 1, 1917.*

PARKINS, LEROY EDWARD

A.B., Simpson Coll., 1912; M.D., Harv., 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, Wyo.; *2d Asst. Supt., P. B. B. H., Jan. 1921-May, 1921*; *1st Asst. Supt., ibid., May 1, 1921-Feb. 1, 1923 (resigned)*; in practice, Boston.

PECK, EUGENE CURTIS

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., July 1, 1919-July 1, 1920*; Instr. in Physiol. Chem., Tulane Univ., New Orleans, La.; Asst. in Pediatrics, Harv.

PENFIELD, WILDER GRAVES

Litt.B., Princeton, 1913; B.A., Oxford, 1916; M.A. and B.Sc., *ibid.*, 1920; M.D., Johns Hopkins, 1918; *Surg. H. O., P. B. B. H., Aug. 15, 1918-Sept. 20, 1919*; Beit Mem. Research Fellow, England; Assoc. Attend. Surg., Presbyterian Hosp., N. Y.; Assoc. in Surg., Columbia Univ.; Asst. Surg., Neurol. Inst. of N. Y.; Attend. Neurol., Vanderbilt Clin.; in practice, New York City.

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; in practice, Ottawa, Ill.

PRICE, JAMES VALENTINE

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



## REGISTER OF FORMER MEMBERS OF THE STAFF

### QUINLAND, WILLIAM SAMUEL

B.S.; M.D.; Rosenwald Fellow in Pathol., Harv., Sept. 1919-April, 1921; *Asst. in Pathol., P. B. B. H., April 14, 1921-July 28, 1922*; Pathol., G. W. Hubbard and M. E. Hale Hospitals and Prof. of Pathol., Meharry Med. Coll., Nashville, Tenn.

### RAND, CARL WHEELER

A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 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., 1914-15; Lieut., M. C., U. S. Army; in practice, Los Angeles, Calif.

### RAPPORT, DAVID

A.B., Harv., 1912; M.D., *ibid.*, 1916; Moseley Travelling Fellow, Harv., 1916-17; *Med. H. O., P. B. B. H., March 1, 1917-June 17, 1917*; Lieut., M. C., U. S. Army, 1917-19; Austin Teaching Fellow in Physiol., Harv., 1919-20; Instr. in Physiol., *ibid.*

### REIFENSTEIN, BENEDICT W.

B.S., Syracuse, 1920; M.D., *ibid.*, 1922; Pathol. H. O., Hosp. of the Good Shepherd, Syracuse, N. Y.; *Pathol. H. O., P. B. B. H., July 1, 1922-July 1, 1923*; Med. H. O., New Haven Hosp., 1923-24; Asst. Phys., Syracuse Mem. Hosp.; in practice, Syracuse, N. Y.

### REYNOLDS, LAWRENCE

A.B., Univ. of Ala., 1912; M.D., Johns Hopkins, 1916; Capt., M. C., U. S. Army, 1917-19; *Roentgenologist, P. B. B. H., Oct. 15, 1919-June 1, 1922*; Roentgenologist, Children's Hosp., Boston, 1922; Roentgenologist, Children's Free Hosp., Detroit, Mich.; Asst. Roentgenologist, Harper Hosp., Detroit; in practice, Detroit, Mich.

### RHEA, LAWRENCE JOSEPH

B.S., Univ. of Texas, 1901; M.D., Johns Hopkins, 1905; H. O. in Pathol., B. C. H., 1906-07; 2d Asst. in Pathol., *ibid.*, 1907; 1st Asst. in Pathol., *ibid.*, 1907-08; Asst. Visit. Pathol., *ibid.*, 1908-09; Asst. in Pathol., Harv., 1908-09; Instr. in Pathol., *ibid.*, 1909-10; Asst. Pathol., B. C. H., 1909-10; Director of Pathol. Lab. and Pathol., Montreal Gen. 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., Harv., 1912-13; Assoc. Prof. of Pathol., McGill Univ.; Major, Canadian Army Med. Corps; Director of Pathol. Lab., Montreal General Hosp.

### RICHARDSON, HENRY BARBER

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., March 1, 1915-July 1, 1916*; Asst. in Med., Johns Hopkins; Asst. Disp. Phys., J. H. H.; 1st Lieut., M. C., U. S. Army, 1918-19; Instr. in Med., Columbia Univ., N. Y., and Asst. Adjunct Visit. Phys., Bellevue Hosp., N. Y., 1921; Instr. in Med., Cornell, and Research Fellow, Russell-Sage Inst. of Pathol., Bellevue Hosp., N. Y.

### ROSS, J. PATERSON

M.B., B.S., London; F.R.C.S., England; M.D., St. Bartholomew's Hosp., England; *Jr. Assoc. in Surg., P. B. B. H., April 9, 1923-Sept. 14, 1923*.



PETER BENT BRIGHAM HOSPITAL

SAEGER, ERNEST TIRRILL

B.S., Dart., 1914; M.D., Harv., 1917; *Surg. H. O., P. B. B. H., July 1, 1917-Aug. 1, 1918*; Res., 1st Surg. Division, Bellevue Hosp., New York.

SCHUMACHER, IRWIN C.

A.B., Univ. of Cal., 1915; M.D., Johns Hopkins, 1919; *Asst. Res. Phys., P. B. B. H., Oct. 1, 1920-Sept. 1, 1921*; Instr. in Med., Univ. of Cal.; in practice, San Francisco, Cal.

SCHWARTZ, CHARLES WADSWORTH

Ph.B., Yale, 1914; M.D., Harv., 1919; *H. O., X-ray Dept., P. B. B. H., Feb. 20, 1919-Feb. 20, 1920*; Roentgenologist, N. Y. Neurol. Inst.; in practice, New York.

SIMON, HILDA AMANDA

M.D., Cooper, 1905; *3d 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., Johns Hopkins, 1912; House Pupil, M. G. H., Children's Med. Ward, 1912-13; *Med. H. O., P. B. B. H., March 1, 1913-March 1, 1914*; *Res. Pathol., ibid., March 1, 1914-April, 1915*; Instr. in Pathol., Harv., 1914-15; H. O., B. C. H., So. Dept., summer of 1915; Sr. H. O., Boston Floating Hosp., 1915; Instr. in Pediatrics, Johns Hopkins; Asst. in Pediatrics, Harv.; Visit. Phys., Boston Lying-In Hosp.; Asst. Phys., Children's Hosp.; in practice, Boston.

SMILLIE, WILSON GEORGE

A.B., Colorado, 1908; M.D., Harv., 1912; D.P.H., *ibid.*, 1916; *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., Harv., 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, 1920-22; Director of Training Base, International Health Board, Andalusia, Ala.

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 and Beth Israel Hosp., N. Y. City, 1920; *H. O., X-ray Dept., P. B. B. H., April 15, 1920-April 21, 1921*; Assoc. in Roentgenology, Buffalo City Hosp., Buffalo, N. Y.

SMITH, JUDSON ARTHUR

A.B., Harv., 1915; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., Feb. 14, 1918-Jan. 30, 1919*; Surg. Serv., New Haven Hosp.; *Asst. Res. Surg., P. B. B. H., June 15, 1921-July 1, 1922*; H. O., Boston Lying-In Hosp., 1922-23; Res. Obstetrician, *ibid.*, 1923-24; in practice, Boston.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. Sch., 1910-12; M.D., Harv., 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 Serv.), 1916; Visit. Orthopedic Surg., M. G. H.; in practice, Boston.

### SOOY, DANIEL WARREN

M.D., Univ. of Cal., 1917; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1921-July 1, 1922*; in practice, Maricopa, Calif.

### SPILLMAN, RAMSAY

A.B., Cornell, 1914; M.D., *ibid.*, 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., 1918-19; Asst. Visit. Phys., Florence Crittendon Home, 1921-22; in practice (Roentgenology), New York.

### STATER, WAYNE J.

A.B., Univ. of Oregon, 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., March 1, 1922-July 1, 1923*.

### 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., Columbia Univ., N. Y., 1919-20; Instr. in Med., *ibid.*

### 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 Service, Children's Hosp., Boston, 1920; Orthopedic Service, M. G. H., 1921-22; Assoc. Orthopedic Surg., Children's Hosp., Los Angeles, 1922; Asst. Orthopedic Surg., *ibid.*; Jr. Orthopedic Surg., Los Angeles Gen. Hosp.; Orthopedic Surg., San Bernardino County Welfare Commission; Orthopedic Consultant, Nat. Home for Disabled Volunteer Soldiers, Sawtelle, Calif.; in practice, Los Angeles, Calif.

### STODDARD, JAMES LEAVITT

A.B., Harv., 1910; M.D., *ibid.*, 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., Harv.; Major, M. C., U. S. Army, 1917-19; Lect. in Biochemistry, Smith Coll., 1920-21; Asst. Prof. Biochemistry, Smith Coll., 1921-22; Chemist, M. G. H.; Asst. in Med., Harv.

### STONE, ERIC PERCY

B.S., Harv., 1914, as of 1915; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., May 15, 1918-July 1, 1919*; *Asst. Res. Surg., ibid., Oct. 1, 1919-June 15, 1920*; Externe, Gynecological Service, R. I. Hosp.; Visit. Urologist, Providence City Hosp.; Asst. Surg., Urol Serv., St. Joseph's Hosp.; in practice, Providence, R. I.

### STONE, GEORGE HENRY

A.B., Bowdoin, 1905; M.D., *ibid.*, 1908; H. O., Maine Gen. Hosp., 1908-09; in practice, Clinton, Mass., 1909-11; H. O., B. C. H., 1912-13; Exec.



## PETER BENT BRIGHAM HOSPITAL

Asst., *ibid.*, 1913-15; 3d Asst. Supt., P. B. B. H., Feb. 1, 1915-May 1, 1917; 2d Asst. Supt., *ibid.*, May 1, 1917-July 1, 1919; Capt., M. C., U. S. Army, 1918-19; Major, Med. Sec., Officers' Reserve Corps, U. S. Army; 1st Asst. Supt., P. B. B. H., July 1, 1919-May 1, 1921; Supt., Eastern Maine Gen. Hosp., Bangor, Me.

### TAFT, ANNIE E.

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

### TAFT, ROGER BROWNE

D.M.D., Harv., 1908; Asst. in Oral Surg., *ibid.*, 1910; Instr. in Oral Surg., *ibid.*, Feb. 1, 1919; *Dental Surg.*, P. B. B. H., Jan. 13, 1916-Feb. 13, 1919; Instr. in Operative Dent., Harv.; in practice (Dentistry), Boston.

### TEFFT, JR., RICHARD C.

A.B., Yale, 1916; M.D., *cum laude*, Harv., 1920; *Med. H. O.*, P. B. B. H., March 1, 1921-July 1, 1922.

### TEMPLETON, EARL R.

B.S., Colgate Univ., 1914; M.D., Syracuse, 1920; *Pathol. H. O.*, P. B. B. H., July 6, 1920-July 1, 1921; *Med. H. O.*, New Haven Hosp., 1921-22; *Res. in Med.*, Buffalo City Hosp., 1922; *Clin. Asst. in Med.*, *ibid.*; in practice, Buffalo, N. Y.

### THAXTER, LANGDON THOM

A.B., Williams, 1911; M.D., Harv., 1915; *Med. House Pupil*, M. G. H., 1915-16; *Surg. H. O.*, P. B. B. H., Nov. 14, 1916-July, 1917; in practice (Orthopedic Surg.), Portland, Me.

### THOMPSON, CHARLES BAKER

A.B., Haverford, 1909; M.D., Johns Hopkins, 1913; *Med. H. O.*, P. B. B. H., Nov. 1, 1913-Nov. 1, 1914; 2d Asst. Res., Phipps Psychiatric Clin., J. H. H., 1914-15; 1st Asst. Res., *ibid.*, 1915-16; Examining Psychiatrist and Executive Secretary, Mental Hygiene Soc. of Md.; Asst. Disp. Psychiatrist, Phipps Psychiatric Clin., J. H. H.; Editor, *Mental Health*; School Psychiatrist, Health Dept., Baltimore Public Schools; in practice, Baltimore, Md.

### TOWLERTON, FLETCHER JOHNSON

A.B., Harv., 1917; M.D., *ibid.*, 1921; *H. O.*, Collis P. Huntington Mem. Hosp., 1919-20; *Surg. H. O.*, P. B. B. H., July 1, 1921-Nov. 1, 1922; *Phys.*, Wayne County Home, N. Y., 1923; *Visit. Surg.*, Lyons Hosp., Lyons, N. Y.; in practice, Lyons, N. Y.

### TOWNE, EDWARD BANCROFT

A.B., Harv., 1906 (1907); M.D., *ibid.*, 1913; *Surg. H. O.*, P. B. B. H., July 1, 1913-Nov. 1, 1914; *Asst. Res. Surg.*, *ibid.*, Nov. 1, 1914-Nov. 1, 1915; *Surg.*, 2d Harv. Unit, B. E. F., France, 1915-16; *Vol. Asst. in Exp. Bacteriol.*, Mayo Foundation, Rochester, Minn., 1916; *Fellow pro tempore*, Mayo Foundation, 1916-17; *Asst. Res. Surg.*, P. B. B. H., Sept. 1, 1916-May 7, 1917; Major, M. C., U. S. Army, May, 1917-19; Asst. Prof. of Surg., Leland Stanford Junior Univ., San Francisco; *Assoc. Prof.*, *ibid.*; in practice, San Francisco, Calif.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### TRANTER, CHARLES LEE

B.S., Univ. of Cal., 1911; M.D., *ibid.*, 1913; Med. and Surg. H. O., Univ. of Cal. Hosp., 1913-14; Asst., Nerve O. P. D., *ibid.*, 1914-15; Asst. in Neurol., Univ. of Cal., 1915; *Asst. Res. Surg., P. B. B. H., Jan. 8, 1916-Jan. 1, 1917*; Asst. in Neurol., Univ. of Cal., 1917; Capt., M. C., U. S. Army; in practice, 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., Harv., 1917; *Surg. H. O., P. B. B. H., March 1, 1916-May 3, 1917*; Lieut., M. C., U. S. Navy, 1917-19; *Vol. Asst., P. B. B. H., Surg. Serv., Jan. 5, 1920-April 10, 1920*; H. O., Aural, Mass. Eye and Ear Infirm., 1920-21; Clinician, Ear, Nose and Throat Clin., Cincinnati Gen. Hosp.; in practice, Cincinnati, Ohio.

### VAN GORDER, GEORGE WILSON

A.B., Williams, 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., March 1, 1915-July 1, 1916*; House Surg., St. Anthony Hosp., Labrador, 1916; Med. House Pupil, M. G. H., 1916-17; House Surg., Free Hosp. for Women, Brookline; Capt., M. C., U. S. Army; Assoc. in Surg., Peking Union Med. Coll., Peking, China.

### VAUGHAN, WARREN TAYLOR

A.B., Univ. of Mich., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., July 1, 1916-Nov. 7, 1917*; M. C., U. S. Army, Nov. 7, 1917-July 27, 1919; Asst. in Preventive Med. and Hygiene, Harv., 1919-20; Attend. Phys., St. Elizabeth's Hosp., Richmond, Va., 1920-22; Editor, Jour. Lab. and Clin. Med.; Pres. of Staff, Retreat Hosp.; Consult. Phys., Evangeline Booth Hosp.; in practice, Richmond, Va.

### VICKERS, DENVER M.

A.B., *cum laude*, Colorado Coll., 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., July, 1921-Nov. 1, 1922*; Asst. Res., McClellan Hosp., N. Y.

### VIETS, HENRY ROUSE

B.S., Dart., 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., March 1, 1917-Aug. 16, 1917*; Capt., M. C., U. S. Army, 1917-19; Major, M. R. C., U. S. Army; Instr. in Neurol., Harv.; Asst. Neurol., M. G. H.; Asst. Visit. Neurol., Long Island Hosp., Boston; in practice, Boston.

### WAKEMAN, EDWARD T.

B.A., Yale, 1919; M.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*.

### WALKER, CLIFFORD BLACK

S.B., Univ. of Cal., 1906; Stud., Univ. of Cal. Med. Sch., 1907-10; M.D., Johns Hopkins, 1911; M.D., *ibid.*, 1912; Asst. to Dr. Cushing, 1911-12; Sr. Ophthal. House Surg., Mass. Eye and Ear Infirm., Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P. B. B. H., March 1, 1915-April 25, 1918*; Asst. in Ophthal., Harv.; in practice, Springfield, Mass.



PETER BENT BRIGHAM HOSPITAL

WARREN, JR., WILLIAM CHESTER

B.S., Emory Univ.; M.D., *ibid.*; *Surg. H. O., P. B. B. H., March 28, 1922-July 1, 1923*; Grad. Stud., Vienna, Austria.

WATKINS, S. SHELTON

A.B., Centre Coll. of Ky., 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1914; Med. and Surg. H. O., Church Home and Infirm., Baltimore, 1914; *3d Asst. Supt., P. B. B. H., May 1, 1914-Jan. 15, 1915*; Asst. in Clin. Laryngology, Johns Hopkins; 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, 1917-19; in practice, Louisville, Ky.

WEARN, JOSEPH TRELOAR

B.S., Davidson, 1913; M.D., Harv., 1917; *Med. H. O., P. B. B. H., June 15, 1917-June 15, 1918*; 1st Lieut., M. C., U. S. Army, 1917-19; *Asst. Res. Phys., P. B. B. H., Sept. 1, 1919-Aug. 15, 1921*; Instr. in Pharm., Univ. of Penn., 1921-23; Instr. in Med., Harv., 1923-24; Asst. Prof. of Med., *ibid.*; Asst. Phys., Thorndike Lab., B. C. H.; Jr. Visit. Phys., *ibid.*

WEGEFARTH, PAUL

A.B., Johns Hopkins, 1908; Stud. of Med., Strassburg and Berlin, Germany, 1909-11; M.D., Johns Hopkins, 1912; *Surg. H. O., P. B. B. H., Nov. 1, 1912-March 1, 1914*; Res. Phys., Church Home Infirm., Baltimore, 1914-15; Phys., San Diego, Cal., 1914-17; Commissioned 1st Lieut., M. C., September, 1917; on duty at Camp Meade, September-December, 1917; on duty at Army Neuro-Surg. Lab., Baltimore, December, 1917-April, 1919; with temporary duty at Camp Jackson and Camp Lee, 1918-19; commissioned Capt., M. C., May, 1918; discharged May, 1919, from Letterman Gen. Hosp., San Francisco, Cal.; in practice at San Diego, May, 1919, until December, 1921; developed tuberculosis; in sanatorium at Phoenix, Ariz., and Colorado Springs, Colo. *Died March 29, 1923.*

WEISMAN, PAUL GERHARDT

B.S., Univ. of Mich., 1911; M.D., *ibid.*, 1913; H. O., Providence City Hosp. (Contagious Wards), 1914; H. O., R. I. Hosp., 1914-16; *Asst. Res. Phys., P. B. B. H., April 1, 1916-Aug. 1, 1916*; Asst. Res., Union Prot. Infirm., Baltimore, 1917; Res., *ibid.*, 1917-18; Lieut., M. C., U. S. Army, 1918; in practice, Colfax, Wash.

WELBOURN, MARSHALL AGNEW

B.S., Univ. of Mich., 1913; M.D., *ibid.*, 1915; *Assoc. in Med., P. B. B. H., July 1, 1915-March 1, 1916*; *Med. H. O., ibid., March 1, 1916-July 1, 1917*; Capt., M. C., U. S. Army, 1917-19; Instr. in Int. Med., Univ. of Mich., 1919-20; in charge of laboratories, Westlake Hosp., Los Angeles, Cal.; in practice, Los Angeles, Cal.

WELLS, WARD STANLEY

S.B., Grinnell, 1909; M.D., Harv., 1916; *Assoc. in Med., P. B. B. H., July 1, 1916-April 8, 1917*; *Med. H. O., ibid., April 8, 1917-July 18, 1917*; Major, M. C., U. S. Army, Letterman Gen. Hosp., Presidio of San Francisco, Calif.



## REGISTER OF FORMER MEMBERS OF THE STAFF

### WENTWORTH, JOHN ALEXANDER

A.B., Bowdoin, 1909; M.D., Harv., 1913; H. O., Hartford Hosp., Hartford, Conn., 1913-15; *Sr. Med. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1915*; Alumni Asst., Clin. Pathol., Harv.; Asst., Harv., Infantile Paralysis Comm., Fall, 1916; *Asst. Res. Phys., P. B. B. H., Nov. 1, 1915-Aug. 1, 1917*; Assoc. Phys., Clifton Springs Sanitarium, N. Y., 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; Phys., Clifton Springs Sanitarium, N. Y., 1919-21; Asst. Visit. Phys., Hartford Hosp.; in practice, Hartford, Conn.

### WEST, HOWARD FRANK

A.B., Stanford, 1912; M.D., *ibid.*, 1915; Interne, Lane Hosp., San Francisco, 1915-17; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1917-Oct. 15, 1917*; *Act. Res. Phys., ibid., Oct. 15, 1917-Jan. 1, 1918*; *Res. Phys., ibid., Jan. 1, 1918-April 15, 1920*; Alumni Asst. in Med., Harv., 1918-20; in practice, Los Angeles, Cal.

### WHEELER, DANIEL W.

S.B., Knox Coll., 1915; M.D., Rush Med. Coll., 1920; *Asst. Res. Surg., P. B. B. H., June 1, 1921-March 1, 1922*; Fellow in Pathol., Rush Med. Coll., 1920-21; Fellow, Trudeau Foundation, 1922; Asst. Res. Phys., Trudeau Sanatorium, 1923; Asst. Med. Director, Nopeming Sanatorium, Nopeming, Minn., 1924; in practice, Duluth, Minn.

### WHITNEY, RAYMOND CYRUS

B.S., Middlebury, 1914; M.D., Harv., 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. Eye and Ear Infirm., 1920-22; in practice (Ophthalmology) New Bedford, Mass.

### WILMAERS, ALBERT

M.D., Univ. of Brussels, 1921; Interne, Hospitals of Brussels; 3 mos. as Asst. to Prof. Vaquez, Paris; worked under Dr. DeMoor and Dr. DeMeyer; Physiol. Inst., Univ. of Brussels; Fellow, C.R.B., Educational Foundation; *Vol. Grad. Asst., P. B. B. H., Sept. 22, 1922-Sept. 15, 1923*; *Act. Asst. Res. Phys., ibid., Sept. 15, 1923-Nov. 15, 1923*; Asst. in General Path., Univ. of Brussels; in practice, Brussels, Belgium.

### WILSON, DAVID COLE

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

### WISLOCKI, GEORGE BERNAYS

A.B., Washington Univ.; M.D., Johns Hopkins, 1916; Asst. in Anat., *ibid.*, 1916-17; Arthur Tracy Cabot Fellow, Harv., 1917-20; *Assoc. in Surg., P. B. B. H., March 25, 1920-Oct. 1, 1920*; Assoc. Prof. of Anat., Johns Hopkins, Baltimore, Md.

### WOOD, RUSSELL

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., March 1, 1921-July 1, 1922*; Grad. Asst. in Med., M. G. H., 1922; H. O., So. Dept., B. C. H., 1922-23; Asst. Visit. Phys., St. Luke's Hosp., New Bedford, Mass.; in practice, New Bedford, Mass.



PETER BENT BRIGHAM HOSPITAL

WOODS, ALAN CHURCHILL

A.B., Johns Hopkins, 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., July 1, 1914–Nov. 1, 1915*; Fellow and Assoc. in Exper. Med. and Asst. in Ophthal., Univ. of Pa.; Major, M. C., U. S. Army, 1917–19; Assoc. in Ophthal., Johns Hopkins; Asst. Visit. Ophthal., *ibid.*; in practice (Ophthalmology), Baltimore, Md.

WOODWARD, HARRY WHITING

A.B., Bowdoin, 1910; M.D., Harv., 1915; *Surg., H. O., P. B. B. H., March 1, 1915–July 1, 1916*; H. O., Boston Lying-In Hosp., 1916; Capt., Royal Army Med. Corps; Visit. Staff, Surg. Services, Glockner Hosp. and Sanatorium, Bethel Hosp., Colorado Springs, Colorado; in practice, Colorado Springs.

WRIGHT, MARY

A.B., Vassar, 1911; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H., July 1, 1917–Sept. 17, 1918*; H. O. (Pediatrics), M. G. H., 1918–19; H. O., St. Louis Children's Hosp., 1919; Asst. Res., St. Louis Children's Hosp., 1919–20; Phys. to Children's Med. O. P. D., M. G. H.; Visit. Phys., N. E. Hosp. for Women and Children; in practice, Boston.

WULFFAERT, FRANZ RÉNE

B.A., Brussels, 1906; B.S., *ibid.*, 1907; M.D., *ibid.*, 1912; Asst. Phys., St. John's Hosp., Brussels, 1913; Res. Anesthetist, St. Mary's Hosp., London, Eng., 1915; *Pathol. H. O., P. B. B. H., Jan. 15, 1918–July 1, 1918*; *Res. Pathol., ibid., July 1, 1918–March 31, 1919*; Asst. in Pathol., Harv., 1918–19; Asst. Surg. (Gynecology), St. John's Hosp., Brussels, 1919–23; Surg. (General Surgery), *ibid.*; in practice, Brussels, Belgium.

WYNN, JAMES

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

YOAKAM, WAYNE ADDISON

B.S., Denison Univ., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921*; Obst. H. O., Boston Lying-In Hosp., 1921–23; Henry Ford Hosp., Obstetrics, Detroit, Mich.

YOUNG, WILLIAM W.

A.B., Randolph-Macon, 1909; M.D., Johns Hopkins, 1913; *Med. H. O., P. B. B. H., July 1, 1913–Feb. 14, 1914 (resigned)*; Massilon State Hosp., Massilon, Ohio.



## Visiting Physicians and Surgeons Pro Tempore

**DR. FRANK BILLINGS**

M.D., Northwestern Univ., 1881; M.S., *ibid.*, 1890; Professor of Medicine, Univ. of Chicago; Visiting Physician from May 15 to May 20, 1916.

**DR. LEWIS A. CONNER**

Ph.B., Yale Univ., 1887; M.D., Columbia Univ., 1890; Physician, New York Hosp., 1905; Prof. Clin. Med., Cornell Univ. Med. School, 1905-16; Professor of Medicine, *ibid.*, 1916; Visiting Physician, April 8 to April 15, 1923.

**MR. GEORGE E. GASK**

Graduate of St. Bartholomew's Hosp., London, England; Consulting Surgeon, B. E. F., receiving C.M.G. and D.S.O.; Surgeon to St. Bartholomew's Hosp.; Teaching Visit. Prof. of Surg., Univ. of London; Visiting Surgeon, March 20 to April 3, 1921.

**DR. JAMES B. HERRICK**

A.B., Univ. of Mich., 1882 (Hon. A.M., *ibid.*, 1907); M.D., Rush Medical College, 1888; Interne, Cook County Hospital, 1888-89; Instr. in Med., Rush Medical College, 1890-93; Adj. Prof., *ibid.*, 1894-1900; Professor, *ibid.*, 1900; Attending Physician, Presbyterian Hospital, Chicago, Ill., 1895; Visiting Physician, Feb. 15, to Feb. 21, 1924.

**DR. ALBION WALTER HEWLETT**

B.S., Univ. of Cal., 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. CHARLES F. HOOVER**

M.D., Harv., 1892; Prof. of Med., Western Reserve University, Cleveland, Ohio; Visiting Surgeon, Feb. 3 to Feb. 9, 1924.

**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, Jan. 18 to Jan. 25, 1919.

**DR. DEAN DEWITT LEWIS**

A.B., Lake Forest Univ., 1895; M.D., Rush Med. Coll., 1899; Assoc. Prof. Surg., Rush Med. Coll., 1919-25; Attend. Surg., Presbyterian Hosp., Chicago; Prof. of Surg. (elect), Johns Hopkins Univ.

**DR. THOMAS LEWIS**

M.D., Univ. College, London, England, 1906; Physician, University College, London, England; Visiting Physician, Oct. 26 to Nov. 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, Jan. 13 to Jan. 20, 1917.



## PETER BENT BRIGHAM HOSPITAL

### 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; Associate in Medicine, J. H. H., 1904-12; Associate Professor of Medicine, J. H. U., 1906-12; Professor of Medicine, Jefferson Med. Coll., 1912-; Physician to Jefferson and 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.

### SIR D'ARCY POWER, K.B.E.

M.A., M.B., Univ. of Oxford, 1882; F.R.C.S. (England), 1883; Consulting Surgeon, St. Bartholomew's Hospital, London, England; Visiting Surgeon, April 20 to May 5, 1924.

### SIR HAROLD J. STILES

Kt., cr. 1918; K.B.E., cr. 1919; M.B., C.M., F.R.C.S., Edinburgh; Bt. Col., R. A. M. C.; Mem. Army Med. Advisory Board; Surgeon, Royal Edinburgh Hosp. for Sick Children, and Chalmers Hosp.; Professor of Clinical Surgery 1919-1925; late Lecturer on Applied Anatomy, Univ. of Edinburgh; Visiting Surgeon, April 8 to April 21, 1923.

### 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, J. H. H.; Visiting Physician, Nov. 14 to Nov. 21, 1913.

### SIR CUTHBERT WALLACE

C.B., 1918; K.C.M.G., 1916; M.B., B.S., London; F.R.C.S., Eng.; Surgeon to St. Thomas' Hosp.; Dean of St. Thomas' Hosp. Med. School; Late Surgeon, East London Hosp. for Children; Lecturer on Surgery, St. Thomas' Hosp.; served in South Africa as Surgeon to Portland Hosp., 1900; European War, 1914-18; Maj. Gen., A. M. S.; Consulting Surgeon, B. E. F., France; Visiting Surgeon, April 24 to May 8, 1922.

### DR. ROLLIN TURNER WOODYATT

B.S., Univ. of Chicago, 1906; M.D., Rush Med. Coll., 1902; Assistant Professor, Rush Med. Coll.; Attending Physician, Presbyterian Hosp., Chicago; Visiting Physician, Dec. 16 to Dec. 23, 1921.



# Officers of the Institution, 1925

## *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
Mar. 26, 1925	HARRY L. BAILEY . . . .	93 Franklin St.,	Boston
May 8, 1902	EDMUND D. CODMAN . . . .	27 Kilby St.,	Boston
Apr. 15, 1915	CHARLES P. CURTIS . . . .	71 Ames Bldg.,	Boston
Mar. 26, 1925	PAUL E. FITZPATRICK . . . .	104 Kingston St.,	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
Mar. 27, 1924	RICHARD S. RUSSELL . . . .	50 State St.,	Boston

## STANDING COMMITTEES OF THE CORPORATION

### *Building Committee*

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

### *Auditing Committee*

WILLIAM R. TRASK

### *Committee on Finances*

EDMUND D. CODMAN  
HENRY S. HOWE  
LAURENCE H. H. JOHNSON  
RICHARD S. RUSSELL

\* Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1930.

† Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1927.



PETER BENT BRIGHAM HOSPITAL

*Committee on Nominations*

CHARLES P. CURTIS  
EDMUND D. CODMAN

*Committee on Rules*

CHARLES P. CURTIS  
EDMUND D. CODMAN  
IRVIN MCD. GARFIELD

**VISITING COMMITTEE FOR 1924**

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

**VISITING COMMITTEE FOR 1925**

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

**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.



## OFFICERS OF THE INSTITUTION

### *Assistant Superintendents*

#### *Service began*

Jan. 8, 1923 B. HENRY MASON, M.D.  
Dec. 15, 1924 LESLIE H. WRIGHT, M.D.

### *Executive Assistant*

Sept. 1, 1921 MARGARET COPELAND, R.N.

## BOARD OF CONSULTATION

#### *Appointed*

Mar. 25, 1912 WALTER B. CANNON, M.D., *Consulting Physiologist*  
Mar. 25, 1912 OTTO FOLIN, Ph.D., *Consulting Chemist*  
Dec. 8, 1921 FRANCIS W. PEABODY, M.D., *Consulting Physician*  
Jan. 13, 1916 WILLIAM H. POTTER, D.M.D., *Consulting Dental Surgeon*  
Apr. 12, 1923 HANS ZINSSER, M.D., *Consulting Bacteriologist*

## 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, 1922 REGINALD FITZ, 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. 13, 1922 HOWARD F. ROOT, M.D., *Associate in Medicine*  
Aug. 1, 1922 CYRUS C. STURGIS, M.D., *Associate in Medicine*  
Sept. 1, 1923 HILDING BERGLUND, M.D., *Associate in Medicine*  
Feb. 12, 1925 GEORGE R. MINOT, M.D., *Associate in Medicine*  
July 11, 1922 GUSTAVE P. GRABFIELD, M.D., *Junior Associate in Medicine*  
July 10, 1923 WILLIAM P. MURPHY, M.D., *Junior Associate in Medicine*  
Apr. 24, 1924 EDWARD STANLEY EMERY, JR., *Junior Associate in Medicine*  
July 11, 1924 HUGO O. ALTNOW, M.D., *Junior Associate in Medicine*  
Aug. 1, 1922 BURGESS GORDON, M.D., *Resident Physician.*  
July 1, 1924 JOHN C. SHRADER, M.D., *Assistant Resident Physician*  
Sept. 1, 1924 LAWRENCE A. KOHN, M.D., *Assistant Resident Physician.*  
Nov. 1, 1924 WALTER B. WHITING, M.D., *Assistant Resident Physician*  
Jan. 1, 1925 THOMAS D. CHRISTIAN, JR., M.D., *Asst. Resident Physician*

## SURGICAL DEPARTMENT

#### *Service began*

Sept. 1, 1912 HARVEY CUSHING, M.D., *Surgeon-in-Chief*  
Oct. 1, 1912 DAVID CHEEVER, M.D., *Surgeon*  
May 1, 1912 JOHN HOMANS, M.D., *Surgeon*  
June 19, 1916 WILLIAM C. QUINBY, M.D., *Urological Surgeon*  
Oct. 9, 1919 GILBERT HORRAX, M.D., *Associate in Neurological Surgery*  
June 12, 1924 LYMAN G. RICHARDS, M.D., *Associate in Otolaryngology*  
Nov. 17, 1914 HILBERT F. DAY, M.D., *Associate in Surgery*  
Sept. 14, 1923 PERCIVAL BAILEY, M.D., *Associate in Surgery*  
July 11, 1924 LESTER R. WHITAKER, M.D., *Associate in Surgery*  
June 15, 1924 FRANCIS C. NEWTON, M.D., *Associate in Surgery*



## PETER BENT BRIGHAM HOSPITAL

### *Service began*

Jan. 12, 1925	FLETCHER H. COLBY, M.D., <i>Junior Associate in Urology</i>
July 1, 1924	HARLAN F. NEWTON, M.D., <i>Resident Surgeon</i>
July 1, 1924	RICHMOND L. MOORE, M.D., <i>Assistant Resident Surgeon</i>
Oct. 1, 1924	WILLIAM P. VANWAGENEN, M.D., <i>Assistant Resident Surgeon</i>
Jan. 1, 1925	HAROLD H. GILE, M.D., <i>Assistant Resident Surgeon</i>
Mar. 1, 1925	ROY G. SPURLING, M.D., <i>Assistant Resident Surgeon</i>

### PATHOLOGICAL DEPARTMENT

#### *Service began*

Dec. 1, 1916	S. BURT WOLBACH, M.D., <i>Pathologist</i>
July 1, 1924	CHARLES L. BROWN, M.D., <i>Resident Pathologist</i>
Oct. 1, 1924	GEORGE F. GREEN, M.D., <i>Junior Associate in Pathology</i>

### ROENTGENOLOGICAL DEPARTMENT

#### *Service began*

May 15, 1922	MERRILL C. SOSMAN, M.D., <i>Roentgenologist</i>
Mar. 1, 1925	EDWARD C. VOGT, M.D., <i>Assistant Resident Roentgenologist</i>

### DENTAL SURGEON

#### *Service began*

Nov. 7, 1922	HAROLD A. KENT, M.D.
--------------	----------------------

### MEDICAL HOUSE OFFICERS

#### *Service began*

Nov. 1, 1922 . . .	ROY W. BENTON, M.D. . . . .	<i>Service ended</i>
Nov. 1, 1922 . . .	TINSLEY R. HARRISON, M.D. . . . .	Mar. 1, 1924
Mar. 1, 1923 . . .	GEORGE C. TURNBULL, M.D. . . . .	July 1, 1924
Mar. 1, 1923 . . .	R. HUGH WOOD, M.D. . . . .	July 1, 1924
July 1, 1923 . . .	JAMES M. KINSMAN, M.D. . . . .	Nov. 1, 1924
July 1, 1923 . . .	WALTER B. WHITING, M.D. . . . .	Nov. 1, 1924

#### *Service will end*

Nov. 1, 1923 . . .	PHILIPS J. EDSON, M.D. . . . .	Mar. 1, 1925
Nov. 1, 1923 . . .	MICHAEL RINGER, M.D. . . . .	Jan. 1, 1925
Mar. 1, 1924 . . .	ROBERT M. STECHER, M.D. . . . .	July 1, 1925
Mar. 1, 1924 . . .	RICHARD B. WILSON, M.D. . . . .	July 1, 1925
May 15, 1924 . . .	WILFRED G. JONES, M.D. . . . .	Mar. 1, 1925
July 1, 1924 . . .	EDWIN G. GRAVES, M.D. . . . .	Nov. 1, 1925
July 1, 1924 . . .	ROBERT T. MONROE, M.D. . . . .	Nov. 1, 1925
Nov. 1, 1924 . . .	ARTHUR N. CURTISS, M.D. . . . .	Mar. 1, 1926
Dec. 15, 1924 . . .	LUNEY V. RAGSDALE, M.D. . . . .	Mar. 1, 1926

### SURGICAL HOUSE OFFICERS

#### *Service began*

Nov. 1, 1922 . . .	RICHMOND L. MOORE, M.D. . . . .	<i>Service ended</i>
Nov. 1, 1922 . . .	WILLIAM P. VANWAGENEN, M.D. . . . .	Mar. 1, 1924
Mar. 1, 1923 . . .	DOUGLAS BOYD, JR., M.D. . . . .	July 1, 1924
Mar. 1, 1923 . . .	HORACE P. STIMSON, M.D. . . . .	July 1, 1924
July 1, 1923 . . .	CLARE E. BIRD, M.D. . . . .	Nov. 1, 1924
July 1, 1923 . . .	LEWIS C. FOSTER, M.D. . . . .	Nov. 1, 1924

#### *Service will end*

Nov. 1, 1923 . . .	ROBERT W. STELLAR, M.D. . . . .	Mar. 1, 1925
Nov. 1, 1923 . . .	ROY G. SPURLING, M.D. . . . .	Mar. 1, 1925
Mar. 1, 1924 . . .	LEO M. DAVIDOFF, M.D. . . . .	July 1, 1925



## OFFICERS OF THE INSTITUTION

<i>Service began</i>		<i>Service will end</i>
Mar. 1, 1924 . . . . .	S. GIBBS MILLIKEN, M.D. . . . .	Feb. 1, 1925
Jan. 7, 1925 . . . . .	WILBER P. ARMSTRONG, M.D. . . . .	July 1, 1925
July 1, 1924 . . . . .	CORNELIUS P. RHOADS, M.D. . . . .	Nov. 1, 1925
July 1, 1924 . . . . .	LOUIS G. ORR, M.D. . . . .	Nov. 1, 1925
Nov. 1, 1924 . . . . .	DAVID M. RIOCH, M.D. . . . .	Mar. 1, 1926
Nov. 1, 1924 . . . . .	SELLING BRILL, M.D. . . . .	Mar. 1, 1926

### PATHOLOGICAL HOUSE OFFICERS

July 1, 1924 . . . . .	HENRY PINKERTON, M.D.
Jan. 1, 1925 . . . . .	HAROLD L. BLOSSER, M.D.

### HOUSE OFFICER IN ROENTGENOLOGICAL DEPARTMENT

Mar. 1, 1925 . . . . .	PHILIPS J. EDSON, M.D.
------------------------	------------------------

### SCHOOL OF NURSING

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

<i>Service began</i>	
July 1, 1912 . . . . .	CARRIE M. HALL, R.N.

*Assistant Superintendent of Nurses*

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

*Instructor in Theory*

Sept. 1, 1924 . . . . .	RUTH SLEEPER, R.N.
-------------------------	--------------------

*Instructor in Practice*

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

*Supervisors*

Oct. 1, 1922 . . . . .	LUCY H. BEAL, R.N.
Oct. 1, 1923 . . . . .	ISABEL H. DILL, R.N.
June 1, 1921 . . . . .	ALICE A. WESTON, R.N.
Oct. 12, 1923 . . . . .	MARION F. BATCHELDER, R.N.

*Night Supervisor*

June 29, 1923 . . . . .	MARY C. GILMORE, R.N.
-------------------------	-----------------------

### Chief — Social Service Department

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

### Dietitian

Feb. 2, 1923 . . . . .	AMALIA LAUTZ, B.S.
------------------------	--------------------

### Apothecary

Dec. 2, 1912 . . . . .	HARRY H. COMAN
------------------------	----------------



PETER BENT BRIGHAM HOSPITAL

Clerk

Apr. 29, 1912 . . . . . LIDA E. CRAWFORD

Housekeeper

Nov. 1, 1912 . . . . . ELIZABETH M. PACKARD

Chief — Mechanical Departments

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



## FORM OF BEQUEST

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



