REPORT

OF THE

Charity Hospital

OF LOUISIANA

AT NEW ORLEANS



July 1st, 1941 to June 30th, 1942



Main Building 1939

BOARD OF ADMINISTRATORS

Year Closing June 30th, 1942

HIS EXCELLENCY GOVERNOR SAM H. JONES, EX-OFFICIO PRESIDENT DOUGLAS V. FRERET, Vice-President

HAS A. FARWELL
ALCOLM L. MONROE
OSEPH W. MONTGOMERY

LOUIS G. RIECKE WALKER SAUSSY FRED S. WEIS

WM. D. PHILLIPS, M. D.

FINANCE COMMITTEE

FRED S. WEIS, Chairman

CHAS. A. FARWELL

MALCOLM L. MONROE

JOSEPH W. MONTGOMERY

MEDICAL COMMITTEE

DR. W. D. PHILLIPS, Chairman CHAS A. FARWELL WALKER SAUSSY

HOUSE COMMITTEE

LOUIS G. RIECKE, Chairman

MALCOLM L. MONROE WALKER SAUSSY

Fred W. Matthews
Secretary-Treasurer of the Board

Pointed August 4th, 1941.

Form of Gift or Bequest

I give to the Board of Administrators of the Charity Hosp of Louisiana at New Orleans the sum of

FIVE HUNDRED DOLLARS

to be added to the Children's Bed Endowment Fund.

	Full Name
Date	
	Address

Resolution unanimously adopted by the Board of Adminitors at meeting of June 22nd, 1942:

WHEREAS, The care and comfort of the little afflicted dren often times requires some form of amusement, entertainment special services, not otherwise provided for,

THEREFORE, BE IT RESOLVED, That a fund be elished whereby gifts or bequests to this fund to be designated at Children's Bed Endowment Fund be accepted upon the followonditions, to-wit: That the principal be set aside unimpaired perpetuity, and same be invested in high grade securities, and income therefrom be dedicated and used exclusively for the care comfort of the afflicted children receiving treatment in this hose Furthermore, a suitable tablet be placed in the Children's Ward, the name of the donor and date of gift inscribed thereon.

Bed "ENDOWMENT FUND"

Memorial Bed Endowed By ADELE EMILY ROESSLE New Orleans 1926

Memorial Bed Endowed By MRS. P. A. CAPDAU New Orleans 1928

> Memorial Bed Endowed By LIONS' CLUB New Orleans 1929

Memorial Bed Endowed By DR. J. A. HARDIN Chicago, Illinois 1930

Memorial Bed Endowed By ALLEN J. ELLENDER, Jr. Houma, Louisiana 1934

Memorial Bed
Endowed By
MRS. MOLLIE MORGAN HORN
New Orleans
1936

Memorial Bed Endowed By GEORGE M. READ Slidell, Louisiana 1936 Memorial Bed Endowed By JOHN FLEMING New Orleans 1938

Memorial Bed Endowed By MRS. HATTIE McMARIUS GAUDET Thibodaux, Louisiana

Memorial Bed Endowed By BERNARD GEO. HOLSCHER New Orleans 1938

> Memorial Bed Endowed By MRS. YVETTE ARON New Orleans 1938

Memorial Bed
Endowed By
MISS MARIE ANTOINETTE
BERNARD de MONTIER
New Orleans
1938

oital

....

chil-

stab-

d in

pital

with

Form of Gift or Bequest

I give to the Board of Administrators of the Charity Hospital of Louisiana at New Orleans the sum of

FIVE HUNDRED DOLLARS

to be added to the Children's Bed Endowment Fund.

Date

Address

Resolution unanimously adopted by the Board of Administrators at meeting of June 22nd, 1942:

WHEREAS, The care and comfort of the little afflicted children often times requires some form of amusement, entertainment of special services, not otherwise provided for,

THEREFORE, BE IT RESOLVED, That a fund be established whereby gifts or bequests to this fund to be designated as the Children's Bed Endowment Fund be accepted upon the following conditions, to-wit: That the principal be set aside unimpaired in perpetuity, and same be invested in high grade securities, and the income therefrom be dedicated and used exclusively for the care spin comfort of the afflicted children receiving treatment in this hospital Furthermore, a suitable tablet be placed in the Children's Ward, with the name of the donor and date of gift inscribed thereon.

Bed "ENDOWMENT FUND"

Memorial Bed Endowed By ADELE EMILY ROESSLE New Orleans 1926

Memorial Bed Endowed By MRS. P. A. CAPDAU New Orleans 1928

> Memorial Bed Endowed By LIONS' CLUB New Orleans 1929

Memorial Bed Endowed By DR. J. A. HARDIN Chicago, Illinois 1930

Memorial Bed Endowed By ALLEN J. ELLENDER, JR. Houma, Louisiana 1934

Memorial Bed
Endowed By
MOLLIE MORGAN HORN
New Orleans
1936

Memorial Bed Endowed By GEORGE M. READ Slidell, Louisiana 1936 Memorial Bed Endowed By JOHN FLEMING New Orleans 1938

Memorial Bed
Endowed By
MRS. HATTIE McMARIUS
GAUDET
Thibodaux, Louisiana
1938

Memorial Bed Endowed By BERNARD GEO. HOLSCHER New Orleans 1938

> Memorial Bed Endowed By MRS. YVETTE ARON New Orleans 1938

Memorial Bed
Endowed By
MISS MARIE ANTOINETTE
BERNARD de MONTIER
New Orleans
1938

HOSPITAL DEPARTMENTAL STAFFS

Year Closing June 30th, 1942

ADMINISTRATIVE DEPARTMENT

O. V. PREJEAN, M. D.
P. J. THOMAS, M. D.
L. J. O'NEIL, M. D.

Assistant Clinica Assistant Clinical Directors

WM. A. DYKES, Executive Secretary to Director, Resigned Feb. 7, 1942

PATHOLOGICAL LABORATORIES

EMMA S. Moss, M. D., Director, Department of Pathology Maurice M. Rice, M. D., Assistant Pathologist EMIL PALIK, M. D., Assistant Pathologist George F. Fasting, M. D., Bacteriologist

X-RAY, RADIUM AND DEEP THERAPY DEPARTMENTS

LEON J. MENVILLE, M. D., Director and Radiologist
MANUEL GARCIA, M. D., Associate Radiologist
E. H. BROCK, M. D., Associate Radiologist, Resigned Oct. 1941
DOROTHY MATTINGLY, M. D., Assistant Radiologist

JAMES R. RILEY, M. D., Junior Assistant in Radiology, Resigned Aug. 1941
HARRY FISHBEIN, M. D., Third Year Resident in Radiology, Aug. 1941,
Assistant Radiologist Assistant Radiologist

G. M. RILEY, M. D., Second Year Resident in Radiology J. HOPKINS, M. D., First Year Resident in Radiology MARJORIE FRANZ, M. D., Intern in Radiology

HEART STATION ELECTROCARDIOGRAPH LABORATORY

RICHARD ASHMAN, Ph. D., Director JAMES L. GOUAUX, M. D., Assistant Director

PHYSICAL THERAPY DEPARTMENT MRS. MARION B. STEWART, B.S.; R.P.T.T., Supervisor

ANESTHESIA DEPARTMENT

JOHN ADRIANI, M. D., Director

DEPARTMENTAL STAFFS—Continued

SOCIAL SERVICE DEPARTMENT

Mrs. Myra Richards, appointed Acting Director, Resigned Dec. 1, 1941
Miss Louise Meyer, Director, December 1, 1941.

MEDICAL RECORDS LIBRARY

MRS. ELIZABETH B. GREENWALD, Director, Resigned Dec. 11, 1941
MRS. SHELBY McCaffrey, Acting Librarian
MRS. Eddie Cooksey, Acting Librarian (Clinic Record Rooms)

SISTERS' DIVISIONS

SISTER STANISLAUS, Director SISTER MATHILDE, Assistant Director

NURSING DEPARTMENT

SISTER HENRIETTA, R. N., Director of School of Nursing and Nursing Service
SISTER PAULA, R. N., Director of Operating and Emergency Departments
SISTER IGNATIA, R. N., Director of Out-Patient Department

DIETARY DEPARTMENT

SISTER EUPHEMIA, Director

HOUSEKEEPING DEPARTMENT

SISTER CLARISSE, Director

ACCOUNTING DEPARTMENT

WM. A. DAWSON, Resigned September 30, 1941 L. A. MILLET, Chief Accountant, October 1, 1941

DEPARTMENTAL STAFFS—Continued

PERSONNEL DEPARTMENT

MRS. VIRGINIA B. WALDO, Director, July 1, 1941

PURCHASING DEPARTMENT

HERBERT A. RICKS, Granted indefinite leave for service in United States Army July 20, 1942

ALLERGIC CLINIC ON HAY FEVER

N. F. THIBERGE, M. D., Director

OPERATING, ACCIDENT AND CYSTOSCOPIC ROOMS SISTER PAULA

PHARMACY

ALBERT P. LAUVE, Pharmacist

ADMITTING DEPARTMENT

MRS. MARION BRUNSAN

TRAFFIC DEPARTMENT

SIDNEY P. HARPER, Manager

LAUNDRY DEPARTMENT

JOHN F. FELKER, Manager

MECHANICAL DIVISION

C. S. CRAWFORD, Plant Engineer, appointed March 16, 1942
J. V. Ponder, Chief Operating Engineer
C. L. Bendler, Superintendent of Buildings, Grounds, Construction and Maintenance
Andrew J. Ramelli, Assistant to Supt. of Buildings

CHARITY HOSPITAL RESIDENT STAFF July 1, 1941-June 30, 1942

MEDICINE

L.S.U. Unit W. R. GALBREATH, JR., M. D.—3rd year J. E. GARCIA, M. D.—3rd Year B. A. GOLDMAN, M. D.—3rd Year P. W. HORN, M. D.—3rd Year (Military Leave 7/8/41) J. E. Toups, M. D.—2nd Year (Appointed to residency 8/1/41)
L. C. Paggi, M. D.—2nd Year
L. C. Paggi, M. D.—2nd Year L. C. Paggi, M. D.—2nd Year L. I. E. GORDON, M. D.—1st Year G. E. Johnson, M. D.—1st Year (Military Leave 9/1/41) L. H. KUKER, M. D.—1st Year (Transferred to Surgery 5/1/42) C. A. WILLIS, M. D.—1st Year S. B. CARTER, M. D.—1st Year L. APTER, M. D.—1st Year

Tulane Unit

A. M. GORDON, M. D.—3rd Year
C. C. JOSEPH, M. D.—3rd Year
M. E. St. Martin, M. D.—3rd Year
F. L. Reuter, M. D.—2nd Year (Military Leave 9/8/41)
J. R. SNAVELY, M. D.—2nd Year (Military Leave 5/22/42)
R. L. PULLEN, M. D.—2nd Year
C. H. WHITE, M. D.—1st Year
J. E. WHARTON, M. D.—1st Year (Military Leave 4/20/42)
J. W. LEATHERMAN, M. D.—1st Year (Transferred to Admitting Physician 8/1/41)

C. D. SPECK, JR., M. D.—1st Year (Military Leave 3/1/42)
A. S. WARREN, M. D.—1st Year
P. P. POOLE, M. D.—1st Year

J. H. WOODBRIDGE, M. D.—1st Year

Independent Unit

L. E. RAUSCH, M. D.—2nd Year
M. F. SAMSON, M. D.—1st Year (Military Leave 10/29/41)
E. M. CLEVELAND, M. D.—1st Year
A. A. PRINGOS, M. D.—1st Year (Military Leave 4/11/42)
L. D. McLean, M. D.—1st Year (Transferred to Dermatology and Syphilology 11/1/41)
L. D. McLean, M. D.—1st Year J. B. JOHNSTON, JR., M. D.-1st Year

PEDIATRICS

L.S.U. Unit

M. WARREN McQUITTY, M. D.—2nd Year L. WILLIAMSON, M. D.—2nd Year J. FLEET, M. D.—1st Year M. L. Surgi Speck, M. D.—1st Year (Resigned 3/1/42)

Tulane Unit

J. A. WEAVER, M. D.—2nd Year S. E. ELMORE, M. D.—1st Year

Independent Unit

R. S. Schear, M. D.—2nd Year Nancy Key, M. D.—1st Year

RESIDENT STAFF—Continued

OPHTHALMOLOGY AND OTO-RHINO-LARYNGOLOGY

L.S.U. Unit

N. L. HART, M. D.—3rd Year (Military Leave 5/1/42)

J. T. SIMMONS, M. D.—3rd Year (Military Leave 5/15/42) R. E. GARDNER, M. D.—2nd Year (Resigned 1/1/42)

F. W. RAGGIO, M. D.—2nd Year G. JOSEPH, M. D.—1st Year

F. M. LHOTKA, M. D .- 1st Year

W. FINKELSTEIN, M. D.—3rd Year (Military Leave 10/20/41) L. S. GAMBLE, M. D.—3rd Year C. P. SMITH, M. D.—2nd Year

C. P. SMITH, M. D.—2nd Tear G. M. Tulloch, M. D.—1st Year (Appointed to Residency 11/1/41) P. C. Caldwell, M. D.—1st Year (Military Leave 9/15/41) B. Fox, M. D.—1st Year (Military Leave 4/1/42) N. Callahan, M. D.—1st Year (Military Leave 9/15/41) L. A. Wilensky, M. D.—1st Year (Appointed to Residency 10/6/41)

Independent Unit

L. W. O. Janssen, Jr., M. D.—2nd Year (Resigned 12/25/41) C. KLAPPER, M. D.—2nd Year

H. M. ADLER, M. D .- 1st Year

UROLOGY

L.S.U. Unit

G. W. Vickery, M. D.—3rd Year (Military Leave 5/1/42) P. L. Getzoff, M. D.—2nd Year J. P. Burton, M. D.—1st Year

Tulane Unit

E. F. Kelly, M. D.—3rd Year (Military Leave 10/20/41) M. Silvey, M. D.—3rd Year N. B. Powell, M. D.—2nd Year (Resigned 6/1/42)

J. D. MITCHELL, M. D.—1st Year

Independent Unit

J. F. LALLY, JR., M. D.—1st Year (Appointed to residency 10/16/41_Miles tary Leave 4/14/42)

J. M. WILLIAMS, JR., M. D.—1st Year (Leave of Absence 10/14/41)

D. W. ATCHESON, M. D.—2nd Year

RADIOLOGY (All Units)

H. FISHBEIN, M. D.-3rd Year (Promoted to Assistant Radiologist 8/1/41 G. M. RILEY, M. D.—2nd Year J. V. HOPKINS, M. D.—1st Year

RESIDENT STAFF—Continued

PATHOLOGY (All Units)

P. PIZZOLATO, M. D.—2nd Year A. D. Hoffman, M. D.—1st Year (Resigned 3/20/42) W. R. Rosanoff, M. D.—1st Year (Resigned 2/28/42)

DENTISTRY (All Units)

J. R. BOURGOYNE, D. D. S. (Appointed to Residency 6/1/42) B. P. SALATICH, D. D. S., M. D. (Appointed 7/15/41—Military Leave 5/21/42)

ADMITTING PHYSICIANS

W. T. Brannon, M. D. (Appointed 1/16/42)
G. I. Holmes, M. D. (Appointed 8/1/41—Military Leave 9/2/41)
J. W. Koenig, M. D.
J. F. Lally, M. D. (Transferred to Urology 10/16/41)
J. W. Leatherman, M. D. (Appointed 8/1/41—Military Leave 3/7/42)
J. B. Marino, M. D. (Transferred to Obstetrics and Gynecology 8/1/41)
J. F. Nabos, M. D. (Military Leave 9/21/41)
J. F. Nabos, M. D. (Military Leave 9/6/41)
W. J. Oldham, M. D. (Appointed 8/1/41—Military Leave 1/15/42)
G. M. Tulloch, M. D. (Appointed 9/1/41—Transferred to Opthalmology and Oto-Rhino-Laryngology 11/1/41) and Oto-Rhino-Laryngology 11/1/41) G. R. Turgeon, M. D. (Resigned 3/7/42) C. A. Watkins, M. D. (Appointed 3/8/42)

CHARITY HOSPITAL INTERNE STAFF July 1, 1941—June 30, 1942

JUNIOR INTERNS

James Speros Andres, M. D. Joel Jordan Arrendale, M. D. Donald Joseph Baranco, M. D. Franz Karl Bauer, M. D. John William Birsner, M. D. Leslie M. Bodnar, M. D. Julian Eugene Boggess, M. D. Marlin Talmadge Braswell, M. D. Lazard Samuel Brener, M. D. William Craig Browne, M. D. Walter Brodie Burwell, M. D. Louis Ray Cabiran, M. D.
Dionisus Vincent Cacioppo, M. D.
Frank Arbuthnot Cain, M. D. Martial B. Casteix, Jr., M. D. Stephen A. Chavez, M. D. Vincent Francis Chicola, M. D. Vincent Francis Chicola, M. D.
Paul M. Consigny, M. D.
Nathan Cotlar, M. D.

7John Scott Cheredes, M. D.
Oscar Creech, Jr., M. D.
David Ausmus Davis, M. D.
Julius Theodore Davis, Jr., M. D.
Thomas Malcolm Deas, M. D.
Joseph Bell Deisher, Jr., M. D.

1 Augusto deMier, M. D.
1 Nathan Carter Denton, Jr., M. D.
1 Samuel John DiLeo, M. D.
1 Samuel John DiLeo, M. D.
1 Michael Joseph Donahue, Jr., M. D.
1 Michael Joseph Donahue, Jr., M. D. ¹Michael Joseph Donahue, Jr., M. D. Millard H. Duxbury, M. D. Clay Elliott Easterly, M. D. Louis Albert Ensenat, M. D. ⁶Allen Austin Enzor, M. D. ¹Joseph A. Farris, M. D. Jacob Levy Fischman, M. D. James Brierton Flanagan, M. D. Robert Emerson Florer, M. D. ¹Ruffin Daniel Fornea, M. D. ¹Jack Russell Frank, M. D. ¹George Gaethe, M. D. Robert Earl Gillaspie, M. D. Michael Nahman Goldberg, M. D. ¹Henry Herman Goldsby, Jr., M. D. ¹Frederick Clearly Grieshaber, M. D.

Carl Joseph Gulotta, M. D. Roy James Grubbs, Jr., M. D. Violet G. P. Halfpenny, M. D. ¹Robert Henry Hansen, M. D. Elmer Jacobs Harris, M. D. Andrew Cleve Heath, M. D. Hosah Sellers Holloway, Jr., M. D. Marianna Hood, M. D. Winthrope R. Hubler, M. D. Richard Lee Hudson, M. D. James Harvey Johnston, Jr., M. D. HenryWilliam Jolly, Jr., M. D. ¹Thomas Warren Kleinpeter, M. D Philip Paul LaNasa, M. D Paul Bullard Lastrapes, M. D. Claude Wilson Lavender, M. D. Morton Levy, M. D. James Paul Leslie, M. D. ¹Bert Hunter Lewis, M. D. Bert Hunter Lewis, M. D.
Clement Albert Lightcap, M. D.
Early Barton Lokey, Jr., M. D.
John Wade Long, M. D.
Edward Curry Love, Jr., M. D.
Richard Henry Maddux, Jr., M. D.
Conway Stone Magee, M. D.
Francis Eugene Martin, M. D.
Frederick Alvyn Marx, M. D.
Jane Maysey Matthews, M. D.
John Calvin McLeod, Jr., M. D.
Robert James Meade, M. D.
Leonard Meltzer, M. D.
Logan Underwood Mewhinney Logan Underwood Mewhinney Arthur VanBuren Miller, Jr., Clyde Ewing Miller, Jr., M. D. Stanley Earl Morgan, M. D. Harry Stuart Morris, M. D. Earl Herbert Morrogh, M. D. Ralph Robert Nix, M. D.
Robert Branstrom Olney, M. D.
Daniel Thomas O'Quinn, M. D.
James Malcolm Packer, M. D.
Myron Lawson Pardee, M. D.
Julien Carey Pate, Jr., M. D.
Charles La. Thadwin Pentecost M. D.

¹Began service 3/1/42. ⁶Resigned.

⁷⁰n Military Leave.

INTERNE STAFF—Continued

JUNIOR INTERNS-Continued

James Madison Pomeroy, M. D. James Madison Pomeroy, M. D.
Alton Ray Pruit, M. D.
Frederick Cooper Rehfeldt, M. D.
Nell Reiley, M. D.
Arthur J. Richardson, Jr., M. D.
Julian A. Rickles, M. D.
Ed. Rivet, Jr., M. D.
Sam Gwin Robbins, M. D.
Lewis Sleeper Robinson, Jr., M. D.
Lewis Sleeper Robinson, Jr., M. D.
Lugene Sullivant Rogers, M. D.
John Rene Romero, Jr., M. D.
Robert Manser Rose, M. D.
Robert Russell Roth, M. D.
William Ernest Rownd, M. D.
Sam J. Russo, M. D.
Cornelia Plauche St. Romain, M. D.
Harold John Sabatier, M. D. Harold John Sabatier, M. D. Oscar Perdue Sanders, Jr., M. D. David Henry Scott, M. D.
Jack Hamilton Scott, M. D.
Robert Melvin Shepard, Jr., M. D.
Frances Reynolds Sherman, M. D.
Charles Robert Sias, M. D. Cecil Lowry Sinclair, M. D. Gardner Ford Smart, M. D. James L. Smith, M. D. Elbert Joque Soskis, M. D. Gretchen Vitter Squires, M. D.

Orville Patton Stone, M. D. ¹Keith Alfred Stratford, M. D. Byron McClellan Stuart, M. D. Alma Marie Sullivan, M. D.

Alma Marie Sullivan, M. D.

James Mack Sutton, Jr., M. D.

Theodore Francis Treuting, M. D.

James Alexander Thom III, M. D.

Philip Cocke Trout, M. D.

Alcenith Boyden Veith, M. D.

Arthur Jemison Wallace, Jr., M. D. Arthur Jemison Wallace, Jr., M. D. Jim Roy Warden, M. D. Robert Moore Waters, M. D. Sclyde Ater Watkins, M. D. Stephen Lawton Watson, M. D. Richard Hunt Weddle, M. D. Julius Jakle Weinberg, M. D. Harold Augustus White, M. D. Celeste George Wichser, M. D. Eugene Henry Wicker, M. D. Arthur Grady Williams, Jr., M. D. Ruth Winston, M. D. Charles Johnson Wise, M. D. Jerry Philip Woodhall, M. D. Norman Cooper Woody, Jr., M. D. Thomas Julian Wright, M. D. Thomas Laclede Young, M. D. Thomas Laclede Young, M. D. ¹Thomas Leonard Young, M. D. ⁶Edward Stanley Zawadzki, M. D.

INTERN IN RADIOLOGY ²Marjorie Frantz, M. D.

INTERN IN TUBERCULOSIS ²Philip Alcide Robichaux, M. D.

INTERNS IN DENTISTRY

⁴Julius R. Bourgoyne, D. D. S. ⁶Edward Cutrer, D. D. S.—Appointed 8/9/41 ⁶T. A. DelPapa, D. D. S.—Appointed 1/24/42 ⁶J. M. R. Matta, D. D. S.—Appointed 3/7/42 Harry F. Pierce, Jr., D. D. S.-Appointed 10/15/41

Began service 3/1/42.
Began service 1/1/42.
Completed service 11/15/41 and promoted to Senior Intern.
Promoted to residency.
Leave of absence.
Resigned.
On military leave.

INTERNE STAFF—Continued

SENIOR INTERNS

³Frank Joseph Bertucci, M. D. 3Frank Joseph Bertucci, M. D.
4William Tappan Brannon, M. D.
3Edgar Paul Breaux, Jr., M. D.
3Luther Putnam Crull, M. D.
3Richard John Dach, M. D.
1Glenn M. Dalbey, M. D.
2James Andrew Elkins, M. D.
2Ned Wilson Holland, M. D.
4Glen Iden Holmes, M. D.
1John A. Kirchner, M. D.
1Raymond Earl Lovett, M. D.
1Gilcin Finley Meadors, Jr., M. D. ⁴William Joseph Oldham, M. D. William Joseph Oldham, M. D.
Thomas Jenry Safley, Jr., M. 1
George M. Tulloch, M. D.
William E. Wellman, M. D.
William Benjamin Wiener, M.
Louis A. Wilensky, M. D.
(Began service 8/17/41)
Felix Jefferson Willey, M. D.
(Clyde A. Watkins, M. D.
(Began service 11/15/41)
Robert Cary Wood, M. D.
William Zink, M. D.

¹Resigned.

²On Military Leave.

³Promoted to Residency.
4Promoted to Admitting Physician. 5Leave of Absence—U.S.P.H.S.

CHARITY HOSPITAL VISITING STAFF July 1, 1941-June 30, 1942 Medicine and the Medical Specialties

GENERAL MEDICINE Consulting Physicians

L. J. Dubos, M. D.

A. E. Fossier, M. D. S. C. Jamison, M. D.

Senior Visiting Physicians

O. W. BETHEA, M. D.
M. CAMPAGNA, M. D.
J. C. COLE, M. D.
UPTON GILES, M. D.
B. R. HENINGER, M. D.
SAM HOBSON, M. D.
EDGAR HULL, M. D.
P. H. JONES, M. D.
J. L. LOCASCIO, M. D.

W. A. Love, M. D.

1M. W. MILLER, M. D.
L. A. MONTE, M. D.
J. H. MUSSER, M. D.
I. L. ROBBINS, M. D.
J. H. SMITH, JR., M. D.
N. F. THIBERGE, M. D.
C. J. TRIPOLI, M. D.
2R. H. TURNER, M. D.
CHER. JR. M. D.

J. O. WEILBAECHER, JR., M. D.

Visiting Physicians

J. J. ARCHINARD, M. D. R. H. BAYLEY, M. D. R. H. BAYLEY, M. D.
ROBERT BERNHARD, M. D.
E. A. BERTUCCI, M. D.
OSCAR BLITZ, M. D.
G. E. BURCH, M. D.
L. A. CABOCHE, M. D.
J. S. D'ANTONI, M. D.
K. L. DICKENS, M. D.
MANUEL, CARDREEG, M. D. MANUEL GARDBERG, M. D. W. H. GILLENTINE, M. D. G. A. GOLDSMITH, M. D. SYDNEY JACOBS, M. D. J. S. LADUE, M. D.

J. D. LANDRY, M. D. ²L. K. LEVY, M. D. J. A. LEWIS, M. D.
J. A. LEWIS, M. D.
D. V. LONGO, M. D.
R. C. LOWE, M. D.
E. DES. MATTHEWS, M. D. GEO. R. MENEELY, M. D. ²Louis Ochs, M. D. P. L. QUERENS, M. D.
H. H. RUSSELL, M. D.
L. C. SCOTT, M. D.
MORRIS SHUSHAN, M. D.
D. N. SILVERMAN, M. D. D. N. SILVERMAN, M. I. W. A. SODEMAN, M. D. J. L. WILSON, M. D.

Assistant Visiting Physicians

O. F. AGEE, M. D.
W. D. AKENHEAD, M. D.
D. C. BROWNE, M. D.
F. E. BRUNO, M. D. O. F. AGEE, M. D.

W. D. AKENHEAD, M. D.
D. C. BROWNE, M. D.
F. E. BRUNO, M. D.
STANLEY COHEN, M. D.
H. J. DUPUY, M. D.
F. A. EIGENBROD, M. D.
H. T. ENGELHARDT, M. D.
E. FARRELL, M. D.
M. J. FORET, M. D.
C. S. FRESH, M. D.
NATHAN GOLDSTEIN, M. D.
R. H. HEEREN, M. D.
J. E. HOLOUBEK, M. D.
TRAVIS WINSOR, M. D.
TRAVIS WINSOR, M. D.
TRAVIS WINSOR, M. D.

ALICE BAKER HOLOUBEK, M. D.

Resigned. Military Leave.

PREVENTIVE MEDICINE AND PUBLIC HEALTH

Senior Visiting Physician

G. W. McCoy, M. D.

Parasitologist

J. C. SWARTZWELDER, Ph. D.

DERMATOLOGY AND SYPHILOLOGY

Senior Visiting Physicians

RALPH HOPKINS, M. D.

J. K. HOWLES, M. D.

M. T. VAN STUDDIFORD, M. D.

Visiting Physicians C. B. KENNEDY, M. D.

Assistant Visiting Physicians

A. J. ITALIANO, M. D. G. M. LEIBY, M. D.

MANNIE MALLOWITZ, M. D. E. R. COCKERELL, M. D.

NEURO-PSYCHIATRY

Senior Visiting Physicians

W. J. Otis, M. D. G. F. ROELING, M. D. H. R. UNSWORTH, M. D. T. A. WATTERS, M. D.

L. A. GOLDEN, M. D. C. P. MAY, M. D. W. J. REIN, M. D.

Visiting Physicians

JOHN SKOGLAND, M. D. J. BERYL SUMERFIELD, M. O. WALKER THOMPSON, M. D.

ERWIN WEXBERG, M. D.

Assistant Visiting Physicians Z. M. SEIBEL, M. D.

T. L. L. SONIAT, M. D.

PEDIATRICS

Senior Visiting Physicians

C. J. BLOOM, M. D. MAUD LOEBER, M. D.

SUZANNE SCHAEFER, M. D. C. A. STEWART, M. D. ²R. A. STRONG, M. D.

Visiting Physicians

R. G. ALEMAN, M. D.
RENA CRAWFORD, M. D.
2W. J. CRAWFORD, M. D.
R. E. DE LA HOUSSAYE, M. D.
P. C. DE VERGES, M. D.
2MERRILL W. EVERHART, M. D. JULIAN GRAUBARTH, M. D. E. L. LEVERT, M. D. E. F. NAEF, M. D. W. C. RIVENBARK, M. D. H. B. ROTHSCHILD, M. D. J. E. STRANGE, M. D. G. R. WILLIAMSON, M. D.

²Military Leave.

PEDIATRICS-Continued Assistant Visiting Physicians

ALICE M. C. TISDALE, M. D. H. P. MARKS, JR., M. D. WALLACE SAKO, M. D.

Ing Physicians
J. D. Russ, M. D.

1R. P. Veith, M. D.
EMMA WHARTON, M. D.

M. D.

BERTHA WEXLER, M. D.

PHYSICAL THERAPY Senior Visiting Physician N. H. POLMER, M. D.

Surgery and the Surgical Specialties GENERAL SURGERY

Consulting Surgeons

J. M. BATCHELOR, M. D. MUIR BRADBURN, M. D.

W. P. Bradburn, Jr., M. D. HERMAN GESSNER, M. D. RUDOLPH MATAS, M. D.

Senior Visiting Surgeons

G. C. Anderson, M. D.
EMILE BLOCH, M. D.
2W. R. BREWSTER, M. D.
O. C. CASSEGRAIN, M. D.
F. L. CATO, M. D.
FRANK CHETTA, M. D.
C. G. COLE, M. D.
ISIDORE COHN, M. D.
R. J. CHRISTMAN, M. D. R. J. CHRISTMAN, M. D. J. A. DANNA, M. D. I. M. GAGE, M. D. F. C. HAVA, M. D. E. L. IRWIN, M. D. P. G. LACROIX, M. D. L. H. LANDRY, M. D.

E. L. LECKERT, M. D. HENRY LEIDENHEIMER, M. D. JOSEPH LEVY, M. D. URBAN MAES, M. D. C. W. MATTINGLEY, M. D. C. W. MATTINGLEY, M. D.
WALDEMAR METZ, M. D.
C. J. MIANGOLARRA, M. D.
J. T. NIX, M. D.
E. W. A. OCHSNER, M. D.
C. B. ODOM, M. D.
R. A. PHILLIPS M. D. P. A. PHILLIPS, M. D. F. A. PHILLIPS, M. D. F. A. PLANCHE, M. D. E. J. RICHARD, M. D. J. D. RIVES, M. D. 2A. H. STORCK, M. D.

1R. W. WRIGHT, M. D.

Visiting Surgeons

P. A. BOUDREAUX, M. D. J. E. BRIERRE, M. D.
C. J. BROWN, M. D.
R. L. BUCK, M. D.
L. S. CHARBONNET, JR., M. D.
J. A. COLCOUGH, M. D. H. A. DAVIS, M. D. M. A. DAVIS, M. D.
M. E. DEBAKEY, M. D.
D. H. ECHOLS, M. D.
C. F. GELBKE, M. D.
L. J. HANCKES, M. D.
2W. H. HEBERT, M. D.

1D. HYMAN, M. D.
H. C. ILGENFRITZ, M. D.
H. R. KAHLE, M. D.
I. W. KAPLAN, M. D.
SAMUEL KARLIN, M. D. SAMUEL KARLIN, M. D.

1C. H. LONG, M. D.

1J. L. KEELEY, M. D.
A. B. LONGACRE, M. D.
F. L. LORIA, M. D.
H. R. MAHORNER, M. D.
W. D. NORMAN, M. D.
J. F. OAKLEY, M. D.
GUY L. ODOM, M. D.

1Resigned. ²Military Leave.

GENERAL SURGERY-Continued

Visiting Surgeons-Continued

NEAL OWENS, M. D. R. M. PENICK, JR., M. D. A. M. POWE, M. D. ALBERTO PRIETO, M. D. S. A. ROMANO, M. D. S. B. SAIEWITZ, M. D.

J. F. SICOMO, M. D.

1J. K. STONE, M. D.
L. H. STRUG, M. D.
C. J. TARDO, M. D.
W. C. TROESCHER, M. D.
R. W. VINCENT, M. D. 2C. N. WAHL, M. D.

Assistant Visiting Surgeons

G. E. P. BARNES, M. D. T. T. BATSON, M. D. J. M. BROCATO, M. D. J. M. CIARAVELLA, M. D. L. C. DELERY, M. D. VINCENTE D'IANGIANNI, M. D. H. B. FARIS, M. D. W. K. GAUTHIER, M. D. ²E. J. Giles, M. D.

¹T. T. HERRING, M. D. F. M. HINDELANG, M. D. BERNARD HOCHFELDER, M. D. ¹AMIOT JOLICOEUR, M. D. M. L. MICHEL, M. D. REYNOLD PATZER, M. D. W. H. ROELING, M. D. M. C. SMITH, M. D. O. D. THOMAS, M. D. J. A. VELLA, M. D.

ANESTHESIA

Senior Visiting Anesthetist

WILMER BAKER, M. D.

A. M. CAINE, M. D.

M. C. BECK, M. D.

Visiting Anesthetists L. L. DISMUKE, M. D. G. B. GRANT, M. D.

OBSTETRICS AND GYNECOLOGY Consulting Surgeons

J. S. HEBERT, M. D. H. W. KOSTMAYER, M. D.

W. D. PHILLIPS, M. D. P. T. TALBOT, M. D.

Senior Visiting Surgeons

D. ADIGER, M. D. H. B. Alsobrook, M. D. P. J. CARTER, M. D. J. F. DICKS, M. D. A. H. GLADDEN, M. D. F. R. GOMILA, SR., M. D. F. R. GOMILA, SKI, SA. D. M. L. STA. PETER GRAFFAGNINO, M. D. E. H. WALET, M. D.

ADOLPH JACOBS, M. D. E. L. KING, M. D. W. E. LEVY, M. D. H. E. MILLER, M. D. T. B. SELLERS, M. D. H. V. SIMS, M. D. M. L. STADIEM, M. D.

Resigned. ²Military Leave.

OBSTETRICS AND GYNECOLOGY-Continued

Visiting Surgeons

R. E. ARNELL, M. D.
W. D. BEACHAM, M. D.
C. F. BELLONE, M. D.
H. G. BUTKER, M. D.
W. H. BYRNE, M. D.
C. P. CABIBI, M. D.
ARTHUR CAIRE, JR., M. D.
H. L. COHEN, M. D.
C. G. COLLINS, M. D.
E. H. COUNTISS, M. D.
G. H. CRONAN, M. D.
P. L. DANNA, M. D.
2G. D. FELDNER, M. D.
2J. S. GEORGE, M. D.
2ABE GOLDEN, M. D.
F. R. GOMILA, JR., M. D.
W. F. GUERRIERO, M. D.
W. F. GUERRIERO, M. D.
J. S. HERRING, M. D.

3Alfred Jacoby, M. D.
C. G. Johnson, M. D.
2M. E. Lapham, M. D.
J. E. Lindner, M. D.
L. B. Leggio, M. D.
H. C. Magee, M. D.
G. A. Mayer, M. D.
Harry Meyer, M. D.
R. E. Moor, M. D.
J. W. Reddoch, M. D.
2R. E. Rougelot, M. D.
2R. E. Rougelot, M. D.
E. C. Smith, M. D.
1R. T. Stephenson, M. D.
N. J. Tessitore, M. D.
E. P. Thomas, M. D.
C. H. Tyrone, M. D.
F. K. Vaughan, M. D.
2J. S. Webb, Jr., M. D.
2J. C. Weed, M. D.
DER, M. D.

E. L. ZANDER, M. D. Assistant Visiting Surgeons

E. H. CLAVERIE, M. D. F. F. GAMBINO, M. D. M. M. HATTAWAY, M. D. R. F. PHILLIPS, M. D. J. C. RAGAN, M. D.

²M. P. Schwartzenbach, M. D. M. D. Steiner, M. D. G. F. Sustendal, M. D. W. V. Treadwell, M. D. B. B. Weinstein, M. D.

OPHTHALMOLOGY

Consulting Surgeons

W. R. BUFFINGTON, M. D.

V. C. SMITH, M. D.

Senior Visiting Surgeons

C. A. BAHN, M. D. H. N. BLUM, M. D. H. F. Brewster, M. D. W. B. Clark, M. D. T. J. Dimitry, M. D.

Visiting Surgeons

F. T. BEATROUS, M. D. SAM BERGMAN, M. D. W. M. BOLES, M. D.

G. M. HAIK, M. D.

P. L. MARKS, M. D.
M. C. WILENSKY, M. D.

Assistant Visiting Surgeons

W. C. BEIL, M. D.

²P. W. RENKEN, M. D.

Resigned
Military Leave.
Deceased.

OTO-RHINO-LARYNGOLOGY Senior Visiting Surgeons

C. L. Brown, M. D. C. L. Cox, M. D. R. H. Fisher, M. D. V. H. Fuchs, M. D. F. E. Lejeune, M. D. S. B. McNair, M. D. M. F. Meyer, M. D. J. Roeling Hanley, M. D. G. J. Taquino, M. D. E. G. Walls, M. D.

J. B. GOOCH, M. D. J. P. PALERMO, M. D. Visiting Surgeons

D. A. PALMISANO, M. D.
²R. M. STREET, M. D.
H. A. THOMAS, M. D.

2J. F. GAVIN, M. D.

Assistant Visiting Surgeons

S. R. GAINES, M. D.

ORTHOPEDICS

Senior Visiting Surgeons

G. C. BATTALORA, M. D.

E. D. FENNER, M. D. H. T. SIMON, M. D.

Visiting Surgeons

R. H. Alldredge, M. D. Frank Brostrom, M. D. Irvin Cahen, M. D.

G. A. CALDWELL, M. D.

2F. J. COX, M. D.
E. H. MAURER, M. D.
H. D. MORRIS, M. D.

Assistant Visiting Surgeons D. M. KINGSLEY, M. D.

UROLOGY Consulting Surgeon W. A. REED, M. D.

Senior Visiting Surgeons

J. G. PRATT, M. D. MONROE WOLF, M. D.

P. J. KAHLE, M. D. H. J. LINDNER, M. D.

H. T. BEACHAM, M. D. EDGAR BURNS, M. D.

²I. J. GLASSBERG, M. D.

M. M. GREEN, M. D. W. E. KITTREDGE, JR., M. D. ²T. E. MCMILLAN, M. D. Visiting Surgeons

R. J. MAILHES, M. D.

2J. G. MENVILLE, M. D.
HILAIRE D. OGDEN, M. D.
R. F. SHARP, M. D.
G. C. TOMSKY, M. D.
E. B. VICKERY, M. D.

Assistant Visiting Surgeons M. E. FATTER, M. D.

²Military Leave.

PATHOLOGY

C. W. DUVAL, M. D.

Consulting Pathologists A. V. Fredrichs. M. D.

W. H. HARRIS, SR., M. D.

H. J. SCHATTENBERG, M. D.

Senior Visiting Pathologist J. R. SCHENKEN, M. D.

Visiting Pathologists

E. L. BURNS, M. D. A. E. CASEY, M. D. BELA HALPERT, M. D. H. P. NEWBILL, M. D. BJARNE PEARSON, M. D. JOSEPH STASNEY, M. D.

JOSEPH ZISKIND, M. D.

W. C. BACHER, M. D. W. H. HARRIS, JR., M. D.

Assistant Visiting Pathologists W. M. McCord, M. D. ERNEST STARK, M. D.

> Visiting Bacteriologist K. L. BURDON, Ph. D.

SCIENTISTS

28. W. BLISS, Ph. D.

H. A. SENEJIE, M. D.

DENTAL SURGERY

Consulting Dental Surgeon C. P. KELLEHER, D. D. S.

Visiting Dental Surgeons

L. L. LEVY, D. D. S.

Senior Visiting Dental Surgeons S. L. TIBLIER, D. D. S.

S. C. ALEMAN, D. D. S.

G. O. ROSADO, D. D. S. P. B. SALATICH, D. D. S. A. D. SMITH, D. D. S.

F. B. DUCASSE, D. D. S. W. M. NICAUD, D. D. S.

C. F. BARTELS, D. D. S. P. J. BOOTH, D. D. S. M. E. BRIERRE, D. D. S. W. J. DARDIS, D. D. S. STELLA DEBOUCHEL, D. D. S. PETER B. DREZ, D. D. S. WILLIAM EPSTEIN, D. D. S. H. S. EDRINGTON, D. D. S. SHELBY J. FAGET, D. D. S. H. E. FODIMAN, D. D. S. C. C. FOTI, D. D. S. R. R. FRANSEN, D. D. S. BERTNEY G. FRICK, D. D. S. W. O. GOGGIN, D. D. S. R. P. GREENBLATT, D. D. S. C. R. HEALEY, D. D. S. O. G. KRIEGER, D. D. S.

Assistant Visiting Dental Surgeons M. H. LAUFER, D. D. S. W. A. LAZARUS, D. D. S. A. N. LEVATA, D. D. S. ²J. G. MALLORY, D. D. S. J. E. MATHES, D. D. S. R. C. NEEB, D. D. S. D. L. PETERSEN, D. D. S. H. W. PETERSON, D. D. S. J. L. PIAZZA, D. D. S. ETHEL PRIMA, D. D. S. V. A. A. ROBINSON, D. D. S. WILBERT SCHEFFLER, D. D. S. J. P. SCHIRO, D. D. S.

2H. F. SMITH, D. D. S.
E. B. WILLIAMS, D. D. S.

2F. J. WOLFE, JR., D. D. S. ²H. S. ZIMMERMAN, D. D. S.

Resigned. Military Leave.

BIENNIAL REPORT OF THE VICE-PRESIDENT Period July 1st, 1941 to June 30th, 1942

His Excellency, Sam H. Jones, Governor of the State of Louisiana and Ex-Officio President of the Board of Administrators of the Charity Hospital of Louisiana at New Orleans, Louisiana.

The Board of Administrators of the Charity Hospital of Louisiana at New Orleans, Louisiana, herewith submits a report of its activities for the period July 1st, 1941 to June 30th, 1942.

A short time after your Excellency was inaugurated, you appointed as members of the Board of Administrators of the Charity Hospital of Louisiana at New Orleans, La.:

Douglass V. Freret, Malcolm L. Monroe, Louis G. Riecke, Walker Saussy, Fred S. Weis

Charles J. Rivet and Dr. William D. Phillips, who had previously served on the Board, continued as members.

At the first meeting of the new Board of Administrators as thus reconstituted, Douglass Freret was elected Vice-President and presiding officer.

Dr. Roy W. Wright, who was Director at the incipiency of the period of this report, resigned as Director of the Hospital on December 17, 1940 and Dr. J. O. Weilbacher and Dr. Charles B. Odom were elected by the Board to act jointly as Acting Directors of the Hospital. Dr. O. P. Dally was appointed Director on March 1, 1941 and Drs. Weilbacher and Odom continued to serve as Acting Directors until June 30th, 1941. On the date Drs. O. V. Prejean, P. J. Thomas and L. J. O'Neil were chosen as Assistant Clinical Directors. Dr. Prejean resigned on the 30th day of June, 1942.

I.

Shortly after the new Board assumed their responsibilities, the Department of Radiology was reorganized and Dr. Leon J. Menville was elected part time Director of this Department.

Similarly the Department of Pathology was reorganized and DEEmma S. Moss was chosen Director of this Department.

And, furthermore the Department of Anesthesia was reorganized and Dr. John Adriani was elected Director of this Department.

A Health Unit to take care of subsidiary employees of the Hospital was established by the Board. This filled a long felt want.

By request of Governor Jones on Aug. 11, 1940, thirty doctors were sent from this institution to the southwestern part of the State for relief work during the flood.

A few months after the appointment of these new members to the Board, the Board received Executive Order No. 8(d) of 1940, date February 28, 1941, which placed in full effect the transfer of the management of certain state agencies—including Charity Hospital of Louis

iana at New Orleans, to the Department of Institutions. Appointments of medical staff and management of trust funds and legacies were, according to this order, left as a function of the Board of Administrators, but the power of the Board in substantially all other matters was to be merely of an advisory nature.

II.

The system of paying a large number of employees in cash, which had previously prevailed, was abolished, and in lieu thereof all payments were thereafter made by check signed by the Treasurer. An accounting division separate from the Treasurer's office was established and the duties pertaining thereto were defined. A uniform system of hospital accounting was installed, and a further system for a perpetual inventory was established. Under this system of records of financial proceedings entirely different figures were available from those in previous years. A complete audit by the Supervisor of Public Accounts covering the Hospital's receipts and disbursements from July 1st, 1940 to June 30th, 1942, including a detailed examination of all Special Funds derived from sources other than appropriations by the State from the inception of each Fund has been completed and copies thereof have been sent to your Excellency and to the Department of Institutions.

The salaries of low bracket employees throughout the Institution have been carefully scrutinized by the Board and equalization and standardization of all such compensation has been established at a higher rate with a minimum of a fair living wage.

On the 1st day of July, 1940 the salaries of senior internes were raised from \$10 to \$15 per month.

The placing of all insurance on properties of Charity Hospital of Louisiana at New Orleans (except Trust Fund Buildings) was taken over by the Department of Finance, Insurance Section, at Baton Rouge, Louisiana.

During the period July 1st, 1940 through June 30th, 1942, the sum of \$305,754.26 was transferred from the Bond Liquidation Account to the General Operating Funds, and \$10,210.73 was expended out of the Construction Fund (La. 4529-D.P.W.A.) for instruments and renovations. From the income of Trust Funds under the control of the Board of Administrators a total of \$91,986.68 was expended for new equipment, renovations, etc.

The Applegate Legacy—\$10,000.00—designated to the Tuberculosis Hospital at Charity Hospital of Louisiana at New Orleans was set aside by the Board to purchase X-Ray Equipment for the Colored Tuberculosis Division, but owing to war conditions the purchase of this equipment was postponed. Meantime the fund was invested temporarily in United States 2½% Bonds.

A lease to A. P. Schiro for the building Nos. 1016-1022 Canal Street (McBurney Property) on the basis of \$20,000.00 rent per annum from October 1st, 1942 for a period of twenty years was executed as a result of adjustment of a prior lease for \$16,000 per annum.

III.

Considerable progress has been made by the Board of Administrators with reference to what might be termed medical matters pertaining to the Hospital.

The policy regarding persons who are injured and brought to the hospital in cases where their expenses are covered by compensation insurance has been considerably revised. Only emergency cases in the future are to be admitted to the hospital, and in such cases, as soon as

the condition of the patients permit, they are transferred to private hospitals. All insurance companies writing compensation insurance in the State of Louisiana have been notified of this change in policy and have been informed that it is the desire of the Board of Administrators that all such cases be referred to private hospitals, wherever possible.

A change has been made, however, in the services rendered by Charity Hospital ambulances; it being well understood that Charit Hospital ambulances may be used to transmit all such patients as the above described to private hospitals when so requested.

The unit record system—i.e., a system whereby all clinical and ward records pertaining to any individual patient should be unitized—habeen inaugurated in the medical records library. It is contemplated that this system will save a great deal of time and confusion in the treatment of any patient who may return to the clinic or the ward after having received treatment at some previous occasion.

New employees must now pass a physical examination in the Health Unit of Charity Hospital before being employed.

A general discussion has occurred on several occasions looking to the establishment of a clinic for the examination of eye, ear, nose and throat conditions of tubercular patients; it being felt that such a clinic should be independent of the ordinary clinic having the care of these ailments.

Two Buick ambulances fully equipped according to the best modern standards were purchased during the latter part of the period above mentioned.

The John Dibert Tuberculosis Hospital was completely renovated including the interior painting of the building, installation of plumbing and heating facilities, construction of a new roof and installation of elevators; at a total cost of \$47,518.30. These funds came from a special legacy of \$50,000 provided for this work by the Will of Mrs. Ever Christine Butterworth Dibert.

IV.

The incidents of war have necessarily brought about many change of policy and detailed management with respect to the administration of the hospital.

Emergency staff and units consisting of doctors, nurses and auxiliary workers have been organized for the use in event of any wartime emergency, pursuant to the request of the Federal Government. Black-out paper has been installed in all necessary parts of the buildings; sand bags, sand pails and shovels and other equipment required for the extinguishment of incendiary bombs have been distributed through the buildings and grounds and many other measures have been taken to protect the premises and patients from air raids.

Demonstrations have been arranged on the grounds of the hospital to familiarize employees with the manner of extinguishing incendiary bombs and certain members of the staff have been especially trained to combat any such emergency. The staff has shown their efficiency in two trial black-outs.

Efforts have been made to have the gas tanks of the New Orleans Public Service, Inc. removed from the rear of Charity Hospital. The New Orleans Public Service has agreed to have the tank nearest to the hospital kept empty for the duration of the war, and has agreed that they would make arrangements whereby the other tank, which is completely water sealed, could be emptied in sixteen minutes if any emergency arises. They further agreed that if a situation develops in any area.

within one thousand miles of New Orleans where there might be danger of an air raid, they would empty this tank and keep it emptied for the duration.

There has been established in Charity Hospital a Clinical and Laboratory Unit of ten beds to be set aside therein for the care and study of badly contaminated accidental wounds and burns simulating as nearly as possible war casualties. This Unit has entailed no expense whatsoever for the establishment or operation. The Clinic was proposed by Dr. Alton Ochsner, Professor of Surgery of the School of Medicine of Tulane University of Louisiana pursuant to suggestions of the Surgeons General of the Army, Navy and Public Health Service of the United States.

Plans were discussed by the Board of Administrators on several occasions for the establishment of a blood serum bank under the control of the Board of Administrators and the Director of the Charity Hospital; to be operated under the supervision of the Medical Department of Louisiana State University with Dr. Urban Maes, Professor of Surgery, in charge. This unit had not been established at the end of the period above mentioned, but indications were that during the early part of the next biennium these plans would be brought to a successful conclusion.

Frequent discussions were had during the above mentioned period relating to the possible use by the Federal Government of the vacant buildings on the grounds of the hospital, especially with respect to the Delgado and Miliken and Lapeyre-Miltenberger Buildings, for the use of increased hospital facilities in this area.

V.

It was voted that in the future name plates are to be placed on all new equipment purchased from legacy funds; such name plates to indicate sources of the funds by which such equipment was purchased and to be phrased in such terms as would indicate that such equipment is a memorial.

Because of the closing sometime ago of the Delgado Hospital Building, in which a space had been provided for a Protestant Chapel, it was decided by the present Board, to equip a separate room in the new main building wherein the Protestant Churches could conduct religious services, to be known as the Delgado Chapel. This new Delgado Chapel was completed at a cost of \$6,937 (provided out of the income from Trust Funds) and publicly opened and dedicated on September 14th, 1941. Mr. Douglass Freret, Vice President, and Mr. Fred W. Matthews, Secretary-Treasurer, represented the Board of Administrators at the dedication.

Conferences with the Board of Supervisors of the Louisiana State University A. & M. College, at Baton Rouge, have been held on one or two occasions with reference to transferring title to the ground now occupied by the medical school of that Institution, and also to the ground between the medical school building and Tulane Avenue. This transfer is requested in order to permit the medical school to extend its building in the direction of Tulane Avenue and enable the school to have a landscaped garden installed on this ground. The Board of Administrators feels that the great obstacle to this program, however, is the fact that the Delgado and Miliken Buildings would have to be demolished to carry out such a plan, and opposition has been voiced by the Special Trustee of these two buildings.

On June 1st, the Board of Administrators (at their own expense) presented Dr. Erasmus Darwin Fenner, at his residence, a Silver Loving Cup inscribed "In recognition of fifty years of continuous, conscientious and efficient service to the Charity Hospital 1892-1942".

VI.

During the latter part of the above biennial a serious emergence arose with reference to the financing of the Hospital, and it was announced by the Governor that the Hospital would have to be closed of July 1st, 1942. Thereupon a very careful examination was made of the then existing policy with reference to the administration of the Hospital and treatment and discharge of patients, and the following rules of procedure were thereupon adopted, to-wit:

RULES

- "1. Admissions are until further action limited to acute illnesses and absolute emergencies. Orders are to be issued to effect the immediate discharge of all patients where such action would not jeopardize their health or lives.
- 2. The 6th, 7th and 11th floors of the Main Hospital Building are to be closed in order to concentrate patients in smaller areas and thus conserve staffing.
 - 3. All Out-Patient Clinics are to be closed on July 1st."

The adoption of these rules had the effect of a marked reduction of personnel. However, the most competent seventy-five per cent of the staff were retained.

All tubercular patients whose physical condition permitted were discharged and the policy was adopted of gradual discharge of acutely ill tubercular patients, as their condition permitted.

Gradually patients were concentrated in wards in order to close additional floors.

On July 15th, 1942, funds having been provided therefor, the Clinic were reopened to care for approximately twenty-five per cent. of their former volume of patients.

Thereafter all clinic cases were admitted on a strict appointment basis and were limited to patients where Clinic care was mandatory in lieu of hospitalization.

The Committee in charge emphasized the fact that the hospital had not been overstaffed, and that the quoted ratio of personnel to patients had not taken into consideration the following significant facts:

The personnel of the institution, prior to July 1st, 1942, numbering approximately 2,600 was caring not only for the 2,000 in-patients, but also for the 2,000 outpatients who applied daily to the Clinics. In addition to these patients, an average of about 550 patients were examined and treated daily in the Admitting and Accident Rooms, 60% of whom were not admitted to the hospital wards. It is evident, therefore, that we over 4,000 patients were handled daily by this staff of 2,600. With the exception of the Clinic personnel, a large proportion of the staff serviced patients over three shifts.

The Committee also pointed out that in addition to the actual car of patients, the hospital was charged with the duty of providing teaching facilities and instruction for students for two medical schools, a School of Nursing, a School of Social Work and Dental and Pharmacy Schools All of these are of tremendous importance today in the national war program.

Furthermore the Committee pointed out that the hospital must also operate certain special diagnostic and therapeutic facilities which are maintained not only for the purpose of servicing patients from this instruction but also for patients of other State-owned Hospitals.

Finally the Committee showed that comparing the Charity Hospital of Louisiana at New Orleans with other institutions in the State, it must

be remembered that the ratio of staff to patients is further affected by the fact that Charity Hospital of Louisiana at New Orleans operates its own laundry, which maintains a staff of 122 members and that this staff is included in the total personnel-to-patient ratio. This is not true of the other State-owned General Hospitals, having their laundry done by contract.

Fortunately the emergency, which was the cause of very great anxiety to the Board, the Public of the City of New Orleans and to the State at large was met by the passage, at a special session of the Legislature, of a State-wide 1¢ sales tax to provide funds for the operation of the Charity Hospital of Louisiana at New Orleans and with these funds in sight and with a somewhat curtailed service in clinics and in the wards, as outlined above, the Hospital was able to continue its valuable services to the City of New Orleans and to the State.

The Board of Administrators tenders its gratitude and appreciation for the splendid support and cooperation to the Director, the Sisters of Charity, the Department Heads and all employees. We are also most appreciative of the valuable services rendered by the Ladies of the Charity Hospital Guild, the Red Cross, the Nurses' Aides, and others who so generously donated their time and contributions for the benefit of the patients in this institution.

Respectfully,

F. S. WEIS, Chairman, Finance Committee, Acting on behalf of Mr. Douglass V. Freret, Vice-President, Absent, in the Armed Forces of the United States.

CHARITY HOSPITAL OF LOUISIANA AT NEW ORLEANS

July 1, 1942.

His Excellency Governor of the State of Louisiana,

Honorable Claude Harrison, Director Department of Institutions

Board of Administrators Charity Hospital of Louisiana

Gentlemen:

Since March 1, 1941, it has been my pleasure to serve as Director of this great charitable institution and I wish, first of all, to express my sincere appreciation to the Governor of the State, to the Director of the Department of Institutions, and to each and every member of the Bost of Administrators, for their cooperation and assistance to me.

Also my appreciation to the Visiting Staff, to the members of the Resident and Intern Corps, to the Sisters, and to the employees of this Hospital for their loyalty and cooperation at all times.

Prior to my taking up the duties of my office, I find in the records many activities of the Board worthy of mention, notably, the following appointments:

DR. LEON J. MENVILLE, Part-time Director of the Department of Radiology.

DR. EMMA S. MOSS, Director of the Department of Pathology.

DR. JOHN ADRIANI, Director, Department of Anesthesia.

These departments are now in excellent condition under the ver competent supervision of the above mentioned individuals.

Doctors J. O. Weilbaecher and Charles B. Odom, Acting Director the fiscal year, June 30, 1941. Their services can not be fully measure in the mere expression of gratitude, and I shall always look back with much pleasure to the association with them.

The salaries of the Senior Interns were raised from \$10.00 to \$15.00 per month.

Thirty doctors were sent from this Institution to the southwester portion of Louisiana for relief during a flood. This was by request difference Jones.

The White Out-Patient Clinics of the new Hospital building were opened September 3, 1940.

A Health Unit was established for subsidiary workers employed by the Charity Hospital.

On March 1, 1941, I was appointed Director of the Charity Hospital of Louisiana at New Orleans.

On July 1, 1941, the resignations of Doctors J. O. Weilbaecher and Charles B. Odom were accepted.

On July 1, 1941, the appointments of Doctors O. V. Prejean, P. J. Thomas and L. J. O'Neil, as Assistant Clinical Directors, were made.

During the past year a Protestant Memorial Chapel has been built and equipped at a cost of \$6,937.00, which was paid for out of endowment funds.

The Dibert Memorial Hospital for tuberculosis patients has been renovated, including painting, installation of plumbing, heating facilities, etc., at a cost of over \$30,000.00. This was paid for out of endowment funds under control of the Board of Administrators of this Hospital.

The building known as the Old Interns' Building has been renovated and equipped for use as a residence for graduate nurses working in the Charity Hospital.

New surgical instruments amounting to over \$11,000.00 have been purchased and paid for out of funds under control of the Board.

Modern cubicles have been installed in the Children's Division of the Hospital, at a cost of approximately \$11,000.00.

A Dietetic Laboratory for use in the training program of nurses and dieticians has been installed.

A new ventilating system has been installed in the nurses' and employees' dining rooms. Soap dispensers and towel racks installed in New Main Building.

The building known as the Old Ambulance House has been renovated for use as a home for the female doctors attached to this Hospital.

The above items were paid for from funds under control of the Board Administrators of this Hospital.

Sweeping changes in the business control of the Hospital have been made and a system of accounting and statistical control for the proper administration of the Hospital has been installed.

The separation of the duties of the Secretary-Treasurer of the Hospital and the Chief Accountant of the Hospital was deemed advisable and has been put into effect.

The books of the Hospital were converted from single entry to double entry bookkeeping to conform with the State Department of Finance standard practices and instructions as to the proper classification of expenditures and Hospital accounting and statistics, approved by the American Hospital Association.

Physical inventories of all hospital property were taken, evaluated, and set up on the books. Perpetual inventories of materials and supplies and proper control records are now being kept, maintaining definite accounting control of all properties of the Institution.

Monthly financial and statistical statements are now prepared giving true and complete picture of the finances and operating costs of the Institution.

Department heads are furnished with a monthly budget and are required to live within this budget.

Payment to employees of the Institution by cash has been discontinued. Salaries are now paid by check and payment thereof has been blaced under rigid control. Photostatic copies of the payroll are sent to the Department of Institutions at the end of each month.

The warehouse has been systematized, properly equipped, and is now ceprating under a controlled inventory system.

The Purchasing Department has been reorganized and made the spurchasing agent for the entire hospital. All purchases over \$500.00 and advertised and bids called for which are opened in public and order given to the lowest bdider.

This Hospital is cooperating with the Angola Penitentiary by buying produce which the penitentiary is in a position to supply and which the Hospital can use.

A Multigraph Department with proper equipment has been set in the Hospital and all stationery, forms, etc. are now printed in the Department. Hospital stationery and Hospital forms have been standarized and simplified. This has resulted in a great saving to the Institution.

A department having jurisdiction over all traffic problems and ployees who come in contact with the public has been established. Let tures and written instructions are given to this group of employees winclude such employees as telephone operators, elevator operators, water men, ambulance drivers, etc.

A Visitors' Pass system was devised and put into effect, eliminating promiscuous visiting outside of regular visiting hours.

A Personnel Department has been established under the supervisor of the Personnel Department of the Department of Institutions and under the guidance of the Civil Service Commission of the State of Louisian This Department acts as a clearing house for all employees. Adequate personnel records are maintained. Analysis of qualifications necessary for every position in this Institution has been made and the requirement established. These are kept in the Personnel Department. Likewise, the Establishment Lists showing number, type of positions and salaries have been set up.

Surveys covering practically every clinical department of the Hepital have been made, resulting in numerous administrative change throughout the Institution, eliminating duplication of effort and delay.

Time-check systems have been set up throughout the Hospital for the proper establishment of responsibility for any delay in servicing patients.

A clinic for the treatment of syphilitic obstetrical cases has been established with proper laboratory facilities.

In cooperation with Tulane and Louisiana State Universities, and the Maternal and Child Welfare Department of the City Board of Health an out-patient delivery service with pre-natal, post-partal and well-baby clinics has been established.

A reclaimed gauze unit has been established. In this unit, used gauss laundered, stretched, sterilized, and refolded. Approximately 500,000 dressings have been made and stored against a possible war emergence.

A salvage Department for the purpose of collecting paper, cardboarboxes, and egg crates, etc., has been set up, as a result of which a substantial revenue is being realized.

During the past year the quarters maintained by the Orleans And Tuberculosis League were lost through foreclosure of a mortgage. Charit Hospital voluntarily accepted their unfortunate charges for care within this Institution.

The main hospital and outer buildings of the Institution were kep in good repair.

In order that this Hospital may realize the benefits of the Correjolles bequest, plans and specifications have been drawn up covering an addition to the waiting rooms of the clinics. These will be submitted to the Courts for approval.

During the past year the Welfare Department of the State of Louisiana relinquished the certification of patients to this Institution, thus requiring the setting up in this Hospital of an Investigating Bureau. This has been done under the supervision of the Social Service Department of the Hospital.

On January 1, 1942, the Unit Record system was instituted in this Hospital. At the present time, there are over 60,000 completed unit record histories.

The nursing situation in this Institution has become very acute. The demands of the armed forces of our country are great because of the present emergency and this Hospital is losing nurses at a very rapid rate. In an endeavor to meet this emergency an intensive campaign of advertising over radio and newspapers was carried on previous to the acceptance of our regular class of under-graduates last fall. By this means, we were able to fill our requirements.

As a war measure the Federal Government issued a grant from the U. S. Public Health Service to this Hospital. This enabled the Hospital to admit an additional class of fifty-three nurses during January 1942.

A three months' refresher course for inactive registered nurses was begun in February 1942 through a Federal grant from the U. S. Public Health Service.

Under the auspices of the American Red Cross, and with the cooperation of the Federal Government, this Hospital is training Volunteer Nurses' Aides. On March 10, 1942, our first class, numbering twentynine, graduated. This work is being continued.

The question of maintaining the staff of physicians is one of great importance to this Hospital. Charity Hospital has not only a service function to perform, but also a teaching duty, as within the wards of this Hospital, nurses, doctors, and medical students are taught. The need of our armed forces for competent physicians is great and this Hospital points with pride to its record of having sent over 100 of our resident physicians into the armed services. This drain on our resident staff is, however, of serious import to this Institution, and we are facing a very serious and critical condition. We hope for some stabilization of this Problem through the cooperation of the Procurement and Assignment service and the setting up and maintaining of an essential staff within the Hospital.

The maintenance of personnel in other departments of the Hospital has, likewise, become a very serious question. Public institutions are unable to meet the competition of private industries or plants engaged in production of materials needed by the armed forces of our Government. This situation is rapidly becoming very serious. We are endeavoring to meet it by training our own personnel wherever possible in all specialized work pertaining to hospitals and by the substitution of female labor wherever possible.

This Hospital has cooperated with the Office of Civilian Defense by instituting proper blackout precautions, by setting up and training the various units necessary for protection of this Institution and its patients during any emergency, and by the organization of emergency medical squads to care for the casualties throughout the City in the event of a disaster.

The authorities of this Institution realize the mounting cost of everything which goes into the establishment and operation of the Hospital. Equipment of all kinds has increased in cost and is often impossible to obtain at any price. Materials and foods of all kinds have greatly increased in cost.

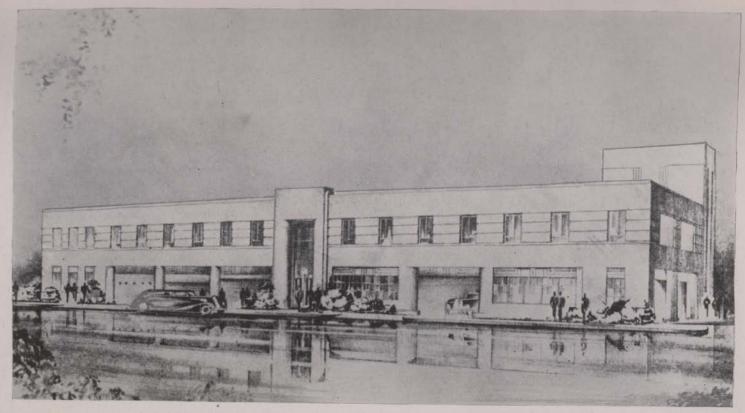
Living expenses have become higher, which means salary increase must be granted to our employees. The competition for skilled labor has become very keen. The loss of the trained personnel in this Hospital viewed with alarm by all connected with the Institution.

The condition which the Hospital faces because of these emergencies very serious. The difficulties of obtaining and maintaining personnel both professional and non-professional, are probably the questions of greatest importance at the present time.

Respectfully submitted,

O. P. DALY, M. D. Director

OPD:DB



Ambulance House, Automotive Repair Shop, Plant and Maintenance Offices-1939

3,055

DIRECTOR'S STATISTICAL REPORT

Year Closing June 30, 1942

DISTRIBUTION OF BEDS

White Female			-	-	_		 -		-	-	-	_	-			-	-	_	75
Colored Male			-	-	_		 -			4									50
Colored Female																			75
Children							60	-	100	-	-		77.7	-	-	-	-	-	21
Bassinettes	100	-	-	7.5	70	-	 70		-			-	-	-	×	10.	-	-	1000
Dussince Co.		70.0	-		-		 *		=	~ .	- 14	-	-	-	-	-	-	2	17

	White	Colored	Total
General Medicine	232	232	464
Pediatrics	152	62	214
reuro-Psychiatry	28	28	56
Dermatology	22	22	44
Contagious Diseases	71	71	142
1 uperculosis	335	160	495
General Surgery	222	220	442
Gynecology	117	117	234
Urology	77	78	155
Obstetrics	108	121	229
Dassinettes	72	102	174
Lye, Ear, Nose and Throat	67	47	114
Orthopedics and Fractures	119	100	219
Kadium	23	22	45
Dental Surgery	14	14	28
		11	
Total		alesta a la	

				1114 111-111
Other Services:	White	Colored	Total	
Doctors' and Nurses' Infirmaries Observation Rooms Basal Metabolic Wards	38 9 10	9 13	38 18 23	
Total				79
GRAND TOTAL				3,134

OUT-PATIENT RECORD

New Cases Old Cases Re-Visits Plus emergency cases treated in Accident Room	29,247 107,867 403,464 49,094
AVERAGE COST PER PATIENT VISIT	589,672

FINANCIAL AND STATISTICAL REPORT CHARITY HOSPITAL OF LOUISIANA

at

NEW ORLEANS

Year Closing June 30, 1942

By L. A. MILLET Chief Accountant

LOUISIANA AT NEW ORLEANS AS AT JUNE 30, 1942

LIABILITIES

General Fund Liabilities: Accounts Payable-Trade	52,583.58 88,614.91 1,318.31 516.00 707.55 470.00 4.60 2,644.93 9,319.34	
Purchase Commitments (Contra)	156,179,22 10,101.15	166,280.37
General Fund Deficit-June 30, 1942 Bond Liquidation Fund Surplus,	18,762.10*	
June 30, 1942	186,625.00	167,862.90
Fixed Liabilities: Bonds Payable-1936 Issue Bonds Payable-1938 Issue	4,150,000.00 4,500,000.00	
Less-Bonds paid 9/16/41Bonds Outstanding	8,650,000.00 91,000.00	8,559,000.00
Reserve For Endowment Funds		2,475,003.62
Reserve For Bond Liquidation	186,625.00	
Other Reserves: Building Fund Accounts Payable \$ 36,167.00 Building Equipment Fund 20,042.70	56,209.70	242,834.70
Plant Capital and Depreciation Reserve: Plant Capital Reserve for Depreciation— Bldgs. 1,466,504.33	7,355,601.11	212,001.10
Reserve for Depreciation— Equip.————————————————————————————————————	1,983,766.88	
Total Plant Capital		\$ 9,339,367.99

^{\$ 20,950,349.58}

STATEMENT OF INCOME AND EXPENDITURES June 30, 1942

State Appropriation Legislative Appropriation	Hospital Income	Warrants Drawn	Total 2,467,000.00 608,047.04	For Bonds and Interest \$ 800,000.00	Total \$ 3,267,000.00 608,047.04
Cash Receipts			3,075,047.04	800,000.00	3,875,047.04
Cash Balance June 30, 1941 \$ July, 1941 August, 1941 September, 1941 October, 1941 November, 1941 December, 1941 January, 1942 February, 1942 March, 1942 April, 1942 May, 1942 May, 1942	20,666.86 6,828.84 8,008.29 6,192.24 7,040.45 5,020.12 8,933.27 11,380.76 10,425.58 7,602.88 7,188.04 5,502.98	\$ 364,640.00 220,243.00 456,954.50 200,000.00 195,000.00 280,000.00 280,000.00 290,000.00 290,000.00	20,666.86 371,468.84 228,251.29 463,146.74 7,040.45 205,020.12 203,933.27 311,380.76 290,425.58 287,602.88 297,188.04 295,502.98	800,000.00	20,666.86 371,468.84 228,251.29 1,263,146.74 7,040.45 205,020.12 203,933.27 311,380.76 290,425.58 267,602.88 297,188.04 295,502.98
June, 1942 Deduct—Cash Discounts earned	4,350.61	128,792.24	133,142.85		133,142.85
to 5/31/42	109,140.92 10,404.28	2,985,629.74	3,094,770.66 10,404.28	800,000.00	3,894,770.66 10,404.28
Deduct-Income Transferred to La State Treasury, 6/30/42	98,736.64 9,319.34	2,985,629.74	3,084,366.38 9,319.34	800,000.00	3,884,366.38
Total Receipts-State Appropriation	89,417.30	2,985,629.74	3,075,047.04	800,000.00	9,319.34
Transferred from Bond Liq. Fund	100		195,387.50	195,387.50*	3,875,047.04
Cost of operation, July 1, 1941 to 6/30/42 Less-Cash discounts earned Total Operating Cost Add-Capital Expenditures, 7/1/41 to 6/30/42		3,383,254.89 11,159.97 3,372,094.92 10,037.88	3,270,434.54	604,612.50	3,875,047.04
**General Fund Operating Deficit 6/30/4		3,382,132.80	3,382,132.80	417,987.50	3,800,120.30
***Reserve for Bond Int. Payment 7/1/42	4-		111,698.26**	186,625.00**	

CHARITY HOSPITAL OF LOUISIANA AT NEW ORLEANS Comparative Statement of Monthly Costs of Operation Fiscal Year—July 1, 1941 to June 30, 1942

							Patient	t-Days	Cost per Patient	
	Salaries & Wages	Food	Drugs & Surgical Supplies	Operating Supplies	Repairs & Maint. Supplies	Total	In- Patient Days	Out- Patient Visits	In- Patient Days	Out- Patient Visits
1941 uly	\$ 170,543.53	\$43,583.93	\$25,630.84	\$28,785.08	\$ 4,925.97	\$ 273,469.35	75,194	77,395	\$ 3.15	3 .46
August	168,844.34	39,818.67	24,936.31	31,459.00	4,340.49	269,398.81	71,123	65,439	3.28	.55
eptember	168,661.02	40,015.39	22,858,79	33,089.46	4,936.72	269,561.38	68,812	50,519	3.38	.72
October	171,218.01	42,764.99	30,596.39	30,570.07	7,449.31	282,598.77	68,302	55,196	3.57	.70
lovember	170,418.49	39,843.52	28,073.18	31,667.13	3,994.73	273,997.05	68,636	41,212	3.45	.60
ecember	190,838.50	41,428.51	18,208.62	31,228.93	2,304.98	284,009.54	62,996	41,529	3.90	.92
nuary	190,348.32	40.400,87	28,149.69	30,499.66	5,413.76	294,812.30	62,563	42,428	4.07	.95
ebruary	189,304.94	39,300.92	25,484.24	29,569.79	4,662.59	288,322.48	59,258	38,201	4.22	1.00
Iarch	187,754.58	42,869.52	31.043.91	31,022.32	4,987.45	298,668.78	66,953	45,056	3.87	.88
pril	185,621.44	40,817.30	23,177.93	29,832.47	4,437.53	283,886.67	65,065	44,083	3.77	.87
ſay	183,537.84	40,618.39	22,736.33	29,480.13	4,370.43	280,743.12	66,918	43,893	3.63	.86
une	181,772.76	40,627.50	25,875.37	30,335.40	5,175.61	283,786.64	60,920	44,321	4.04	.85
educt Cash Dis- counts Earned otal Operating	2,158,863.77	492,089.51	306,771.60	368,539.44	56,990.57	3,383,254.89 11,159.97	796,740	589,672	3.67	.77
Expenses	2,158,863.77	492,089.51	306,771.60	368,539.44	56,990.57	3,372,094.92	796,740	589,672	3.66	.77

SUMMARY—OPERATING EXPENSES June 30, 1942

	Total July	1, 1941 to Jun	e 30, 1942
EXPENSES	Salaries	Other	22-4-1
Administrative and General	\$ 187,999.03	Expenses \$ 50.533.14	Total
Housekeeping		-	\$ 238,532.17
Maintenance	119,097.92	33,567.19	152,665.11
Operation of Plant	114,112.82 72,236,39	53,301.14	167,413.96
Laundry	63,282,47	146,547.37	218,783.76
Linen and Sewing Rooms		12,675.04	75,957.51
Nurses Living Quarters	23,775.03 2,541.99	12,759.63	36,534.66
Graduate Nurses Home		4,577.83	7,119.82
Sisters Living Quarters	1,793.35	693.85	2,487.20
Other Personal Quarters	872.20	7,246.10	8,118.30
Dietary	151 750 70	187.47	187.47
Medical and Surgical Care	151,758.79	521,174.57	672,933.36
Nursing Service	97,800.36	4,363.94	102,164.30
Central Service	709,897.26	2,003.26	711,900.52
Nursing Education	43,849.21	57,168.14	101,017.35
Pharmacy	41,581.39	3,266.13	44,847.52
Medical Records	16,199.21	76,622.05	92,821.26
Social Service	56,870.17	2,166.62	59,036.79
Operating Rooms	64,071.63	2,883.62	66,955.25
Delivery Rooms	79,155.88	67,086.31	146,242.19
Anesthesia Cas Thorany	11,810.06	11,133.19	22,943.25
Anesthesia, Gas Therapy	30,380.03	34,092.24	64,472.27
X-Ray	54,586.36	57,787.90	112,374.26
Laboratories	70,600.77	11,598.26	82,190.03
Physical Therapy	19,409.35	1,541.93	20,951.28
Electrocardiograph	11,284.16	2,917.38	14,201.54
	100,123.10	28,668.14	128,791.24
Ambulance	11,020.00	5,318.56	16,338.56
Emergency Rooms		12,244.11	12,244.11
Cemetery	2,754.84	269.01	3,023.85
TOTAL OPERATING EXPENSES.	2,158,863.77	1,224,391.12	3,383,254.89

DEPARTMENT OF PATHOLOGY

September 17, 1942

To the Board of Administrators and Doctor O. P. Daly, Superintendent Charity Hospital of Louisiana at New Orleans, Louisiana.

Gentlemen:

I submit herewith report of the activities of the Department of Pathology of Charity Hospital of Louisiana at New Orleans for the fiscal year ending June 30, 1942.

Respectfully submitted,

EMMA S. MOSS, M. D., Director.

ESM:mc encl.

DIAGNOSTIC LABORATORIES

TESTS PERFORMED

Serology laboratory	174,230
Biochemistry laboratory	
Blood matching laboratory	49,171
Histopathology laboratory	77,103
Emergency laboratory (night)	
Bacteriology laboratory (including Contagious Unit)	
White Out-Patient Clinic Laboratory	
Colored Out-Patient Clinic Laboratory	
Central Tuberculosis unit	14,369
Hematology laboratory	
Parasitology Laboratory	
Venereal Diagnostic Laboratory	
Basal Metabolic Laboratory	3,452
Friedman laboratory	
	611,545

PASTEUR INSTITUTE

		animal brains examined for Rabies patients treated	168 229
Number	of	patients under observation (not treated)	-
Number	of	treatments administered	2.856

NECROPSY SERVICE

Total deaths	3,016	
Coroner's cases	878	
Coroner's cases autopsied	222	
Bodies delivered to Anatomy (Tulane, L. S. U. and Loyola) Bodies available for autopsy	116	2 244
Total autopsies		1,178 — 51

SCHOOL OF MEDICAL TECHNOLOGY

Number of students in training during the year	20
Number of students who completed training during the year-	7
Number of students who left before training was completed	10
Students in training	3



Hospital Power House, Warehouse and Animal House-1939

X-RAY DEPARTMENT, CHARITY HOSPITAL Annual Report Period Ending June 30, 1942

DR. LEON MENVILLE, Director and Radiologist
DR. MANUEL GARCIA, Associate Radiologist
DR. DOROTHY MATTINGLY, Assistant Radiologist
DR. HARRY FISHBEIN, Assistant Radiologist
DR. G. M. RILEY, Second Year Resident in Radiology
DR. J. HOPKINS, First Year Resident in Radiology
DR. MARJORIE FRANZ, Interne in Radiology

Total DIAGNOSTIC DIVISION	
Total number of films used	66,670
- admost of fluoroscopies	106,158
HOSPITAL CASES	2,002
WhiteColored	24,805
ACCIDENT ROOM AND CLINIC CASES	18,996
White	12,334
word cut	10,438
SIZE OF FILMS USED AS FOLLOWS	
14x17	38,779
	10,189 27,360
61/2 x 81/2	24,598
	2,224 2,795
FARTS EXAMINED AS FOLLOWS	2,100
ChestsAbdomen and pelvis	28,722
	3,537 1,487
	587
Upper extremities Lower extremities Gastro interties	7,625 8,364
	3,615
Spinal Column	4,906
Cranium and bones of the face.	2,948 3,514
PRITTING A NAME OF TAXABLE PARTY.	0,011
aperiical Therapy cases	2,282
Potet	12,061
	14,343 3,612
0601	18,527
Superficial Therapy new cases	22,139 499
cep Therapy new cases	604
	1,103
WhiteRADIUM DIVISION	007
olored	227 227
Otal	454

Respectfully submitted, Leon J. Menville, M.D., Director, Dept. of Radiology.

REPORT OF THE HEART STATION

Dr. O. P. Daly, Director, Charity Hospital, and Board of Administrators of the Charity Hospital New Orleans, Louisiana

Dear Sirs:

We wish to submit our annual report of activities of the Heart Station at Charity Hospital.

In the past year—July, 1941 through June, 1942,—12,259 electrocardiograms were taken and reported on patients in the Out-Patient and In-Patient Departments. This represents a 4% increase in the amount work in this category over the previous year.

In the other two divisions of work; that is, fluoroscopic examinations of the heart and great vessels, and heart sound recordings, there has been no great change in the volume of work done.

Additionally, this year's report includes sphygmomanometer recordings and sedimentation rate studies done on patients in the Hospital This new work does not represent a duplication of any service offerelsewhere in the Hospital. The sedimentation rate studies are done mainly on young patients with rheumatic heart disease; a disease which we feel has been under-estimated in this section of the country as a causal agent of heart disease.

During the past year there has been considerable increase in the interest shown by the Resident and Interne Staff in the work of the Heart Station, in that we feel more advantage is being taken of what is offered in the way of diagnostic help in cardio-vascular diseases.

We wish to thank the Director of the Hospital and the Board of Administrators for their excellent co-operation during the past year.

Respectfully submitted,

RICHARD ASHMAN Director.

Per D. S.

JAMES L. GOUAUX Assistant Director.

Per D. S.

JLG:DS

STATISTICAL REPORT HEART STATION July 1, 1941 Through December 31, 1941

Electrocardiograms:	July	August	September	October	November	December	Total
Ward Patients Clinic Patients Heart Station	736 434 13	709 396 17		703 421 18	735 331 10	690 343 5	4,252 2,310 78
Total	1,183	1,122	1,079	1,142	1,076	1,083	6,640
Sound Recordings with ECG'S	33	47	41	45	41	26	233
Fluoroscopic Examinations Recorded.	67	71	48	55	52	70	363
Sphygmomanometer Recordings	2*	8	24	7	12	11	64
Sedimentation Rates	47	50	44	27	24	32	224

^{*}Records were not kept until July 29, 1941.

January 1, 1942 through June 30, 1942

Electrocardiograms:	January	February	March	April	May	June	Total
Ward Patients	677 316 13	643 256 14	680 350 14	697 307 30	591 274 18	. 517 209 13	3,805 1,712 102
Total	1006	913	1044	1034	883	739	5,619
Sound Recordings with ECG'S	21	26	18	25	11	9	110
Fluoroscopic Examinations Recorded	33	57	91	83	55	6	325
Sphygmomanometer Recordings	13	22	11	11	10	10	77
Sedimentation Rates	58	37	53	67	39	57	311

HEART STATION REPORT

PHYSICAL THERAPY DEPARTMENT MONTHLY TREATMENT RECORD

July 1, 1941—June 30, 1942

1941	THE STATE OF	WHI	TE		COLORED			
	NEW PATIENTS	TOTAL	WARD	CLINIC	NEW PATIENTS	TOTAL	WARD	CLINI
July	108	1763	596	1167	85	850	337	513
August	93	1636	575	1061	52	783	292	
September	121	1584	512	1072	65	929	303	
October	93	1841	585	1256	70	1163	455	
November	88	1502	443	1059	57	830	283	
December	79	1386	411	975	64	901	280	62
1942	40.00		Et .				100	
January	83	1233	428	805	81	1405	510	89
February	80	1567	624	943	75	1037	310	72
March	99	2572	1022	1550	67	1253	410	84
April	89	1960	635	1325	87	1138	357	78
May	102	1821	679	1142	73	1112	324	78
June	63	1567	482	1085	61	964	279	68
TOTAL	1096	20432	6992	13440	837	12365	4140	822

	1940-1941	1941-1942
Total Treatments	67.896	61,722
Total Patients	32,429	32,797
Total New Patients	1.927	1,933
Number Working Days	306	305
Daily Average Treatments	221*	202
Daily Average Patients	106	107

^(*) Figure of 199 in error-

DEPARTMENT

PHYSICAL THERAPY DEPARTMENT

MONTHLY TREATMENT RECORDS

July 1, 1941-June 30, 1942

1941	Infra Red	Dia	Whirl Pool	Mass.	Ther. Ex.	Hub. Bath	U. V.	Low(*) Freq. Curr	Suc. Pres	FT	MF Tst	Total	RD Tst	Polio
July	1088	1106	280	1522	1012	59	261	326	8	21	22	5705	23	147
August	902	522	319	1053	1004	47	292	297	5	28	22	4501	15	130
September	1921	499	316	944	976	41	332	324	16	30	22	5421	24	128
October	1262	540	359	1149	1300	33	407	422	44	35	19	5570	13	138
November	1007	407	241	928	1016	15	275	280	49	22	11	4251	10	88
December	882	480	215	932	977	47	265	279	- 25	31	12	4145	7	107
1942				-			1	3 3		3	0.76			
lanuary	996	569	223	1142	1257	57	296	383	32	38	15	5008	19	134
February	933	435	233	1074	1342	42	385	402	37	25	0	4917	15	12
March	1598	756	372	1263	2041	25	411	434	59	36	13	7008	10	147
April	969	736	397	1121	1332	38	352	355	50	34	11	5395	12	108
May	894	907	405	1021	1184	101	260	347	40	36	5	5200	8	34
June	712	833	474	821	1094	47	236	344	11	18	11	4601	9	47
Total	13164	7790	3834	12980	14535	552	3772	4193	376	354	172	61722	165	1323

Includes Ionization-

Galvanic-Faradic-Sinusoidal-

There were: 1323 Visits by polio patients during period:
172 Muscle Function Tests during period165 Reaction of Degeneration tests during period (Included in Low Freq. Currents)

STATISTICS FOR THE OUT-PATIENT DEPARTMENT For Fiscal Year 1941-1942

Submitted by: SISTER IGNATIA, R.N., Date: July 15, 1948
Director, Out-Patient Department

The following statistical tables present a picture of the huge amount of work done in the hospital's Out-Patient Department:

TO	TAL	DATI	ENTS
10	PIL	PMI	EIAIS

	WHI	TE PATIEI	VTS	COLOI	RED PATI	ENTS	
SERVICES	New In	Old In		New In	Old In		Total Patients
the state of the later of the later of	O.P.D.	O.P.D.	Total	O.P.D.	O.P.D.	Total	White & Colored
Surgery	2,989	4,805	7,794	2,688	5,946	8.634	16,428
Vascular Disease	37	502	539	32	592	624	
Tumor	37	191	228	15	101	116	
Fractures	301	750	1,051	125	378	503	
Orthopedics	1,080	2,618	3,698	717	2,416	3,133	
Plaster Room	2	283	285	6	236	242	527
Obstetries	445	1.599	2,044	1,138	5.071	6,209	
Post-Partum	58	282	340	92	561	653	
Gynecology	812	2,596	3,408	1,589	3,894	5,483	
Male Urology	447	1,097	1,544	1,132	3,347	4,479	
Female Urology	106	551	657	136	672	808	1,465
Syphilis	38	2,656	2,694	180	16,797	16,977	19,671
Obs. Syphilis (Began 1/31/42)	0	0	0	0	0	0	0
Eve	597	2,383	2,980	766	2,766	3,532	6,512
Eye (Refractions)	32	580	612	23	583	606	1,218
Eae, Nose and Throat	1,110	3,367	4.477	1,107	3,176	4,283	8,760
Dentistry	477	2,545	3,022	684	3,240	3,924	6,946
Dentistry (House	108	734	842	89	656	745	1,587
Medicine	1.632	5,032	6,664	1,739	7,447	9,186	15,850
Metabolic	18	481	499	26	485	511	1,010
Arthritic (Discontinued 9/27/41)	0	23	23	0	33	33	56
Hypertension (Discontinued					90		
9/27/41)	0	12	12	0	18	18	30
Gastro-Intestinal (Discontinued				*	10		
9/27/41)	1	16	17	0	25	25	42
Cardiac	5	53	58	3	124	127	185
Neuro-Psychiatry	162	957	1.119	153	960	1,113	2,232
Pediatrics	864	1,405	2,269	1,219	2,326	3,545	5,814
Well Baby	567	173	740	2,019	366	2,385	3,125
Dermatology	510	2.046	2,556	430	2.950	3,380	5,936
Allergy	32	1,502	1.534	17	1,039	1.056	2,590
Tuberculosis	104	1.064	1,168	78	685	763	1.931
Clinic Cystoscopy	1	51	52	3	48	51	103
Pasteur Clinic (Began 11/3/41)	317	346	663	152	229	381	1,044
Totals	12,889	40,700	53.589	16,358	67,167	83,525	137,114

	W	HITE P.	ATIENTS		CO	LORED	PATIEN	TS	Total Visits
ORDINAMA	New In	Old In		Total	New In	Old In	(-)	Total	White &
SERVICES	O.P.D.	O.P.D.	Revisits	Visits	O.P.D.	O.P.D.	Revisits	Visits	Colored
Surgery Vascular Disease	2,989	4,805	11.622	19,416	2,688	5,946	13,648	22,282	41,698
Vascular Disease	37	502	2,576	3,115		592			
Tumor	37	191	437	665		101			1.143
Fractures	301	750	2,526	3,577	125	378		1,810	
Orthopedics	1,080	2,618	9,561	13,259	717	2,416		11,774	
Plaster Room	2	283	3,278	3,563	6	236	2,285		6.090
Obstetrics	445	1,599	5,687	7,731	1,138	5.071	17,567	23,776	
Post-partum	58	282	1,106	1,446	92	561	3,116		
Gynecology	812	2,596	6,704	10,112	1,589	3.894	9,698	15,181	25,293
Male Urology	447	1,097	4,102	5,646	1,132	3,347	8,896		
Female Urology	106	551	2,510	3,167	136	672	2,995		6,970
Syphilis	38	2,656	13,871	16,565	180	16,797	97,002	113,979	130,544
Obs. Syphilis (Began 1/31/42)	0	0	176	176	0	0	2,718		2,894
Eve	597	2,383	5,970	8,950	766	2,766	9,550	13,082	22,032
Eye (Refractions)	32	580	2,920	3,532	23	583	4.006	4,612	8,144
Ear, Nose and Throat	1,110	3,367	8,531	13.008	1,107	3,176	9,170	13,453	
Dentistry (House)	477	2,545	5,423	8.445	684	3,240	9,508	13,432	21,877
Dentistry (House)	108	734	1,996	2,838	89	656	2,284	3.029	5,867
Medicine.	1,632	5,032	18,753	25,417	1,739	7,447	23,431	32,617	58,034
Metabolic	18	481	2,247	2,746	26	485	2,512	3.023	5,769
Arthritic (Discontinued 9/27/41)	0	23	22	45	0	33	40	73	118
Hypertension (Discontinued	-					- 00	10		110
9/27/41)	0	12	13	25	0	18	25	43	68
Gastro-Intestinal (Discontinued)	- 1 - 1					10	20	20	00
9/27/41)	- 1	16	22	39	0	25	22	47	86
Cardiac	5	53	267	325	3	124	447	574	899
Neuro-Psychiatry	162	957	1,421	2,540	153	960	1.821	2,934	5,474
Pediatrics	864	1,405	5,397	7,666	1,219	2,326	8,863	12,408	20,074
Well Baby	567	173	1,571	2,311	2,019	366	4,351	6,736	9.047
Dermatology	510	2,046	6,155	8,711	430	2,950	6,736	10,116	18,827
Allergy	32	1,502	7,458	8,992	17	1,039	6,004	7,060	16.052
Tuberculosis	104	1.064	5,621	6,789	78	685	3,662		
Clinic Cystoscopy	101	51	311	363	3			4,425	11,214
Pasteur Clinic (Began 11/3/41)	317	346	1,246	1,909	152	48 229	236 456	287 837	650
Totale	12,880	40.700	120,500	193,080	10,358	67,167	263,964	347,480	2,746
		20074 19101	- Transporter	2.3112/01/201	2.19/19/3/3/3/	47,14971	200,004	- 15. E. C. S. S. C. S.	540,578

MISCELLANEOUS STATISTICS

Daily Average Patients Visits (White)	762
Daily Average Patients Visits (Colored)	1,371
No. of Minor Operations in Surgical Clinics	784
No. of Minor Operations in Urology for Men and Venereal Clinics.	71
Total Minor Operations	855
No. of Mantoux Tests made in Pediatric Clinics	1,124
Total Treatments given in Salvarsan Clinics	131,456
No. of Spinal Punctures made in Salvarsan Clinics	1,990
No. of X-Rays made in Clinics	26,013
No. of Laboratory Tests made in Clinics	94,019
Dental Treatments given in Clinics	4,819
No. of Jaws Wired in Dental Clinics	61
No. of Wires Removed in Dental Clinics	58
IVO. OF WITES REMOVED IN Dental Chines	

Respectfully submitted,

SISTER IGNATIA, R.N.
Director, Out-Patient Department.

NEW CASES TREATED IN OUT-PATIENT DEPARTMENT For Fiscal Year 1941-1942

MONTHS	WHITE	COLORED MALE	WHITE FEMALE	COLORED FEMALE	TOTAL MALE	TOTAL FEMALE	TOTAL WHITE	TOTAL	GRAND
July August September October November December anuary February March April May	761 710 590 614 455 474 450 413 468 472 453 512	799 853 696 654 421 429 487 422 530 570 561 655	778 746 599 598 397 403 475 445 505 500 512 595	1,044 1,062 863 835 573 571 647 547 733 757 799 814	1,560 1,563 1,286 1,268 876 903 937 835 998 1,042 1,014 1,167	1,822 1,808 1,462 1,433 970 974 1,122 992 1,238 1,257 1,311 1,409	1,539 1,456 1,189 1,212 852 877 925 858 973 972 965 1,107	1,843 1,915 1,559 1,489 994 1,000 1,134 969 1,263 1,327 1,360 1,469	3,382 3,371 2,748 2,701 1,846 1,877 2,059 1,827 2,236 2,299 2,325 2,576
TOTALS	6,372	7,077	6,553	9,245	13,449	15,798	12,925	16,322	29,247

Dr. O. P. Daly Director Charity Hospital New Orleans, Louisiana

July 23, 1942

The following is a report of the number of anesthesias administered by the anesthesia department from the period of July 1, 1941 to June 30, 1942.

Ether	3,353	
Nitrous oxide-oxygen	- 641	
Nitrous oxide-ether vapor	1 203	
Ethylene	305	
Ethylene-ether vapor	3 242	
Cyclopropane	1 494	
Cyclopropane-ether vapor	401	
Spinal-general	_ 317	
Local-general	65	
Avertin-general Sodium pentothal-general	28	
Sodium pentothal-general	34	
Vinethene	123	
Vinethene Total Generals	- 120	11,206
Spinal	2.272	
Local	_ 3.192	
Sodium pentothal	531	
None	255	
Epidural	_ 4	
Sacral	7	
Avertin		
Evipal	_ 2	
Avertin-local	- 5	
Spinal-local	6	
Pentothal-local	15	
Epidural	_ 2	
Total without Generals		6,312
· OBSTETRICAL WARDS		
Nitrous oxide	_ 1.798	
Nitrous oxide-ether vapor	921	
Local	381	
Cyclopropane-ether vapor	92	
Ethylene	273	
Sodium pentothal	_ 6	
Sacral	- 1	
Local-general	46	
Vinethene	_ 2	
Spinal	. 4	
Total		3,524
Grand Total		21.04

The activities of the anesthesia department during the past year have differed little from the preceding year. The only innovation was the establishment of residencies for physicians who wish to train in anesthesia.

Respectfully submitted,

JOHN ADRIANI, M. D., Director Department of Anesthesia.

JA:h

REPORT OF THE MEDICAL SOCIAL SERVICE DEPARTMENT

For the Period 7/1/41 to 7/1/42

To the Board of Administrators and Dr. O. P. Daly, Director of the Charity Hospital of Louisiana at New Orleans.

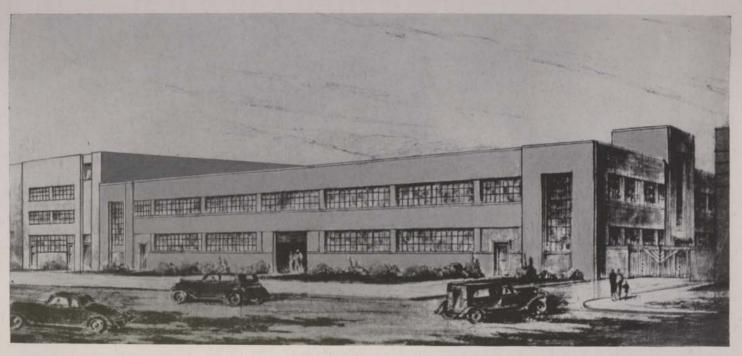
STAFF

In June, 1941, the Governor's Reorganization Staff drew up a suggested establishment list and organization chart for the Social Service Department. Through staff committees the department had already worked up job descriptions and job qualifications, as well as a suggested salary range. The suggestions of the Reorganization Staff and of the committees were pooled with the following result: a total staff of 31 medical social workers was agreed on, including the director, 3 supervisors and 3 assistant supervisors, plus 16 clerical workers. This establishment list was not developed on the basis of an ideal but rather on the basis of the minimum number of workers needed to service the hospital. With the development of the establishment list, for the first time the department could plan its work on the basis of a definite number of workers.

Following the resignation of the former director on 6/15/41, an acting director was appointed. A permanent director was appointed 12/1/42.

SALARY

During the summer of 1941, as there was a considerable turnover in both the professional staff and the clerical staff, and as a number of replacements were made at lower salaries, several small salary adjustments in the lower brackets were approved. These adjustments equalized salaries in the clerical staff and brought them to the minimum or above. In December, 1941, with the additional funds secured from the Legislature it was possible to begin to equalize the salaries of the professional staff. Several years ago the School of Social Service Administration, University of Chicago, refused to let its graduates be employed for less than \$125 a month. In other sections of the country, such as St. Louis, the beginning salary was \$135 a month, while at Charity Hospital the beginning salary was \$110 a month. As it was necessary to secure graduates from schools other than Tulane to avoid in-breeding, this caused a discrepancy in salaries of workers with comparable training. Considerable ill feeling among the members of the staff resulted. Furthermore, the Tulane School of Social Work could rightly consider that its graduates were being discriminated against. At present all members of the staff who have completed two years in a School of Social Work and who have a Master's Degree, make \$125 a month. There is still inequality in the department because some of the older workers with the same experience have only recently worked up to \$125. A salary scale based on education and experience has been drawn up, in order to insure that workers being taken on the staff will not receive salaries out of line with the other workers, and that when money for additional raises is available the raises can be made fairly. Although several years will be required to equalize all salaries, the department considers that the first steps have been taken. In spite of the fact that there has been decided turnover in the professional staff, replacements have been made without lowering standards. Although qualified workers were not always availa



Hospital Laundry-1939

FUNCTION AND ORGANIZATION

Case Work Services

Under the attorney general's interpretation of Act 47 of 1940, social service departments could be maintained and developed with the institutions under the Department of Institutions, directly responsible to the superintendent of each institution. However, the Department of Public Welfare was charged with the dual responsibility of certifying all patients in the hospital and of assisting with the discharge plans of all patients under treatment. Since it was obvious from the beginning that the Department of Public Welfare, because of insufficient funds and limited staff, could not assume this responsibility fully, the division of responsibility between the Social Service Department and the Department of Public Welfare had to be defined as broadly as possible. Actually the function of the Social Service Department was not changed by Act 47, because the size of the hospital and the patient load had already made it necessary for the department to concentrate and restrict its activity to some extent within the four walls of the hospital. The department has continued to handle social problems which occur as the result of illness and which frequently interfere with the patient receiving the maximum benefit from treatment. In handling these problems, the department has worked not only with the Department of Public Welfare as outlined by Act 47, but with all public and private agencies in New Orleans and in the state.

As the Social Service Department services the entire hospital, it is necessary to divide the wards and clinics to be covered on a geographical as well as a service basis.

Workers are assigned the following services:

- Gynecological and Female Genito-Urinary wards and Ear, Nose and Throat wards.
- Tumor Service. This includes the Tumor Clinic, radium wards and deep x-ray therapy. Patients with a diagnosis of carcinoma are accepted for service regardless of ward, or clinic in which they are under treatment. Male Genito-Urinary wards.
- 3. Metabolic Clinic. In-patients with diabetes regardless of ward and patients with a diagnosis of diabetes in other clinics.
- 4. Male Surgery wards, Male Neurological wards.
- 5. Female Surgery wards, Female Neurological wards.
- 6. Colored Obstetrical Clinics, Colored Pediatrics Wards and Clinics.
- 7. White Obstetrical Wards and Clinics, Colored Obstetrical Wards.
- 8. White Pediatrics Wards and Clinics.
- 9. White Tuberculosis (Tulane) Wards and Clinics.
- 10. White Tuberculosis (L.S.U.) Wards and Clinics.
- 11. Colored Tuberculosis Wards and Clinics.
- White and Colored Male Medical Wards, White and Colored Male Dermatology Wards.
- 13. White and Colored Female Medical Wards, White and Colored Female Dermatology Wards, Cardiac Clinic.
- 14. White Medical Clinics.
- 15. Colored Medical Clinics.
- White Skin, Neurological, Gynecological, Surgical Diseases of Children, Ear, Nose and Throat, Dental, Hayfever, Varicose Vein and Genito-Urinary Clinics.

- Colored Skin, Neurological, Gynecological, Surgical Diseases of Children, Ear, Nose and Throat, Dental, Hayfever, Varicose Vein and Genito-Urinary Clinics.
- 18. White Orthopedic Wards and Clinics.
- 19. Colored Orthopedic Wards and Clinics.
- 20. White and Colored Salvarsan Clinics.
- 21. White and Colored Eye Clinics and Wards.
- 22. White Admitting Department, White Accident Department, White Contagious Unit.
- 23. Colored Admitting Department, Colored Accident Department Colored Contagious Unit.
- 24. Intake and Intake Correspondence.

The twenty-four workers assigned to these twenty-four services are responsible to five supervisors. Eight services are assigned to one supervisor for supervision, while seven are assigned to another. One supervisor is responsible for the Orthopedic Service, case work services to the employees, plus the responsibility for the volunteer program. One supervisor is responsible for the supervision of workers in the Admitting Department and the program of the Admissions Unit, while a fifth handles the clinic services.

These twenty-four workers handled 50,417 cases during the fiscal year. This is an average case load of 2,107 cases per worker for the year. The caseload by months is shown in the following table:

July, 1941	4,132
August, 1941	4,498
September, 1941	4,546
October, 1941	4,961
November, 1941	4,345
December, 1941	4,400
January, 1942	3,888
February, 1942	3,455
March, 1942	3,788
April, 1942	4,267
May, 1942	4,160
June, 1942	3,982

Social Admitting

In March, 1942, because of lack of funds, the Department of Public Welfare decided that it could no longer continue the certification program begun in March, 1941, in accordance with the provisions of Act 47 of 1940. During the period the certification program had been in effect, the admissions to Charity Hospital had dropped 10,000. Although it was not possible to state definitely that the certification program had decreased admissions, it was thought that certification had served as a deterrent factor, and the hospital decided it would be valuable to have an investigative unit to determine eligibility for free medical care on a selective basis. It was expected that an admitting program under the supervision of Social Service would also serve as a deterrent. On 3/10/42 this program was set up on a temporary basis, pending the establishment of a uniform statewide program by the Department of Institutions.

In view of the fact that approximately 200 patients are admitted to the ward and 120 patients are admitted to the clinic every day, while 150 are treated in the Accident Room, and, as it is financially impossible for the hospital to employ more than four workers to determine eligibility for free care, it is obvious that each applicant for treatment cannot be investigated. The disadvantages of a scale were fully realized but as a means of helping to roughly screen those who could pay from those who could not, the following income scale was decided upon:

\$100 a month for a couple \$75 a month for a single individual \$15 a month for each child or dependent

Patients with incomes below the scale are not interviewed but an attempt was made to interview those whose incomes are above the scale. Only those which seemed questionable on the surface or were referred by hospital personnel were gone into further. Because of the difficulty and delay involved in determining eligibility of patients who live outside of Orleans Parish, most of the cases investigated were from New Orleans. Information in regard to income, debts and assets was verified, but before any decision as to ability to pay was made, the following factors were taken into consideration: the member of the family who is ill; the length of incapacity; prognosis; and probable cost of private medical care. On this basis the Admissions Unit decided whether or not applicants were eligible for free care.

During the period March 1, 1942 through June 30, 1942, the Admissions Unit has interviewed 4,527 applicants. During this period 15,922 patients were admitted to the wards and 8,924 to clinics, while 18,147 patients were treated in the Admitting Room. The following table shows these interviews:

Interviews—Re: Treatment in Clinic———————————————————————————————————	2,475
Brief Investigation	2,301
Found Eligible Other Decision	2,291
Interviews—Re: Treatment on Ward—————Full Investigation	
Brief Investigation	
Found Eligible Other Decision	252
Interviews—Re: Treatment in Acc. Room———————————————————————————————————	8 3 5
Found Eligible Other Decision	. 0

Out of 4,527 patients interviewed, 4,083 were found eligible, while 444, or approximately 1%, were considered able to pay for care.

Figures for the country as a whole indicate that about 3% of the applicants for free care are found able to pay. The per cent at Charity Hospital might have been higher if it had been possible to interview more patients in the Accident Room. Of the eight patients interviewed in the Accident Room, all were found able to pay. Even though the number is small, it seems to indicate, as has long been felt, that there is more abuse in the Accident Room than in the wards and clinics. Those patients considered eligible to pay for care were referred to private doctors or private hospitals. If this transfer were impossible medically, a recommendation was made to the Business Office to the effect that the patient was able to pay for care rendered. The Admissions Unit has no responsibility for billing or collecting.

It is, as yet, too soon to evaluate the work of the Admissions Unit, but the following angles need clarification.

- Arrange for the decision in regard to eligibility to be incorporated in the medical record.
- 2. Plan for the Business Office to refer patients who question billing to the Unit for further consideration and recommendations before his reduced or cancelled.
- 3. Explore further the possibility of having a list of the doctors of the Charity Hospital visiting staffs to be used for referral of patients who are considered able to pay. The procedure of referring all patients considered able to pay to the office of the Orleans Parish Medical Society has not proved to be entirely satisfactory.
- 4. Continue to clarify the hospital's medical care program, the problems of the Unit and the basis on which decisions are made. It was the feeling of a number of doctors that in many instances the teaching program was interrupted because patients were transferred to other medical facilities for which they were eligible after treatment was begun here.

STUDENT TRAINING PROGRAM

The department has continued to serve as a medical social training center in connection with the Tulane University School of Social Word during 1941-1942. During 1940-1941, an average of eight students had been assigned to the department for field work training in medical social work. In September, 1941, however, for the fall semester thirteen students were assigned to the department. This was the largest group ever assigned to Charity until February, 1942, when, as there was an evel larger enrollment at the School than in September, the department agree to stretch its capacity to take eighteen students. Although in the pastit was possible for the department to assist with supervision of the students, during the current school year, 1941-1942, such participation was not possible because of the turnover in the department and because the entire time the supervisory staff had been needed to induct and orient the new workers in the department. Although the department has no been assuming any responsibility for actual supervision of students, there is participation in the student program by every worker in the department. Workers in the department gather potential case material for the students and at the end of each semester the more advanced students are assigned to senior workers in the department, who are responsible for a ward or clinic service, for what is known as a block experience. There is a good professional working relationship between the Social Service Department and the School. The School and the department are agreed that the programs of both are closely inter-related and dependent on each other. Because the Social Service Departments in the other hospitals in New Orleans are not able to offer the wide variety and number of cases which are available through this department, the Tulss School of Social Work prefers to use this department for the training most of its students. Therefore, the School will place the larger number of students at New Orleans Charity Hospital. The Social Service Department, in turn, realizes that it will be dependent on the graduates of the Tulane School of Social Work for the bulk of its employees and that its connection, with the School means that it will be able to its connection with the School means that it will be able to maintain higher standards of practice and that it will have a higher standing no tionally.

Besides this program the department continues to participate in the educational program of the Charity School of Nursing. One of the members of the supervisory staff is responsible for the teaching of several courses for nurses.

SUPERVISORY PROGRAM

Through conferences with the Educational Secretary of the American Association of Medical Social Workers, it has been possible to consider the supervisory program objectively. In the past members of the supervisory staff have been responsible for both administrative details and the broader aspects of case work. This is a difficult combination of responsibility and the result is that one or the other is over-emphasized. Because there was a tendency to emphasize the mechanical details of supervision, staff development was neglected. When in 1940 an educational secretary joined the staff, she gradually became the supervisor responsible for the supervisory program of the department and conducted an in-service training for new supervisors. This, however, made a rather top-heavy supervisory staff.

At present the tendency throughout the country is to have case consultants and administrative assistants. Only the new workers, therefore, receive close supervision, while the older workers receive supervision through consultation. In a department such as this with a rapid turnover, it was thought that carrying out a supervisory program as outlined might be difficult. Besides the rapid turnover another factor needed to be considered. In view of the civil service ruling that new workers must be employed at the minimum salary, it was to be expected that within a short period the staff would be composed mainly of workers without experience. In spite of these two factors it was believed that with two case consultants and three administrative assistants, this type of supervisory program could be inaugurated. Under this program the administrative assistants would be responsible for seeing that the staff complied with all office procedures. The administrative assistants, furthermore, would try to eliminate all unnecessary office procedure so that the workers would have time to plan for more patients than are currently being serviced. Services, such as, for example, the clinic assignments where patients are handled superficially because of the pressure of work could be studied to enable the department to be of more help to these patients and to record the services rendered more adequately.

The case consultants in such a program would be responsible for the induction and orientation of all new workers taken on the staff; for relatively close supervision of the new workers; for case consultation to the more experienced workers; and for stimulation and staff development of the workers as a whole.

AGENCY RELATIONSHIPS

In view of the fact that the staff of the Social Service Department is greatly limited in relation to the in-patient and out-patient population, it is important that the division of responsibility between the department and the various public and private agencies be clarified and defined. In this way all available medical and social resources in the community are utilized to the fullest extent. This is a continuous process.

During the past year it has been possible to work out improved agreements with the following agencies:

City Hospital'for Mental Diseases

The system for committing patients to the City Hospital for Mental Diseases has been far from satisfactory. As it was not possible to make an appointment with the coroner to discuss possible commitment, it meant that a worker from the department had to wait two and three hours before seeing the coroner. The worker contributed nothing to the coroner in his consideration of the patient's eligibility for admission to the City Hospital; she merely conveyed a prescription blank from Charity Hospital with a notation by the attending physician as to diagnosis and recommendation for institutionalization. Although in the past the coroner

had repeatedly refused to consider a change in commitment procedure, it was possible to work out a new plan whereby the Social Service Department secured both medical and social information on patients for whom commitment was advised and referred this data to the coroner in writing. If the patient is accepted, the hospital ambulance secures the commitment blanks from the coroner's office and conveys the patient to the City Hospital for Mental Diseases. Within a period of three months there have been only two instances in which difficulty has arisen.

City Department of Health-Bureau of Public Health Nursing

An agreement, which became effective 4/15/42, has been worked out with the City Department of Health. The Social Service Department and the Bureau of Public Health Nursing plan to work jointly on cases and to report their mutual findings to each other in writing. Any patient who lives in New Orleans and on whom a diagnosis of tuberculosis is made will be referred to the Bureau of Public Health Nursing for follow-up care, examination of contacts and interpretation of precautions to be taken by the family. The hospital is now relieved of the examination of the contacts of patients who have tuberculosis and who live in New Orleans. Patients with tuberculosis are assured follow-up and nursing service after their return home from the hospital.

Department of Public Welfare

Form letters have been developed so that the number of letters exchanged between the Department of Public Welfare and the Social Service Department can be cut down to a minimum. In this way, a full letter will be sent when the medical information and recommendations are completed rather than a series of letters written giving information at intermediate stages.

There has continued to be discussion of the division of responsibility between the hospital and the Department of Public Welfare in relation to tuberculosis patients. Although the Department of Public Welfare had stated that it could not accept referrals of patients with tuberculosis who had no families and who were infectious, it was finally possible to get the Department of Public Welfare to agree to consider all such patients regardless of whether or not they had families or were infectious. It was also possible to get the agency to agree to accept such patients without hesitation provided the patient himself could find a place to stay and could fix his own meals and provided funds were available. Although these patients need complete bed rest, even in the hospital, as they insist on being ambulatory, such an arrangement does not harm the individual patient. It is necessary in order, however, to utilize the hospital beds for early, treatable cases; but the community, because of lack of beds for advanced cases of tuberculosis, suffers.

Tuberculosis Study: To point up this problem it was decided in December, 1941 to make a study of the patients with tuberculosis who continued to remain in the hospital following discharge because of lack of resources in the state. A monthly schedule is kept on each such discharged patient until his actual removal from the hospital has been effected.

The following table shows the number of patients discharged, the total number of days discharged and the cost to the hospital for the period 12/15/41 through 6/30/42.

Number of	Patients	69	
Colored		27	
Aggregate 1	Number of Days	Since Discharge_1	2,690
Cost of Boa	rding Care in the	Hospital at	
\$3.38 per D:	ay		\$42,892.20

Travelers' Aid Society

Two points of policy between this department and Travelers' Aid have been cleared up. Whenever Travelers' Aid requests it, the Social Service Department will make arrangements for placement at the New Orleans Convalescent Home for those cases accepted by Travelers' Aid on referral from this department. If Travelers' Aid has already received medical information on the patient in writing, Travelers' Aid may wish to make the referral; but if the medical situation is complicated, or if medical information in writing is not yet available, it may be preferable for the Social Service Department to make the referral to the Convalescent Home.

If Travelers' Aid arranges return to state of residence for patients who need further medical care, this department will send detailed medical information to Travelers' Aid for transferral to the other state; or at the request of Travelers' Aid this department will send this information to the agency in the other state.

Sickles Fund

The hospital discontinued supplying Benedict's Solution to patients attending the Diabetic Clinic who were testing their own urine at home. As this meant an added expense to many patients who could not afford it, the Sickles Fund was asked to carry Benedict's Solution. This was agreed to by the Sickles Fund in February, 1942.

The Sickles Fund does not stock many of the medications prescribed by the hospital. Gradually a few new drugs have been added at the insistence of the Social Service Department. This can be done only slowly and as a result the problem of securing medication prescribed is often acute. The fact that the Sickles Fund is not easily accessible to the hospital as well as because the Sickles Fund does not fill prescriptions except in limited amounts often makes securing medication through the Sickles Fund more expensive than buying it at a reduced rate through a retail druggist. This points up the accepted fact that the hospital needs its own out-patient drug dispensary.

RELIEF

Although the Social Service Department does not have recognized funds for relief, funds have been made available for some medication and for car fare. These funds have been dispensed in the following way:

Car Fare

During the calendar year, January, 1940 to January, 1941 the Social Service Department spent approximately \$500.00 for 7,263 car checks. During the past fiscal year 6,064 car checks were used, or a total of \$424.44 spent. These car checks, which should be used to provide car fare for those patients who could not report to the clinic or to the Sickles Fund to have prescriptions filled without financial assistance, serve an important purpose. But it was found that car checks were being given patients with whom the Social Service Department was not working. For example, patients who were active Department of Public Welfare cases and for whom the Department of Public Welfare would have provided necessary car fare, were receiving car checks while other possible resources were not being explored and exhausted before the limited funds of the department were drawn on.

Since it is important that clinic treatment be continued when indicated, it is essential that the department have a fund to provide car fare to those patients who cannot provide it themselves. This money, however, should be used carefully in order to insure that the greatest number

of patients are benefitted. To provide for this, the following policy was drawn up on 5/18/42:

"Since the Social Service Department does not have funds for relief, it is expected that when cases needing car checks are referred, attempts will be made to try to secure money for car fare through a source other than the Social Service Department.

Car tokens are not to be given out without consultation with supervisor. On cases which are not active with social agencies, car checks will be available on a selective basis. Car checks are not available for patients who are active with the Department of Public Welfare or another social agency.

Cases on which car checks are supplied must be active with the Social Service Department."

Gauze

By supplying gauze and adhesive for dressings and by arranging for nursing service from the City Department of Health, it is often possible to discharge patients from the hospital earlier than would otherwise be feasible. This enables the hospital to begin treatment of another patient. In the same way it is also possible to keep patients from returning to the clinic several times a week for dressings.

There are some conditions, such as colostomies, esophageal strictures, etc., which need dressings over an indefinite period. As the cost of such dressings bought through drug stores is prohibitive and in view of the advantages from the hospital's point of view of relieving the wards and clinics, the hospital has supplied gauze and adhesive for out-patients for several years. During the calendar year, January, 1941 to January, 1942 17,357 packages of gauze, 1,307 rolls of bandage and 694 rolls of adhesive were given out to patients; while during the fiscal year 18,634 packages of gauze, 1,798 rolls of adhesive and 1,065 rolls of bandes were dispensed. No continuous attempt had been made to get the Department of Public Welfare to assume responsibility for providing dressings for its clients nor had it been determined how long dressings should last in relation to various diagnoses.

Effective 5/18/42 the following policy was outlined for the department:

"Dressings are not to be given out without consultation with supervisor. On cases which are not active with social agencies, dressings will be available on a selective basis, but dressings are not available for patients active with the Department of Public Welfare or another social agency. Cases on which dressings are supplied must be active with the Social Service Department.

When dressings are given out, the patient or family should be given a copy of instructions for reclaiming used gauze."

Furthermore, the City Department of Health, Bureau of Publis Health Nursing, now has a supply of dressings at a greatly reduced price. Some of the patients will, therefore, be able to secure dressings through this source.

Charity Rate Tickets

Out of the funds available, 65 tickets, which total \$84.34, were bought during the year. This permitted patients who were discharged from the hospital, but for whom money for return transportation could not be secured, to be sent home. This prevented tying up a hospital bed.

The following table which includes the money spent by the department shows the number of tickets paid for by patients and other agencies.

Number paid by Patients 2 Number paid by Agencies Number paid by Social Service	2,734 203 65	\$3,601.49 432.07 84.34
TOTAL	3,002	\$4,117.90

Surgical Supplies and Appliances

Out of the funds available, three appliances were bought for three patients and paid for by the Social Service Department at a cost of \$16.00.

Additional appliances and supplies as shown by the following table were bought by patients and by agencies for their clients under treatment in Charity Hospital:

Number paid by Patients15Number paid by Agencies80Number paid by Social Service3	\$121.00 279.37 16.00
TOTAL 98	\$416.37

SPECIAL FUNDS

Poliomyelitis Fund

In order to conserve the Polio Fund, the Crippled Children's Division. State Department of Health, has agreed to provide appliances for all children regardless of whether or not they might be eligible for the Polio Fund, as long as they meet the requirements of the Crippled Children's Division. In this way the Polio Fund can be used entirely for those for whom no other resource is available.

The last payment received was \$5000 in April of 1938. As no additional payments will be received, it is important that the fund be conserved.

The total of \$548.90 has been spent out of this fund during the fiscal year. The present balance is \$1123.76. This money has been used to provide 17 patients with braces, crutches and corrective shoes, and to keep these appliances in repair.

Special Fund

The Social Service Department Special Fund is used to provide medication for patients when no other resource can be tapped. Since its establishment in September, 1939, \$67.31 has been expended. The last disbursement was \$10.95 in July, 1941. This leaves a balance of \$1132.69. \$600 of this fund has been earmarked for use for insulin. This money, however, has been set aside so that should the Insulin Fund be entirely depleted and replenishment not possible, patients in need of insulin can be provided for on the same basis as at present for a period of approximately one or two years.

Insulin Fund

The Insulin Fund during December, 1941, was reestablished by a donation of \$500, which Sister Stanislaus secured from the Lucien D. and Katherine E. Price Foundation. This fund will be used for those patients who have no other resource, such as patients who are in the Department of Public Welfare pending file. These are individuals who are eligible for public assistance, but who are not receiving relief because the Department of Public Welfare does not have adequate funds.

Since the Insulin Fund is not and cannot be a revolving fund, because the patients helped have no means of repaying the loans, it will have to be used carefully.

\$136.45 has been spent out of the Insulin Fund during the fiscal year and the present balance is \$437.16. Since the Fund was started, \$562.84 has been used to provide 111 patients with insulin.

COMMUNITY PARTICIPATION

Members of the staff served on committees of the Council of Social Agencies, American Association of Social Workers and American Association of Medical Social Workers, and the Tuberculosis and Public Health Association. These committees are formed to work toward the solution of the many health and welfare lacks in New Orleans and the state. Such committee work is helpful not only for the individual worker, but for the hospital as well.

As the National Conference of Social Workers met in New Orleans this year, it was possible for the entire staff to attend the meetings and to meet well-known social work figures. This was, of course, a broadening experience for the workers and the department as a whole.

VOLUNTEERS

For a number of years the Gray Ladies of the American Red Cross have been interested in participating in the program of this hospital, as they have at the Marine Hospital. Currently, because of the number of volunteers interested in hospital work as a result of the war, the American Red Cross has been particularly interested in expanding the Gray Ladies program.

On 3/30/42 the Gray Ladies began their orientation period in the Social Service Department and during the latter part of May they reported for assignments. Gray Ladies function in the Diabetic, Eye and Orthopedic Clinics and in Intake. Gray Ladies are reading to the children on the pediatric wards, assisting Miss Klein in the school room and Sister Mary in Central Service.

OTHER ACCOMPLISHMENTS

Besides defining the supervisory program and re-outlining relationships with a number of agencies, the Social Service Department has also been conscious of other problems and has worked toward their solution. As it was impossible to secure additional steel file cabinets because of the war, and as the file room had reached its capacity, and as there was no additional space available, it had to be decided whether or not cases would be destroyed or whether some cases would be filed in the basement. Because of the confidential nature of the material in the case record and since there was no way of locking the material to be filed in the basement, it was decided to destroy cases. Beginning 1/21/42, it was decided to destroy specified cases in the Social Service Department files through December, 1940. No running histories cases were destroyed but the following types of cases were to be destroyed:

- 1. Cases containing medical information only.
- Correspondence in regard to unidentified patients; verifying birth or age; admissions only.
- 3. Personal correspondence with patient's family.
- 4. Correspondence in regard to transportation only.
- 5. Routine clinic follow-up letters.
- 6. Requests for blood donors.

- Reports of placement examinations for Waldo Burton Home, New Orleans School Board, Municipal Boys' Home.
- Routine reports to National Youth Administration and Child Welfare Association, when that information is contained in the medical record.

As the resource file and the general file had not been gone over for some time, through the cooperation of the Department of Institutions it was possible for members of the filing division to spend a number of days in New Orleans reorganizing the general correspondence file. The resource file was gone through and information out of date and of no value thrown away. Such material in the general file was also discarded. It is planned to review these files at regular intervals and to weed out all out-of-date or non-essential material so that they can be kept in good order. Literature, of which the department had a great deal, was not accessible to the staff. Pamphlets and books have been indexed by author and subject so that the material is more readily available than it was formerly.

A handbook outlining the hospital policies as well as policies of the department and indicating material on agencies in the community has been made up for each member of the department. This will be of great value in the induction and orientation of new workers. Books showing the individual differences of various specialized services are also being drawn up to further help workers to adjust rapidly in the department.

An arrangement whereby narcotics can be secured without undue loss of time is also in the process of being worked out. Securing prescriptions for narcotics for patients with incurable cancer, who are not hospital patients and who are physically unable to report to the clinic or deep x-ray therapy, is at present a decided problem.

Most patients with cancer in the terminal stages, who are admitted to the hospital, are routinely referred to Social Service to plan for their care at home or in an institution. When plans for care at home are made, as these patients rarely have a family physician and as there are no resources for home medical service in the community except on a very selective basis, unless prescriptions for opiates can be secured through the hospital, this necessary medication will not be available for these patients; and their families, unless medication can be secured, will not agree to providing care at home. Since in some instances the patients live six months or longer, the visiting staff of the hospital has been reluctant to continue to furnish prescriptions without seeing the patient again.

The Federal Bureau of Narcotics has stated that a physician may prescribe the minimum amount of narcotics necessary to meet the needs of any of his bona fide patients. Since the patients in question do not have a family physician or funds with which to employ a physician, the Federal Narcotics Bureau feels that they would be considered the bona fide patients of the physicians at Charity Hospital. If this meets with the approval of the hospital, it now remains for some person to be designated within the hospital to write these prescriptions. It will definitely be known when the patients die so that the families cannot continue to secure prescriptions indefinitely thereafter. Through the help of the City Department of Health, Bureau of Public Health Nursing and this department, it should be possible to be reasonably sure that the narcotics are used for the patient and not the family.

There are three things that the department wishes to work on in the future: To develop a means of statistical count which will mean more to the hospital than the present count which is required by the United States Children's Bureau. The United States Children's Bureau figures are of

value for research purposes, but they do not demonstrate statistically to the hospital the entire work of the department. The second is to establish a more satisfactory means of recording. Currently records are kept either as intensive cases, which have written histories, or as correspondence cases, which consist only of letters. Because of the limited staff in relation to the size of the hospital, it is difficult for the workers to record many intensive cases. They do, however, have intensive contacts with a number of patients, but most of the work is recorded by means of correspondence. This is unsatisfactory because it is confusing and it does not give a clear picture of the situation or the patient's reaction. It is thought, therefore, that there must be some means of working out an intermediary type of recording. Such recording would not require very much time but it would show individualization of the patient and give the worker who follows the case some appreciation of that patient's problem. Third, the department wishes to work on an evaluation program for the workers. Evaluation is an integral part of any supervisory program, but it is one that has not been worked out in detail by any medical social service department in the country as yet.

The supervisory staff has gathered a good bit of material on evaluation which is in the process of being reviewed. The next step is to work out the norms of performance for this particular department. After this is done, the supervisory staff can begin evaluating the workers on this basis. This should be a fairer means of evaluation than has been formerly used. If the department can work out these norms in this program it will be the first department in the country to develop such a program.

ACKNOWLEDGMENTS

The Social Service Department wishes to express appreciation to the Director of the hospital and to the other hospital administrators for their interest. Gratitude is extended to the Sisters of Charity and to all hospital departments for their continued assistance and cooperation. Special acknowledgment is made to the State and Local Departments of Public Welfare, to the various social agencies throughout the state and to the volunteers for their help in our program. Appreciation is extended to the supervisors and to members of the Social Service Staff who have worked faithfully and loyally throughout the year. The department wishes particularly to thank Sister Mathilde for her interest and counsel.

Respectfully submitted,
LOUISE MEYER,
Director Medical Social Service Department.

7/17/42

REPORT OF THE NURSING DIVISION

To the Board of Administrators and Doctor O. P. Daly, Director Charity Hospital of Louisiana at New Orleans

Gentlemen:

The Nursing Division wishes to present the annual report of its activities for the fiscal year from July 1, 1941 to June 30, 1942.

Even a cursory review of the activities of the Nursing Division during the past year reveals the effects of the World War and the influence of the National Defense Program. Much has been accomplished that should redound to better care of patients and higher standards of nursing education, but, in the main, this report will indicate that the Nursing Division faced a very real problem this year in meeting the demands created by the war and in endeavoring to maintain standards in spite of a constantly decreasing staff.

The activities of the Nursing Division will be grouped in this report under the headings of Nursing Service Division and School of Nursing. While coordinated, the activities of these two divisions are carried on with enough separation of responsibility to justify separate consideration.

NURSING SERVICE DIVISION

The most noteworthy projects undertaken by the Nursing Service Division during the past year will be discussed in the following paragraphs in chronological order rather than in the order of their importance.

Graduate Nurses' Residence

In November of 1941, through action of the Board of Administrators, the residence which was formerly occupied by internes and which had remained vacant since July 1939, was converted into a residence for graduate nurses employed on the staff at Charity Hospital. Many nurses had stated their difficulty in locating desirable living quarters close to the Hospital and the home was almost immediately filled. The residence contains 39 rooms and can house approximately 78 nurses.

Salary Increases

The past reports of the Nursing Division for several succeeding years include a recommendation for raises in salary for subsidiary personnel. In December raises were given to these employees, and to many other members of the staff. At the present time the lowest paid employees in the Nursing Division, the ward helpers, are receiving \$45.00 monthly; orderlies are receiving \$60.00. While we are grateful that these lower level positions were increased from \$30.00 to \$45.00 for women and from \$50.00 to \$60.00 for men, we wish to emphasize the fact that these salaries are still too low if efficiency and adequate care of patients are considered.

Uniform salaries were established in December for clerical workers throughout the Hospital, and members of the faculty of the School of Nursing were also given raises in salary. The beginning salary for colored general staff nurses was raised at this time to make it equal to that of white nurses working in the same capacity.

Civil Service

In conformity with the requests made by the newly created Civil Service Commission, the Nursing Division reclassified all of its employees during the past year and studied the pay plan set up by the Commission. Recommendations regarding the pay plan have been made in view of existing hospital conditions and in accord with salaries paid to nurses in similar positions in government and other civilian hospitals.

Defense Program

Defense activities have occupied the attention of the Nursing Service staff this year to a greater extent than any other projects. Constant adjustments have been necessary because of the loss of graduate nurses and the rapid turnover among male subsidiary personnel. Between July 1, 1941, and the end of the fiscal year 75 nurses resigned from the staff to enter military service. This loss, together with resignations of other nurses to accept positions elsewhere and for other reasons, leaves us with a graduate nurse staff of 456 at the present time. To provide needed care for patients, the Nursing Division has found it necessary to utilize more aides and to participate in a Works Progress Administration program which will be discussed more fully in a later section of this report.

Volunteer Nurse Aides:

At the request of the local chapter of the American National Red Cross, Charity Hospital is participating actively in the training of Volunteer Nurse Aides; classroom space and facilities on the wards have been made available for the instruction of these aides, who are recruited by the Office of Civilian Defense. The first class was organized in January and to date 8 classes have enrolled. Many hours of contributed services on the part of the Volunteer Nurse Aides who have completed their course have lightened the burden of the nurses on the hospital divisions.

First Aid Classes:

Anticipating the need for trained First Aiders in case of actual war or air raids, the Nursing Division, in December, undertook the task of teaching First Aid to the personnel of the various hospital departments. Many graduate nurses had equipped themselves to teach by taking the Instructor's Course in First Aid under the American National Red Cross. Standard First Aid Certificates are being awarded to approximately one thousand members of the hospital personnel who satisfactorily completed the course.

Blackouts and Defense Committees:

Much time was spent in drawing up plans for the hospital practice blackouts and city-wide blackouts scheduled at intervals during the early months of 1942. After a series of experiments the Nursing Division discovered that because of the physical arrangements of the hospital a blackout could be successfully achieved with a minimum amount of effort Special attention was paid to the areas where extensive lighting is needed, such as the emergency Operating Rooms, Accident Department, Delivery Rooms, and Admitting Rooms.

In addition to working out blackout plans, the Nursing Division organized committees to formulate plans for the following defense activities:

1. Mapping out hospital areas of safety

Evacuation of patients
 Handling of casualties

 Methods of providing protection for adult patients, children, and infants during air raids

5. Transfer of operating rooms to safe areas of hospital6. Setting up hospital emergency headquarters office

7. Appointing of emergency squads for service in the community.

The committee reports will be submitted to the Central Hospital Preparedness Committee for approval and final action.

Reclaiming of Gauze:

As an economic measure and in view of the impossibility of securing and storing reserve dressings, the hospital undertook in November the



Student Nurses' Home-1939

reclaiming of used gauze. The gauze is washed in the laundry by a special process and sterilized before being returned to the Gauze Room, which was opened in an unoccupied ward on the 9th floor. This project has been very successful and is worthy of comment here because it has been the means of storing away approximately 350,000 surgical dressings.

W. P. A. Project

On April 27, 1942 the Hospital entered into an agreement with representatives of the Works Progress Administration to place their workers on the hospital wards, and approximately 150 W. P. A. workers are now rendering service to patients as ward helpers, orderlies, or messengers. In order to insure uniformity of methods of work throughout the Hospital classes were arranged for these workers. From the beginning, the project has been very successful and has been a valuable means of supplying needed personnel on the floors.

Concentration of Patients

The continued loss of medical and nursing personnel following the declaration of war has thrown too heavy a burden of work on the remaining staff and plans have been laid to concentrate patients into smaller hospital areas. The plans include the complete closing of the sixth and eleventh floors of the Main Hospital Building and the removal of these patients to the remaining occupied floors. It is also anticipated that in the near future one side of the Out Patient Department will of necessity have to be closed.

SCHOOL OF NURSING

The School of Nursing has also felt the effects of the nation-wide defense movement and has participated actively in efforts to meet the growing demand for increased supply of professionally trained nurses.

Recruitment Program

An intensive publicity program was carried on in the fall of 1941, in an effort to recruit students. By means of radio, newspaper publicity, and wide distribution of the school circular, the need for nurses was broadcast far and wide throughout the South. A fair response was obtained. During the spring of 1942, the faculty of the School of Nursing participated in a statewide recruiting program for students by accepting speaking assignments in high schools and colleges, where the national need for nurses was stressed. In May publicity was again commenced for the fall class, and applications have been coming in in large numbers. The School is able to accommodate at least one hundred additional students and plans now call for the enrollment of approximately 200 students during the scholastic year of 1942-1943.

Federal Appropriation

In July, 1941, federal money was appropriated to assist schools to meet the cost of educating additional students. The School of Nursing filed an application for federal funds with the United States Public Health Service and was granted a total of \$15,201.03. This permitted us to offer scholarships of \$150.00 each to cover entrance fees for fifty additional students who were admitted in January of 1942. Federal funds were also used to finance refresher courses for inactive, registered nurses; three such courses were completed before June 30, 1942, with a total registration of 34 students.

Clinical Teaching

Although the rapid turnover and loss of trained personnel interfered with the staff education program as it had been planned for the year,

a great deal of progress was made in establishing a uniform clinical teaching program in the hospital departments where students are on duty. Like services, such as general medicine and surgery, were grouped and representative committees were formed of the supervisory staff in these divisions to work out practicable teaching programs. At the same time, committees on teaching schedules and forms, and on efficiency records prepared materials that could be used generally. The assignment of students for their clinical experience according to a modified block system was perfected and a Kardex system of recording clinical services was inaugurated. During the year many nurses and supervisors enrolled in university courses in Ward Instruction and thereby secured the foundation to participate intelligently in this staff program.

Statistics

For the sake of comparison, statistics usually recorded for the School of Nursing are arranged in two columns, one showing figures quoted in the 1941 report and the second showing present statistics.

STUDENTS IN SCHOOL OF NURSING:	1941	1942
Charity Hospital students	185	227
Affiliating students Post graduate students	47 10	91 17
Anesthesia students	21	31
Students in five-year program	12	9
SCHOOLS AFFILIATED WITH CHARITY HOSPITAL SCHOOL OF NURSING		
Schools located in state	2	7
Schools located out of state	9	8
ADMISSIONS AND WITHDRAWALS		
Admissions to School of Nursing	99	165
Withdrawals from School of Nursing	91	63
COURSES COMPLETED		
Students graduated	66	62
Inactive nurses completing Refresher Courses	-	34
Anesthesia students receiving certificates Students receiving degrees from L. S. U.	31	26
Department of Nursing Education	7	12

Included in the total number of twelve nurses who were awarded degrees in the Department of Nursing Education are two graduates of the five-year Combined Academic and Basic Professional Course. These are our first two graduates in this program, which was established in 1937.

NEW EQUIPMENT AND CONSTRUCTION WORK

The Nursing Division acknowledges with gratitude the purchase of certain much needed equipment and repair and construction work required to bring about improvements in the care of patients and the promotion of a better educational program for our student nurses.

The erection of cubicles in the pediatric wards permits of better technique in caring for babies and will, no doubt, help to prevent the spread of infection, always a hazard in nursing children susceptible to contagious diseases.

Another improvement which is gratefully acknowledged is the renovation of the Dibert Memorial Building and the installation of certain plumbing fixtures which have permitted us to institute safer nursing pro-

cedures in the building. Student nurses will soon be assigned to this Unit to secure experience in nursing of Tuberculosis patients.

A diet laboratory, long needed to teach student nurses the practical application of the principles of nutrition and diet therapy, is under construction at the present time, and when completed, will enable us to give proper training in this fundamental phase of a nurse's preparation.

Sixteen microscopes were purchased this past year. This equipment has greatly facilitated the teaching of student nurses, and we gratefully acknowledge the action of the Board in providing these necessary teaching aids in the School of Nursing.

The federal appropriation mentioned before also permitted the purchase of large oscillating fans for the library and classrooms as well as office furniture and equipment.

RECOMMENDATIONS

In closing, we wish to recommend the following:

- Furtherance of plans for the protection of the hospital in case of air raid or sabotage.
- 2. Purchase of screens for the wards to insure privacy for patients.
- Equipment of a suitable premature station for the care of premature infants.
- 4. Salary increases for subsidiary workers.

ACKNOWLEDGMENTS

The Nursing Division is appreciative of the interest and solicitude so constantly manifested by the Board of Administrators and by the Director of the Hospital and gratefully acknowledges the many favors bestowed upon the Department. Appreciation is also expressed to the Assistant Clinical Directors whose generous assistance has made it possible to work out many problems this past year. We are grateful to all who have contributed to the promotion of the physical welfare of our nurses, both graduates and students, and to the furtherance of the educational program for our students.

Respectfully submitted,

SISTER HENRIETTA, R. N., Director School of Nursing and Nursing Service

CONTAGIOUS UNIT

YEARLY REPORT JULY 1941 TO JULY 1942

DISEASES	CASES	DISCH	ARGED	DESE	RTED	DEA	THS
	ADMITTED	WHITE	COL.	WHITE	COL.	WHITE	COL
Anthrax	4	4					
Chicken Pox	67	30	36				
Diphtheria	60	29	28	1	1	2	
Encephalitis	10	3	3		1	2	
Erysipelas	64	51	9			2	2
Eye Cases	146	24	114	3			
Hansen's Disease	5	1	4	0	4	750000	1
Lues	218	55	148	2			
Measles	376	119	246	5	10		4
Meningitis	123	39	28	9	3	1	1
Mumps	54	26	25	3		18	38
Pertussis	102	28	65	0			
Poliomyelitis	20	14	198.00			2	7
Paratyphoid	6	100	6				
Scarlet Fever	38	3	3				
Streptococcus (Sore	- 00	24	10	2		2	
Throat)	55	10	00			24	
Tracheotomies	10	18	36		1		
Tularemia		6	2			2	
Typhoid	15	8	7				
Typhus Fever	66	34	30			2	
Vaginitis	25	19	6				~~~
Vincent's Angina	62	6	55				1
Vincent's Angina	44	13	29	1 .			1
Suspected of contagious diseases	417	184	196	4		10	474
	-11	101	190	4	4	15	14
COTAL	1,987	738	1086	25	23	46	69

SIGNED S. FABREGAS, Supervisor, Contagious Unit.

REPORT OF DIETARY DEPARTMENT

To the Board of Administrators and Doctor O. P. Daly, Director, Charity Hospital of Louisiana at New Orleans.

Gentlemen:

The Annual Report of the Dietary Department for the fiscal year beginning July 1, 1941 and ending June 30, 1942, is respectfully submitted:

The Dietary Department has continued services to the Hospital without any major changes this year. A few needed equipment changes have been made or planned, however.

The student nurses' laboratory has been provided and equipped in the Medical Building. It will be ready for use in the fall term. In it the nurses will be able to get the practical experience they need both in the nutrition and diet therapy classes.

Exhaust fans in the nurses' dining room and floor fans in the employees' dining room have helped to relieve ventilating problems to a great extent.

A complete inventory system for food cost control is a long desired asset to the department. In a kitchen as large as this one, control is necessary for true economy. Our records now can be kept up to date and in the event of rationing, will be a real aid.

Plans have been made to provide a larger dining room for colored nurses and employees, in what is now the Purchasing Department. This is a much needed project as the dining room facilities provided for colored personnel have always been inadequate.

Plans have also been made to provide a new dishwashing machine for the main kitchen. The present machine is in poor condition, and the dish load is too large for this type of machine.

The department served 1,380,241 meals to personnel and 2,280,933 meals to patients, making a total of 3,661,174 meals served. Of this total 392,488 were special diets, such as allergy, bland, low residue, diabetic, etc. In addition to these special diets 328,120 bottles and 8,149 quarts of special formulae were prepared in the Formula Room.

We are grateful to our Director, and the Board of Administrators for their interest and assistance this past year. Gratitude is also extended to the Sisters, Doctors, Nurses, and all Departments for their cooperation, interest and support.

Respectfully submitted,
SISTER EUPHEMIA,
Director, Dietary Department

DEPARTMENT OF ALLERGY

August 28, 1942.

To the Board of Administrators of Charity Hospital 1523 Tulane Avenue New Orleans, Louisiana.

Gentlemen:

I submit this my report for the year ending June 30, 1942: During the past year 5381 white and 4848 colored patients were treated for the various Allergies.

19 white and 7 colored new patients applied directly; the other new patients were included in the general totals because they were referred from the various services to have their Allergies classified and controlled.

All the various forms of Allergies encountered proved of wonderful help in teaching and controlling: hay fever, asthma, angioneurotic, edema, migrane, and spastic colon.

Besides the usual hyposensitizing extracts by injection, oral medication with enteric coated pills was applied with favorable results.

Passive transfer tests, the 3rd step in experiments made in the clinic over a period of three years, were made by volunteer students and established the efficiency of the oral route.

The Lafayette Pharmaceutical Company at great personal expense cooperated in these experiments and this occasion is taken to express our appreciation of their help.

Thanks is also offered to Dr. Henry Ogden and Dr. Shushan for their invaluable help.

Respectfully submitted,

NARCISSE F. THIBERGE, M. D., PhB. Chief of Clinic.

REPORT OF THE STATISTICAL DEPARTMENT July 1st, 1941 to June 30th, 1942

ADMISSIONS BY PARISHES

Acadia	129	No Home	31
Allen	80	Natchitoches	32
Ascension	746	Orleans	33.043
Assumption		Other States	170
Avoyelles	358	Ouachita	60
Bienville	7	Plaquemine	
Bossier	6	Pointe Coupee	399
Beauregard.	42	Rapides	-
Caddo	19	Red River	
Calcavian	301	Richland	
Calcasieu	32	Sabine	31
Caldwell	12	St. Bernard	
Cameron			
Catahoula	. 28	St. Charles	
Claiborne	. 4	St. James	- 635
Concordia	. 51	St. John the Baptist	- 734
DeSoto	9	St. Helena	
East Baton Rouge	2,002	St. Landry	_ 395
East Feliciana	. 270	St. Mary	
East Carroll	. 108	St. Martin	
Evangeline	. 91	St. Tammany	_ 1,219
Pranklin	67	Tangipahoa	_ 1,527
roreign	- 7	Terrebonne	
Grant	. 40	Tensas	_ 46
Iberia	. 386	Union	_ 10
Iberville	645	Unknown	_ 33
Jackson	. 8	Vermilion	_ 152
Jefferson	3,303	Vernon	_ 24
Jefferson Davis	. 138	Washington	_ 1,134
Lafayette	125	Webster	_ 15
Lafourche	1.113	West Baton Rouge	_ 215
LaSalle	26	West Carroll	70.14
Livingston	313	West Feliciana	
Lincoln	12	Winn	
Madison	85		_
Morehouse	34	Total	_55,148
	94	5X5XX111111111111111111111111111111111	

Residence at time of admission

City	_33,043
Louisiana	21.864
Other States	
Foreign	
No Home	_ 31
Unknown	_ 33
Total	55 148

July 1st, 1941 to June 30th, 1942

DEATHS WITHIN 36 HOURS OF ADMISSION

PATIENTS DIED IN MONTHS 1941	12 Hours	24 Hours	36 Hours	TOTAL
July	39	22	11	72
August	39	22	11	72
September	47	12	6	65
October	34	. 12	6	52
November	41	12	9	62
December	30	16	5	51
anuary	43	26	8	77
ebruary	26	19	12	57
March	32	25	8	65
April	34	18	8	60
May	48	14	7	69
June	39	16	6	61
Total	452	214	97	763

DEATHS

	WHITE				COLORED					
MONTHS	MALES	BOYS	FEMALES	GIRLS	TOTAL	MALES	BOYS	FEMALES	GIRLS	TOTAL
1941	-									
July	59	14	31	8	112	56	17	46	20	139
August	55	12	42	6	115	71	31	46	29	177
September	57	7	32	10	106	69	22	53	11	155
October	38	8	25	8	79	52	17	41	9	119
November	52	8	26	6	92	59	23	49	13	144
December	47	11	32	3	93	59	18	30	7	114
January	75	6	32	6	119	50	25	41	13	129
February	59	9	31	7	106	55	7	38	12	112
March	48	7	47	5	107	65	19	27	12	123
April	48	10	33	9	100	48	12	44	7	111
May	54	9	21	4	88	57	18	47	11	133
June	36	8	29	6	79	39	16	47	10	112
Total	628	109	381	78	1196	680	225	509	154	1568

REPORT OF THE STATISTICAL DEPARTMENT

July 1st, 1941 to June 30, 1942

MONTHLY STATEMENT

MONTHS	HOSPITAL DAYS	DAILY AVERAGE OF PATIENTS	ADMISSIONS	DISCHARGES	DEATHS	BIRTHS	STILLBORN	CORONER'S CASES
1941								
July	73,457 72,866	2,368 2,350		5,371 5,304	251 292	576 590	31 23	67
August September	67,215	2,240		4,669	261	562	23	73 74
October	70,044	2,258			198	564	26	72
November	66,815		4,447	4,206	236	556	23	74
December	61,277	1,976	3,983	4,250	207	516	23	87
1942	04.01-	0.051	0.	0.005	0.10		-	-
January	64,215 60,771	2,071 2,170	4,594 3,888	3,935	248 218	551 478	26 17	79 76
February	68,445		4,622		230	479	16	65
April	66,333		4,339		211	401	12	71
May	68,166		4,202	4,219	221	319	19	72
June	62,555			4,220	191	369	14	71
Total	802,159	26,361	55,148	53,025	2764	5961	253	881

COMPARATIVE TABLEAU

- India das	1040 4-	June 30th.	4044
WHIT IST.	134U TO 1	June Suth.	1941

Admissions 64,762 Discharges 61,650 Deaths 3,148 Births 6,044 Coroner's Cases 855 Hospital Days 896,323 Daily Average 2,455

July 1st, 1941 to June 30th, 1942

Admissions	_55,148
Discharges	
Deaths	_ 2,764
Births	- 5,961
Stillborns.	253
Coroner's Cases	. 881
Hospital Days	802,159
Daily Average	_ 2,196

REPORT OF THE STATISTICAL DEPARTMENT July 1st, 1941 to June 30th, 1942 ADMISSIONS

WHITE

MONTHS	MALES	BOYS	FEMALES	GIRLS	TOTAL
1941					
July	808	378	1.173	316	2,678
August	795	354	1,080	292	2,521
September	687	329	944	289	2,249
October	702	311	925	241	2,179
November	622	242	786	179	
December	612	217	672	184	1,829
1942	012	211	012	104	1,688
anuary	682	197	804	178	1 003
ebruary	531	223	739	178	1,861
March	666	252	855	180	1,671
April	712	197	812	171	1,958
May	616	258	771		1,892
une	578	247	757	197	1,842
	010	241	101	178	1,760
OTAL	8,011	3,205	10,318	2,583	24.117

COLORED

MONTHS	MALES	BOYS	FEMALES	GIRLS	TOTAL
1941	71	2000			
July	675	485	1,427	369	2,956
August	642	479	1,380	397	2,898
september	642	463	1,277	390	2,772
October	620	441	1,289	406	2,756
November	588	435	1,209	386	2,618
December	549	401	1.037	311	2,298
1942			1,001	011	4,480
anuary	686	478	1,206	363	2,733
February	538	351	1,001	327	
March	607	429	1,270	363	2,217
April	643	334	1.173	297	2,669
May	610	383	1,085	282	2,447
June	558	431			2,360
	000	401	1,051	267	2,307
COTAL	7,358	5,110	14,405	4,158	31,031

White Male Adults 8,011 White Boys 3,205 White Female Adults	Colored Male Adults 7,388 Colored Boys 5,110 Colored Female Adults 14,405 Colored Girls 4,888
Total24,117 Grand Total	Total31,031

REPORT OF THE STATISTICAL DEPARTMENT

July 1st, 1941 to June 30th, 1942

Age Groups of Patients Expired

WHITE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER .	JANUARY	FEBRUARY	.MARCH	APRIL	MAY	JUNE	TOTAL
Under 1 year	2 1 4 6 4 9 12 14 36 5	1 1 1 4 6 9 12 21	0 2 2 2 3 6 8 14 11	12 0 3 2 1 1 0 6 9 16 26 1 0 0	10 3 2 0 3 0 4 7 11 11 29 12 0 0	5 4 2 2 2 1 4 7 16 17 30 4 0 0 3	2 1 1 2 5 4 10 12 20 44 10	1 1 0 2 2 6 3 11 21 34 6 1	3 1 4 5 3 3 7 7 19	9 24 34	11 4 2 1 2 5 2 9 13 12 32 3 0 0	10 2 1 1 2 6 1 8 14 8 19 3 0 0	22 22 16 26 38 42 88 140 194 383
Total	111	115	103	77	93	97	121	105	105	101	96	75	1199

Age Groups of Patients Expired

COLORED	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
Under 1 year	35 2 2 4 5 9 16 21 20 22 1 0	5 2 2 6 9 6 18 14	1 1 3 7 10 8 28 15 29 18	3 2 3 1 5 8 21 21 12 23	11	3 1 2 0 3 4 15 21 19 21	4 13 21	2 0 4 3 6 4 17 21 20 14 0	2 1 2 8 3 16 9 18	3 1 1 2 6 2 22 17 18 19	3 0 0 5 10 3 22 20 14	3 3 1 4 7 6 14 12 21	326 35 15 24 43 77 69 221 207 227 287 15 3 0 16
Total	140	177	158	121	143	110	127	113	125	110	125	116	1565

CHARITY HOSPITAL-1941-1942

ANNUAL REPORT OF MEDICAL RECORDS LIBRARY July 1, 1941 through June 30, 1942

	TOTAL	f. s. v.	TULANE	INDEPENDENT	WHITE	COLORED	MALE	PEMALE	OPERATIONS	DESERTIONS	NOT	FOTAL	FULANE	6. S. U.	NDEPENDENT
Radium Room	36	5 165	119	81	191	174	91	274	170	5		32	13	-	-
Observation Room	92	2 34	30	28	42	50	56	36	4	1		121	0 41	43	37
Medicine	7761	3166	3154	1441	3798	3963	4217	3544	310	359		16 1276	513	505	
Neurology	1004	412	382	210	582	422	562	442	17	36		430 63	208 20	144 26	
Dermatology	360	198	148	14	186	174	190	170	22	8		7	9 5	7 2	6
Contagious	1395	467	513	415	538	857	724	671	66	24		101	4 44	35	0 22
Pediatrics	2197	881	805	511	903	1294	1240	957	130	44		151	19 51	14 60	11 40
Urology	2649	1025	1045	579	1165	1484	2076	573	1358	64		54 93	14 37	21 26	17 30
Surgery	9661	3702	3709	2250	4996	4665	5341	4320	5264	331		42 492	19 187	12 173	11 132
Dental Surgery	253	0	0	253	136	117	115	138	136	3		164	70	61	33
Fracture	803	320	259	224	500	303	481	322	330	22		36	0 14	12	10
Orthopedics	2355	1024	875	456	1317	1038	1450	905	739	59	2	29	15	10	0 4
Ophthalmology	1603	730	580	293	718	885	891	712	861	36		0	0	0	0
Otolaryngology	3460	1482	1057	921	1895	1565	1585	1875	2227	42		15	5	6	0 4
Gynecology	4520	1767	1776	977	1953	2567	0	4520	2223	108		66	24	30	3 12
Obstetrics	7520	3331	2947	1242	2162	5358	0	7520	1442		W464	27 14	13	10	4 0
New Borns	5175	2338	2056	781	1456	3719	2627	2548	8	5	C1026	12	43	7 40	17
Prematures	590	257	228	105	128	462	289	301	2	0	-	71 166 115	26 65 36	37 68 52	33 27
MOVES	KAMER	MA PROPERTY.			-	Name of Street	-	-	-	-	-		-	2.5	1000

ANNUAL REPORT OF MEDICAL RECORDS LIBRARY

Autopsies in bold face.

July 1, 1941 through June 30, 1942

	TOTAL	L. S. U.	TULANE	INDEPENDENT	WHITE	COLORED	MALE	FEMALE	OPERATIONS	DESERTIONS	NOT	TOTAL	TULANE	L. S. U.	INDEPENDENT
DEATHS:	1	-			ETT							1		1	
Due to Cardiovascular	400	19		-			-					. 5	-		
disease	162	66	46	50	55	107	75	87				DECK.			11/18
Due to Malignancy Due to Tuberculosis	277	112	115	50	142	135	153	124			-		110		- 13
Due to Renal disease	305 151	141	143	21	112	193	189	116						100	C 1 70.
Due to Poison, accidents,	191	48	71	32	67	84	81	70		2010				- 2 %	
and violence	181	53	66	62	110	71	110	62		1000		14.50			
White	1193	419	484	290	110	11	119	62						100	
***************************************	384	133	164	87	-			200			17 - 1		145		
Colored	1571	640	598	333					20	4336			3	1/50	
	628	245	266	117					331				3	1021	
Male	1608	612	624	372	1. 2.10		1000	110		7 100			11 3		
	594	225	237	132			1000	24	4				12.12		
Female	1156	447	458	251	-		1 1 1 1	41.00						1000	
	418	153	193	72	3 11	- 11			-		-	2	14 15	1	
Still Borns	246	91	102	53	65	181	143	103							

Respectfully submitted,

SHELBY H. McCAFFREY, Acting Record Librarian.

OPERATIONS

July 1, 1940-June 30, 1941

	Operating	Accident	Cystoscopic
	Rooms	Rooms	Rooms
July	1847	5046	286
		77.0	
August	1858	5297	294
September	1846	4792	234
October	1887	4424	276
November	1687	3826	227
December	1434	3773	198
January	1748	4049	263
February	1688	3767	243
March	1796	3896	280
April	1748	4337	247
May	1836	4853	197
June	1825	5012	249
,	1020	0012	443
Total	21200	53072	2994
	Eve	Ear. Nose &	Plaster
	Eye Rooms	Ear, Nose & Throat Rooms	Plaster Rooms
July			
	Rooms	Throat Rooms	Rooms
August	Rooms 141	Throat Rooms	Rooms 267 319
August September	Rooms 141 138 105	Throat Rooms 456 437 363	Rooms 267 319 346
August September October	Rooms 141 138 105 122	Throat Rooms 456 437 363 361	Rooms 267 319 346 338
August September October November	Rooms 141 138 105 122 94	Throat Rooms 456 437 363 361 235	Rooms 267 319 346 338 364
August	Rooms 141 138 105 122 94 81	Throat Rooms 456 437 363 361 235 259	Rooms 267 319 346 338 364 306
August	Rooms 141 138 105 122 94 81 106	Throat Rooms 456 437 363 361 235 259 107	Rooms 267 319 346 338 364 306 343
August September October November December January February	Rooms 141 138 105 122 94 81 106 86	Throat Rooms 456 437 363 361 235 259 107 73	Rooms 267 319 346 338 364 306 343 262
August September October November December January February March	Rooms 141 138 105 122 94 81 106 86 137	Throat Rooms 456 437 363 361 235 259 107 73 170	Rooms 267 319 346 338 364 306 343 262 321
August September October November December January February March April	Rooms 141 138 105 122 94 81 106 86 137 128	Throat Rooms 456 437 363 361 235 259 107 73 170 171	Rooms 267 319 346 338 364 306 343 262 321 308
August September October November December January February March April May	Rooms 141 138 105 122 94 81 106 86 137 128 124	Throat Rooms 456 437 363 361 235 259 107 73 170 171 204	Rooms 267 319 346 338 364 306 343 262 321 308 313
August September October November December January February March April	Rooms 141 138 105 122 94 81 106 86 137 128	Throat Rooms 456 437 363 361 235 259 107 73 170 171	Rooms 267 319 346 338 364 306 343 262 321 308

	Bronchoscopic Rooms
July	55
August	
September	73
October	56
November	
December	
January	
February	
March	
April	77
May	
June	- 58
Total	700

The Department of Anesthesia is reporting on all anesthetics administered.

YEARLY REPORT of 12th FLOOR OPERATING ROOMS July 1, 1941—June 30, 1942

	CASES	OPERATIONS
Miles Operating Room	5493	9405
Delgado Operating Room.	5799	10327
Throat Room	2630	2630
Eye Room.	1345	1345
Bronchoscopic Room.	902	902
Plaster Room	3296	156
Cystoscopic Room	2561	
Accident Room—		
White30365		
Colored26795	57160	
TOTAL.	22026	24765

OPERATIONS

July 1, 1941—June 30, 1942

	Operating Rooms	Accident Rooms	Cystoscopic Rooms
July	2014	5580	275
August	1984	5739	280
September	1883	5386	261
October	1828	5242	245
November	1363	4371	199
December	1369	4130	174
January	1523	3989	232
February	1483	3595	180
March	1610	4445	189
April	1534	4609	173
May	1613	4841	188
June	1528	5233	165
Total	19732	57160	2561
	Eye	Ear, Nose &	Plaster
	Rooms	Throat Rooms	Rooms
July	142	422	323
August	122	373	315
September	103	339	273
October	137	323	360
November	92	174	313
December	78	107	266
January	124	92	212
February	101	103	216
March	112	127	292
April	131	164	229
May	92	203	233
June	111	203	264
Total	1345	2630	3296

	Bronchoscopic Rooms
Tuly	79
August	76
September	64
October	74
November	72
December	97
January	78
February	70
March	
April	
May	72
June	75
Total	902

REPORT OF PHARMACIST

July 1, 1942

Dr. O. P. Daly, Director Charity Hospital of Louisiana New Orleans, Louisiana

Dear Doctor - Daly:

The following is the report of the Pharmacy Department for the year ending June 30, 1942:

Special Prescriptions filled	54,004
Narcotic Prescriptions filledStock Prescriptions filled	
Total	173,450

SERUMS AND ANTITOXINS PURCHASED

Anti-Anthrax Serum 50 cc	85 vials
Anti-Haemophilus Influenza Serum Diagnostic Type 3	24 tubes
Anti-Influenza Serum Type 3	19 vials
Auti-Influenza Serum	125 vials
Anti-Meningococcic Serum	13 vials
Anti-Pneumococcic Serum Type 1—20,000 Units	90 vials
Anti-Pneumococcic Serum Type 2—20,000 Units	20 vials
Anti-Pneumococcic Serum Type 3—20,000 Units	70 vials
Anti-Pneumococcic Serum Type 4—20,000 Units	45 vials
Anti-Pneumococcic Serum Type 5—20,000 Units	25 vials
Anti-Pneumococcic Serum Type 6—20,000 Units	30 vials
Anti-Pneumococcic Serum Type 7—20,000 Units	80 vials
And-Pheumococcic Serum Type 8—20,000 Units	33 vials
Anti-Pneumococcic Serum Type 8—50,000 Units	4 vials
Anti-Pneumococcic Serum Type 9—20,000 Units	59 vials
Anti-Pheumococcic Serum Type 10—20,000 Units	15 vials
Anti-Pneumococcic Serum Type 11—20,000 Units	10 vials
Anti-Pheumococcic Serum Type 12—20,000 Units	70 vials
Anti-Pneumococcic Serum Type 13—20,000 Units	10 vials
Anti-Pneumococcic Serum Type 14—20 000 Units	10 vials
Anti-Pheumococcic Serum Type 15—20,000 Units	10 vials
Anti-Pheumococcic Serum Type 18—20,000 Units	53 vials
Anti-Pheumococcic Serum Type 19—20,000 Units	14 vials
Anti-Pneumococcic Serum Type 20—20,000 Units	10 vials
Anti-Pheumococcic Serum Type 29—20,000 Units	24 vials
Anti-Pheumococcic Serum Type 31—20,000 Units	12 vials
Anti-Pheumococcic Serum Type 31—50 000 Units	6 vials
Anti-Pheumococcic Serum Type 33—20,000 Units	10 vials
Anu-1 ularemic Serum	10 vials
Anti-Venin Polyvalent Snake Bite	19 vails
Anti-Venin Polyvalent Snake Bite	4 vails
Catarrial Vaccine	50 vials
coley's Mixed vaccine 20 cc	7 vials
Application Antitoxin 10 000 Units	260 vials
L'apartitie Antifovin 20 000 Units	265 vials
are producted TOXOIC	15 vials
Erysipelas Vaccine	9 vials

Furunculosis Vaccine 5 cc			
Gas Gangrene Antitoxin	Furunculosis Vaccine 5	cc	80 vials
1 vial Meningococcic Antitoxin 210 vials Meningococcic Antitoxin 210 vials Mixed Vaccine Influenza 95 vials Mixed Vaccine Respiratory Infections 265 vials Mocassin Snake Venom 1/3000 25 vials Scarlet Fever Antitoxin Therapuetic 22 vials Small Pox Vaccine V-5 Tubes of 5 Points each 55 tubes Staphylococcic Antitoxin 20,000 Units 27 vials 27	Gas Gangrene Antitoxin	1	100 vials
Immune Globulin 10 cc	Gonococcus Vaccine		1 vial
Meningococcic Antitoxin	Immune Globulin 10 cc		45 viole
Mixed Vaccine Influenza 95 vials Mixed Vaccine Respiratory Infections 265 vials Mocassin Snake Venom 1/3000 25 vials Pertussis Vaccine 12 vials Scarlet Fever Antitoxin Therapuctic 22 vials Small Pox Vaccine V-5 Tubes of 5 Points each 55 tubes Staphylococcic Toxoid 96 vials Staphylococcic Toxoid 96 vials Streptococcic Vaccine 11 vials Tetanus Antitoxin 10,000 Units 21,000 vials Tetanus Antitoxin 20,000 Units 90 vials Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid H Antigen 2 cc 35 vials Typhoid Vaccine 2cc 40 vials Typhoid Vaccine 2cc 33 vials Typhoid Vaccine 2cc 9 vials Mapharsen 2 gram without Sol Mapharsen 4 gram (10 dose amp.) 450 amps. Mapharsen 6 gram (10 dose amp.) 350 amps. Neo arsephenamine 3 gram 100 amps.	Meningococcic Antitoxi	n	210 viols
Mixed Vaccine Respiratory Infections 265 vials	Mixed Vaccine Influenz	a	95 vials
Mocassin Snake Venom 1/3000	Mixed Vaccine Respirat	tory Infections	265 whole
Pertussis Vaccine 12 vials Scarlet Fever Antitoxin Therapuetic 22 vials Small Pox Vaccine V-5 Tubes of 5 Points each 55 tubes Staphylococcic Antitoxin 20,000 Units 277 vials Staphylococcic Toxoid 96 vials Staphylococcic Toxoid 96 vials Streptococcic Vaccine 11 vials Tetanus Antitoxin 10,000 Units 21,000 vials Tetanus Antitoxin 10,000 Units 90 vials Tetanus Antitoxin 20,000 Units 174 vials 174 vials Tetanus Antitoxin 20,000 Units 174 vials 174 via	Mocassin Snake Venom	1/3000	25 minls
Small Pox Vaccine V-5 Tubes of 5 Points each 55 tubes 277 vials Staphylococcic Antitoxin 20,000 Units 96 vials Staphylococcic Toxoid 96 vials Streptococcic Vaccine 11 vials Tetanus Antitoxin 1,500 Units 21,000 vials Tetanus Antitoxin 10,000 Units 174 vials Tetanus Antitoxin 20,000 Units 174 vials Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid Bacterin Mixed 30 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 20 cc 40 vials Typhoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc 9 vials ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol. 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 45 gram 600 amps Neo arsephenamine 45 gram 400 amps Neo arsephenamine 30 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 300 gram 54,50 vials 100 amps 100 amps	Pertussis Vaccine		12 vials
Small Pox Vaccine V-5 Tubes of 5 Points each 55 tubes 277 vials Staphylococcic Antitoxin 20,000 Units 96 vials Staphylococcic Toxoid 96 vials Streptococcic Vaccine 11 vials Tetanus Antitoxin 1,500 Units 21,000 vials Tetanus Antitoxin 10,000 Units 174 vials Tetanus Antitoxin 20,000 Units 174 vials Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid Bacterin Mixed 30 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 20 cc 40 vials Typhoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc 9 vials ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol. 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 45 gram 600 amps Neo arsephenamine 45 gram 400 amps Neo arsephenamine 30 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 300 gram 54,50 vials 100 amps 100 amps	Scarlet Fever Antitoxin	Therapuetic	22 vials
Staphylococcic Antitoxin 20,000 Units	Small Pox Vaccine V-5	Tubes of 5 Points each	
Staphylococcic Toxoid 96 vials Streptococcic Vaccine 11 vials Tetanus Antitoxin 1,500 Units 21,000 vials Tetaxun Antitoxin 10,000 Units 90 vials Tetanus Antitoxin 20,000 Units 174 vials Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid Bacterin Mixed 30 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 2cc 40 vials Typhoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc 9 vials ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram 1,100 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 45 gram 600 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 400 amps Sulpharsphenamine 2 gram 400 amps Tryparsamide 50.0 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-80-10 cc 1,250 vials Insulin U-80-10 cc 30 vials Insulin U-80-10 cc 30 vials Insulin U-100-10 cc 5 vials Insulin U-100-10 cc 1,250 vials In	Staphylococcic Antitoxi	n 20.000 Units	
Streptococcic Vaccine	Staphylococcic Toxoid		96 vials
Tetanus Antitoxin 1,500 Units	Streptococcic Vaccine		
Tetaxun Antitoxin 10,000 Units 90 vials Tetanus Antitoxin 20,000 Units 174 vials Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 2cc 40 vials Typhoid Vaccine 2cc 40 vials Typhoid Vaccine 2cc 33 vials Typhoid Vaccine 2cc 9 vials ARSPHENAMINES PURCHASED 8 Bismarsen 2 gram without Sol. 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 5 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 100 amps Neo arsephenamine 2 gram 100 amps Neo arsephenamine 2 gram 30 vials Insulin <td< td=""><td>Tetanus Antitoxin 1.50</td><td>00 Units</td><td>21 000 vials</td></td<>	Tetanus Antitoxin 1.50	00 Units	21 000 vials
Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 2cc 40 vials Typhoid Vaccine 2cc 33 vials Typhoid Vaccine 2cc 33 vials Undulant Fever Vaccine 5cc 9 vials ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 6 gram 600 amps Neo arsephenamine 5 gram 5,410 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-80-10 cc 30 vials Insulin U-100-10 cc 5 vials Insulin U-100-10 cc 5 vials	Tetaxun Antitoxin 10.0	00 Units	00 vials
Tetanus Gas Gangrene 2,200 vials Tetanus Toxoid 6 vials Typhoid Bacterin Mixed 30 vials Typhoid H Antigen 2 cc 35 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 2cc 40 vials Typhoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc Bismarsen 2 gram without Sol 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 45 gram 600 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-80-10 cc 30 vials Insulin U-100-10 cc 5 vials Insulin U-100-10 cc 5 vials	Tetanus Antitoxin 20.00	00 Units	
Tetanus Toxoid	Tetanus Gas Gangrene		2 200 wiels
Typhoid Bacterin Mixed 30 vials Typhoid H Antigen 2 cc 35 vials Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 2cc 40 vials Tyhpoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc 9 vials ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol. 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 45 gram 600 amps Neo arsephenamine 5 gram 400 amps Neo arsephenamine 2 gram 5410 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 100 amps Neo arsephenamine 2 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-40-10 cc 1,250 vials Insulin U-100-10 cc 5 vials Insulin U-100-10 cc <t< td=""><td>Tetanus Toxoid</td><td></td><td>2,200 Viais</td></t<>	Tetanus Toxoid		2,200 Viais
Typhoid Vaccine for Fever Therapy 35 vials Typhoid Vaccine for Fever Therapy 40 vials Typhoid Vaccine 20 cc 40 vials Tyhpoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol. 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 6 gram 600 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 2 gram 5,410 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 400 amps Neo arsephenamine 2 gram 100 amps Neo arsephenamine 2 gram 100 amps Neo arsephenamine 2 gram 30 bottles Insulin U-20-10 cc 1,250 vials Insulin U-80-10 cc 30 vials Insulin U-100-10 cc	Typhoid Bacterin Mixe	d	20 vials
Typhoid Vaccine for Fever Therapy 54 vials Typhoid Vaccine 2cc 40 vials Tyhpoid Vaccine 20 cc 33 vials Undulant Fever Vaccine 5cc 9,500 amps ARSPHENAMINES PURCHASED Bismarsen 2 gram without Sol. 9,500 amps Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 6 gram 600 amps Neo arsephenamine 5 gram 5,410 amps Neo arsephenamine 2 gram 400 amps Sulpharsphenamine 2 gram 400 amps Tryparsamide 50.0 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-80-10 cc 30 vials Insulin U-100-10 cc 5 vials Insulin U-100-10 cc 5 vials Insulin U-100-10 cc 5 vials	Typhoid H Antigen 2 c	20	9 # - 1-1-
Typhoid Vaccine 20 cc	Typhoid Vaccine for Fe	ver Therapy	5d vials
Tyhpoid Vaccine 20 cc	Typhoid Vaccine 2cc		40 vials
ARSPHENAMINES PURCHASED Sismarsen 2 gram without Sol. 9,500 amps	Tyhpoid Vaccine 20 cc		The second second
ARSPHENAMINES PURCHASED Bismarsen .2 gram without Sol. 9,500 amps 4 gram (10 dose amp.) 450 amps Mapharsen .6 gram (10 dose amp.) 350 amps Neo arsephenamine .3 gram 1,100 amps Neo arsephenamine .45 gram 600 amps Neo arsephenamine .6 gram 400 amps Neo arsephenamine .5 gram 5,410 amps Neo arsephenamine .5 gram 5,410 amps Neo arsephenamine .5 gram 100 amps Neo arsephenamine .5 gram 20 bottles TNSULIN PURCHASED Insulin U-20-10 cc 1,250 vials Insulin U-40-10 cc 1,250 vials Insulin U-100-10 cc 5 vials Crystalline Zine Insulin U-100-10 cc 5 vials Crystalline Zine Insulin U-40-10 cc 150 vials Crystalline Zine Insulin U-100-10 cc 150 vials Crystalline U-100-10 cc U	Undulant Fever Vaccing	5cc	77.75
Bismarsen .2 gram without Sol. 9,500 amps Mapharsen .4 gram (10 dose amp.) 450 amps Mapharsen .6 gram (10 dose amp.) 350 amps Neo arsephenamine .3 gram 1,100 amps Neo arsephenamine .6 gram 600 amps Neo arsephenamine .6 gram 400 amps Neo arsephenamine .5 yan 5,410 amps Neo arsephenamine .2 gram 100 amps Sulpharsphenamine .2 gram 400 amps Tryparsamide .50.0 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-40-10 cc 30 vials Insulin U-100-10 cc 5 vials Crystalline Zinc Insulin U-40-10 cc 5 vials	Chamant I ever vacchie		9 VIRIS
Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 3 gram 5,410 amps Neo arsephenamine 2 gram 100 amps Sulpharsphenamine 2 gram 400 amps Tryparsamide 50.0 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-40-10 cc 30 vials Insulin U-100-10 cc 5 vials Crystalline Zinc Insulin U-40-10 cc	AF	RSPHENAMINES PURCHASED	
Mapharsen 4 gram (10 dose amp.) 450 amps Mapharsen 6 gram (10 dose amp.) 350 amps Neo arsephenamine 3 gram 1,100 amps Neo arsephenamine 6 gram 400 amps Neo arsephenamine 3 gram 5,410 amps Neo arsephenamine 2 gram 100 amps Sulpharsphenamine 2 gram 400 amps Tryparsamide 50.0 gram 20 bottles Insulin U-20-10 cc 1,250 vials Insulin U-40-10 cc 30 vials Insulin U-100-10 cc 5 vials Crystalline Zinc Insulin U-40-10 cc	Bismarsen 2	gram without Sol	9 500
Mapharsen 6 gram (10 dose amp.) 350 amps	Mapharsen 4	gram (10 dose amp.)	450 amps.
Neo arsephenamine 3 gram 1,100 amps	Mapharsen .6	gram (10 dose amp.)	
Neo arsephenamine 45 gram 600 amps 400 amps 400 amps		gram	1 100 amps
Neo arsephenamine		gram	600 amps
Neo arsephenamine 3.00 gram	Neo arsephenamine .6		400 amps
Neo arsephenamine 4.5 gram	Neo arsephenamine 3.00	gram	5.410 amps
Sulpharsphenamine 2 gram 400 amps	Neo arsephenamine 4.5	gram	100 amps
Tryparsamide 50.0 gram 20 bottles			
INSULIN PURCHASED 100 vials 100 vial			
Insulin U-20-10 cc 100 vials Insulin U-40-10 cc 1,250 vials Insulin U-80-10 cc 30 vials Insulin U-100-10 cc 5 vials Crystalline Zine Insulin U-40-10 cc 150 vials Crystalline Zine Insulin U-40-10 cc U-40-			20 DOLLIE
Insulin		and the second s	
Insulin	Insulin	U-20-10 cc	100 wints
Insulin U-80-10 cc 30 vials Insulin U-100-10 cc 5 vials Crystalline Zine Insulin U-40-10 cc 150 vials	Insulin		
Insulin U-100-10 cc 5 vials Crystalline Zine Insulin U-40-10 cc	Insulin	U-80-10 cc	
Crystalline Zinc Insulin U-40-10 cc	Insulin	U-100-10 cc	5 while
Protamine Zinc Insulin U-40-10 cc.	Crystalline Zinc Insulin	U-40-10 cc	150 wiels
	Protamine Zinc Insulin	U-40-10 cc	1,300 vials

Respectfully submitted,
A. P. LAUVE,
Chief Pharmacist.

APL.J.

REPORT OF CHARITY HOSPITAL GUILD July 1st, 1941 to June 30th, 1942

Amputation sponges ————————————————————————————————————	
Fluffs	13,09
Central service sponges	
4 x 4	
C 20 x 20	
Kotex	1,42
Mesh Gauze	11,09
Blade cases	12,02
Needle cases	3
Lap-sixes	35
Cigarette drains	(400)
Thread cards	
Perineals	1,750
Fracheotomy pade	5,77
Fracheotomy pads	5,70
Fracheotomy tape	23
Or. Nelson's tampons	
Consil tampons	6,20
Sterile cotton	
Applicators	333,313
Cotton balls	1,308,898
Cellu pads	76,319
odoform pads	2,844
Compressed dressings	190,112
Paper bags	58,743
Standards	
Standards	236,601
Tangua blada	233,444
Tongue blades	844
or. Owens, Compressed dressing	1,572
Subber dams Slood transfusion boards	718
lahy hands	658
Saby bands	
x 9 inch bandage	5,685
Flats	867,451
Dakin Tubes	291
	14
all bladder rolls	8
or. Owens surgical dressing	12
dober bands	GE 100
lastoid dressings	206
Or. Owens plain gauze	1,145

Total....

5,833,835

448 meetings, attendance 6,359.

OFFICERS AND BOARD MEMBERS

Sister Stanislaus is Honorary President for life.

President	mis. C. Warren Gilmer
1st Vice-President	Mrs. J. T. Heyden
2nd Vice-President	Mrs. W. S. Amoss
3rd Vice-President	Mrs. L. D. Barrett
4th Vice-President	Mrs. C. J. Brauner
Our Treasurer, Miss G. McCay is laid up Palfrey is Acting Treasurer.	with a broken hip so Miss Sarah
Recording Secretary	Miss Sarah Palfrey
Corresponding Secretary	Miss Adele Reynaud
Publicity Chairman	Mrs. H. E. Kuhner

BOARD MEMBERS

MRS. R. LUSHER

MRS. N. J. KHOURY

MRS. E. J. NESTER

LADIES IN CHARGE OF MEETINGS

Monday, a.m., Mrs. W. S. Amoss and Mrs. Alice Wilson.

Monday, p.m., Mrs. N. J. Khoury.

Tuesday, a.m., Mrs. J. Schoen.

Tuesday, p.m., Mrs. R. Lusher, Mrs. R. Chevis, Mrs. D. F. Harrison, Mrs. D. N. Barr, Mrs. E. W. McLean and Mrs. M. H. Jameison.

Wednesday, a.m., Mrs. P. Jansen and Mrs. F. Volchmann.

Wednesday, p.m., Mrs. L. Bertucci and Mrs. B. Washastrom.

Thursday, a.m., Mrs. C. J. Brauner, Mrs. L. Papoutge and Mrs. H. Collins

Thursday, p.m., Mrs. E. J. Nester and Mrs. Chas. Chehardy.

Friday, a.m., Mrs. L. D. Barrett and Mrs. J. D. Nix.

Saturday a. m. is Scout morning with Mrs. N. J. Khoury in charge.

NAMES OF GROUPS ASSISTING IN GUILD WORK

Various Groups, A.R.C.; Various Groups, A.W.V.S.; Also quite a for ladies take work home.

Gumbel Girls—Gumbel Home; St. Margaret's Daughters; Syrial American Club; Touro-Shakespeare Home; Les Quarante Ecolieres; Bustinian School; Miss Theodora Giovengo; F.H.A. Projects; Seventh Danger Adventists; Christ Church; St. Andrews Church; St. Anthony's Church; Salem Evangelical Church; Canal St. Presbyterian Church; St. Charles Ave. Christian Church; Central Baptist hurch; Coliseum Baptist Church; Prytania Presbyterian Church; Gentilly Presbyterian Church; Trinic Evangelical Church; Bethany Evangelical Church; Parker Memory Church; American Needlework Guild No. 16.

Scout Troops: 19, 78, 25, 47, 32, 34, 1, 21, 22, 26, 41, 5, 12, 14, 16, 18, 35, 27, 11, 31.

INDEX

Don'd at A V	PAGE
Board of Administrators	
Form of-Gift or Bequest	iv
Donors to Children's Bed Endowment Fund	
Departmental Staffs	vi vi
Resident, Intern and Visiting Staffs	ix
Report of Vice-President (Biennial)	
Report of Director (Biennial)	
Report of Director (Statistical)	35 & 75
Report of Accounting Department	
Report of Pathological Department	
Report of X-Ray Department	45
Report of Heart Station	45a
Report of Physical Therapy Department	
Report of Out-Patient Department	
Report of Anesthesia Department	
Repor tof Medical Social Service Department	
Report of Nursing Department	
Report of Contagious Department	72
Report of Dietary Department	. 73
Report of Allergy Clinic	
Report of Medical Records Library	80
Report of Operating Rooms	82
Report of Pharmacy	85
Report of Charity Hospital Guild	87