Grace-New Haven Community Hospital Annual Report 1947 - 1949

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Hospital Annual Reports, as a rule, follow a monotonous pattern of statistical and financial summaries of hospital activities leavened with photographs designed to catch the public interest. These reports serve the important function, however, of providing a periodic analysis of the hospital for the Board of Directors and the community.

The Report of the Director in the succeeding pages is not to be considered as the official Annual Report of the Hospital but rather as an analysis of the development of the Grace-New Haven Community Hospital during the past two years with a discussion of the problems confronting the Hospital at this time. It will be realized that not only does this institution face problems common to all hospitals today, but that because of the consolidation of Grace and New Haven Hospitals and because of the intimate relationship of the Hospital and Yale Medical School, the Grace-New Haven Community Hospital has its own additional unique problems.

It is realized that the value of reports of this type varies inversely as to the length and that brevity is to be desired. It cannot be too strongly emphasized, however, that the current developments in this Hospital are among the most important in the histories of both the Grace and New Haven Hospitals and that complete understanding and support by the Board of Directors and indirectly by the Community is necessary if the great medical center that those of vision have planned is to become a reality.

Consequently, detailed analyses will be presented of certain facets of the problems confronting the Hospital today in order that future decisions may be reached intelligently and adequately.
OFFICERS

July 1, 1949

Frederick H. Wiggin, Chairman of the Board
D. Spencer Berger, President
Robert S. Judd, First Vice President

Frederick D. Grave, Vice President  Harry B. Kennedy, Vice President
Stanley Daggett, Secretary
The Union & New Haven Trust Company, Treasurer

Directors whose terms of office expire respectively in

1949  1950  1951

George F. Barnes    A. Bryan Clark    Thomas I. S. Boak
D. Spencer Berger    J. Dwight Dana    Dr. George B. Darling
George W. Berger    George Parmly Day    Philip H. English
Roland M. Bixler    Harry W. Dorigan    Henry L. Galpin
Milton P. Bradley    Frederick D. Grave    William B. Gumbart
Lewis H. Bronson    George S. Hawley    Mrs. Samuel C. Harvey
Mrs. Edith Valet Cook    Louis L. Hemingway    Robert E. Ramsay
Stanley Daggett    I. J. Hoffman    Orville F. Rogers, M.D.
Robert J. Hodge    Wilbur G. Hove    Charles E. Rolfe
Frederic E. Hudson    Leslie H. Jockmus    George S. Stevenson
Wallace C. Hutton    Harry B. Kennedy    Carlos F. Stoddard, Jr.
Henry W. Jones, Jr.    G. Vincent Maconi    Edgar Tullock
Robert S. Judd    Edward E. Minor    William F. Verdi, M.D.
Harry C. Knight    Abraham S. Ullman    Frederick H. Wiggin
F. Thatcher Lane    G. Harold Welch    Milton C. Winternitz, M.D.
Frederick W. Loeser    Charles A. Williams

Mayor William C. Celentano, ex officio

Executive Committee

D. Spencer Berger, Chairman

Stanley Daggett    Wilbur G. Hove    Harry B. Kennedy
Dr. George B. Darling    Wallace C. Hutton    Edward E. Minor
Henry L. Galpin    Robert S. Judd    Charles E. Rolfe
Frederick D. Grave    G. Harold Welch

Francis G. Blake, M.D., ex officio

Mayor William C. Celentano, ex officio

Finance and Budget Committee

G. Harold Welch, Chairman

Wilbur G. Hove    Harry W. Dorigan    Henry L. Galpin
Milton P. Bradley    Ira V. Ellithorpe    Robert E. Ramsay
                     Carl G. Freese

Auditors

Seward and Monde
**NEW HAVEN DISPENSARY**

D. Spencer Berger, President  
Frederick H. Wiggin, Vice-President  
Frederick N. Sperry, M.D., Secretary  
The Union & New Haven Trust Company, Treasurer

**Directors whose terms of office expire respectively in**

<table>
<thead>
<tr>
<th>Year</th>
<th>Directors</th>
</tr>
</thead>
</table>
| 1949 | Francis G. Blake, M.D.  
Dr. George B. Darling  
Philip H. English  
Frederick D. Grave  
James E. Wheeler |
| 1950 | D. Spencer Berger  
Harry W. Dorigan  
Frederick H. Wiggin  
Carl H. Lohmann |
| 1951 | Harry C. Knight  
Robert S. Judd  
Frederick N. Sperry  
Henry H. Townshend |

**Finance Committee**

Henry L. Galpin  
Frederick N. Sperry, M.D.  
G. Harold Welch

**CONNECTICUT TRAINING SCHOOL FOR NURSES**

D. Spencer Berger, President  
Frederick D. Grave, Vice-President

Henry L. Galpin, Treasurer  
Helen S. Bronson, Secretary

Seward and Monde, Auditors

We report with sorrow the death, during the period July 1, 1947 – June 30, 1949 of the following Directors of the Grace-New Haven Community Hospital and the New Haven Dispensary:

**ARTHUR N. ALLING,** died March 15, 1949

Secretary, New Haven Dispensary  
Director, New Haven Dispensary

**ARTHUR B. CLARK,** died December 3, 1947

Director, General Hospital Society of Connecticut  
Director, Grace-New Haven Community Hospital

**HENRY F. ENGLISH,** died November 15, 1947

Director, General Hospital Society of Connecticut  
Director, Grace-New Haven Community Hospital  
Director, New Haven Dispensary

**JOHN J. MCKEON,** died November 19, 1947

Director, General Hospital Society of Connecticut  
Director, Grace-New Haven Community Hospital  
Director, New Haven Dispensary
GRACE-NEW HAVEN COMMUNITY HOSPITAL

MEMBERS OF THE CORPORATION

July 1, 1949

Incorporators

D. Spencer Berger
Francis G. Blake, M.D.
Frederick D. Grave
Wilbur G. Hoye

Leslie H. Jockmus
Robert S. Judd
Harry B. Kennedy
Edward E. Minor

Robert E. Ramsay
Thomas H. Russell, M.D.
G. Harold Welch
Frederick H. Wiggin

Additional Members of Corporation

Thomas T. Amatruda
George F. Barnes
Richard J. Bennett
George W. Berger
Roland M. Bixler
Clarence Blakeslee
Thomas I. S. Boak
Milton F. Bradley
C. Raymond Brock
Lewis H. Bronson
A. Bryan Clark
Mrs. Edith Valet Cook
Stanley Daggett
J. Dwight Dana
Dr. George Dana Darling
George Parmly Day
Harry W. Dorgan

Ira V. Ellithorpe
Philip H. English
Carl G. Freese
Henry L. Galpin
Robert H. Gerrish
William B. Gumbart
Mrs. Samuel C. Harvey
George S. Hawley
Louis L. Hemingway
Robert J. Hodge
I. J. Hoffman
Frederic E. Hudson
Wallace C. Hutton
Henry W. Jones, Jr.
Harry C. Knight
F. Thatcher Lane
Frederick W. Loeser

G. Vincent Maconi
Ogden D. Miller
Joseph B. Morse
Robert L. Munger
Charles Oppe
Howard S. Palmer
Orville F. Rogers, M.D.
Charles E. Rolfe
Louis M. Rosenbluth
William R. Shaffer
George S. Stevenson
Carlos F. Stoddard, Jr.
Edgar Tullock
Abraham S. Ullman
William F. Verdi, M.D.
Milton J. Warner
Charles A. Williams
Milton C. Winternitz, M.D.

Mayor William C. Celentano, ex officio
GRACE-NEW HAVEN COMMUNITY HOSPITAL
and
NEW HAVEN DISPENSARY

EXECUTIVE STAFF

July 1, 1949

Director
Albert W. Snoke, M.D.

Associate Director
Sidney C. Davidson

Assistant Directors
Hilda H. Kroeger, M.D.
Alfred H. Marshall

Administrative Assistant
Richard H. Judd

ADMITTING
Helen B. Bray, Chief - New Haven Unit
Helen L. Rosenthal, Chief - Grace Unit

BUSINESS OFFICE
Edwin R. Johns, Controller

Jessie L. Ball, Business Manager
Grace Unit

DIETARY
Marion G. Dana, Chief - New Haven Unit
Amy B. Conwell, Chief - Grace Unit

MAINTENANCE, HOUSEKEEPING, LAUNDRY
John W. Manz, Chief

MEDICAL RECORDS
A. Louise Kelsey, Librarian-
New Haven Unit
Mary A. LeClair, Librarian-
Grace Unit -

NEW HAVEN DISPENSARY
Dorothy A. Bird, Supervisor

NURSING SERVICE
Laura M. Grant, Director -
New Haven Unit
Peggy Z. Stewart, Director -
Grace Unit

PERSONNEL
Mabel G. Martin, Director

PHARMACY
John J. Zugich, Chief

PHYSICAL THERAPY
Edith L. Nyman, Chief - New Haven Unit
Helen Murdock, Chief - Grace Unit

PURCHASING
J. Hasbrouck Wallace, Director

SOCIAL SERVICE
Eckka A. Gordon, Director

VOLUNTEERS
Bettina Jones, Supervisor - New Haven Unit
TOTAL GRACE-NEW HAVEN COMMUNITY HOSPITAL
(Grace and New Haven Units)

SUMMARY

<table>
<thead>
<tr>
<th>ADMISSIONS</th>
<th>Year Ended</th>
<th>Year Ended</th>
<th>Year Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June 30, 1947</td>
<td>June 30, 1948</td>
<td>June 30, 1949</td>
</tr>
<tr>
<td>Private</td>
<td>4,001</td>
<td>3,477</td>
<td>2,803</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>8,619</td>
<td>8,383</td>
<td>9,201</td>
</tr>
<tr>
<td>Ward</td>
<td>2,786</td>
<td>8,637</td>
<td>8,110</td>
</tr>
<tr>
<td>Total Excluding Psychiatric Clinic</td>
<td>22,406</td>
<td>20,497</td>
<td>20,111</td>
</tr>
<tr>
<td>Psychiatric Clinic</td>
<td>451</td>
<td>358</td>
<td>311</td>
</tr>
<tr>
<td>Total All Patients</td>
<td>22,857</td>
<td>20,855</td>
<td>20,455</td>
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</table>

DAILY AVERAGE NUMBER OF PATIENTS

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<thead>
<tr>
<th>Adults and Children:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year Ended</td>
<td>Year Ended</td>
<td>Year Ended</td>
</tr>
<tr>
<td>Private</td>
<td>88.56</td>
<td>83.45</td>
<td>67.91</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>194.34</td>
<td>187.07</td>
<td>174.21</td>
</tr>
<tr>
<td>Ward</td>
<td>278.66</td>
<td>269.89</td>
<td>239.59</td>
</tr>
<tr>
<td>Total</td>
<td>561.56</td>
<td>540.41</td>
<td>481.71</td>
</tr>
<tr>
<td>Newborn:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private and Semi-Private</td>
<td>45.13</td>
<td>40.70</td>
<td>37.63</td>
</tr>
<tr>
<td>Ward</td>
<td>35.56</td>
<td>26.65</td>
<td>20.04</td>
</tr>
<tr>
<td>Total</td>
<td>80.99</td>
<td>67.35</td>
<td>57.67</td>
</tr>
<tr>
<td>Total Excluding Psychiatric Clinic</td>
<td>642.55</td>
<td>607.76</td>
<td>539.38</td>
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<tr>
<td>Psychiatric Clinic</td>
<td>31.55</td>
<td>30.47</td>
<td>25.36</td>
</tr>
<tr>
<td>Total All Patients</td>
<td>674.10</td>
<td>638.23</td>
<td>564.74</td>
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</table>

PATIENT DAYS

<table>
<thead>
<tr>
<th>Adults and Children:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Year Ended</td>
<td>Year Ended</td>
<td>Year Ended</td>
</tr>
<tr>
<td>Private</td>
<td>32,324</td>
<td>30,539</td>
<td>24,788</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>70,934</td>
<td>68,467</td>
<td>63,587</td>
</tr>
<tr>
<td>Ward</td>
<td>103,714</td>
<td>98,782</td>
<td>87,454</td>
</tr>
<tr>
<td>Total</td>
<td>207,972</td>
<td>197,788</td>
<td>175,829</td>
</tr>
<tr>
<td>Newborn:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private and Semi-Private</td>
<td>16,581</td>
<td>14,899</td>
<td>13,736</td>
</tr>
<tr>
<td>Ward</td>
<td>12,983</td>
<td>9,755</td>
<td>7,311</td>
</tr>
<tr>
<td>Total</td>
<td>29,564</td>
<td>24,654</td>
<td>21,050</td>
</tr>
<tr>
<td>Total Excluding Psychiatric Clinic</td>
<td>231,536</td>
<td>222,412</td>
<td>196,879</td>
</tr>
<tr>
<td>Psychiatric Clinic</td>
<td>11,516</td>
<td>11,353</td>
<td>9,256</td>
</tr>
<tr>
<td>Total All Patients</td>
<td>243,052</td>
<td>233,765</td>
<td>206,135</td>
</tr>
</tbody>
</table>

CLINIC VISITS

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>25,967</td>
<td>24,533</td>
<td>22,061</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>11,869</td>
<td>10,511</td>
<td>10,132</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>11,130</td>
<td>10,781</td>
<td>11,491</td>
</tr>
<tr>
<td>Surgery</td>
<td>35,170</td>
<td>31,932</td>
<td>31,021</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>3,223</td>
<td>2,951</td>
<td>2,518</td>
</tr>
<tr>
<td>Total Visits</td>
<td>87,359</td>
<td>80,738</td>
<td>77,223</td>
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</tbody>
</table>
## COMPARATIVE STATISTICAL SUMMARY

**GRACE UNIT**

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients in Hospital start of period</strong></td>
<td>205</td>
<td>200</td>
<td>168</td>
</tr>
<tr>
<td><strong>Admitted</strong></td>
<td>8,905</td>
<td>7,632</td>
<td>7,152</td>
</tr>
<tr>
<td><strong>Total patients cared for</strong></td>
<td>8,910</td>
<td>7,832</td>
<td>7,320</td>
</tr>
<tr>
<td><strong>Discharged</strong></td>
<td>8,510</td>
<td>7,661</td>
<td>7,175</td>
</tr>
<tr>
<td><strong>Patients in Hospital end of period</strong></td>
<td>200</td>
<td>168</td>
<td>115</td>
</tr>
<tr>
<td><strong>Total number of days' service</strong></td>
<td>71,001</td>
<td>63,634</td>
<td>53,420</td>
</tr>
<tr>
<td><strong>Average length of patient’s stay</strong></td>
<td>8.34</td>
<td>8.30</td>
<td>7.14</td>
</tr>
<tr>
<td><strong>Daily average number of patients</strong></td>
<td>195</td>
<td>174</td>
<td>116</td>
</tr>
<tr>
<td><strong>Largest any one day</strong></td>
<td>239</td>
<td>213</td>
<td>197</td>
</tr>
<tr>
<td><strong>Smallest any one day</strong></td>
<td>129</td>
<td>120</td>
<td>85</td>
</tr>
<tr>
<td><strong>Total number of Clinic visits</strong></td>
<td>4,012</td>
<td>4,228</td>
<td>4,056</td>
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</tbody>
</table>

### Department Services:

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Operations</td>
<td>3,545</td>
<td>3,438</td>
<td>3,365</td>
</tr>
<tr>
<td>Deliveries</td>
<td>1,932</td>
<td>1,469</td>
<td>1,270</td>
</tr>
<tr>
<td>Anesthesias rendered</td>
<td>3,076</td>
<td>2,710</td>
<td>3,149</td>
</tr>
<tr>
<td>X-ray examinations</td>
<td>7,972</td>
<td>11,196</td>
<td>11,351</td>
</tr>
<tr>
<td>Laboratory examinations</td>
<td>61,761</td>
<td>59,227</td>
<td>61,119</td>
</tr>
<tr>
<td>X-ray therapy treatments</td>
<td>4,438</td>
<td>3,489</td>
<td>3,821</td>
</tr>
<tr>
<td>Physical therapy treatments</td>
<td>3,377</td>
<td>3,302</td>
<td>2,932</td>
</tr>
<tr>
<td>Emergency out-patient visits</td>
<td>2,371</td>
<td>2,160</td>
<td>2,195</td>
</tr>
<tr>
<td>Meals served</td>
<td>362,235</td>
<td>369,094</td>
<td>314,203</td>
</tr>
</tbody>
</table>

### Admissions by Class

<table>
<thead>
<tr>
<th>Class</th>
<th>Year Ended June 30, 1947</th>
<th>Year Ended June 30, 1948</th>
<th>Year Ended June 30, 1949</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>1,791</td>
<td>1,285</td>
<td>704</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>3,393</td>
<td>3,925</td>
<td>4,415</td>
</tr>
<tr>
<td>Ward</td>
<td>3,318</td>
<td>2,412</td>
<td>2,003</td>
</tr>
</tbody>
</table>

**Total**          | 8,505                    | 7,632                    | 7,152                    |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1,125</td>
<td>1,100</td>
<td>1,058</td>
</tr>
<tr>
<td>Gynecological</td>
<td>579</td>
<td>643</td>
<td>634</td>
</tr>
<tr>
<td>Newborn</td>
<td>1,941</td>
<td>1,487</td>
<td>1,270</td>
</tr>
<tr>
<td>Obstetrical</td>
<td>2,287</td>
<td>1,791</td>
<td>1,562</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>150</td>
<td>146</td>
<td>106</td>
</tr>
<tr>
<td>Surgical - General</td>
<td>1,371</td>
<td>1,383</td>
<td>1,493</td>
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<tr>
<td>Dental Surgery</td>
<td>55</td>
<td>82</td>
<td>141</td>
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<tr>
<td>Ophthalmology</td>
<td>35</td>
<td>33</td>
<td>20</td>
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<tr>
<td>Orthopedic</td>
<td>325</td>
<td>386</td>
<td>320</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>360</td>
<td>334</td>
<td>280</td>
</tr>
<tr>
<td>Urology</td>
<td>282</td>
<td>279</td>
<td>291</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges by Condition:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharged convalescent</td>
<td>8,236</td>
<td>7,405</td>
<td>6,970</td>
</tr>
<tr>
<td>Diagnosis only</td>
<td>75</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td>Death under 48 hours</td>
<td>82</td>
<td>77</td>
<td>68</td>
</tr>
<tr>
<td>Death over 48 hours</td>
<td>117</td>
<td>128</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Stillbirths</td>
<td>25</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Patient Class:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults and Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>7,706</td>
<td>5,059</td>
<td>21.06</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>28,559</td>
<td>26,786</td>
<td>78.03</td>
</tr>
<tr>
<td>Ward</td>
<td>16,742</td>
<td>12,986</td>
<td>15.74</td>
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<tr>
<td>Total</td>
<td>53,007</td>
<td>44,831</td>
<td>111.83</td>
</tr>
<tr>
<td>Newborns:</td>
<td></td>
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<td></td>
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<tr>
<td>Private and Semi-Private</td>
<td>7,022</td>
<td>6,085</td>
<td>19.18</td>
</tr>
<tr>
<td>Total</td>
<td>10,627</td>
<td>8,589</td>
<td>29.03</td>
</tr>
<tr>
<td>Total All Patients</td>
<td>63,634</td>
<td>53,420</td>
<td>173.86</td>
</tr>
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</table>
### CLINIC VISITS

#### GRACE UNIT

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>1946-47</th>
<th>1947-48</th>
<th>1948-49</th>
</tr>
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<tbody>
<tr>
<td>General</td>
<td>587</td>
<td>866</td>
<td>739</td>
</tr>
<tr>
<td>Allergy</td>
<td>25</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>Chiropody</td>
<td>59</td>
<td>118</td>
<td>113</td>
</tr>
<tr>
<td>Diabetic</td>
<td>365</td>
<td>407</td>
<td>426</td>
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<tr>
<td>Neurology</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>OBSTETRICS, GYNECOLOGY</th>
<th>1946-47</th>
<th>1947-48</th>
<th>1948-49</th>
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<tbody>
<tr>
<td>Pre-natal</td>
<td>929</td>
<td>705</td>
<td>640</td>
</tr>
<tr>
<td>Post-partum</td>
<td>61</td>
<td>75</td>
<td>63</td>
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<tr>
<td>Gynecology</td>
<td>476</td>
<td>456</td>
<td>491</td>
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<table>
<thead>
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<th>PEDIATRIC</th>
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<th>1948-49</th>
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<tbody>
<tr>
<td></td>
<td>58</td>
<td>110</td>
<td>52</td>
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<table>
<thead>
<tr>
<th>SURGERY</th>
<th>1946-47</th>
<th>1947-48</th>
<th>1948-49</th>
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<tbody>
<tr>
<td>General</td>
<td>635</td>
<td>780</td>
<td>784</td>
</tr>
<tr>
<td>Ear, Nose and Throat</td>
<td>81</td>
<td>110</td>
<td>155</td>
</tr>
<tr>
<td>Eye</td>
<td>231</td>
<td>107</td>
<td>142</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>238</td>
<td>222</td>
<td>241</td>
</tr>
<tr>
<td>Tumor</td>
<td>228</td>
<td>211</td>
<td>195</td>
</tr>
<tr>
<td>Urology</td>
<td>35</td>
<td>9</td>
<td>6</td>
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</table>

### TOTAL

<table>
<thead>
<tr>
<th>1946-47</th>
<th>1947-48</th>
<th>1948-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,012</td>
<td>4,228</td>
<td>4,056</td>
</tr>
<tr>
<td>Patients in Hospital start of period</td>
<td>1472</td>
<td>1432</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Admitted</td>
<td>14,352</td>
<td>13,223</td>
</tr>
<tr>
<td>Total patients cared for</td>
<td>14,824</td>
<td>13,655</td>
</tr>
<tr>
<td>Discharged</td>
<td>14,394</td>
<td>13,198</td>
</tr>
<tr>
<td>Patients in Hospital end of period</td>
<td>430</td>
<td>457</td>
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</table>

<table>
<thead>
<tr>
<th>Total Number of days' service including Psychiatric Clinic</th>
<th>175,051</th>
<th>169,961</th>
<th>152,715</th>
</tr>
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<tbody>
<tr>
<td>Average length of patients' stay</td>
<td>12.16</td>
<td>12.88</td>
<td>11.16</td>
</tr>
<tr>
<td>Daily average number of patients</td>
<td>480</td>
<td>464</td>
<td>418</td>
</tr>
<tr>
<td>Largest any one day</td>
<td>533</td>
<td>540</td>
<td>503</td>
</tr>
<tr>
<td>Smallest any one day</td>
<td>387</td>
<td>349</td>
<td>283</td>
</tr>
<tr>
<td>Stillbirths not included in admissions</td>
<td>18</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Deaths</td>
<td>608</td>
<td>573</td>
<td>514</td>
</tr>
<tr>
<td>Total number of visits to Dispensary</td>
<td>83,347</td>
<td>76,510</td>
<td>73,167</td>
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<table>
<thead>
<tr>
<th>Departmental Services</th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>6,715</td>
<td>6,613</td>
<td>7,568</td>
</tr>
<tr>
<td>Deliveries</td>
<td>1,711</td>
<td>1,568</td>
<td>1,449</td>
</tr>
<tr>
<td>Anesthesias rendered</td>
<td>5,574</td>
<td>5,511</td>
<td>5,791</td>
</tr>
<tr>
<td>X-ray examinations</td>
<td>25,192</td>
<td>25,019</td>
<td>27,321</td>
</tr>
<tr>
<td>Urological treatments</td>
<td>1,012</td>
<td>974</td>
<td>1,547</td>
</tr>
<tr>
<td>Urological X-ray examinations</td>
<td>914</td>
<td>847</td>
<td>1,053</td>
</tr>
<tr>
<td>Radium applications</td>
<td>36</td>
<td>44</td>
<td>130</td>
</tr>
<tr>
<td>X-ray Therapy treatments</td>
<td>4,432</td>
<td>5,252</td>
<td>4,945</td>
</tr>
<tr>
<td>Physical Therapy treatments</td>
<td>12,765</td>
<td>10,969</td>
<td>10,651</td>
</tr>
<tr>
<td>Prescriptions filled</td>
<td>9,395</td>
<td>12,380</td>
<td>22,792</td>
</tr>
<tr>
<td>Emergency out-patient visits</td>
<td>11,382</td>
<td>11,924</td>
<td>16,710</td>
</tr>
<tr>
<td>Meals served</td>
<td>1,011,994</td>
<td>1,029,608</td>
<td>1,033,320</td>
</tr>
<tr>
<td>Pounds laundered</td>
<td>2,659,136</td>
<td>2,703,744</td>
<td>3,273,729</td>
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</table>

<table>
<thead>
<tr>
<th>Admissions by Class:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>2,207</td>
<td>2,192</td>
<td>2,099</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>5,226</td>
<td>4,158</td>
<td>4,756</td>
</tr>
<tr>
<td>Ward</td>
<td>6,468</td>
<td>6,215</td>
<td>6,137</td>
</tr>
<tr>
<td>Total Excluding Psychiatric</td>
<td>13,901</td>
<td>12,865</td>
<td>12,992</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>451</td>
<td>358</td>
<td>311</td>
</tr>
<tr>
<td>Total</td>
<td>14,352</td>
<td>13,223</td>
<td>13,303</td>
</tr>
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</table>
### Admissions by Professional Service:

<table>
<thead>
<tr>
<th>Service</th>
<th>1917</th>
<th>1918</th>
<th>1919</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecological</td>
<td>853</td>
<td>931</td>
<td>957</td>
</tr>
<tr>
<td>Obstetrical</td>
<td>2,283</td>
<td>2,018</td>
<td>1,895</td>
</tr>
<tr>
<td>Medical-General</td>
<td>1,434</td>
<td>1,479</td>
<td>1,463</td>
</tr>
<tr>
<td>Medical-Communicable</td>
<td>709</td>
<td>523</td>
<td>454</td>
</tr>
<tr>
<td>Metabolism</td>
<td>332</td>
<td>214</td>
<td>265</td>
</tr>
<tr>
<td>Pediatric-General</td>
<td>314</td>
<td>359</td>
<td>418</td>
</tr>
<tr>
<td>Pediatric-Communicable</td>
<td>634</td>
<td>618</td>
<td>611</td>
</tr>
<tr>
<td>Pediatric-Newborn</td>
<td>2,412</td>
<td>1,887</td>
<td>1,733</td>
</tr>
<tr>
<td>Surgical-General</td>
<td>2,377</td>
<td>2,239</td>
<td>2,237</td>
</tr>
<tr>
<td>Dental Surgery</td>
<td>26</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>480</td>
<td>420</td>
<td>478</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>319</td>
<td>317</td>
<td>390</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>618</td>
<td>593</td>
<td>614</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>745</td>
<td>652</td>
<td>827</td>
</tr>
<tr>
<td>Urology</td>
<td>605</td>
<td>566</td>
<td>614</td>
</tr>
<tr>
<td>Psychiatric-Mental Hygiene</td>
<td>551</td>
<td>358</td>
<td>311</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14,352</td>
<td>13,223</td>
<td>13,303</td>
</tr>
</tbody>
</table>

### Discharges by Professional Service:

<table>
<thead>
<tr>
<th>Service</th>
<th>1917</th>
<th>1918</th>
<th>1919</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecological</td>
<td>894</td>
<td>961</td>
<td>969</td>
</tr>
<tr>
<td>Obstetrical</td>
<td>2,254</td>
<td>1,975</td>
<td>1,879</td>
</tr>
<tr>
<td>Medical-General</td>
<td>1,410</td>
<td>1,380</td>
<td>1,454</td>
</tr>
<tr>
<td>Medical-Communicable</td>
<td>637</td>
<td>488</td>
<td>388</td>
</tr>
<tr>
<td>Metabolism</td>
<td>347</td>
<td>212</td>
<td>270</td>
</tr>
<tr>
<td>Pediatric-General</td>
<td>157</td>
<td>462</td>
<td>450</td>
</tr>
<tr>
<td>Pediatric-Communicable</td>
<td>627</td>
<td>589</td>
<td>600</td>
</tr>
<tr>
<td>Pediatric-Newborn</td>
<td>2,051</td>
<td>1,764</td>
<td>1,707</td>
</tr>
<tr>
<td>Surgical-General</td>
<td>2,434</td>
<td>2,329</td>
<td>2,295</td>
</tr>
<tr>
<td>Dental Surgery</td>
<td>25</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>490</td>
<td>428</td>
<td>1,98</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>307</td>
<td>319</td>
<td>385</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>633</td>
<td>602</td>
<td>611</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>740</td>
<td>661</td>
<td>834</td>
</tr>
<tr>
<td>Urology</td>
<td>614</td>
<td>596</td>
<td>625</td>
</tr>
<tr>
<td>Psychiatric-Mental Hygiene</td>
<td>474</td>
<td>353</td>
<td>318</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14,394</td>
<td>13,198</td>
<td>13,321</td>
</tr>
</tbody>
</table>
### Patient Class:

**Adults and Children**
- **Private**
  - Total: 141,781
- **Semi-Private Ward**
  - Total: 139,998

**Newborn**:
- **Private and Semi-Private Ward**
  - Total: 141,461

**Total excluding Psychiatric Clinic**
- **Psychiatric Clinic**
  - Total All Patients: 169,961

### Patient Location

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Hospital</strong></td>
<td>105,404</td>
<td>98,071</td>
<td>287.99</td>
<td>268.69</td>
</tr>
<tr>
<td><strong>Isolation Pavilion</strong></td>
<td>19,476</td>
<td>15,410</td>
<td>53.21</td>
<td>42.22</td>
</tr>
<tr>
<td><strong>Private Pavilion</strong></td>
<td>20,425</td>
<td>18,510</td>
<td>55.81</td>
<td>50.71</td>
</tr>
<tr>
<td><strong>Tompkins Nursery</strong></td>
<td>6,365</td>
<td>5,425</td>
<td>18.76</td>
<td>14.86</td>
</tr>
<tr>
<td><strong>Private Nursery</strong></td>
<td>6,325</td>
<td>5,758</td>
<td>17.28</td>
<td>15.78</td>
</tr>
<tr>
<td><strong>Psychiatric Boarders</strong></td>
<td>313</td>
<td>285</td>
<td>.85</td>
<td>.78</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>158,808</td>
<td>143,459</td>
<td>433.90</td>
<td>393.04</td>
</tr>
<tr>
<td><strong>Psychiatric Clinic</strong></td>
<td>11,153</td>
<td>9,256</td>
<td>30.47</td>
<td>25.36</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>169,961</td>
<td>152,715</td>
<td>464.37</td>
<td>418.40</td>
</tr>
</tbody>
</table>
### CLINIC VISITS

**NEW HAVEN DISPENSARY**

<table>
<thead>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>8,104</td>
<td>8,519</td>
<td>9,366</td>
<td>8,932</td>
<td>8,049</td>
</tr>
<tr>
<td>Skin</td>
<td>2,552</td>
<td>3,320</td>
<td>3,723</td>
<td>3,328</td>
<td>2,872</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1,339</td>
<td>1,222</td>
<td>1,397</td>
<td>960</td>
<td>979</td>
</tr>
<tr>
<td>Allergy</td>
<td>1,987</td>
<td>2,388</td>
<td>2,710</td>
<td>2,802</td>
<td>2,763</td>
</tr>
<tr>
<td>Cardiac</td>
<td>1,084</td>
<td>981</td>
<td>1,191</td>
<td>1,084</td>
<td>980</td>
</tr>
<tr>
<td>Hematology</td>
<td>669</td>
<td>682</td>
<td>720</td>
<td>716</td>
<td>819</td>
</tr>
<tr>
<td>Metabolism</td>
<td>2,245</td>
<td>2,555</td>
<td>3,023</td>
<td>2,330</td>
<td>1,918</td>
</tr>
<tr>
<td>Neurology</td>
<td>530</td>
<td>518</td>
<td>583</td>
<td>655</td>
<td>681</td>
</tr>
<tr>
<td>Special Medical</td>
<td>2,638</td>
<td>2,110</td>
<td>1,623</td>
<td>1,649</td>
<td>1,267</td>
</tr>
<tr>
<td>Arthritic</td>
<td>--</td>
<td>--</td>
<td>561</td>
<td>831</td>
<td>564</td>
</tr>
</tbody>
</table>

**OBSTETRICS AND GYNECOLOGY**

| General                          | 5,547   | 5,740   | 8,022   | 7,573   | 8,050   |
| Residents' Clinic                | 2,306   | 2,117   | 2,370   | 1,732   | 888     |
| Infertility                      | --      | --      | 11      | --      | --      |

**PEDIATRICS**

| General                          | 7,209   | 7,637   | 7,351   | 6,648   | 7,171   |
| Allergy                          | 1,538   | 2,451   | 2,271   | 2,111   | 2,322   |
| Cardiac                          | 441     | 380     | 376     | 492     | 868     |
| Child Welfare Research           | 228     | 285     | 189     | 235     | 22      |
| Hemangioma                       | 66      | 117     | 147     | 30      | 26      |
| Hematology                       | --      | --      | 65      | 73      | 116     |
| Neurology                        | 357     | 311     | 362     | 444     | 436     |
| Special Pediatrics               | 409     | 110     | 39      | *       | *       |
| Third Pediatrics                 | 936     | 792     | 372     | 638     | 448     |

**SURGERY**

| General                          | 8,610   | 9,399   | 10,096  | 8,710   | 8,519   |
| Neurosurgery                     | 741     | 712     | 328     | 804     | 679     |
| Tumor                            | 157     | 21      | --      | --      | --      |

**DENTAL**

| General                          | 3,080   | 4,716   | 4,264   | 3,395   | 3,246   |

**OPHTHALMOLOGY**

| General                          | 2,406   | 3,810   | 5,344   | 5,568   | 5,772   |

**ORTHOPEDICS**

| General                          | 5,222   | 5,005   | 5,347   | 5,016   | 4,550   |

**OTOLARYNGOLOGY**

| General                          | 6,114   | 5,321   | 5,703   | 4,618   | 4,378   |

**PSYCHIATRY**

| General                          | 1,720   | 2,113   | 3,223   | 2,951   | 2,518   |

**UROLOGY**

| General                          | 2,061   | 2,047   | 2,640   | 2,352   | 2,354   |

**GRAND TOTAL**

| General                          | 70,479  | 76,033  | 83,347  | 76,510  | 73,167  |

* - Included in General Pediatrics
GRACE-NEW HAVEN COMMUNITY HOSPITAL

Report of the Director

During the past two years, both units of the hospital have followed the same pattern of utilization of hospital beds and of mounting costs. The number of patients admitted to each unit has remained approximately the same from year to year but the number of patient days has declined appreciably. This has resulted in a shorter patient stay - which upon analysis is an accentuation of a trend that has been occurring for a number of years. The average patient stay in the New Haven unit is now 11.6 days and in the Grace unit 7.6 days as contrasted to 15.3 and 10.6 in 1935. This reduction of approximately 25% can be explained partly by the higher costs of hospital care today, but is due primarily to the advances and changes in medical care and procedures during the past few years.

The shorter hospital stay has already presented many administrative and nursing problems. Patient day costs are obviously higher although the total hospital bill has not increased proportionately due to the shorter stay. Admitting and nursing requirements are increased due to the faster turnover of patients, service facilities such as X-Ray and the operating rooms are used relatively more for the same number of hospital beds occupied and the entire hospital is having to gear itself to a much more active service.

Costs have risen steadily during this two year period - the patient day cost in the Grace unit increasing from 14.5 in 1946-47 to 19.95 in 1948-49, and the patient day cost in the New Haven unit from 13.94 to 18.88 over the same period. The increased cost can be explained by the reduction in work week to 40 hours, increased number of personnel that had been so short during the war years, increase in wages so that the hospital salary scale approximates similar positions in the community and the more concentrated hospital service due to the shorter hospital stay.

Increasing hospital costs have necessitated increased hospital rates in an effort to keep the hospital balance sheet out of the red. Although rates are at approximate cost for private and semi-private accommodations, the ward rates are still below cost and as is shown by the increasing accounts receivable, ward patients are finding it difficult to pay their hospital bill in full. With the increased rates, the hospital still had a net deficit of $65,130.94 in 1947-48 after all supplementary funds were applied, and a deficit of $23,763.19 in 1948-49 after provision was made for a reserve for rehabilitation and repair of $60,000 to care for some of the many deferred and needed projects in the hospital.

The hospital has also had a serious problem in regard to available working capital. With operating deficits of $51,000, to $65,000, and $23,000 in 1946-47, 1947-48 and 1948-49 respectively and an increase in accounts receivable from $350,350.05 to $527,226.30 in the past two years, it has been necessary to withdraw and borrow $250,000 from the unrestricted endowment of the hospital. With approximately $75,000 available in the unrestricted endowment at present, the hospital is in a rather precarious financial situation. The trend has been more favorable during the spring of 1949, but until the hospital is able to receive its costs for the care of the large number of indigent and welfare patients hospitalized each year, we can expect very definite financial difficulties.

Many significant changes have occurred during the past two years and it would seem of value to summarize the more important developments.
ADMINISTRATION

Several changes occurred in the administrative personnel of the Hospital in the Fall of 1947. Mr. Paul Fleming who was Assistant Director of the Hospital since June 15, 1944, and who was Acting Director before Dr. Snoke arrived, resigned to become Superintendent of the Huntington Hospital in Long Island. Mr. Charles Wynne, who had first come to the New Haven Unit on July 9, 1945, as an Administrative Intern and then had been made an Assistant Director, was selected to be the new Superintendent of the Waterbury Hospital. Both men had been of great assistance during the first year of the combination of the two units and it was with regret that we saw them go to their own positions.

The Hospital was fortunate in having Mr. Alfred Marshall, who had been Director of Public Relations of the Hospital since June 5, 1944, to take over many of the responsibilities previously assumed by Mr. Fleming and Mr. Wynne.

On November 30, 1948, Dr. Alan Foord, who had been Assistant Director since April 15, 1946, resigned to become head of the School of Health Program of the Maternal and Child Health Division in the Department of Health Administration of the Johns Hopkins School of Hygiene and Public Health. Dr. Foord was replaced by Dr. Hilda Kroeger, who had just completed a year in the Course of Hospital Administration in the Department of Public Health of Yale University and who had been acting as an Administrative Resident in the New Haven Unit.

Mr. Victor Costanzo, a graduate of the course in Hospital Administration of the Washington University School of Medicine, was an Administrative Intern during 1947-48. He was of great assistance with specific task projects and left to become Associate Director of St. Anthony's Hospital in St. Louis, Missouri, and instructor in the School of Hospital Administration of St. Louis University.

REORGANIZATION OF CONNECTICUT HOSPITAL ASSOCIATION

In the spring of 1948, the Connecticut State Hospital Association was reorganized. This reorganization brought representation of Hospital Trustees into the governing Board and also provided for the employment of a full-time Executive Secretary. As a result of this step, the State Hospital Association was strengthened immeasurably and has already demonstrated its value to this institution. For the first time the Hospitals of Connecticut have been able to present a strong united front on problems that are of mutual concern and has relieved many of the individual hospitals of having to take the initiative on matters that were the concern of all. The success of the first year's activities are to a large extent due to the effort of the Executive Secretary, Mr. Hiram Sibley.

REIMBURSEMENT FOR STATE WELFARE PATIENTS

One of the first major accomplishments of the Connecticut State Hospital Association was the raising of the reimbursement rate for State welfare patients. For years Hospitals have been paid ridiculously low amounts for the care of welfare patients that are the responsibility of the State Welfare Department. The rate before 1946 was $4 a day and was raised to $5 a day in 1947. A Hospital State Reimbursement Committee, headed by Dr. Snoke, met with a Committee appointed by the
late Governor McConnaughy and developed a program for increased payment to hospitals. Through a well organized state-wide campaign, the 1949 Connecticut Legislature passed a bill increasing the payment from $5 to $10 a day for the next biennium and with provision for payment at cost thereafter. This increase in the rate of reimbursement means approximately $60,000 increased payment to the Hospital a year.

STANDARD ACCOUNTING

Another accomplishment of the State Hospital Association has been the development of a standard system of statistics, cost analysis and accounting in the Connecticut Hospitals. It was found that it was impossible to deal with third party agencies without being able to present adequate comparable cost figures. Because of this, the State Association has been working intensively on developing a standard system of cost analysis and it is expected that all but six of the smaller hospitals in Connecticut will have standard reports available during the fall of 1949. Mr. Johns, Controller of the Hospital, and Mr. Gessner of the firm of Seward and Monde, the hospital's Auditors, have played leading roles in developing the standard system. The speed with which this standardization has been accomplished is without precedent in the history of Hospital Associations and Councils.

WORKMEN'S COMPENSATION PAYMENTS

In a continued effort to have the third party agencies pay hospitals at cost, the Connecticut Hospital Association has obtained an increase in workmen compensation payments from $8.25 a day plus extras, to a flat rate of $11 a day. It is understood that as further comparable cost figures are developed that the insurance carriers will pay the cost of the care.

BLUE CROSS REIMBURSEMENT

Largely through the efforts of the Connecticut Hospital Association, the relationship between the Connecticut hospitals and Blue Cross is stronger and healthier than it has been for many years. Blue Cross is now paying on a partial indemnity, partial service contract in which the subscriber has $6 a day paid toward his room charge and the subscriber pays the rest. All extra charges are covered by Blue Cross and for this, Blue Cross pays the Hospital a fixed sum. Through negotiations with the Hospital Association and the Insurance Commissioner, Blue Cross has agreed to pay to the hospitals the cost, as determined by standard cost analysis, of these special services. This has meant an increase in revenue to the Hospital and has eliminated much of the dissension between hospitals and Blue Cross.
Blue Cross has also materially contributed to the success of the Connecticut Hospital Association by matching hospital contributions up to $15,000 a year towards the cost of the Connecticut Hospital Association. With one or two exceptions, this cooperation is unique in hospital - Blue Cross relationship throughout the country.

WILLIAM WIRT WINCHESTER HOSPITAL

After months of negotiation, the William Wirt Winchester property and hospital were finally sold to the United States Government for the site of a new Veteran's Tuberculosis and General Medical and Surgical Hospital. This sale was on July 15, 1918, for $600,000. The funds from the sale of the property have been added to the William Wirt Winchester endowment with the understanding that they are to be used to obtain a suitable building or unit of the existing hospital for the care of tuberculosis and allied conditions. It was voted by the Executive Committee and confirmed by the Board of Directors, that the present Private Pavilion would become the William Wirt Winchester Pavilion when the new building program was completed. In the interim, the third floor in the Tompkins Pavilion has been designated as the William Wirt Winchester Annex-surgical division and the third floor of the Isolation building has been designated as the William Wirt Winchester Annex-medical division. Tuberculosis and allied chest conditions are cared for in these two floors and funds from the Winchester endowment income are used to defray the expenses of these patients.

HOSPITAL-UNIVERSITY RELATIONSHIPS

The relationship between Yale University and the Grace-New Haven Community Hospital has been developed over many years by means of contracts, written agreements, verbal understandings, assumptions, and evolutionary changes dictated by altering circumstances - frequently without the knowledge of the administration of the University or of the Hospital, or both. The basic understanding may be assumed to have been that the association of the hospital and the medical school provided certain mutual advantages and there is no question but that such a feeling exists today.

In this association between the Medical School and the Hospital, the New Haven Hospital has become the teaching hospital of Yale Medical School. Many of its policies, procedures, and its position in the community and in the State have been the result of this association. The combination of the Grace and the New Haven Hospitals has now caused the medical activities of the hospital to be divided between a General Medical Service designed primarily for the Community Physicians and a University Medical Service for the teaching and service programs of the Yale Medical School.

The financial, administrative and medical relationships between the Hospital and the Medical School have become inextricably tangled and great difficulties have been found in outlining clean-cut areas of responsibility. It is doubtful whether this can ever be done completely and, indeed, questionable whether it would be to the best interests of the Hospital and the Medical School to make a complete separation. It is of value, however, to outline the major divisions in which the Hospital and the Medical School are closely associated and to summarize the progress toward the clarification of the varied complex relationships.

1. Land and Capital Investments.

The Hospital has owned all of the land of the New Haven Unit block upon which Hospital and Medical School buildings have been built. Yale University has
been instrumental in securing large grants of money for the construction of Medical School and Hospital buildings and these have been built on Hospital land on the basis of long term leases and other agreements. The Hospital and the University are currently exploring the possibility of there being a sharp demarcation of land and buildings owned by the University and by the Hospital. Associated with this is a suggested program of the continued use of the buildings to the mutual advantage of both parties, and a single responsibility for maintenance and housekeeping.

In line with the above policy, the Hospital gave a quit claim to the University for land bordering on Congress Avenue upon which the new animal house is to be erected. The Medical School has secured a grant of a quarter of a million dollars from the United States Public Health Service to be matched by the University funds and the donation of the land by the Hospital in order that a new animal house may be built. Construction of this building will markedly relieve the congestion in the Medical School laboratories and permit expansion of research in cancer and other activities.

2. Cash Contributions to the Hospital by the University.

Yale University has made cash appropriations to the Hospital for many years. This appropriation was $50,000 in 1921 and increased to a maximum of $239,014 in 1933-34. This contribution was on a deficit financing basis for many years, with the limits being raised by the University. In 1945-46 a maximum of $206,900 was set—still with the understanding that it was deficit financing. In 1947-48 an outright grant of $176,000 was made, this was reduced to $166,000 in 1948-49 and to $156,000 in 1949-50. Although additional reductions are desired by the University, no agreement on this has been reached between the Hospital and the University. A review of all the past contracts between the University and the Hospital is in process and it is hoped that a new agreement can be reached during this coming year.

3. Hospital Services provided by the University to the Hospital.

Dating back at least to the original 1913 agreement, the Yale Medical School has had the professional and financial responsibility for the majority of the laboratories of the New Haven Hospital. These laboratories included:

1. Radiology
2. Pathology (Surgical and Autopsy)
3. Electrocardiography
4. Basal Metabolism
6. Bacteriology
7. Clinical Microscopy
8. Electro-encephalography
9. Serology
10. Blood Bank

As costs increased, and demand for service for private and semi-private patients mounted, the Yale Medical School requested relief by the Hospital. The first break in the original pattern was in 1939-40 when the Hospital paid $7,174 to the Medical School for laboratories.

During the past two years, the Hospital has assumed the financial responsibility and the administration of all of the laboratories and departments mentioned above with the exception of Autopsy Pathology. This has represented an increase in expense to the Hospital of approximately $70,000 a year.

The following table outlines the extent to which Yale University has contributed to the Hospital operations in the past and how this has been reduced over the past few years. It is significant that the decrease in Yale contribution to the Hospital from 1945-46 to 1949-50 is approximately $111,000.
SUMMARY

YALE CONTRIBUTION TO GRACE-NEW HAVEN COMMUNITY HOSPITAL

On basis of present costs as estimated from previous Yale budgets and present costs.

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<thead>
<tr>
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<tbody>
<tr>
<td>Cash Grant</td>
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<td>$176,000</td>
<td>$166,000</td>
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<tr>
<td>EKG</td>
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<tr>
<td>Serology &amp; Blood Bank</td>
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<td>5,930</td>
<td>5,930</td>
<td>5,930</td>
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<td>24,520</td>
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<td>23,123</td>
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<td><strong>Total</strong></td>
<td>$353,080</td>
<td>$353,080</td>
<td>$322,180</td>
<td>$266,213</td>
<td>$202,713</td>
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Cash payment to Yale by Hospital

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<td>Yale Service Income</td>
<td>22,154</td>
<td>22,154</td>
<td>22,154</td>
<td>2,874</td>
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<td>X-ray</td>
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<td>11,735</td>
<td>17,289</td>
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<td>EEG</td>
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<td>12,000Est.</td>
<td>13,075</td>
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<tr>
<td><strong>Yale Income</strong></td>
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<td>53,389</td>
<td>41,964</td>
<td>20,163</td>
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Net Cost Yale

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<td>315,726</td>
<td>299,691</td>
<td>272,216</td>
<td>246,080</td>
<td>240,710</td>
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Decrease from Previous Year

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<td>16,035</td>
<td>27,277</td>
<td>26,136</td>
<td>113,986</td>
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Decrease in Yale Contribution from 1945-46 to 1949-50

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<td>113,986</td>
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4. Psychiatric Out-Patient Clinic.

This unit was run for years as a part of the Psychiatric Clinic of the Yale University. The New Haven Dispensary furnished the space and maintenance at a charge of $200 a year and the Medical School paid for all salaries and supplies. Because the Psychiatric Clinic of the University was losing money, the decision was made by the Medical School to discontinue the Out-Patient Clinic and to concentrate on the In-Service Psychiatric program. The Hospital being faced with the alternative of either running a dispensary with no psychiatric facilities or of taking over the Psychiatric Out-Patient Clinic, agreed to the latter with the understanding that the services offered would be in relation to the income available. The Mental Hygiene grant of $9,775 from the State Department of Health was made available to this clinic and the clinic has been an integral part of the New Haven Dispensary since March, 1949. With the grant from the State Department of Health, the Psychiatric Out-Patient Clinic has not become an additional financial drain upon the Dispensary finances.
5. Purchase of Steam from the University for the new Building.

A study of the steam capacity of the Sterling Power Plant of the Medical School and University revealed sufficient capacity to care for the increased load in the new laundry, but not enough to provide steam for the new projected hospital. The Hospital was thus faced with the necessity of either constructing its own steam plant for the new building or to arrange to have the University enlarge its Sterling Power Plant to obtain the increased capacity. Studies by the architect and consulting engineers revealed that the capital cost for enlargement of the Sterling Power Plant would be less than that required by the Hospital to build a new power plant, and that there would be a saving of approximately $13,500 a year if the Hospital were to purchase steam from the Sterling Power Plant. With the assistance of Dr. Darling, it was arranged that the University would enlarge the capacity of the Sterling Power Plant to meet the Hospital requirements - the Hospital to amortize this increased cost along with its purchase of steam.

CITY OF NEW HAVEN CONTRACT FOR ISOLATION PATIENTS

Although the Hospital has made marked progress in its dealings with the State Welfare Department and the Connecticut Legislature for reimbursement of State patients, we have not been as successful in obtaining relief from the inequitable contract with the City of New Haven for the care of Isolation patients. In return for a cash grant of $75,000 in 1913, the Hospital agreed to care for up to 40 patients a day in the Isolation Pavillion that were City charity patients. The rate that was paid in 1913 was $2 a day. This was approximately the cost of caring for the patients in those days. In 1924 this rate was raised by mutual agreement to $3 a day and in 1929 to $4 a day. The City has continued to pay $4 a day for its Isolation patients since 1929 even though the cost for caring for those patients has more than quadrupled. The problem has been presented to the Mayor, the Board of Finance, the Ordinance Committee and the Board of Aldermen.*

The Hospital gave 2,508 days' care to City Isolation patients in 1917-18 and 1,148 days' care in 1918-19. The cost for caring for these patients was $39,000 in 1917-18 and $27,000 in 1918-19, or a total of $67,000. The Hospital received $15,824 from the City, leaving a loss for the two year period of $51,176.

LABORATORY COUNCIL

Another great step in the consolidation of the two hospitals and in the improvement of service to the patients and the doctors was taken with the formation of a laboratory council in 1948. Dr. Charles Bartlett, who had been Pathologist in the Grace Unit for 27 years, retired in September, 1948, at the age of 83. Dr. Levin Waters, Associate Professor of Pathology of the Yale Medical School, was appointed Pathologist of the Grace Unit in charge of the Grace Unit laboratories. Dr. Waters also continued his research and teaching activities and responsibilities in the Medical School.

* Consent to increase the rate of payment to $8 a day was given by the Board of Aldermen in October, 1949. The Hospital will continue to seek payment of its regular published charges.
At the same time a laboratory council was formed in the New Haven Unit, including the following laboratories and directors:

Levin L. Waters, M.D., Chairman

| Bacteriology               | Edward C. Curnen, M.D.             |
| Blood Bank and Serology    | Edward Shrigley, M.D.              |
| Chemistry and BMR          | John P. Peters, M.D.               |
| Chemistry and BMR          | David M. Kydd, M.D.                |
| Clinical Microscopy        | Gerald Klatskin, M.D.              |
| Electrocardiography        | Allan V. N. Goodyer, M.D.          |
| Electroencephalography     | Margaret A. Lennox, M.D.           |
| Pathology                  | Harry S. N. Greene, M.D.           |
| Administration,            | Hilda H. Kroeger, M.D.             |

The purpose of the Council will be to correlate policies and procedures of the several laboratories and the heads of the various departments will serve as consultants to Dr. Waters in his management of the Grace laboratories.

ROOMING IN AND NATURAL CHILDBIRTH

The Department of Obstetrics of Yale Medical School and the New Haven Unit of the Hospital have received national publicity in virtually all of the national magazines throughout the past year on the pioneering work that they have been doing in Rooming-In and Natural Childbirth. The Hospital started out with an original unit of four beds on the Tompkins 4 solarium, in which mothers and babies were kept together from the birth of the baby until the discharge of the mother from the Hospital. Funds for this construction were furnished by Dr. Edith Jackson.

A grant of $16,000 was given to the Hospital by the Children’s Bureau through the Connecticut State Department of Health for a nursing time study of the Rooming-In Program. An additional five bed unit was constructed in order to make this study possible.

It is too early to evaluate completely the results of this study but there can be no question of the popularity of room-in among a certain number of mothers. We have already had many requests by obstetricians, pediatricians and mothers to set up a similar rooming-in unit in the Private Pavilion maternity division. Unfortunately, the physical arrangement of that division is such that this is not practicable and thus cannot be done until the new building is constructed.

Dr. Herbert Thoms, Professor of Obstetrics, and his associates have also done a great deal of work with Natural Childbirth, or birth without fear, and as a result the Hospital and staff are being deluged with requests to have observers and workers come to this unit.

Although much of the work is still in a developmental stage, there can be no question of its value to mothers and babies and of the interest that is being shown by patients as well as the Medical and Nursing professions.

CHRONIC CARE AND REHABILITATION PROGRAM

The Hospital and the Medical School are taking the first steps in meeting a problem that is constantly growing and demanding attention. This is the care of those that are chronically sick and those that require rehabilitation. Through the interest and support of Dr. Joseph Howard, Chairman, and Dr. Nowell Creadick, Medical Director of the State of Connecticut Commission on Chronic Care, the
Grace-New Haven Community Hospital was given a grant of $35,000 to start a physical medicine and rehabilitation program in the New Haven Unit. With these funds a Medical Director, Dr. William Swift, has been secured, who as Assistant Professor of Medicine in the School of Medicine, will head a new and distinct division of the Department of Medicine of the Medical School. Physical Therapy equipment is being purchased, a department of occupational therapy is being established, and Fitklin II will serve as the rehabilitation unit for the Hospital. Howard I, which has been empty for the past year, has been renovated so that it can serve as a 20 bed metabolism unit for the Department of Medicine.

It is obviously too early to discuss accomplishments, inasmuch as the first patients were only admitted the last few weeks in June. However, it is anticipated that this will be another means of rendering necessary service to the community and the only limiting factor will be space, and funds. It is expected that the Commission on Chronic Care will assist the Hospital in underwriting the care of those welfare patients that are admitted.

RESIDENCY TRAINING PROGRAM BETWEEN GRACE AND NEW HAVEN UNITS

The first steps toward a consolidation of residency training programs between the two units were taken during 1948-49. Following the appointment of Dr. Waters as Pathologist in the Grace Unit, a program of rotation of interns and residents in pathology between the two units was instituted. This will start operating July 1, 1949 and will provide the first opportunity of interns and residents in Pathology to receive training in each of the two units. A similar program was instituted in Obstetrics and Gynecology. The residents in Obstetrics and Gynecology will rotate through the University Service in the New Haven Unit, the Private Pavilion Obstetrical Division of the New Haven Unit and the Obstetrical Service of the Grace Unit. Not only will this provide experience to the assistant residents in both units of the Hospital, but it will also enable the resident staff to give more adequate coverage to the Private Obstetrics Service in the New Haven Unit. This has been a very definite lack in the past and should prove of considerable assistance to the patients and the private physicians.

ABANDONMENT OF INCLUSIVE RATE

The New Haven Unit has had an inclusive rate method of charging for Hospital care since January 1, 1939. The Grace Unit instituted this same method of charging in 1946. In order to provide a method of charging for Hospital care that was comparable to that of other hospitals in the area, both units abandoned the inclusive rate on December 1, 1946 and instituted the same conventional system of "a la carte" charging that obtains elsewhere. This has proved to be of considerable value, both from a public relations point of view and in increasing the income of the Hospital.

Following the adoption of the conventional system, it was found that the charges for obstetric patients in both units were far higher than obtained in other hospitals in the area. The obstetric charges have been reviewed and a modified flat rate introduced for normal obstetrics of five and six day hospital stay. This has also met with general approval both from the patients and the referring physicians.

PHYSICAL CHANGES IN GRACE WARD BUILDING

The Hospital has always been concerned over the fire hazards of the Grace Ward Building. This building was constructed in 1896 and has wooden floors, open elevator shafts and stairwells, and has been a hazard from a fire point of view. In the past years every effort has been made to avoid all possibilities of fire; re-
wiring has been done throughout and the basement cleaned-up completely.

In spite of all the precautions that have been taken to avoid fire, it was felt that patients above the first floor were not completely safe. As a result, it was decided in the spring of 1949 to abandon the second and third floors of the ward building and have all patients on the first floor where they can be properly protected and where ramps can be constructed as additional fire exits. This was done by the Hospital Maintenance Department and received the unqualified approval of the City Fire Marshal. Such a restriction of beds has posed great problems for the Grace Unit Admitting Office and is another added reason why a new building is necessary promptly in order that the additional demand for ward beds may be met.

**DIETARY**

Grace Unit

There have been no marked changes in equipment or construction in the Dietary Department of the Grace Unit. The personnel and the turnover has improved very definitely during the past year.

New Haven Unit

The Dietary Department of the New Haven Unit is serving slightly over one million meals a year. This compares with approximately 350,000 meals in the Grace Unit. The cost of raw food in the two units has been almost identical for the past four years and now is approximately 27¢ a meal. The labor cost per meal in the Grace Unit has been three to four cents higher than the New Haven Unit, largely because of the greater volume of meals produced by the New Haven Dietary Department. The increase in cost of meals in the New Haven Unit is as follows:

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<th>Year</th>
<th>Cost</th>
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<tr>
<td>1941</td>
<td>30.3¢</td>
</tr>
<tr>
<td>1945</td>
<td>32.8¢</td>
</tr>
<tr>
<td>1946</td>
<td>34.3¢</td>
</tr>
<tr>
<td>1947</td>
<td>41.1¢</td>
</tr>
<tr>
<td>1948</td>
<td>42.9¢</td>
</tr>
<tr>
<td>1949</td>
<td>43.0¢</td>
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</table>

The marked increase between 1946 and 1947 figures is explained by the steadily climbing raw food cost following the ending of OPA in the summer of 1946. However an increase of 12¢ in meal costs in 5 years presents an excellent explanation for mounting hospital costs.

The meals served in the Sandwich Shop of the New Haven Unit have increased from 113,000 in 1941 to 258,000 in 1948-49. This is partly due to the fact that in September 1947, the Canteen located in the basement of the New Haven Unit was closed and the Coffee Shop hours of the Sandwich Shop extended. It is of interest that during the last year the average check has dropped primarily because the customers are choosing the cheaper items, pies being the exception.

The personnel situation as far as subsidiary help is better than two years ago - this parallels the experience in the Grace Unit. The Hospital is still getting few young workers worthy of training and promotion and it is suggested that this is because the Hospital still is not able to compete with our competitors, namely the restaurants and Yale University. Although the trend in Hospitals has been away from the granting of perquisites and the payment of cash instead, consideration is being given to furnishing of meals on duty to the Dietary Department which is a privilege customary in the restaurant field.
During the past two years, the Doctors' and Nurses' Dining Room and the Nurses' dishwashing room have been soundproofed. This has made a marked improvement in the character of these rooms. The dishwashing machine has been completely rebuilt by the Maintenance Department. This has extended the life of this machine for several years.

Virtually no renovation or replacements have taken place in the dining rooms or kitchens since they were first constructed. It will be necessary within a short time to replace the stoves and stock pots in the main kitchen and the food trucks taking the food to the divisions will also have to be either replaced or completely renovated.

ACCOUNTING

Very considerable changes have occurred in the Accounting and Business Offices of the Grace-New Haven Community Hospital during the past two years. On July 1, 1947, the payroll and accounts payable of the Grace Unit were transferred to the New Haven Unit. Mrs. Anne Williams, who had been responsible for this work in the Grace Unit, was also transferred to New Haven Unit and proved to be a very excellent addition to the Business Office staff. Mrs. Jessie Ball continued to be responsible for the Accounting Department in the Grace Unit with the general reports of operating income, patient receipts, number of admissions and discharges, patient days, service, etc., being made up each month and forwarded to the New Haven Unit where they were compiled and a summary made for the combined units.

In February 1948, following a year's study by Dr. Alan Foord and Mr. Edwin Johns, addressograph equipment was set up under the direction of the Admitting Office to replace the previous ditto method for recording admissions. Under this new method, a "charge a plate" is prepared for each patient entering the Hospital and the Dispensary. This plate carries the name, unit number, address, etc. of the patient and is used to stamp all requisitions, records, prescriptions, etc., for the patient. This procedure has resulted in much more accurate and legible records throughout the institution.

In March 1948, a National Cash Register Window Posting Machine, already used in the Grace Unit, was installed in the New Haven accounts receivable department. In addition to this, McBe Keysort ledger cards and charge tickets were purchased, replacing a combination of Underwood-Elliot-Fisher bookkeeping machine and International Business Machine for statistics. The success of this installation has been hampered by a very marked turnover in the accounts receivable department. However, with stability of personnel and supervision it is working out much more satisfactorily at the time.

In December 1947, a special service officer was added to the Credit Department, with the responsibility of coordinating the activities with Admitting and Credit. The final result of this program was the institution of a system for bank loans for patients unable to meet their final bill on discharge. Our experience so far has shown that collections have averaged approximately 80%. Mrs. Walter Scheld was the Special Credit Officer until his resignation because of health in May, 1949. Mr. Richard Judd, Administrative Assistant, is currently endeavoring to coordinate Admitting, Credit and Accounts Receivable in such a fashion that responsibility for admitting rests entirely with the Admitting Department, and all credit arrangements, whether the patient be in the house or be discharged, be centered in the Credit Department.

Accounts Receivable have been a source of great concern to the administration for the past few years. The increase in hospital rates, the later difficulty of patients in paying their bills and the disinclination of the welfare departments to assume
responsibility for medically indigent, has caused the Hospital to increase its
efforts to receive payment for services rendered. In spite of increased efforts,
accounts receivable have increased from $77,477.24 in the Grace Unit and
$272,872.81 in the New Haven Unit in June, 1947 to $100,305.67 in the Grace Unit
and $1,269,920.63 in the New Haven Unit in June, 1949. This is a combined increase
from $350,000 to $527,000 in two years, or approximately $177,000. While an
appreciable percentage of this increase in accounts receivable can be explained
by the increase in rates over this two year period, there is no question but that
the increase in accounts receivable due to inability of patients to pay, has in-
creased disproportionately. Intensive efforts over the first six months of 1949
have resulted in an encouraging diminution. The accounts receivable on March 31,
1949 were $575,000 for the two units. This was reduced to $527,000 on June 30th.

The Grace-New Haven Community Hospital abandoned the inclusive rate that had
been in existence in the New Haven Unit for nine years, December, 1948. This
was done after serious consideration by the Board, because of the continued dif-
ficulty in having the inclusive rate understood by the public. At the time of the
abandonment of the inclusive rate, the Grace-New Haven Community Hospital was the
only Hospital in New England that did not use the conventional "a la carte" system
of charging and the Hospital suffered in comparison with other institutions inasmuch as the public and the physicians continually felt that the Hospital charges
were higher than other hospitals. Going on the conventional "a la carte" method
of charging caused an additional load in the Business Office and 1,4 additional
bookkeepers had to be added in order to take care of the increased number of
charges that now had to be posted. There has been almost universal satisfaction
over the new system and the Hospital income for services rendered has gone up
considerably.

Mr. Johns, who has acted as Controller of the Hospital and Department Head for
accounts receivable, credit and accounts payable has been of great assistance to
the Connecticut Hospital Association in his efforts to standardize accounting
procedures in the Hospitals in Connecticut. As a result of the Connecticut Hospi-
tal Association work and Mr. Johns' assistance, all but six of the smaller hospi-
tals in the State of Connecticut will be following comparable cost analyses stand-
ards of the Connecticut Hospital Association in the fall of 1949. This is a re-
markable accomplishment.

HOUSEKEEPING

In the past two years the Housekeeping Department of the New Haven Unit has
widened its activities to a marked degree. On July 1, 1947, the department pro-
vided janitorial service only in the general areas of the Hospital such as the
clinics, personnel housing, and the public rooms and corridors. In October of
the year, janitorial services on the divisions in Tompkins, Fitkin and Private
Pavilion were taken over by the Housekeeping Department. In December, 1948,
housekeeping in the Isolation building was also made the responsibility of the
Housekeeping Department.

Prior to this, all of the above mentioned Housekeeping responsibilities were
covered by the Nursing Department. This meant a dilution of nursing personnel
in non-nursing activities and placed an undue load on the nursing administration.
The experience has been quite satisfactory and it is planned to have the rest of
housekeeping activities, now administered by the Nursing Department, be taken
over gradually by Housekeeping.

On May 1, 1949, the Housekeeping Department took over the supervision of linen
distribution and the sewing room. This change resulted in the linen distribution
and sewing room getting much more adequate supervision than before, and we have
A 24

already realized very gratifying results not only in the providing of linen to the patient divisions in ample quantities, but also in economies in the replacement of linen. This type of supervision already existed in the Grace Unit and a very satisfactory cooperative effort is apparent in the two units.

The Hospital has a long way to go before we can be satisfied with its appearance inside. A program of redecoration, painting and refurnishing has been developed for the entire institution and a start has been made on Tompkins 5 with the redecoration and refurnishing of the solarium and the patient rooms.

A large amount of acoustical treatment is also necessary in the corridors and patient areas before a desired quiet atmosphere can be obtained.

Purchasing

Very remarkable progress has been made during the past two years in the coordination and centralization of Purchasing and Stores for the two units. Mr. J. Hasbrouck Wallace, as Purchasing Agent of the Grace-New Haven Community Hospital, assumed responsibility for full time purchasing of both units in November, 1947.

Mrs. Helen Cowles, who had been doing the purchasing for the Grace Unit, joined the staff in the New Haven Unit and assisted materially in the combination. Many hours and days were spent with the various department heads coordinating differences in procedures, equipment and supplies and with the assistance of Mr. Davidson, acceptable standards for both units were developed.

The Purchasing Department was expanded to the adjoining office and this has helped materially, except that there is still no reception area for salesmen.

The Purchasing Department has been reorganized with Mrs. Elizabeth Kinsella and Mrs. Cowles acting as Assistants to the Purchasing Agent. The Purchasing Agent does the contract and large item buying and assumes a supervisory control over the department. Mrs. Cowles devotes most of her time to the purchasing of professional and laboratory supplies, as well as X-ray and stationery supplies. Mrs. Kinsella is responsible for maintenance and housekeeping supplies as well as being the trouble shooter for the department. At the present time, the purchasing of the Hospital is only about 75% centralized, the balance being handled by the dietitians of the two units. The dollar value handled by the dietitians amounts to approximately $300,000 a year.

The Storeroom and Receiving area personnel have been increased over the past two years and an arrangement has been made with Yale University by which they pay their prorated share of the cost of the receiving room and the delivery service. With this arrangement, the Stores and Receiving Department has been able to do a much more efficient job.

The Hospital is still handicapped markedly in its storage facilities. It is making use of the unfinished area of the proposed nurses dormitory next to the laundry building for surplus property items and linen items required by the laundry. It is also using the seventh floor storage area of the New Haven Unit but is already loading this up to capacity.

During the past two years the Hospital has been able to receive approximately $50,000 worth of surplus property from the War Assets Administration. This property was received at no cost to the Hospital except transportation charges and was obtained because of the Hospital's relationship with Yale University. The surplus items have included such things as sodium pentathol, surgical instruments, sterilizers, bandages and chemicals.
The Hospital is placing more and more items on a blanket order basis with deliveries either weekly, semi-monthly or monthly, depending upon the quality and dollar value of the merchandise involved as well as the availability of the product. This is tending to reduce our inventory as the following figures demonstrate:

In June, 1948, our inventory was roughly $181,300.00, with a withdrawal rate of $33,000 a month. This gave us an average monthly inventory of 5 1/2 months.

In June, 1949, our inventory was $158,300.00, with a withdrawal rate of $36,000 a month, giving us an average monthly inventory of 4 1/2 months. This probably cannot be cut a great deal more.

We are still continuing our policy of hand-to-mouth buying on the majority of the items stocked.

<table>
<thead>
<tr>
<th>Year</th>
<th>Purchase orders typed</th>
<th>Number of invoices</th>
<th>Dollar value of invoices</th>
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</thead>
<tbody>
<tr>
<td>1947-48</td>
<td>7,981</td>
<td>13,631</td>
<td>554,163.49</td>
</tr>
<tr>
<td>1948-49</td>
<td>7,915</td>
<td>13,263</td>
<td>505,342.11</td>
</tr>
</tbody>
</table>

Grand Total: 1,294,102.16 1,228,794.01

MAINTENANCE

In July, 1947, the Maintenance Department of the New Haven Unit was operated as an independent unit under the supervision of an Assistant Director and with no direct liaison with the Grace Unit. Some of its functions were performed physically by outside agencies such as the University or contractors. On October 13, 1947, Mr. John Manz replaced Mr. Clifford Leighton as Chief of Maintenance of the New Haven Unit. Mr. Manz was given the additional responsibility of Housekeeping in the New Haven Unit and general supervision of Maintenance and Housekeeping for the entire Grace-New Haven Community Hospital. With the leaving of Mr. Robert Smith at the Grace Unit on August 29, 1948, and the retirement of Mr. Leighton after 20 years of faithful service, the merger of the maintenance group of the two units was accelerated. Mr. Edward McKeon became the supervisor of maintenance of the Grace Unit and Mr. Charles Potts of the New Haven Unit. These two supervisors are in close touch with each other and in emergencies, such as the recent fire prevention program at Grace, the men have been swung from one unit to the other to provide necessary assistance. On May 1, 1949, Mr. Manz also assumed responsibility of the linen distribution, sewing room and laundry.

The past two years have been a period not only of reorganization, but also of many changes in the physical structure of the plant. The Maintenance Department assumed active supervision in October, 1947, of the building of the new laundry, nurses' home and tunnel. Mr. Manz acting as owner's representative until the structures were completed. In addition to this, Mr. Manz assisted in the evictions, installing additional equipment and demolition of the existing structures on the new building site.
On July 1, 1948, full responsibility for the maintenance of elevators was assumed by the department and a contract for monthly inspection and emergency repairs was entered into with the Eastern Elevator Company. Prior to this time Yale University had been maintaining all Hospital elevators. On July 1, 1949, the incidence of inspection was placed on a bi-monthly basis with a consequent saving of $900 a year annually.

In June, 1948, the various maintenance storerooms were combined into one with an elimination of duplication of inventory and ordering of supplies. Some specialized manufacturing has been started by the department, where formerly these were handled by outside agencies. This has only been done when it is obvious that the manufacturing by our Maintenance department offers possibility of financial saving.

In February, 1949, the Hospital started its own print shop under the direction of the Maintenance Department and Mr. Wallace, the Purchasing Agent. The first five months experience indicates that the savings resulting from doing our own printing work will pay the initial capital cost of $4,000 in 2 years.

In addition to the detailed program of preventive maintenance that has been set up, the Maintenance Department has devoted a great deal of time to special projects. This has included manufacture of special equipment for the laundry such as tables, a miniature X-ray and diagnostic room near the Emergency Room, a deep therapy room, a new rooming-in unit on Tompkins 4, expansion of facilities for the Pharmacy Department, new rooms, counters and an intercommunication system for the Record Room, dumb-waiter in the Admitting Office, renovation of the Tompkins 5 solarium, the building of a proposed typical patient's room in the laundry structure, the installation of six high pressure steam autoclaves on the divisions, and the moving of the Blood Bank and other laboratories.

The Maintenance Department of the Grace Unit has also had a heavy schedule of improvements and a construction program in addition to its regular preventive maintenance program. This has included a cystoscopy room in Surgery, redecoration and painting of many of the patient rooms in the Hospital, rebuilding of six service rooms in the Private Pavilion, building of a basal metabolism and EKG room, and reconstruction and rebuilding of the entire first floor of the Grace ward building so as to meet requirements of the fire code and to make the building perfectly safe for patients.

LABORATORIES

It is strange to review the progress of the laboratories of the Grace Unit without checking with Dr. Charles Bartlett. Dr. Bartlett was pathologist and Director of the Laboratories from 1921 to 1948. Upon his retirement at the age of 83, Dr. Levin L. Waters, Assistant Professor of Pathology of the Yale Medical School was appointed to succeed him. This has been a particularly fortunate appointment, for Dr. Waters has brought to the laboratory the various consultative services of the Medical School in addition to his own personal enthusiasm and professional competence, and Dr. Bartlett is still dropping into the laboratory at intervals to consult with Dr. Waters.

Since Dr. Waters started in the laboratories on September 1, 1948, active teaching and consultation service has developed. During the year, clinical pathological conferences were given weekly, except during the summer months, and also a weekly surgical pathology teaching session for the house staff. A similar weekly teaching session in gynecological pathology was carried out and, in addition to this, fifteen lectures in pathology for student nurses were given. Dr. Waters is reviewing the standards and the quality of the routine tests being performed in the laboratory and has developed consultation services on chemical and bacteriological tests with the Laboratory Council members of the New Haven Unit.
New electric refrigerators have been installed and a new incubator has been ordered.

Reference has already been made to the formation of the Laboratory Council with Dr. Waters as Chairman and with the assumption of the financial responsibility of the majority of the laboratories in the New Haven Unit by the Hospital. The New Haven Unit laboratories are now located throughout the entire medical center. A few are in Hospital buildings but the majority are scattered throughout the Medical School areas. The technical staff are now Hospital employees and the professional direction is carried out by members of the Medical School faculty who are appointed by the Hospital upon recommendation of the Medical School. Maintenance for the laboratories is now a Hospital responsibility even though some of the laboratories are in Medical School areas and housekeeping still remains a University responsibility.

Although very definite strides have been taken in the improvement of service in the laboratories to both patient and referring physician, there are still many problems that have to be solved. As long as the laboratories are scattered throughout the block with a divided professional and administrative responsibility there will be inefficiency and difficulties of administration. It is recommended that there be general planning toward the consolidation of laboratories physically and professionally with a continuation of the principle of consultation from the various laboratory specialists in the Medical School. When this is possible, it is obvious that there should be provision of complete maintenance and housekeeping by Hospital personnel. More adequate housing for basal metabolism and for a blood drawing center for the Blood Bank is urgently needed as well.

Much of the ground work for consolidation of the laboratories has been done by Dr. Kroeger and Dr. Waters during the past year. However a considerable amount of reorganization and readjustment will be necessary before a Central Service Laboratory can be developed in the Grace-New Haven Community Hospital.

MEDICAL STAFF

During the past two years, continued progress has been made in the coordination of Medical Staff organization of the two units so that as of July 1, 1949, the Grace-New Haven Community Hospital has a single general medical staff for all qualified community physicians. This has been accomplished with a singular lack of friction and misunderstanding largely through the efforts of the joint staff committee made up of the chiefs of service of the two units and the Chief of Staff, Dr. Thomas Russell.

The Grace-New Haven Community Hospital now has two separate medical services, the University Medical Service, made up of physicians recommended to the Board of Directors by the Yale University School of Medicine, and the General Service, made up of community physicians recommended to the Board of Directors by the Chiefs of Service of the General Service. All physicians on the General Medical Service have equal privileges in the two units of the Hospital.

The Joint Staff Executive Committee during the past two years was made up of:

<table>
<thead>
<tr>
<th>Grace Unit</th>
<th>New Haven Unit</th>
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</thead>
<tbody>
<tr>
<td>Surgery - Ralph W. Nichols, M.D.</td>
<td>L. C. Foster, M.D.</td>
</tr>
<tr>
<td>Medicine - Theodore Evans, M.D.</td>
<td>Howard S. Colwell, M.D., Allan Poole, M.D.</td>
</tr>
<tr>
<td>Obs. &amp; Gyn. - Harlan B. Perrins, M.D.</td>
<td>Luther K. Musselman, M.D.</td>
</tr>
<tr>
<td>Pediatrics - Joseph L. Linde, M.D.</td>
<td>Robert Salinger, M.D.</td>
</tr>
<tr>
<td>Thomas H. Russell, M.D., Chief of Staff,</td>
<td></td>
</tr>
<tr>
<td>Francis Blake, M.D., A. W. Snoke, M.D.,</td>
<td></td>
</tr>
<tr>
<td>Director; Mr. Sidney Davidson, Associate</td>
<td></td>
</tr>
<tr>
<td>Director.</td>
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</table>
On July 1, 1949, Dr. Russell resigned as Chief of Staff and assumed the responsibility of Surgery in the Grace Unit, and Dr. Linde resigned as Chief of Pediatrics in the Grace Unit because of ill health and was replaced by Dr. William Wilson.

The Joint Staff Executive Committee was further consolidated into a smaller executive group made up of Dr. Luther Musselman, Chief of Staff; Surgery, Dr. L. C. Foster; Medicine, Dr. Theodore Evans; Obstetrics and Gynecology, Dr. H. B. Perrins; Pediatrics, Dr. William Wilson; A. W. Snook, Director; Sidney G. Davidson, Associate Director. This executive group will meet at periodic intervals with the Medical Board of the University Service to develop policies and procedures common to both services in the medical activities of the Hospital.

In addition to the combination of the medical staffs of the two Hospitals, a clarification of the status of the general practitioner and the community physician in the Hospital was developed by the Joint Staff Executive Committee and approved by the Board of Directors of the Hospital. The basic principles emphasized the fact that all physicians of the community, licensed to practice medicine in the State of Connecticut, may be granted hospital privileges in the Grace-New Haven Community Hospital, dependent upon the available accommodations and subject to the rules and regulations of the Medical Staff as recommended by the Medical Committee of the Hospital and approved by the Board of Directors.

The Hospital also recognized the need and the value of the general practitioner of medicine and the mutual advantage that can occur by reason of those physicians having hospital privileges. It was emphasized that the general practitioner is considered to be an integral part of the medical staff organization of the Hospital, has the privilege of caring for private patients in the Hospital within the limitations established by the Board of Directors and is expected and encouraged to take part in staff meetings and educational activities of the Medical School and the Hospital. Agreement was also reached between the University Service and the General Medical Service as to responsibility in the operating rooms and the Emergency Room of the New Haven Unit. The Farnam operating room will continue to be under the control of the Professor of Surgery on the University Service and the Private Pavilion operating rooms under the control of the Chief of Surgery for the General Service. A certain amount of flexibility and inter-use of the two operating rooms will be mutually developed by the chiefs of the two services.

General Service and Medical School panels were appointed that will alternate weekly in being available for Emergency Room calls for the treatment of private and semi-private patients who have no specific private physician.

The Yale Medical Library Committee also extended the borrowing privileges of the Library to the intern, resident and appointed medical staffs of the Grace-New Haven Community Hospital, and permitted other physicians using the Hospital also to have the privilege of consulting material in the Library. This is another step in bringing the members of the several staffs of the Hospital together.

MEDICAL RECORDS

Grace Unit

The Grace Medical Record Room has continued to expand as in the past, securing and preserving medical records and stimulating their use for research. It was with considerable regret that the Hospital accepted the resignation of Mrs. Emma C. Black, R.R.L., who resigned in October, 1947, to take charge of the Department of Medical Records at the Hillcrest Memorial Hospital in Tulsa, Oklahoma. Later that year Mrs. Lorraine Johnson resigned to join Mrs. Black in Tulsa, Oklahoma. The Hospital was fortunate, however, in securing Miss Mary A. LeClair, R.R.L., who had been Assistant
Record Librarian in the Grace Unit, to take Mrs. Black's place.

New Haven Unit

The Medical Record Department of the New Haven Unit has carried out an amazing number of changes and innovations during the past two years. This has been largely due to the interest and activity of Mrs. A. Louise Kelsey, the Record Librarian, and the active assistance of Dr. Foord, Mr. Marshall and Mr. Judd.

Several important physical changes have been made. In July, 1947, three-quarters of the third floor filing room was occupied by wooden stacks in which dustcovered and mutilated records were jammed side-by-side along one entire wall with the bound volumes, medical records from the year 1871 through 1920. It was arranged that the old bound volumes be stored in the sub-basement of the Harvey Cushing Library in addition to all of the old records from the William Wirt Winchester Hospital.

A program was instituted by which steel files are being purchased for the third floor filing room to replace gradually the old wooden stacks. Fifty-four have been installed and there is room for 102 more.

The Hospital, of course, faced with the problem of storage of old records. Because it is a teaching hospital and also because many patients come back to the Hospital for many years, it is not possible to discard any records. Because of the limited storage space adjacent to the record room, it was decided that a dead storage filing section be established in which are filed, in numerical order, all records of patients who have not been treated in the Hospital, Dispensary or Emergency Room for the last 25 years, and whose age is 28 years or over.

A start has been made to establish a temporary dead storage file of the records of patients who have not been treated for 15 years. About 9,000 of these records have already been filed, but until additional storage space is available for them, this project cannot be completed.

The Soundex file of the Hospital is now operated on a 24 hour basis and unit numbers are available immediately for Addressograph and Emergency Service. Medical records are also available for Emergency Service or hospital readmission at all times. This replaces the system of two years ago when the department closed at midnight on weekends. In July, 1947, a direct speaking intercommunicating system was installed, the master set being placed at the Dispensary appointment desk, the receiving and transmitting set at the dispatch desk of the Record Department and a small set on each of the three filing floors. This has proved most satisfactory and has resulted in a tremendous improvement in the service of the various clinics.

In the fall of 1948, the Record Room established a complete check-out, check-back system. Approximately 1,000 charts are pulled daily and 1,000 charts are filed daily. Clinic secretaries now come to the record room for their charts and check them in and out.

Early in 1949 a counter was constructed in the Record Department that has enabled the personnel to give much more efficient service to the rest of the Hospital and also keeps the department free from unnecessary traffic and confusion.

The Record Department has discontinued the operation of the "Ditto" machine for admission of patients and has relinquished this responsibility to the Addressograph of the Admitting Office. The use of the Addressograph has markedly improved the efficiency of the Record Department, in-as-much-as the many loose sheets and delayed reports that used to come to the department with little or no identifi-
In 1947 a photostat machine was installed to aid the department in getting out reports. This machine has not only provided better service, but has paid for the original cost of installation within the first two years. A very definite improve-
ment has also obtained in the transcribing of operative notes. In 1947 there was a very great back log and the operative notes were not being completed and placed in the record promptly. At the present time the dictaphone cylinders are transcribed in the Record Room the day following dictation and operative reports are reaching the divisions while the patients are still hospitalized. One reason for this improvement in speed has been the acquisition of an electric typewriter.

In December, 1947, the secretarial service in the Record Room was completely re-distributed and four new positions with titles of "Service Secretary" were established. The four divisions are surgical, medical, pediatric, and obstetrics and gynecology. Each service secretary takes entire charge of all medical records assigned to her service, analyzes and checks the records for completeness, notifies the doctors of incomplete records, etc., and transcribes all discharge summaries and letters to referring physicians or to other institutions in cases of transfer of patients. A separate room has been assigned to these service secretaries and a much more efficient service has resulted. The service secretaries are also responsible for the summary letters that are now being sent to the referring physician. These letters were started during the past year and inform the referring doctor of the admission of his patient and promise to send him a resume of the case when the patient is discharged. When the patient is discharged, the interne dictates a letter summarizing the case, the service secretary transcribes it and the resident checks the signed letter which is promptly sent to the referring physician.

It was formerly the custom for doctors to remove records for research to their offices where they frequently left them for a long period of time. Many records were actually lost by this practice and records were not easily available for any other purpose. In the summer of 1948 a research room was established in which all records for research must be kept. This has worked very well and has simplified the problem of finding records that were previously scattered throughout the Hospi-
tal. At one time during the winter of 1949, there were 54 research projects going on at one time. It is estimated that during the past year there were 112 research projects for which were pulled 12,314 records.

PERSONNEL

The Personnel Department of the Hospital has been directed by Miss Mabel G. Martin with the assistance of Miss Mildred Sullivan as Employment Manager. Miss Sullivan resigned in May, 1949, so that she might take work as a graduate student in Personnel at Radcliffe College. The position was filled by Miss Beatrice Foster.

Since 1937, the combined cost of salaries in the two units has increased from $800,000 to $2,200,000, an increase of 175%. During this same period, the cost of personnel played an increasingly important role in the Hospital economy, salaries now representing 67% of the Hospital expense as contrasted to 60% in 1937.

The load in the Personnel Department has also increased markedly during the past two years. In September, 1945, there were five members of the Personnel Department and 667 paid employees of the Hospital. July of 1949, there were 1,098 employees paid by the New Haven and Grace Units and only three people in the Personnel Depart-
ment. Miss Martin and her staff are indeed to be commended for their accomplishments under difficulties.
Personnel policies for the Hospital have been entirely revised, placed in written form and received the approval of the management group. These policies had previously been in existence but lacking formal approval had been administered in a widely diversified manner. Because of lack of time, the department head has not yet been able to prepare a handbook for the employees interpreting these policies. This is to be done as soon as possible.

The Executive Committee, in the winter of 1949, approved a policy whereby an employee over 65 years of age with 20 years of service should receive upon retiring a pension equal to 1% of his annual salary averaged over the past ten years, and multiplied by his years of service. This will be paid entirely by the Hospital without contribution on the part of the employee. Pension grant in each case will be for one year only and will be reviewed annually to be determined whether or not it shall be continued.

It is recognized that the above pension program is not entirely adequate and a great deal of work has been done by the Personnel Department in an effort to develop a pension program for all employees of the Hospital. Consideration of this will be given during the coming year with the obvious limitation being the available funds from the Hospital to finance such a pension program.

Procurement of personnel has been considerably easier in many of the non-professional positions in the Hospital. Turnover has decreased slightly, but not to the extent that is desired.

Dr. Harvey Katz resigned as Medical Director of the Personnel Health Clinic, effective June 30, 1949. He was replaced by Dr. Herbert D. Lewis, who had been appointed to assist Dr. Katz in February, 1949. Dr. Katz has done an excellent job in assisting the administration and the Personnel Department in caring for the personnel and in advising regarding personnel health problems.

Questions were raised during the past year as to whether the Personnel Health Clinic did not duplicate facilities already adequately provided by our Dispensary and whether the cost of maintaining a Clinic to provide our employees with family physician type medical care was justifiable. Accordingly, the services rendered by the Clinic were drastically curtailed and the medical staff reduced.

As of July 1, 1949, the Clinic gives physical examinations, cares for accidents occurring and illnesses contracted while the employee is at work in the Hospital and as a direct result of such employment, and passes on whether an employee is fit to return to work after an absence due to illness.

Included in the program for the Personnel Department for the coming year are such projects as an induction course for new employees, an accident prevention campaign, a study of absenteeism and ways to lessen it, the publication of an employee's handbook and the closer coordination of the personnel policies of the Grace and New Haven Units.

**SOCIAL SERVICE**

The Grace-New Haven Community Hospital and the community suffered a great loss when Miss Elizabeth Haven Rice resigned as Director of Social Service of the Hospital to assume a teaching position in the School of Public Health of Harvard Medical School in Cambridge. Miss Rice had been Director of Social Service since the department was first started September 11, 1933, and had received national recognition in her field. Serious though the loss was in having Miss Rice go to Cambridge, the Hospital is singularly fortunate in her successor. Miss Eckka Gordon, who arrived in New Haven August, 1948, has already made her place in the Hospital and gained wholehearted support of her colleagues and associates.
Miss Gordon has labored under the severe handicap of a decreased staff since her arrival. Prior to July 1, 1948, there was a total Social Service staff of 21. This was decreased in 1948-49 to 17, and the budget 1949-50 has reduced it still further by 2½ workers, but provides for an addition of one of the two supervisors dropped last year.

There have been a considerable number of staff changes, which has affected the continuity of service. Resignations for the most part have been ones which would have inevitably occurred - for marriage or to accept more responsible positions at a higher salary. Miss Shepard, Supervisor in the Department from October 2, 1948, to September 7, 1948, left the Department to get additional training. A very serious loss was Miss Janet Wien, the worker who had developed the Social Service department at the Grace Unit and who has gone to be Director of Social Service at Duke University Hospital. Miss Gordon is finding it difficult to obtain qualified supervisors and workers because competition is so keen and the salaries offered in this institution are not quite comparable with those elsewhere. Despite the difficulties of obtaining adequate personnel faced by Miss Gordon, considerable progress is being made.

New Developments Involving Social Service.

1. The Administrators of several of the smaller hospitals in Connecticut have expressed interest in employing social workers and at the same time budgeting funds to buy supervision from this department. We have been offering consultation to the Meriden Hospital without reimbursement. In-as-much as their worker is employed only half time, she has not made many demands on us to date. The major problem is in finding medical social workers willing to work as lone workers in the smaller hospitals.

2. The State Rheumatic Fever Program housed here is being broadened by means of a grant from the Children's Bureau in order that it might serve as the teaching center for rheumatic fever. The State worker will be here full time and will be an ex-officio member of this staff.

3. The 30-bed Rehabilitation Program being developed has requested a social review of all patients admitted. Since additional medical social staff is not available, one of our surgical workers will give such coverage as she can.

4. Dr. Milton Senn, of the Child Study Center, has funds for a supervisor and a worker. Efforts at recruitment for that program are being made. The social service personnel in this program will be a part of this staff.

Through the efforts of Miss Rice, funds were made available by the Connecticut Cancer Society and the Junior League of New Haven to pay for the salary of a social worker in the Grace Unit. Miss Wein started this service in September, 1947. There is little question but that her service was of very definite value and when the Junior League discontinued its support at the end of the agreed two year period, it was decided to continue the worker in that unit.

Partly because of the decreased number of available case workers, and also because of the interest of the medical staff, the referrals and requests for service from the Social Service Department have been more than they have been able to fill. In addition to the service activities with individual patients, the department has been concerned with teaching responsibilities not only in the School of Public Health, Department of Hospital Administration and with medical students, but also in the teaching of Social Service students from Smith College School of Social Work, Simmons School of Social Work, Boston University School of Social Work and the University of Connecticut School of Social Work. The latter has been accomplished by students spending from one to nine months working under the supervision of the department. Miss Gordon
the supervisors, and the staff members have also been active in social work activities in the community in the State, and on national committees. Miss Gordon has been actively participating in the activities of the Council of Social Agencies and has served as a member on the Education Committee of the American Association of Medical Social Workers, as well as having accepted appointment on the National Heart Association Rheumatic Fever Advisory Committee and on a national committee to draft qualifications for the United State Public Health Service for medical social workers employed for Public Health programs.

**ANESTHESIA**

**Grace Unit**

The Anesthesia Department of the Grace Unit has continued to provide the same type of excellent anesthesia service during the past two years as it has in the past. Dr. Francis Herrick, Director of the Department, resigned in April, 1948, to go into private and group practice in Bennington, Vermont. The Hospital was fortunate to obtain Dr. T. J. Durkin to replace Dr. Herrick. Dr. Durkin has assumed the responsibility of both in-patient and out-patient administration of intravenous procaine and, in addition to this has supervised the oxygen therapy of the Hospital. An additional electrically refrigerated oxygen tent was added to the department in the summer of 1948, and it is of interest that there has been a decrease in the demands for oxygen tents since the inclusive rate has been abandoned.

Dr. Durkin has worked closely with Dr. Hampton in the New Haven Unit, participating in the bi-weekly anesthesia seminars, and Dr. Hampton's personnel have rotated through the Grace Unit when the Grace Anesthesia Department was shorthanded.

**New Haven Unit**

Dr. Louis J. Hampton has done an excellent job in building up a Department of Anesthesia with resident staff training in Anesthesia where formerly Anesthesia was limited to that done by nurses. Through the rotation program set-up with the Hartford Hospital, under the direction of the Chief of Anesthesia, Dr. Tovell, Dr. Hampton and his department have participated in the training of a large number of residents in Anesthesia. This program has been very satisfactory from the point of view of both hospitals.

The replacement of equipment in the Anesthesia Department of the New Haven Unit has been a considerable problem. Until two years ago the Anesthesia equipment was all of the Foregger Metric type and practically all of it had long since passed its expected duration of usefulness. During the past two years the Hospital has purchased a McKesson-Nagraff Anesthesia machine, a Kreiselman Resuscitator, and one Foregger Water Model Outside Flow Gas Machine and must purchase additional equipment during the coming year.

The Director of Anesthesia of the New Haven Unit has also been given the responsibility of supervising oxygen and gas therapy throughout the Hospital. A technician has been assigned to this department and is responsible for the oxygen therapy equipment during the daytime, the nursing orderly service still covering nights and weekends.

The Hospital has been using the old-fashioned ice-cooled oxygen tents, which are clumsy, unwieldy, noisy, and very difficult to keep stocked with ice. We are gradually replacing the ice-cooled tents with electrically-refrigerated tents which are more economical to handle. At the present time, there are 3 ice tents and 6 electrically refrigerated tents in the New Haven Unit.
Dr. Hampton has had considerable difficulty carrying out his responsibilities of teaching of medical students, supervision of resident staff, directing the department of anesthesia and of oxygen therapy, and doing all of this in an institution which has a disproportionately heavy load of difficult surgical procedures located in two operating suites widely separated from each other.

Because of this difficulty, Dr. Hampton requested an assistant. This position has been provided in the new year's budget of the Hospital, but, as yet, such an individual has not been obtained.

**LAUNDRY**

In July of 1947, laundry for the Grace and New Haven Units was done separately with each unit being responsible for its own production, inventory, linen distribution, etc. There was one basic difference between the two units in that the Sewing Room and uniform distribution in the New Haven Unit were under the supervision of the Housekeeping Department while at Grace these items were combined under the general supervision of Mr. Smith, Chief Engineer.

With the building of the new Laundry it was planned to have sewing operations and uniform distribution under the supervision of the Laundry and, therefore, in November of 1947 these activities in the New Haven Unit were transferred with the thought that this preliminary move could be made more easily than if it were superimposed on the eventual merger of the two laundries.

After many delays due to the weather during the winter of 1947-1948, slowness in delivery of materials and equipment, etc., the new Laundry was opened on July 16, 1948, after a feverish week-end of moving and preparation. As was to be expected, preliminary operations were not too smooth. New procedures had to be worked out, operators had to familiarize themselves with the highly automatic equipment, the gremlins had to be taken out of the machinery and personnel had to adjust themselves to a higher tempo in production. Added to all these was the necessity of working through a hot, humid stretch of weather with an air conditioning system that required an enormous amount of adjusting and regulation before it finally is shaping into adequate operation at the present time, - one year after opening of the structure. The personnel of the Laundry is to be commended for their whole-hearted cooperation in working through until these adjustments could be made.

It was also found that some of the Laundry equipment needed improvement before it could be brought to its full capacity. An example of this was the initial inability to load the extractors to the full capacity of the wash wheels. After some negotiation, the American Laundry Company furnished stainless steel unloading aprons free of charge and these, with the canvas extractor covers, permit getting 1,000 lb. in each extractor.

A highlight of operations the past year was the Open Houses in January, 1949, - one for the hospital employees and the second for the general public. Both were a tremendous success with over 600 individuals visiting the laundry the night of the public showing.

Increasing difficulty was being experienced in linen distribution and in May of 1949 the responsibility of Laundry was assigned to Mr. Manz in addition to his responsibilities of Housekeeping and Maintenance. Linen distribution was then disassociated from the Laundry proper and assigned to a Housekeeper as a special problem. The Sewing and Uniform Rooms were also placed under the supervision of the Housekeeper at the same time. This freed the Laundry Manager to the extent that he could devote full time to the production problems of the Laundry and provided supervision in the linen distribution area which was not available prior to this time.
The improvement of linen distribution has already become evident particularly over the holiday weekends of the Fourth of July and Labor Day, which ordinarily provide a very marked linen shortage.

The combination of the laundries of the two units resulted in a reduction of employees and an approximate saving in salaries of $20,000.

The volume of work done in the Laundry during the past year is as follows:

<table>
<thead>
<tr>
<th></th>
<th>1947-48</th>
<th>1948-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Haven Total</td>
<td>2,848,032 lb</td>
<td>2,463,345 lb</td>
</tr>
<tr>
<td>Grace Total</td>
<td>712,006 (Est.) lb</td>
<td>706,499 lb</td>
</tr>
<tr>
<td></td>
<td>3,560,040 lb</td>
<td>3,169,814 lb</td>
</tr>
</tbody>
</table>

It is believed that the lower poundage this past year can be explained because of the lower average census.

The pressing equipment installed in the new laundry was based upon the usage of uniforms during the design period. Since the Laundry opened this number has increased materially due to the extending of the use of uniforms to a greater number of employees at Grace and by the Trained Attendant group at New Haven. The average monthly uniform load has risen from approximately 4,600 to 5,175 an increase of 12.2% over the anticipated capacity. This increased load has been met by increasing the individual output of the pressing units. The average number of articles pressed per month, including aprons, nurses' caps, jackets, etc., amounts to 22,179.

The Grace-New Haven Community Hospital has as modern a laundry as exists in any hospital today. We are continually improving the efficiency of laundry production and of linen distribution and although we still have a long way to go, the first unit of the new hospital is one of which to be proud.

**DISPENSARY**

Since the reorganization and coordination of the various separate clinics in the New Haven Dispensary, started by Dr. Alan Poold in 1947, and the arrival of Miss Dorothy Bird as supervisor of the Dispensary in March, 1948, very marked improvement in the service of the Dispensary has resulted.

The introduction of the appointment system has decreased markedly the waiting that the Dispensary patients have had to do in the past. All new Dispensary patients are having a routine Photororcentgen made on admission. This helps in the screening of patients who might have undiagnosed tuberculosis, or certain heart or other chest conditions.

Visits to the Tuberculosis Clinic have been made available without charge to residents of New Haven, West Haven, East Haven, North Haven, Hamden, Bethany and Woodbridge, through an annual grant of $12,000 from these communities. This clinic has been under the direction of Dr. Joseph D'Esopo and has resulted in a more active social case follow-up, more satisfactory reports to the State and a more satisfactory caring for the patients in the clinic. A tuberculosis consultant with the Visiting Nurse Association has been present in the Clinic sessions and has been of great assistance.

The Clinic waiting room in the Pediatric Clinic was beautifully decorated with scenes from children's literature by a volunteer art student, Miss Alva Williams, in the summer of 1948. The Dispensary activities in the Pediatric Clinic have been
enlarged with the establishment of the Pediatric Rheumatic Fever and Cardiac program in August 1947. This program was established by the New Haven City Health Department in conjunction with the Connecticut State Department of Health and Department of Pediatrics of the Yale University School of Medicine. This Clinic has been the source of referral for many patients now attending the Cardiac Clinic of the Dispensary.

An Audiology clinic with facilities for the evaluation of hearing difficulties has been started in the Nose and Throat Clinic under the direction of Dr. Norton Canfield. The sound proof room was provided by the James Hudson Brown Memorial Fund of the Medical School at a cost of $2,400, a $600 turntable by the Connecticut State Elks Association and $6,000 toward the services of an audiology technician for two years by the Junior League of New Haven. It is anticipated that with the assistance already given, the Audiology Clinic will be self-supporting in two years and will provide another necessary health service to the community.

Financial responsibility for the Psychiatric Out-patient Clinic was assumed by the New Haven Dispensary on March 1, 1949. As has been noted in the discussion of Yale-Hospital Relationships, this Clinic which was formerly the responsibility of Yale University, now is an integral part of the New Haven Dispensary and its budget has been adjusted so that its income meets its expense.

The number of visits in the New Haven Dispensary has dropped from 96,498 in 1946-47, to 88,281 in 1947-48 and to 78,668 in 1948-49. Part of this decrease in the use of the Dispensary is explained by the higher charges that have been made; another reason being the closing of the general Dispensary clinics on Saturday mornings starting July 1, 1948.

The deficit of the New Haven Dispensary in 1947-48 was $76,856.59. This deficit decreased to $39,536.90 in 1948-49. The explanation for this marked decrease in loss from the Dispensary can be explained entirely by increased income. The expenses in the Dispensary for the two years were almost identical, approximately $222,000, but the income increased from $109,705.55 in 1947-48 to $118,097.42 in 1948-49. The increased income with the decreased visits was the result of an increase in clinic visit charges from $2 to $2.50 (with a scale down to free, dependent upon the amount the patient can pay), a more careful screening of patients to see that they are paying the proper rate, an increase in special charges, particularly Pharmacy and X-ray, and a better understanding between the Dispensary and the referring welfare departments in relation to payment for services rendered.

The Out-Patient Department of the Grace Unit has increased its activities from 3,995 visits in 1947-48 to 4,055 visits in 1948-49. In May, 1949, the old Children's Pavilion building in the Grace Unit was changed into the Out-Patient Department. This has provided much more space and attractive surroundings than existed in the main ward building.

**GRACE UNIT NURSING SERVICE**

Miss Peggy Stewart and her colleagues have done an excellent job in continuing the high reputation of the Grace-New Haven Community Hospital School of Nursing and the Nursing Service of the Grace Unit for providing friendly, efficient care to the patients and service to attending physicians. The Nursing School continues to attract a high calibre group of girls, and the enrollment is holding up well. As of June 30, 1949, there were 33 seniors, 35 juniors and 43 freshman in the Nursing School. The 33 senior students will finish their time in the Nursing School in September and October and many of them plan to return to their school's hospital as graduate staff nurses.
The Nursing Arts practice units have been transferred from the student dormitory at 1401 Chapel Street to the second floor of the Children's Pavilion. The new location provides ample work space for a laboratory section of 16 student nurses, as well as providing a realistic situation for practice.

New Haven Unit

The Nursing Service of the New Haven Unit continues to be a problem of too much work for too few qualified personnel, but very definite improvement has obtained during the past two years. The improvement in personnel policies has included the five-day, forty-hour week, vacations, sick leave and terminal vacation allowances, the change from the seven o'clock to the eight o'clock hospital day made for the benefit of both patients and personnel but from which the nurses actually have profited more than anyone else, the continuous eight-hour span of work, payment for overtime, premiums for evening night and call duty, a total cash salary, and provision for regular increases in salary. These personnel policies are generally recommended and included in the list of major policies of the economic security program of the American Nurses Association.

A staff orientation program providing for the orientation of the new worker has been developed for all workers in the Nursing Department and has made commendable progress under the direction of Miss Kathleen Barrett.

Judging from the patient comment cards, which so often express an appreciation of the nurses being "cheerful," "courteous," "kind," "sympathetic," the effort of the nursing administration to promote an attitude of friendliness throughout the Hospital is succeeding.

The Nursing Service has developed a twelve month Trained Attendant Program in cooperation with the Connecticut State Department of Education and this project has already met with considerable success. The Nursing Service recruits and selects the girls and women for the course and the first three months basic instruction is furnished by the State Department of Education in one of the New Haven Schools. Following this pre-clinical training of three months, the Student Trained Attendants come to the Hospital for nine months more of practical training. At the end of this time they are eligible for examination to obtain a license as Trained Attendant. Since the first course started in January, 1969, there have been 15 individuals graduated. A number of them have been employed by the Hospital and it has been demonstrated that they can be of great value on the nursing services.

Continual efforts are being made to furnish equipment to the nursing service that will render its work easier or more efficient. Examples of this are the new gas stove on Tompkins 5, new autoclaves replacing the boiling sterilizers on Tompkins 1, 2, 3, 5, Fitkin 1 and 5, new and safer treatment lamps for many of the divisions, and the gradual replacement of the ice-refrigerated oxygen tents by electrically-refrigerated oxygen tents. A start has also been made in the improvement of the appearance of the patient divisions. Window drapes in the patient rooms on Tompkins 5 and a complete redecoration and refurbishing of the Tompkins 5 solarium have been completed, making this division the showplace of the Hospital. The improvement of the appearance of Tompkins 5 has been so striking that plans are now in progress to do the same to Fitkin 5, Tompkins 3 and, eventually, all of the patient divisions. The operating rooms have assumed relatively greater importance during the past year for, with a ten percent decrease in patient days, there was an actual slight increase in the number of operations. For the first time in many months, it was possible to staff the operating room completely and, as a result, all six rooms were able to be fully staffed during the day. Additional equipment has also been added including a new cautery and extra utility tables and instruments. The unfortunate necessity of discontinuing
the post-graduate course in the operating room due to inability to obtain a qualified instructor, has already made itself felt, however. The Nursing Service is finding it very difficult now to staff the operating rooms in order to care for the load that is required when the Hospital is running at full census. It is hoped that the course can be started again in the spring.

The Nursing Service has several severe handicaps that impair its ability to render complete, adequate nursing service to the patients. Probably the most serious difficulty is the low salary scale that is in effect in the Hospital. The nurses are on a 40 hour week. However, the minimum wage paid to the nurses is a dollar an hour, or $40.00 a week. The nurses are allowed to work overtime at straight hourly rates up to a maximum of 48 hours. The rate of a dollar an hour in the Grace-New Haven Community Hospital compares favorably with the majority of the other hospitals of Connecticut. There are only few that pay more, most of them pay the same and several pay less. The Grace Unit has managed to keep an adequate nursing staff on this salary scale. Unfortunately, the New Haven Unit does not compete for nurses with the local Connecticut Hospitals but, primarily, from other areas. It is in comparison to salary scales in other parts of the country that we are found deficient. The usual starting salary for nurses in New York, the Midwest and the Pacific coast is $2,400 a year for a 40 hour week. The New Haven minimum salary is $2,080 a year. This disparity is almost too great for us to expect to attract qualified workers.

The Connecticut State Nurses Association and the Connecticut Hospital Association have recently developed a personnel policy outlining the perquisites of employment, and a salary scale. This Hospital conforms to all of the recommended personnel policies except the financial scale.

The recommended minimum salary for Connecticut is $2,280, as contrasted to the minimum salary in Grace-New Haven Community Hospital of $2,080. There is already evidence that graduate nurses required to staff the nursing divisions are not being recruited in sufficient numbers and serious consideration must be given to increase of salaries promptly.

The second great difficulty confronting the Nursing Service of the New Haven Unit is the housing facilities available to nurses in this area. Sterling Dormitory has been filled far beyond capacity for many years and the South Street Dormitory that houses from 20 to 30 graduate nurses is a disgrace. There is little or nothing that can be done to the South Street Dormitory to make it more habitable and yet, there are no other facilities available for the women within a price that they can afford to pay.

The third serious problem facing the Nursing Service is that of integrating a large number of Student Nurses receiving training in the New Haven Unit with the demands for nursing service. At the present time, the New Haven Unit has, (not including those assigned to V.V.N.A., Psychiatry, etc.) 104 Yale University School of Nursing students, 57 from the University of Connecticut, and 72 from the 8 other affiliating hospital schools in Connecticut and Rhode Island.

The Yale University Nursing Students and the University of Connecticut nursing students have their curriculum arranged in blocks. As a result of this method of assignment, the Nursing Service of the Hospital is usually in a feast or famine state. The Nursing Service is frequently faced with either having a large number of students suddenly appear on the patient divisions and providing nursing service far in excess of that desired or of having all the student nurses leave and then having a completely inadequate number of available nursing hours. The difficulty of utilizing the varying numbers of students efficiently, combined with the fact that the majority of the student graduates return to their home areas for
graduate employment, places a handicap upon the Nursing Service for nursing procurement and service, that does not obtain in the ordinary hospital in Connecticut.

Dean Elizabeth Bixler fully recognizes the problems that the Nursing Service faces and sincere effort is being made to meet the nursing service demands and at the same time provide the proper type of nursing education. It should be stressed in this report that the nursing service received from the students of Yale Nursing School and the University of Connecticut is of an extremely high quality. The Hospital is fortunate in having these two schools associated with the institution; the only complaint can be that it is difficult to utilize to the greatest extent the services that are available from the students.

RADIOLOGY

Grace Unit

Dr. Robert Lowman, Director of Radiology of the Grace Unit, is doing a remarkable job under the most difficult physical surroundings. The Radiology Department is located in the basement of the Private Pavilion of the Grace Unit and not only is cramped for space, being awkwardly laid out, but is very uncomfortable due to ventilating and heating and cooling problems.

A new cystoscopic unit has been installed on the surgical floor of the Private Pavilion, thus providing the Grace Unit with modern equipment for urologic studies. The remainder of the equipment, with few exceptions, is quite modern although it is anticipated that an expenditure of approximately $8,500 will be necessary during the coming year to bring the equipment up to its maximum operating efficiency. The Radiology Department has instituted a routine chest survey of the Hospital staff clerical, laboratory and nursing personnel as well as food handlers. It is hoped the routine chest screening of all patients entering the Hospital will also be done.

Dr. Lowman has been carrying on an active teaching and investigative program during the past two years, eight papers being completed and published during this period. The department has also been training X-ray technicians and radiology residents. It is planned to increase the residency program to three years and through the cooperation of the New Haven Unit and Dr. Arnold Janzen, facilities in the New Haven Unit will be made available to the residents so that intensive study of problems in neuro-radiology, cardiac catheterization and pediatrics can be made. Dr. Lowman will also participate in the teaching program of radiology in the New Haven Unit and the Yale Medical School.

New Haven Unit

It was with the greatest regret that the Hospital and Medical School accepted the resignation of Dr. Hugh M. Wilson as Chief of Radiology of the New Haven Unit. Dr. Wilson had been in charge of the Radiology Department since 1934 and had built the department to one of national reputation. His teaching ability had made Radiology the most popular elective course in the curriculum of the Medical School. Dr. Wilson resigned to assume the position of Director of the Mallinckrodt Institute of Radiology in St. Louis, Missouri.

The Hospital and the Medical Staff are fortunate in having Dr. Arnold Janzen, who had been assistant to Dr. Wilson, as the new head of the department. Dr. Janzen has been associated with the Hospital and the Medical School since 1938 and has already proved to be a very satisfactory successor.
In collaboration with Dr. Ernest Pollard of the Physics Department at Yale University, Mr. Franklin Hutchinson has been acting as part-time physicist at the New Haven Hospital during the last year. The development of a program whereby a physicist is available for consultation in regard to protection of personnel from radiation, adequate shielding of X-ray machines, instruction of the resident staff and consultation in routine radium and X-ray therapy problems has been highly rewarding. It is hoped that such a program will continue at the Medical School and Hospital levels and also that the services of such a physicist will gradually be made available to other radiologists in the State.

Dr. Alfred Kummer completed his training as resident radiologist in 1948, following which time he was retained as an instructor in the Department of Radiology. This coming year he will continue as an instructor and will be the Associate Radiologist of the New Haven Unit.

During the past two years three major changes in the equipment of the X-ray Department have been made. The old deep therapy Kelley-Koett unit purchased in 1934 has been replaced by a Westinghouse 250 KV constant potential unit. This necessitated the construction of additional lead protection in the floor and walls of the treatment room and this was carried out under the direction of the physicist, Mr. Franklin Hutchinson. It was also a pleasure to discard the old Kelley-Koett urological X-ray unit purchased in 1928, which was in use in the clinic. The newer urological unit, which is also quite old, having been purchased in 1936, was transferred to the Clinic part of the Urological Department and a new Kelley-Koett 200 milliampere unit was installed in the Urological suite. Along with the purchase of the new unit went the purchase of two urological tables. A third major change was the installation of a General Electric photoröentgen unit in the basement adjacent to the Surgical Clinic and the Main Dispensary offices. This miniature X-ray chest equipment was provided by the New Haven Department of Health from Connecticut and Federal Public Health funds and is being used to routinely examine all patients entering the Hospital or the Dispensary. A new tube and tube stand was also purchased by the Hospital so that X-rays from the Emergency Department could quickly and easily be obtained.

Another development which has been made possible through the contribution of University funds is the rapid cassette changer developed by one of the senior medical students, adapted to the technique of angiocardiography. This unit is situated on the second floor of the Farnam Building for surgical laboratories and technically speaking is the property of the Cardiovascular Unit of the Medical School, but is under the direction of the X-ray Department. Although this unit is intended primarily for investigative work in the Medical School, it has been recognized by the Medical School and the Hospital Administration that a certain service function to cardiovascular patients can be offered.

There are several old X-ray units which are giving trouble and necessitate frequent repair. They must be considered for replacement. One of these is a General Electric radiographic and fluoroscopic unit used for gastro-intestinal work, which was purchased in 1939, and another X-ray unit in the Bone Room purchased in 1935. The Westinghouse pedestal-mounted Rucky which was in the Bone Room and which has been moved to the Emergency Room also needs replacement.

With the increasing amount of work going on in the X-ray Department, the processing rooms for X-ray films have proved to be a bottleneck. It is recommended that an automatic Pako film developing machine be installed and that the present method of developing films in the basement to serve the Urology Department and the newly installed Emergency Room and Photoröentgen Room also be remodelled. One can anticipate a replacement cost to the Hospital during the next two years of approximately $30,000.
Another illustration of the difficulty of using direct current in the Hospital is the problem of obtaining adequate illumination for viewing X-ray films with direct current. The present day lighting developments have all been along the line of alternating current illuminators. This requires the running of a special line. The X-ray Department has never had any type of air-conditioning for the enclosed gastro-intestinal rooms. Such equipment is being installed at the present time.

The following table summarizes the volume of work carried out by the Radiology Department of the two units.

<table>
<thead>
<tr>
<th></th>
<th>New Haven</th>
<th>Grace</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X-ray Examinations</strong></td>
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<td></td>
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<tr>
<td>Private</td>
<td>5,966</td>
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<tr>
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<td>6,210</td>
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<tr>
<td>Psychiatry Clinic</td>
<td>210</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>25,911</td>
<td>11,187</td>
</tr>
</tbody>
</table>

|                      |           |       |
| **X-ray and Radium Therapy** | 5,252   | 3,821 |

**Volunteers**

During the past two years the Volunteer Department has continued the post-war program without much change. Volunteers were assigned to clinics, offices, laboratories, social service, blood donors, Junior Division and the diversional therapy program.

During the winter months there are approximately 30 outside groups making surgical dressings. These groups include New Haven Red Cross and branches, college and women's clubs, Salvation Army and Scouts. It has been possible to keep the Hospital supplied with 35 separate items, except during the summer months, with the help of these volunteer groups.

In the fall of 1948 a rummage sale was held to raise funds for the purchase of supplies for the diversional therapy program. The first sale was so successful that the room is now kept open twice weekly and continues to be profitable. Sufficient funds have been realized from this source and from the News Service to expand the Diversional Therapy Program under the direction of a volunteer occupational therapist, Miss Helen Means.

There has been considerable discussion as to whether the Hospital should form a Women's Auxiliary. The Director met with a group of women in the spring who agreed to act as an advisory committee to discuss the value and possible program of a Women's Auxiliary in this institution. There was general agreement that such an organization would be of value if the primary purpose was that of community education and interpretation of the Hospital's role in the over-all health program of
the community. It was agreed that several of the volunteer activities should also be a part of this organization and that fund raising should be of tertiary interest only. It is planned to present a specific program to this advisory group this fall and to decide then as to further plans.

Special mention should be made of four volunteers who, because of their unusual ability and the time they give, are considered members of their departments:

1. Mrs. Ulrich Phillips - full time since 1942, Nursing and Volunteer Departments.
2. Mrs. Maude Brennan - part time since 1944, Record Room and Volunteer Department.
3. Mr. Allan Hays - part time since 1946, Purchasing Department.
4. Mr. Harry Millsopp, part time since 1948, Nursing and Volunteer Department.

INFORMATION SERVICE

New Haven Unit

The Information Department has given much more efficient service during the past two years. The visitor's pass system was revised so that now it is quite unusual to find long lines of visitors waiting for passes. The duties of the information clerk have been analyzed and certain unnecessary miscellaneous duties have been eliminated so that the clerks are now having more time to handle the Hospital's visitors properly.

Miss Mary Jane Sanders has been transferred to the Private Pavilion where she serves both as an information clerk and Private Pavilion I division secretary. The combining of these two positions has resulted in obvious economy to the Hospital.

SWITCHBOARD AND TELEPHONE SERVICE

New Haven Unit

The demand for telephone service has been steadily increasing during the past two years. Frequent complaints from outside offices trying to call 5-1161 and surveys by the Telephone Company have caused the Hospital to add six additional two-way trunk lines during the past three years. A recent survey by the Telephone Company reveals that this busy condition is as bad as ever recorded for this unit and further installations are recommended. A partial explanation for this increased load is presumably the new clinic appointment system, the tie-up with Grace Hospital, shorter length of stay, etc.

PHARMACY

From the arrival of Mr. John Zugich as Pharmacist-in-Chief of the Grace-New Haven Community Hospital August 15, 1946, the progress of the Pharmacy Department has been outstanding. During the past two years marked improvements have been evident in moral, efficiency, and service, both to the patient and the attending physicians; and the Hospital has at present a Pharmacy Department that is outstanding among comparable institutions. The Pharmacy staff has been reorganized so that specific work
assignments could be made and this has resulted in better supervision and much more rapid filling of orders and prescriptions. All pharmacy purchasing and pharmacy stores has been consolidated in the New Haven Unit and the ten nursing divisions of the Grace Unit have their drug supplies replenished daily at the New Haven Unit Pharmacy. Via messengers, these requisitions are received, filled and returned to the Grace Unit in approximately one hour each day.

The consistent pricing schedule for drugs has been developed with a definite improvement in cost-accounting in the Pharmacy. Prescription drugs are now being prepackaged so that 165 different standard prescription units of over 100 drugs are available to the prescription pharmacist. During peak prescription loads, one pharmacist can fill a prescription every 30 seconds with complete control. Approximately 5,000 units of drugs are packaged, ready for use each month with non-pharmacist help and a minimum of supervision.

A formula file has been prepared for the bulk compounding laboratory in the Pharmacy. This is done to provide standard formulae for manufacture of drugs in the Pharmacy and to determine total quantities made over a period so that a check can be made of the value of laboratory compounding versus buying on the open market. There are 73 formulas prepared for the bulk compounding laboratory formula file.

A considerable amount of physical reorganization has occurred in the Pharmacy Department during the past two years. This has been done in order to provide a more efficient method of storing and dispensing of pharmaceuticals. Over 8,000 bottles have been relabelled and placed in standard units for nursing divisions. This has been done with printed labels, replacing the old hand written, unstandardized labels of the past.

On April 4, 1943, Mr. Anthony J. LaFemina resigned as Pharmacist of the Grace Unit and was replaced by Mr. Donato Ranelli, Assistant Pharmacist in the New Haven Unit. Additional coordinated procedures were instituted by Mr. Ranelli in the Grace Unit Pharmacy which include the following:

a. Unified narcotic control and distribution system.
b. Unified purchase records and drug pricing files.
c. Permanent prescription record file instituted.
d. Uniform standardization of drugs between units, eliminating many duplications of drugs for similar action. Expensive proprietaries reduced in inventory.
e. Unified drug distribution procedures and policies.
f. Elimination of a non-hospital drug inventory.

The Pharmacy Committee of the New Haven Unit has been expanded to cover both Units and three staff physicians from the Grace Unit now serve on the combined Pharmacy Committee for the Grace-New Haven Community Hospital. Decisions on drug policies for both units are now being accelerated through the action of the consolidated committee.

The Pharmacy has assumed the responsibility for the supervision of the technical activities of the sterile solution room. It is planned to enlarge and improve the facilities of the sterile solution room so that all solutions will be manufactured in the New Haven Unit. At this time, the pharmacy will assume complete responsibility for sterile solutions.

The Pharmacy has also developed a standard preparation of units of narcotics for all nursing divisions, which has saved seven hours of nursing time daily in the Hospital. An additional five hours of nursing time is saved each day by the Pharmacy preparing a type of penicillin suitable for injection on each floor.
In addition to the regular activities of the Pharmacy of supplying drugs and prescriptions to nursing divisions and to patients, the Pharmacy Department has also developed an internship program to train hospital pharmacists from a graduate pharmacist level. An exchange of interne trainees in hospital pharmacy was consumated with the Jefferson Medical College Hospital in Philadelphia, and the University of Connecticut College of Pharmacy students were provided with practical prescription and bulk compounding training at the undergraduate level through the use of our facilities. Guest lectures were given by the Pharmacy staff members as part of the curriculum of: Yale University School of Nursing, University of Connecticut School of Nursing, Yale University Hospital Administration Course, University of Connecticut College of Pharmacy.

PHYSICAL THERAPY

New Haven Unit

Although the total treatments dropped from 20,049 in 1947-1948 to 17,152 in 1948-49, this was due primarily to a lack of personnel rather than any decrease in the popularity of the department. Miss Nyman has done an excellent job under trying circumstances of keeping the department functioning with the development of the Chronic Care, Physical Medicine and Rehabilitation Program. It is anticipated that the demands on the department will exceed the space, equipment, and personnel capacity.

The arrival of Dr. Ned Shutkin, Instructor in Orthopedics, has provided a consultative service to the Physical Therapy Department that has been sorely needed. Additional space, additional equipment, and an improvement in the physical surroundings of the Physical Therapy Department are definitely needed. Although space is a requirement that cannot be easily met, it is hoped that equipment and renovation problems will be solved during the coming year.

Respectfully submitted,

A. W. Snoke, M.D.
Director
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Gross Income from Patients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Patient Charges</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Private</td>
<td>$543,780.96</td>
<td>$572,112.14</td>
<td>$579,553.46</td>
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<td>Semi-Private</td>
<td>$1,014,333.78</td>
<td>$1,080,385.65</td>
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<td>Ward</td>
<td>$905,850.59</td>
<td>$1,197,677.82</td>
<td>$1,300,205.59</td>
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<tr>
<td><strong>Total</strong></td>
<td>$2,463,966.33</td>
<td>$2,850,175.61</td>
<td>$3,146,365.53</td>
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<td>Out-Patient Charges</td>
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<tr>
<td>Unclassified</td>
<td>$183,974.01</td>
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<td><strong>Totals</strong></td>
<td>$2,650,301.53</td>
<td>$3,028,753.52</td>
<td>$3,379,625.30</td>
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<td><strong>Deduction from Gross Income</strong></td>
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<tr>
<td>Allowances</td>
<td>$209,222.19</td>
<td>$236,031.75</td>
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<td>Provision for Bad Debts (net of recoveries)</td>
<td>15,048.10</td>
<td>12,012.07</td>
<td>91,233.35</td>
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<td><strong>Total</strong></td>
<td>$225,070.29</td>
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<tr>
<td>Net Income from Patients</td>
<td>$2,425,731.24</td>
<td>$2,780,709.70</td>
<td>$2,995,715.18</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
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<tr>
<td>Operating Loss</td>
<td>$465,960.19</td>
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<td>Depreciation</td>
<td>$49,677.78</td>
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<td>Total Operating Expenses</td>
<td>$2,891,691.43</td>
<td>$3,201,809.85</td>
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<td>Other Expense</td>
<td>30,855.52</td>
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<td>Excess of Expense over Income of New Haven Dispensary</td>
<td>33,136.40</td>
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<td>Provision for Rehabilitation &amp; Repair</td>
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<td><strong>Total Loss</strong></td>
<td>$529,952.11</td>
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<td><strong>Supplementary Income</strong></td>
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<td>Endowment Income</td>
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<td>Other Income</td>
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<td>Yale University Appropriation</td>
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<td><strong>Supplementary Income Totals</strong></td>
<td>$478,357.31</td>
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<td><strong>Net Loss - Charged to working capital</strong></td>
<td>$51,594.80</td>
<td>$65,130.94</td>
<td>$23,763.19</td>
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GRACE-NEW HAVEN COMMUNITY HOSPITAL

UNIVERSITY SERVICE

July 1, 1947 - June 30, 1949

Director
Albert W. Snoke

Medical Board
Francis G. Blake, Chairman
Gustaf E. Lindskog
Grover F. Powers
Frederick C. Redlich
Herbert Thoms
Hugh M. Wilson
Milton G. Winternitz
Albert W. Snoke, Secretary

Consulting Staff
*Arthur N. Alling (Ophthalmology)
George Blumer (Medicine, Emeritus)
Clement C. Clay (Hospital Administration)
(After 7-1-48)
Arnold Gesell (Pediatrics) from 7-1-48
Ira V. Hiscock (Public Health)
(July 7-1-48)
Joseph I. Linde (Pediatrics)
Arthur H. Morse (Obstetrics and Gynecology)
(June 7-1-48)
Richard F. Rand (Obstetrics and Gynecology)
Frederick N. Sperry (Otolaryngology)
Wilder Tileston (Medicine)
Ralph M. Tovell (Anesthesiology)
William F. Verdi (Surgery)
Charles-Edward A. Winslow (Hygiene-Emeritus)

Medical Board of the Private Service
Howard S. Colwell (Medicine)
Lewis C. Foster (Surgery)
Luther K. Musselman (Obstetrics and Gynecology)
Allan K. Poole (Medicine)
Robert Salinger (Pediatrics)
Albert W. Snoke, Secretary

STAFF

INTERNAL MEDICINE
Physician-in-Chief
Francis G. Blake

Associate Physicians
Ronald F. Buchan (to 7-1-48)
Edward C. Curnen, Jr. (to 7-1-48)
Hugh L. Dwyer (from 7-1-48)
J. Russell Elkinton (to 7-1-48)
William W. Engstrom
Horace T. Gardner (from 9-15-47)
Allan V. N. Goodyer (from 7-1-48)
Robert H. Green
Dorothy M. Horstmann (from 7-1-48)
David M. Kydd (from 9-1-47)
J. Wister Meigs
John R. Paul
John P. Peters
Elroy R. Peterson (to 7-1-48)
Robert W. Quinn
Donald W. Seldin (from 7-1-48)
Ethan A. H. Sims
William E. Swift
Louis G. Welt (from 7-1-48)

* Deceased
Assistant Physicians

Jack Orloff (from 7-1-48)
Robert Tarail (from 7-1-48)

Attending Physicians

Marion E. Howard
Kirby S. Howlett, Jr. (Tuberculosis)
*Ralph E. McDonnell (Dermatology)
Harold M. Marvin
Louis H. Nahum
Allan K. Poole
Orville F. Rogers
Maurice J. Strauss (Dermatology)
Paul I. Yakovlev (Neurology)
(to 7-1-48)

Assistant Attending Physicians

Margaret A. Lennox (Neurology)
(to 7-1-48)
Herbert D. Lewis (from 7-1-48)
Garter L. Marshall (Dermatology)
Leave of Absence from 4-1-48
to 4-1-49

Joseph Mignone
Abbott A. Newman (from 7-1-48)
Louis O'Brasky (Dermatology)
George J. Piazza (from 7-1-48)
Pasquale A. Piccolo
Marino L. Riccitelli
Arnold B. Rilance (Tuberculosis)
Bernard A. Rogowski (Neurology)
Oscar Roth
Richard K. Sekerak (from 7-1-48)
David N. Shulman
Harry Sigel (Dermatology)
Frederick F. Smith (from 7-1-48)
Samuel Spinner
Morgan Y. Swirsky
Andrew Vollero (Dermatology)
Frederick C. Warring, Jr.
(Tuberculosis)

Resident Physicians

Hugh L. Dwyer, Jr. (to 7-1-48)
Frederick A. Beardsley, Jr. (from 7-1-48)

Associate Resident

Arnold S. Relman (from 7-1-48)

* Deceased
Assistant Residents

Elijah Adams (from 7-1-48)
Frederick A. Beardsley, Jr. (to 7-1-48)
Otto W. Burtner (to 7-1-48)
James W. Colbert, Jr. (from 7-1-48)
Thomas T. Crocker (from 7-1-48)
Albert S. Field (to 7-1-48)
Henry M. Gewin (from 7-1-48)
Allan V. N. Goodyer (to 7-1-48)
Frank S. Gray (to 7-1-48)
Richard B. Harvey (from 7-1-48 to 10-1-48)
Robert E. Healy (to 1-1-49)
Edward D. Kinsella (from 7-1-48)
Robert T. A. Knudsen (from 7-1-48)
P. Douglas Lawrason (to 1-1-49)
John C. Moench (to 7-1-48)
David W. Molander (from 1-1-49)
Arnold S. Re3man (to 7-1-48)
Benjamin S. Robinson, Jr. (to 7-1-48)
Richard H. Saunders (to 1-1-49)
Igor Tamm (from 7-1-48)

Interns

William K. Abele (to 7-1-49)
John P. Craig (to 1-1-49)
Robert P. Darrow (to 1-1-49)
Stephen H. Deschamps (to 7-1-49)
Franklin H. Epstein (to 7-1-49)
Allan J. Erslev (to 1-1-49)
Robert A. Fishman (to 7-1-49)
Robert P. Gibb (from 7-1-49)
Gilbert L. Gordon (to 1-1-49)

PEDIATRICS

Physician-in-Chief

Grover F. Powers

Associate Pediatricians

Catherine S. Amatruda (from 7-1-48)
Joseph V. Baldwin (from 7-1-48)
Paul L. Boisvert (to 7-1-48)
Edward C. Curnen (from 7-1-48)

Robert E. Gosselin (to 7-1-48)
Sumner N. Marder (to 7-1-48)
Robert J. Molloy (from 7-1-48)
David E. Morton (from 1-1-49)
James W. Needham (from 7-1-48)
Lewis P. Rowland (from 1-1-49)
Robert J. Sayer (from 7-1-48)
Eugene Sillman (from 1-1-49)
Igor Tamm (from 7-1-47 to 7-1-48)

Attending Pediatricians

David H. Clement (from 7-1-48)
Charles S. Culotta
Arnold Gesell (to 7-1-48)
Helen R. Gilmore (to 7-1-48)
Edith B. Jackson
Morris Y. Krosnick

William C. McGuire
Robert Salinger
Edward T. Wakeman
Margaret B. Weir
Ruth Whitemore (from 7-1-48)
William R. Wilson
Herman Yannet

Assistant Attending Pediatricians

Catherine Amatruda (to 7-1-48)
Jerome S. Beloff (from 7-1-48)
Robert B. Boyd
David H. Clement (to 7-1-48)
William B. Curtis (from 7-1-48)
Joyce V. Deutsch
Alan Foord
Morris Goldstein

Virginia H. Goodrich (to 7-1-48)
Winston G. Hainsworth (from 7-1-48)
Elizabeth R. Harrison
Daniel F. Harvey
Maurice M. Hillman
Mildred H. January
Paul F. McAlenney, Jr.
Charles F. Scholhamer (from 7-1-48)
Carter Stilson  
Joseph Weiner  
Ruth Whittemore (to 7-1-48)

Assistant Attending Psychologists

Dorothy Gandine - Stanton  
Elmer H. Potter  
Seymour B. Sarason

Residents

James Flett, Jr. (to 7-1-48)  
Richard W. Olmsted (from 7-1-48)

Associate Resident

Edward R. Rabe

Assistant Residents

Joseph V. Baldwin (from 7-1-47 to 10-1-47)  
Joseph V. Baldwin (from 7-1-48)  
George R. Barnes, Jr. (from 7-1-48)  
Frederick C. Biehusen  
Charles H. Crothers (from 7-1-48)  
Thomas A. Doe (from 10-1-47 to 7-1-48)  
Winston C. Hainsworth (to 7-1-48)  
Charles G. Kempe (from 7-1-48)  
James A. Keleman (to 7-1-48)  
Anton N. Lethin, Jr. (from 7-1-48)  
Paul R. Lurie (to 7-1-48)  
Robert W. McCammon (from 7-1-48)  
Richard W. Olmsted (to 7-1-48)  
Franklin H. Schaefer (from 7-1-48)  
Charles F. Scholhamer (to 7-1-48)  
Ruth I. Svirbergson  
Morris A. Wessel (from 7-1-48)

Interns

George R. Barnes, Jr. (to 7-1-48)  
Allyn G. Bridge (from 7-1-48)  
John C. Cobb (from 7-1-48)  
Robert G. Frazier (to 7-1-48)  
Thomas T. Glasscock (from 7-1-48)  
Richard H. Granger (from 7-1-48)  
Frank H. Horton (to 7-1-48)  
Blackburn S. Joslin (to 7-1-48)  
Anton N. Lethin, Jr. (to 7-1-48)  
C. Arden Miller (from 7-1-48)  
Robert W. Ollayos (to 7-1-48)  
Arthur H. Parmelee, Jr. (to 7-1-48)  
Sylvia N. Preston (from 7-1-48)  
George P. Rostel (from 7-1-48)

PSYCHIATRY AND MENTAL HYGIENE

Psychiatrist-in-Chief

Frederick C. Redlich (from 7-1-48)

Associate Psychiatrists

Clement C. Fry  
Helen R. Gilmore (from 7-1-48)  
Robert A. Kimmich (from 7-1-48)  
Stanley A. Leavy (from 7-1-48)  
Margaret A. Lennox (Neurology)  
Stanley T. Michael (to 7-1-48)  
Burness E. Moore  
Frederick C. Redlich (to 7-1-48)  
Edward Stainbrook (from 7-1-48)  
Herbert W. Stein (from 7-1-48 to 9-1-47)

Associate Psychologists

Leonard D. Eron  
Walter R. Miles (from 7-1-48)
**Attending Psychiatrists**

- Louis H. Cohen (to 7-1-13)
- Edith B. Jackson (from 7-1-13)
- Eugen Kahn
- Richard Newman
- Everett S. Rademacher
- Paul I. Yakovlev (from 7-1-13)

**Attending Psychologists**

- Margaret C. Keller
- Catherine C. Miles
- Walter R. Miles (to 7-1-13)

**Assistant Attending Psychiatrists**

- William H. Curtis
- Mildred H. January (from 7-1-13)
- Maxwell Pasternak
- Stephen M. Smith (to 7-1-13)
- Charles I. Solomon
- Lewis Thorne

**Residents**

- Stanley A. Leavy (to 7-1-13)
- Eugene B. Brody (from 7-1-13)

**Associate Residents**

- Lawrence Z. Freedman (from 7-1-13)
- John P. Plunkett (from 7-1-13)

**Assistant Residents**

- Sue E. Browder (to 1-1-14)
- John C. Coolidge (to 7-1-13)
- Richard W. Finner (to 7-1-13)
- Lawrence Z. Freedman (to 7-1-13)
- David K. Geddes (from 7-1-13)
- David A. Hamburg (from 7-1-13)
- Walter Igersheimer
- Adrian C. Moulyn (from 10-1-13 to 7-1-13)
- Vincent P. Perlo (to 7-1-13)
- Leonard J. Ravitz
- Albert J. Solnit (from 7-1-13)

**Intern**

- Beatrix McCleary (from 7-1-13)

**SURGERY**

**Surgeon-in-Chief**

- Gustaf E. Lindskog

**Associate Surgeons**

- E. Everett Clifton
- William J. German (Neurology)
- William W. L. Glenn (from 7-1-13)
- Samuel C. Harvey (Oncology)
- Walter J. J. Nero (from 7-1-13)
- Harris B. Shumacher, Jr. (to 7-1-13)
- John T. Steeper
- Max Taffel (Oncology) (from 7-1-13)
Attending Surgeons

Bernard S. Brody (Neurology)
Louie N. Claiborn

Lewis C. Foster
Ashley W. Oughterson (from 7-1-48)

Assistant Attending Surgeons

Courtney C. Bishop
William C. Duffy
Simon B. Kleiner (Proctology)
Maurice Levinsky (Proctology)

James W. Major (from 7-1-48)
John C. F. Mendillo
Frederick W. Roberts
I. J. Sherman (from 7-1-48)
Paul W. Vestal

Residents

William E. Bloomer (Thoracic Surgery) (from 10-1-48)
Malcolm M. Ellison (Surgery) (from 10-1-48)
George L. Emerson (Thoracic Surgery) (to 7-1-48)
William F. Hillier (Neuro-Surgery) (to 7-1-48)
Edwin F. Lang, Jr. (Neuro-Surgery) (from 7-1-48)
James W. Major (Surgery) (to 3-1-48)
Walter J. J. Nero (Surgery) (from 3-1-48 to 10-1-48)
Jackson H. Stuckey (Thoracic Surgery) (from 7-1-48 to 10-1-48)

Associate Residents

Malcolm M. Ellison (to 10-1-48)
Edward T. Krementz (Oncology) (from 7-1-48)
Walter J. J. Nero (to 3-1-48)
Edward R. Smith (from 7-1-48)

Assistant Residents

Ralph D. Alley
William E. Bloomer (to 10-1-48)
David L. Brook (Surgical Bacteriology) (from 7-1-48)
James M. Cary (to 7-1-48)
Charles W. Cashman, Jr.
Robert A. Chase (Surgical Pathology) (from 7-1-48)
George A. Cohn (to 1-1-48)
Victor P. Conforti (to 1-1-48)
Edward H. Conway (to 7-1-48)
Lawrence G. Crowley
Lycurgus M. Davey
John W. Donald (Surg. Path. to 7-1-48)
R. Harvey Dunsmore (to 7-1-48)
Richard R. Dyer (to 7-1-48)
Frank F. Epsey (Neurology) (to 7-1-48)
Victor C. Hackney (to 7-1-48)

Isaac Hirata
Leland W. Jones (from 7-1-48)
Harvey W. Kausel (from 7-1-48)
William B. Kiesewetter
Mathew W. Kobak (to 7-1-48)
Edward T. Krementz (to 7-1-48)
Douglas Lindsey (Surgical Pathology to 7-1-48)
Robert R. McDonnell (from 7-1-48)
Robert L. McLaurin (Neurology) (to 7-1-48)
Victor A. Machinski (from 7-1-48)
Lawrence J. Morin
W. Randolph Page (Neurology from 7-1-48)

David V. Pecora
George R. Reed (from 7-1-48)
John P. Riesman (to 7-1-48)

Laurence G. Roth (to 7-1-48)
Haynes W. Sheppard (to 7-1-48)
Edward R. Smith (to 7-1-48)
James T. Smith
Nicholas M. Stahl (to 7-1-48)
Philip C. Viscidi (Surgical Pathology to 7-1-48)
Edward E. Wayson (from 7-1-48)
Ross L. Wilson
Millington O. Young
ANESTHESIOLOGY

Associate Anesthesiologist
L. Jennings Hampton

Assistant Residents
Assigned from Hartford Hospital on rotating schedule

OPHTHALMOLOGY

Attending Surgeons
Eugene M. Blake
Clement C. Clark

Assistant Attending Surgeons
Winthrop I. Clarke
David Freeman
Francis P. Guida
Leon Kaplan
Herman C. Little
Frederick E. Mott (from 7-1-48)
Jacob Nodelman

Assistant Residents
Rocko M. Fasanella (from 7-1-48)
Henry V. Kogut (to 4-1-48)

ORTHOPEDIC SURGERY

Associate Surgeon
Malcolm S. Eveleth

Attending Surgeons
Robert J. Cook
Carl W. Henze

Assistant Attending Surgeons
Alexander L. Bassin
George G. Fox
Russell V. Fuldner
William E. Kenney (to 7-1-48)

Residents
Ernest Edwards, Jr. (from 1-1-49)
Bernard J. Hubenet (from 1-1-48 to 1-1-49)

William L. Sheahan
Jacobus A. VanHeuven
Michael E. Vegliante (from 7-1-48)
Joseph F. Watts
Leonard C. Whiting
Frederick A. Wies

Edward C. Wolston (to 3-15-48)

William S. Perham
A. David Poverman
Albert I. Robbins (to 7-1-48)
Luther M. Strayer, Jr.

Ward J. McFarland (to 1-1-48)
Associate Resident
Bernard Hubenet to 1-1-48

Assistant Residents
Albert S. Atwood (7-1-48 to 1-1-49)  Ernest G. Edwards, Jr. (to 1-1-49)
Victor P. Conforti (to 1-1-49)  Andrew H. Thomas (to 1-1-49)

OTOLOGY

Associate Surgeons
Norton Canfield  John P. Frazier (to 7-1-48)

Assistant Attending Surgeons
Creighton Barker  Paul B. MacCready
Marvin L. Latimer  Charles Petrillo
L. G. M. Lydon (from 7-1-48)  Samuel J. Silverberg

Resident
Gregory K. Dwyer

Associate Resident
Lawrence S. Cripsell (from 7-1-48)

Assistant Residents
Wesley F. Bosworth (to 7-1-48)  Robert J. Strobel (from 7-1-48)
Donald G. Casterline (to 7-1-48)

Intern
Chester Phillipson (from 7-1-48)

UROLOGY

Attending Surgeons
Clyde L. Deming  Ralph H. Jenkins

Assistant Attending Surgeons
Robert R. Berneike  Michael S. Hovenanian (from 7-1-48)

Assistant Surgeon
John B. Goetsch

Residents
Truett H. Frazier (from 7-1-48)  Michael S. Hovenanian (to 7-1-48)

Assistant Residents
Herbert D. Axilrod (from 7-1-48)
DENTAL SURGERY

Associate Surgeon
Bert G. Anderson

Attending Surgeons
Wilbur D. Johnston
William H. Kirschner
Morton J. Loeb
James P. Pigott

Assistant Attending Surgeons
Louis Angell
Joseph J. Dickstein
William R. Dunleavy
Newton E. Faulkner
Terry E. Hiltunen
Walter S. Langston
William M. Lawrence
Harold T. Moore
Francis A. Mullen
William D. Nesbit, Jr.
Conrad W. Newberg
John B. Noll
Samuel H. Finn
Martin A. Rothman
Harold M. Samuels
Jacob Sharp

Assistant Residents
Milton Lisansky (to 1-1-48)
Salvatore G. Oddo (from 7-1-48)

Interns
Antonio G. Bertao, Jr. (to 1-1-48)
Andrew A. Manickas (from 7-1-48)
Milton O. Clark (to 7-1-48)

OBSTETRICS AND GYNECOLOGY

Obstetrician and Gynecologist - in - chief
Herbert Thoms

Associate Obstetricians and Gynecologists
Arthur H. Morse (to 7-1-48)
Lyman M. Stowe

Attending Obstetricians and Gynecologists
A. Nowell Creadick
Harlan B. Perrins
Robert M. Lewis
Emerson L. Stone
Luther K. Musselman
Margaret Tyler

Assistant Attending Obstetricians and Gynecologists
Jachin B. Davis
Milton S. Godfried
Joseph A. Fiorito
Orvan W. Hess
Irving Friedman
Carl E. Johnson

Residents
Charles B. Cheney (from 7-1-48)
Frederick W. Shull (to 7-1-48)
### Associate Residents
- Julian T. Brantley (from 7-1-18)
- Charles B. Cheney (to 7-1-18)
- Anthony J. Thompson (from 7-1-18)
- Robert H. Wyatt (to 7-1-18)

### Assistant Residents
- Albert W. Bostrom, Jr. (from 7-1-18)
- Julian T. Brantley (to 7-1-18)
- Edward Foord (from 7-1-18)
- Paul E. Molumphy (from 7-1-18)
- Anthony J. Thompson (to 7-1-18)
- Robert H. Wyatt (to 7-1-18)

### SURGERY, OBSTETRICS AND GYNECOLOGY
#### Interns (Rotating Service)
- Alvin A. Bakst (from 7-1-18)
- Henry N. Blansfield (to 7-1-18)
- Albert W. Bostrom, Jr. (to 7-1-18)
- Samuel J. Brendler (from 7-1-18)
- David L. Brook (to 7-1-18)
- John C. Carpenter (to 7-1-18)
- Robert A. Chase (to 7-1-18)
- Donald G. E. Clark (from 7-1-18)
- Archie L. Dean, Jr. (to 7-1-18)
- Arthur J. Donovan (from 7-1-18)
- George R. Downie (Oncology) (from 7-1-18)
- B. Harold Griffith (from 7-1-18)
- Ross R. Harcus (from 7-1-18)
- George E. LaCroix (from 7-1-18)
- Victor A. Machinski (to 7-1-18)
- Myron K. Nobil (from 7-1-18)
- William L. Parry (to 7-1-18)
- Philip L. Philbin (to 7-1-18)
- Benjamin F. Rush, Jr. (from 7-1-18)
- Harold C. Spear (from 7-1-18)
- William G. Thuss (from 7-1-18)
- Eugene P. Yoklavich (to 7-1-18)
- Louis E. Young, Jr. (to 7-1-18)

### RADIOLOGY
#### Radiologist-in-chief
- Hugh M. Wilson

#### Associate Radiologists
- Arnold H. Janzen
- Alfred H. Kummer (from 7-1-18)
- William B. Seaman (from 7-1-18)

#### Assistant Attending Radiologists
- Aloys G. Ansprenger (from 7-1-18)
- Michael D'Amico
- Joseph L. Harvey

#### Residents
- M. Ragan Green (to 10-1-47)
- Alfred W. Kummer (from 10-1-47 to 7-1-48)

#### Associate Residents
- Harvey A. Humphrey (from 7-1-48)

#### Assistant Residents
- Carl B. Bean
- Raymond A. Gagaliardi (from 7-1-48)
- Charles Gaylord (to 12-3-47)
- William J. Goade, Jr. (from 7-1-48)
- Harvey A. Humphrey (to 7-1-48)
- Alfred W. Kummer (to 10-1-47)
- William B. Seaman (to 7-1-48)
- Alan B. Skorneck (to 1-1-49)
PATHOLOGY

Pathologist-in-chief
Milton C. Winternitz

Associate Pathologists
Henry Bunting
Harry S. N. Greene
Averill A. Liebow

William B. McAllister, Jr.
Levin L. Waters

Resident
Thomas L. Chiffelle (from 7-1-48)

Assistant Residents
Wilhelm S. Albrink (from 7-1-48)
Thomas L. Chiffelle (to 7-1-48)

John E. Gilbert
William J. Wedemeyer, Jr.

Interns
Wilhelm J. Blake (from 7-1-48)
Sanford G. Bluestein (to 7-1-48)
Richard B. Bridgenbaugh (to 7-1-48)
John C. Carpenter (from 7-1-48)
Gabriel C. Godman (from 7-1-48)

William J. Grant (from 7-1-48)
Milton R. Hales (to 7-1-48)
Leon M. Harris (to 7-1-48)
Charles E. Kibler (from 7-1-48)
Arthur J. McAdams, Jr. (from 7-1-48)
Hugh R. Williams (from 7-1-48)

BACTERIOLOGY

Bacteriologist-in-Chief
G. H. Smith

SOCIAL SERVICE

Director
Eckka A. Gordon (from 7-1-48)

Elizabeth P. Rice (to 7-1-48)

LABORATORY COUNCIL

Levin L. Waters, Chairman
Edward G. Curnen, Jr. (Bacteriology)
Daniel C. Darrow (Chemistry - Pediatrics)
Allan V. N. Goodyer (Electrocardiography)
Harry S. N. Greene (Pathology)
Gerald Klatskin (Clinical Microscopy)

David M. Kydd (Clinical Microscopy)
Margaret A. Lennox (Electroencephalography)
John P. Peters (Chemistry - Medical)
Edward W. Shrigley (Blood Bank and Serology)
Hilda H. Kroeger (Administration)
GENERAL SERVICE MEDICAL STAFF

June 30, 1969

JOINT STAFF EXECUTIVE COMMITTEE
Thomas H. Russell, Chief of Staff

Howard S. Colwell
Theodore S. Evans
Lewis C. Foster
Joseph L. Linde
Luther K. Musselman

Ralph W. Nichols
Harlan B. Perrins
Allan K. Poole
Robert Salinger

INTERNAL MEDICINE

Honorary
Max Smirnow
Charles-E. A. Winslow
(Public Health)

Consulting
David R. Lyman
Wilder Tileston

Attending
Robert H. Jordan
Gerald Klatskin
Samuel D. Kushlan
Paul H. Lavietes
Daniel F. Levy
Harold M. Marvin
Joseph Mignone
Louis H. Nahum
Allan K. Poole
Arnold B. Rilance
Orville F. Rogers
Walter J. Russell
Robert F. Scholl
Maurice J. Strauss

Assistant Attending
Morris Hankin
Harvey W. Katz
Harry E. Klebanoff
Margaret Lennox
Carter L. Marshall
Pasquale A. Piccolo
Samuel Spinner
Morgan Y. Swirsky
Courtney C. Bishop
Bernard S. Brody
Louie N. Claiborn
William C. Duffy
Lewis C. Foster
(Chief NH Unit)
Maxwell Lear

Attending
William Mendelsohn
John C. Mendillo
Ralph W. Nichols
(Chief NH Unit)
Ashley W. Oughterson
Frederick W. Roberts
Paul W. Vestal

Assistant Attending
Alphonse F. Gencarelli
Samuel A. Jaffe

Junior Assistant Attending
John P. Reisman

ANESTHESIOLOGY
T. James Durkin
(Director of Department - Grace Unit)
L. Jennings Hampton
(Director of Department NH Unit)

OPHTHALMOLOGY
Honorary
Arthur N. Alling

Consulting
Eugene M. Blake

Attending
Leonard C. Whiting
Arthur M. Yudkin

Assistant Attending
Michael E. Vegliante

ORTHOPEDICS
Consulting
Carl W. Henze

Attending
William S. Perham
David Poverman
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<td>John B. Noll</td>
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<td>A. Nowell Creadick</td>
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<td>Arthur H. Morse</td>
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Attending

Arthur J. Connolly
Harry A. Conte
Joseph A. Fiorito
Carl E. Johnson
Robert M. Lewis
Luther K. Musselman
(Chief NH Unit)

Max L. Berlowe
Jachin B. Davis
Irving Friedman

Assistant Attending

Harlan B. Perrins
(Chief Grace Unit)
Emerson L. Stone
Margaret Tyler
Arthur G. Wilkenson

Orvan W. Hess
Clayton S. Hitchins, Jr.

Junior Assistants

Maurice F. Beauchamp

PATHOLOGY

Levin L. Waters, Pathologist
(Director of Laboratories)

RADIOLOGY

Consulting
Hugh M. Wilson

Attending

Arnold H. Janzen

Robert M. Lowman
GRACE-NEW HAVEN COMMUNITY HOSPITAL

GRACE UNIT HOUSE STAFF

July 1, 1947 - June 30, 1949

MEDICINE

Resident

Anthony P. Cipriano (to 7-1-48)

Edmund B. Hardin (from 7-1-48)

Assistant Residents

Evan R. Goltra, Jr. (from 7-1-48)
Erwin C. Hirsch (to 7-1-48)

Herbert Levine (to 7-1-48)
Nerses Matossian (from 10-1-48)

OBSTETRICS & GYNECOLOGY

Resident

John C. Haley (1-1-48 to 1-1-49)

Gabriel A. Ingenito (from 1-1-49)

Frank E. Lach (to 1-1-48)

Assistant Residents

John C. Haley (to 1-1-48)

Gabriel A. Ingenito (to 1-1-49)

David Kreis (from 7-1-48)

RADIOLOGY

Assistant Residents

Constance Grant (from 7-1-48)

Robert Kammen (to 3-1-48)

Ernest Panosares (from 7-1-48)

SURGERY

Resident

Jack Hoogerhyde (10-1-47 to 1-1-49)

Nicholas A. Mastronarde (to 10-1-47)

Girard F. Nardone (from 1-1-49)

Assistant Residents

Ernest Ferrell (from 7-1-48)

Girard F. Nardone (to 7-1-49)

Thomas Pickren

INTERNES

(Rotating Service)

Vincent A. DeLuca (from 7-1-48)
Ernest Ferrell (to 7-1-48)
Evan R. Goltra, Jr. (to 7-1-48)
David Kreis (to 7-1-48)

Arthur W. Samuelson (from 7-1-48)

David A. Losasso (from 7-1-48)
Jesse E. Parkinson (from 7-1-48)
Robert H. Reid (from 7-1-48)
Clyde S. Rights (from 7-1-48)
GRACE-NEW HAVEN COMMUNITY HOSPITAL
NEW HAVEN UNIT
and
NEW HAVEN DISPENSARY
Affiliated with the
YALE UNIVERSITY SCHOOL OF NURSING

NURSING STAFF
July 1, 1947 - June 30, 1949

OFFICERS OF ADMINISTRATION

Director of Nursing Service
Laura M. Grant

Assistant Directors

Dorothy Alling
Carolyn H. Critz (to 2-13-49)

Jeanne Murphy (6-19-48 to 6-19-49)
Anne Ryle (leave of absence 7-1-48 to 4-1-49)

Administrative Assistants

Kathleen Barrett
Beatrice Stanley (from 3-1-48)

Helen Worsebe
Elizabeth Wilkinson

CLINICAL SERVICES

GENERAL MEDICINE AND ADULT ISOLATION

Supervisors and Assistant Supervisors

Juanita Booth (from 3-8-48)
Frances Coffey (from 2-9-48)
Clare Donahue (10-1-47 to 9-1-48)

Monica Eacmen (from 8-2-48)
Margaret Perry (to 7-1-48)
Eleanor Sullivan (to 3-21-49)

Head Nurses and Assistants

Harriet Arnold
Elizabeth Barber (from 2-11-48)
Mary Dews (to 6-23-49)
Margaret Fallon

Jane Frame (to 7-1-48)
Margaret MacWilliam
Patricia Robinson (from 9-27-48)

SURGERY

Supervisors and Assistants

Adena T. Brownstein (from 8-1-48)
Mary J. Foster (from 7-1-48)

Jeanne Murphy (to 6-19-48)
Lillian Sholtis

Head Nurses and Assistants

Luella Barker
Adena Brownstein (to 8-1-48)
Janet Buchanan (to 4-1-49)
Helen Carlson (to 4-1-49)
Mary J. Foster (to 7-1-48)
Wanda Hilliker (to 7-1-48)
Barbara Kane (from 10-1-48)
Rosaline Loutrel (from 1-10-49)
Marian Miller (from 2-1-48)

Elizabeth Mulvey (from 7-1-48)
Shirley Parkhill
Josephine Pecoraro (from 7-1-48)
Katherine Petrillo (from 6-9-48)
Estelle Puisis (from 7-1-49)
Mary Quinlan (from 2-2-48)
Myrtle Swanson
Sophie Thompson (to 7-1-48)
OPERATING ROOMS

Supervisor and Assistant
Marguerite duMortier
Helen Parker (to 5-31-48)

Head Nurses
Dorothy Bryzicki (from 7-1-48)
Joyce Rusconi (from 7-1-48)

CHILDREN'S SERVICE

Supervisor and Assistants
Charlotte Charbeneau (9-1-48 to 5-31-48)
Teresa Dennehy
Mary Forbes
Helen Hallfors (to 7-1-48)

Head Nurses and Assistants
Elizabeth Brockway
Gellestrina DiMaggio
Maxine Lambrecht (from 4-1-48)

OBSTETRICS AND GYNECOLOGY

Supervisor and Assistant
Kate Hyder
Portia Summers (to 12-31-48)

Head Nurses and Assistants
Olga Budsik (4-1-48 to 7-1-48)
Phyllis Cross (to 5-21-48)
Marion Crouse (from 5-3-48)

PRIVATE AND SEMI-PRIVATE

Supervisor
Lois Ebinger (to 7-1-48)

Head Nurses and Assistants
Lucille Barone
Ellen Carroll
Margaret Dabbs

HEALTH SERVICE

Head Nurses
Helene Fitzgerald

OTHER SERVICES

Head Nurses and Assistants
Claire Anderson
Lucy Farrell (to 7-1-48)

Margaret Sword
Clara Wheeler
DISPENSARY

Supervisor
Dorothy Bird (from 3-8-48)

RESIDENCE DIRECTOR
Esther Parsons
GRACE-NEW HAVEN COMMUNITY HOSPITAL

NURSING STAFF

July 1, 1947 - June 30, 1948

GRACE UNIT

OFFICERS OF ADMINISTRATION

Director of Nurses
Peggy Z. Stewart

Assistant Director of Nursing Service
Marion Barnette

Administrative Supervisors

Esther Burdick
Agnes Granniss

Gertrude Levine
Rose Ann Wirtz

CLINICAL SERVICES

MEDICINE

Head Nurses and Assistant Head Nurses

Irene Diamante
Mary Diamante
Frances Drutman

Shirley Miller (from 6-27-49)
Miriam Platt
Elizabeth Swanson (to 4-21-49)

SURGERY

Head Nurses and Assistant Head Nurses

Joyce Burz
Zelda Frankel (to 4-24-49)
Marie Fusco
Esme Dyson Lynn

Shirley Miller (to 6-27-49)
Miriam Platt
Elizabeth Swanson (from 4-24-49)

OPERATING ROOMS

Supervisor and Assistant

Rita Castiglione (to 6-1-49)
Luba Kozak (from 4-25-49)

Theresa LaVorgna (to 6-6-49)
Agnes Serencha (from 10-18-49)

OBSTETRICS

Supervisor
Angelina Occhiboi

Head Nurses and Assistant Head Nurses

Elizabeth Berry
Jean Burz

Frances Gaul (to 6-6-49)
Dorothy Maher (to 10-6-49)
OFFICERS OF ADMINISTRATION

Director
Peggy Z. Stewart

Assistant Director
Dorothy L. Phipps
(to August 23, 1948)

OFFICERS OF EDUCATION

Director of Education
L. Elizabeth Oster

Clinical Coordinator
Janet Jensen

Nursing Arts Instructor and Assistant
Marion Blake

Clinical Instructors
Julia Bear
Isabelle Brockett
(from June 6, 1949)

Science Instructors
Eleanor Falco
Sylvia Levine
(year 1947 - 1948)

Dietetics Instructor
Phyllis Andrews

Librarian
Elizabeth Gorham

Mabel Ford
(to November 15, 1948)

Louis Mattei
Gerald Nowlis
### Grace-New Haven Community Hospital

#### Free Bed Funds

**Grace Unit**

<table>
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<th>Year</th>
<th>Name</th>
<th>Amount</th>
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<td>George W. L. Benedict</td>
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<td>1914</td>
<td>Sylvia C. Hall</td>
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**New Haven Unit**

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<td>Henry Bronson (two beds)</td>
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<td>The Leete Bed</td>
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<td>1927</td>
<td>Timothy A. Hunt</td>
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<td>1930-1931</td>
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<td>1931</td>
<td>Loring W. Andrews</td>
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<td>1931</td>
<td>Dr. Jonathan Edwards</td>
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<td>1931</td>
<td>Charles Henry Collins</td>
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<tr>
<td>1932-1943</td>
<td>Elizabeth Hamlin Fox</td>
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<td>Year</td>
<td>Name</td>
<td>Amount</td>
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<td>1940</td>
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<td>1942</td>
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<tr>
<td>1943-1944</td>
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<tr>
<td>1944</td>
<td>Robert S. Ives Fund</td>
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<tr>
<td>1945</td>
<td>Cynthia Ann Tracy Wetmore</td>
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<td>1945</td>
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### ENDOWMENT AND SPECIAL FUNDS

#### June 30, 1949

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<td>Dwight Room</td>
<td>$1,413.06</td>
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<tr>
<td>William W. Farnam</td>
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<tr>
<td>Mary Hutton Foote</td>
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<tr>
<td>Helen G. Gilbert</td>
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<td>Edwin S. Greeley</td>
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<tr>
<td>John B. and John Francis Gillette</td>
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<tr>
<td>Celia A. Mansfield</td>
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<tr>
<td>Christian Marcusen</td>
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<td>Harriet E. Munson</td>
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<td>Augusta H. Phipps</td>
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<tr>
<td>Mary E. Scranton</td>
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<tr>
<td>Mary P. Wade</td>
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<td>John Davenport Wheeler</td>
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<td>Francis Bacon</td>
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<td>Dr. William Pitt Baldwin</td>
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<td>Dr. William L. Bradley</td>
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<tr>
<td>Charles F. Brooker</td>
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<td>Frederick L. Dibble</td>
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<td>Annie R. Winchester Dye</td>
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<td>Emily N. Fitch</td>
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<td>Ellsworth I. Foote</td>
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<tr>
<td>Grace S. Foote</td>
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<td>Anna Fuller</td>
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<td>Mina Wolfe and Rachael Wolfe Sugheimer</td>
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<td>For Care of Sick Nurses</td>
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<td>Compensation Fund</td>
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<td>Public Liability Fund</td>
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<td>William Wirt Winchester</td>
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<td>Free Beds (aggregate)</td>
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<td><strong>Total</strong></td>
<td><strong>$6,702,966.90</strong></td>
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GRACE-NEW HAVEN COMMUNITY HOSPITAL

DONORS OF GIFTS

1947 - 1948

Cash

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<th>Donor</th>
<th>Amount</th>
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<td>Dr. James R. Angell</td>
<td>$200.00</td>
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<tr>
<td>Connecticut Elks</td>
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<tr>
<td>Eleanor Cutler Daggett Estate</td>
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<tr>
<td>Mr. Sidney G. Davidson</td>
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<td>Lillian DeBussy Estate</td>
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<td>Miss Frances Welley</td>
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Other Gifts

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<tr>
<td>Mr. Ralph H. Armstrong</td>
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<tr>
<td>Mrs. Creighton Barker</td>
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<tr>
<td>Mrs. Charles Bliss</td>
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<tr>
<td>Brownie Troop #71</td>
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<tr>
<td>Brownie Troop #96</td>
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<tr>
<td>Mrs. Mary Carbone</td>
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<tr>
<td>Mrs. Clara J. Carlson</td>
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<tr>
<td>Mrs. R. M. Chase</td>
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<tr>
<td>Mrs. Arthur B. Clark</td>
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<tr>
<td>Mrs. Charlton Cooksey</td>
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<tr>
<td>Cub Pack #25</td>
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<tr>
<td>Mr. Julius Day</td>
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<tr>
<td>Dr. Thomas Doe</td>
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<tr>
<td>Miss Sandra Elkens</td>
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<tr>
<td>Mrs. James Flett</td>
</tr>
<tr>
<td>The Foote School</td>
</tr>
<tr>
<td>Dr. &amp; Mrs. T. K. Forbes</td>
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<tr>
<td>42 Club</td>
</tr>
<tr>
<td>Mrs. D. B. Gibson</td>
</tr>
<tr>
<td>Mrs. C. B. Gilbert</td>
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<tr>
<td>Mr. &amp; Mrs. Robert Goodpasture</td>
</tr>
<tr>
<td>Miss Eleanor Gordon</td>
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<tr>
<td>Mrs. Lucy Hart</td>
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<tr>
<td>Mrs. Samuel Harvey</td>
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<tr>
<td>Mrs. W. H. Haughton</td>
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<td>Mrs. V. G. Hofricter,</td>
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<td>Brownie Troop</td>
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<tr>
<td>Mrs. George Hotchkiss</td>
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<tr>
<td>Mr. Grenville Kleiser</td>
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<tr>
<td>Mr. Julius Kronish</td>
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<tr>
<td>Miss Levine</td>
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<tr>
<td>Mrs. Irving Liebskind</td>
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<td>Mrs. Frederick Loeser</td>
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<td>Mr. William Ludwick</td>
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<td>Mariner Ship Courier</td>
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<tr>
<td>Mrs. Ann Milne</td>
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<tr>
<td>Mrs. Harry Mix</td>
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<td>Mrs. L. W. Munson</td>
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<tr>
<td>Occupational Therapy Group,</td>
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</tr>
<tr>
<td>Mrs. W. Parlon</td>
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<tr>
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<tr>
<td>Mrs. A. Sorenson</td>
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<td>Miss A. Toda</td>
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<tr>
<td>Miss Norah Weeks</td>
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<tr>
<td>Miss Viola Weir</td>
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<td>West Haven Community House</td>
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<td>Mrs. Helen Westervelt</td>
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<tr>
<td>Dr. Mabel Wilkin</td>
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<td>Wing Scouts Troop #57</td>
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<tr>
<td>Y.W.C.A., Mother's Club,</td>
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<td>Italian Mother's Club</td>
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GRACE—NEW HAVEN COMMUNITY HOSPITAL

DONORS OF GIFTS

1948-1949

Cash

Grace-New Haven School of Nursing, Class of 1948... $230.00
(for Obstetrical doll)
Dr. James R. Angell 200.00

Mr. Ben S. Michaelson............... $50.00
Soroptomist Club.................... 50.00
Mrs. Nathan Stone.................. 10.00
Alma Strauss Memorial Fund........ 115.00

Other Gifts

Mrs. Harold Abrams
Rev. John Adams
Miss Phyllis Albert
Miss Dalton Arnold
Miss Betty S. Bailey
Mrs. Alfred Barton
Mr. Edward G. Bogle
Mrs. Robert Berneike
Mrs. Francis Blake
Miss Louise Bogart
Mrs. E. Borchard
Mrs. Lewis Bracken
Mrs. Glenn Brewer
Mrs. Charles Brown
Mrs. Donald Brown
Mrs. Lindsey Brown
Brownie Troop #71
Brownie Troop #81-#84
Miss Hazel Bruch
Miss Janice Buck
Mrs. Norman Buck
Mrs. H. Milton Bullard
Mrs. F. K. Burwell
Mrs. James Butler
Calvary Baptist Church
Dr. Norton Canfield
Mrs. Clara J. Carlson
Mrs. Alice B. Caron (42 Club)
Mr. Andrew N. Carson
Mrs. Isabelle Champagne
Mrs. Herman Chapman
Mrs. Robert C. Charbeneau
Mrs. Charles F. Clark
Mrs. David Clift
Mrs. Francis Coker
Mrs. Charlton Cooksey
Miss M. T. Dana
Mrs. George Darling
Mr. Jerome Davis
Mrs. Nelson Dodge
Mrs. S. W. Dudley
Mrs. James Earle
Mrs. John Eckle
Mr. M. A. Edgecomb
Elm City Rubber Company
Mrs. Franklin Farrel III
Mrs. Frederick Fitch
Mrs. George Fletcher
The Foote School
Dr. Thomas Forbes
Mrs. Paul Fuller
Mr. D. V. Garstin
Mrs. Arnold Gesell
Miss Jacqueline Gibson
Girl Scout Headquarters
Girl Scout Troop #100
Girl Scout Troop #105
Mrs. Willie B. Grant
Mrs. Henry Graves
Miss Nancy Hall
Miss Arne Halloway
Miss Fannie Halper
Mrs. Samuel Harvey
Mrs. Allan Hayes
Mrs. Samuel Hemmingway
Mrs. H. Holborn
Miss L. Hooker
Mrs. Edward Horwitz
Mrs. George W. Hotchkiss
Mrs. W. B. Hoyt
Mrs. Clark Hull
Mrs. Frederick Johnson
Miss Tilda Kabakoff
Miss Antoinette Karlruher
Miss Marcia Katz
Miss Anna Lauria
Mrs. Bertha Levi
Mrs. Lansing Lewis
Mrs. Herman Liebert
Mrs. Irving Liebeskind
Mrs. Frederick Loser
Lovell School - Grade V
Mrs. Sidney Lovett
Mrs. Paul MacCready
Mr. T. G. MacDermott
Mrs. Champion Mathewson
Mrs. Mark May
Mrs. Clarence Mendell
Mrs. Paul Messer
Michael's Jewelers
Mrs. Max Millikan
Miss Marjorie Montgomery
Mr. M. J. Mozzoli
Mrs. George Nettleton
Mrs. Everett Nolles
Mrs. William Nygard
Mrs. Rollin Osterweiss
Mrs. H. Ouillet
Mrs. Leigh Page
Mrs. Milton Parker
Mrs. William Parsons
Mrs. Gladys Pendergast
Mrs. Ulrich Phillips
Pine Orchard School
Mrs. Piper
Miss Helen S. Porter
Dr. Grover Powers
Mrs. John Reid
Mrs. Leo Retger
Mrs. Orville Rogers
Mrs. Charles Rolfe
Mrs. W. A. Rutz
St. Louis School
St. Paul's Church
Mrs. Robert Salinger
Mrs. Bessie Samuels
Mrs. Schlegel
Miss Marilyn Shaw
Miss Anne Shelden
Mrs. Boyd Smith
Mr. D. S. Smith
Mrs. Albert Snoko
Miss E. Spear
Spring Glen Church
Miss Carolyn Stevens
Mrs. Shepard Stevens
Mrs. W. J. Stevens
Miss Janet Stewart
Temple Mishkan Israel
Mrs. James Trask
Mrs. H. H. Tweedy
Mr. Urlano
Dr. Noble Wilkin
Miss N. B. Willard
Mrs. Joseph Williams
Mrs. William Wilson
Mrs. C. E. Winslow
Miss Ruth Witterell
Woodbridge First Church of Christ
Mrs. Maude Woodworth
Mrs. Theodore Woolsey
Mrs. C. R. Wright
Mrs. Raymond York
Mrs. Richard Young