STAFF CONFERENCE

CASE I

1. Early marriage (pregnancies)
2. Gonorrhea
3. Syphilis
4. Rheumatic fever
5. Carcinoma of cervix
6. Peritonitis (radium therapy)
7. B. U. N. 65.3 (No hydronephrosis)
8. Icterus

The case is that of a woman, 35 years old, admitted to the University Hospital 5-17-30, died 5-30-30, 1:08 A.M. Patient is gravida 3, para 2. About November 15, 1929, patient began to menstruate and continued to flow daily for seven months. Dizzy spells and black spots in front of eyes four months ago. Loss of weight from 140 last summer to 128 now. Headaches at irregular intervals for past ten years. Backache in lower portin of back for last two weeks. Menstruation began at 14, when she married first time. Periods regular, 28 day interval, flowed 4 to 5 days. Headache day before and backache on first day of menstrual period. No excessive bleeding or pain. Two children from first marriage, now 18 and 20 years old, living and well. Husband died 1919, pneumonia at age of 25. Had miscarriage in 1914, cause unknown, at third month. Second marriage June, 1928. Second husband, 37, living and well. No offspring. Family history- father 69, living and well; mother dead 59 cerebral hemorrhage; 4 brothers, 5 sisters living and well. No cander history. Previous operations - appendectomy 10 or 15 years ago, tonsillectomy 3 years ago, diagnostic curettage 1929. Has been diagnosed chronic G. C., and was supposed to have contracted infection from second husband.

Physical examination: Well nourished, quite comfortable. Eyes negative. Ears, nose negative. Throat - tonsils out, teeth poor. No cervical adenopathy. Chest normal. Heart normal. Blood pressure 126/87. Pulse 84. Abdomen - no masses, no rigidity, no tenderness. Spine normal. Murphy percussion negative. Extremities normal. Reflexes normal.

First consulted a physician in February 1930 for bleeding. Made a biopsy and sent it to the Department of Pathology. Diagnosis - carcinoma. Since that time she has been packed 5 or 6 times for bleeding. Cervix very badly eroded and spongy. Presents an ulcerated area with irregular base and bleeds freely. Bimanual reveals uterus pushed to left. Corpus normal in size and in anterior position. Globular mass in right adnexa, tender, firm, attached to uterus. Left adnexa indurated, no definite mass palpable. Diagnosis: Carcinoma of cervix, type III. Carcinoma of fundus of uterus with extension to uterus with extension to cervix.

Laboratory: Urine - albumen 2 plus, many wbc. and rbc. Entrance - hemoglobin 86 wbc. 6.800, P. 73, L. 26, E. 1, group 4, 5-20, B.U.N. 28, uric acid 7.7, CO_2 42, blood sugar .134. Wassermann - blood positive.

Given 3000 mch. of radon in brass capsule with rubber coat 5-20-30 Postoperative, vomited. Given retention enema of tap water glucose. Has retention and was catheterized. 5-21-30, Still nauseated. Radon removed. Some bleeding from vagina. Emesis. at frequent intervals. Pulse 100 good, temperature 101. 5-22-30, Still nauseated. Feels very uncomfortable. Emesis today. Not bleeding very much. No evidence of retention in blood. Retention catheter removed. 5,23,30, Had severe chill today following which temperature went to 103, probably due to infection in ligaments with pus formation. Abdomen very tender withrebound tenderness. Nausea and

vomiting occasionally. Pulse 130 good, not much bleeding from vagina. 5-24-30, patient had another chill 15 minutes today; temperature to 105. Emesis following. Feels very uncomfortable. 5-25, temperature normal, still feels uncomfortable. Has considerable pain in right lower quadrant. Abdomen tender all over. Rebound tenderness in lower portion. 5-26, positive Wasserman. 5-27, Still tender all over. Vomiting occasionally. Takes fluids fairly well. Tongue coated, Uremic odor. Involuntary and incontinent. 5-28, Showing signs of uremia. Patient semiconscious. Abdomen still tender in right lower and left lower quadrants. Lungs clear. Eyes jaundiced. 5-29-30, B.U.N. 65.3, uric acid 6.2 Intravenous glucose given. Patient drawsy all the time. Retention enema. Seems to be making fair response until today. She has had some icterus but not much. Today, however, she is definitely jaundiced, weak, and has a rapid, thready pulse. She has some evidence of peritonitis. Could not hear any rales in chest. Is now quite serious and condition seems fatal. Was called to bedside at 8:00 P.M., day of death. Patient found comatose. Marked difficulty with respiration, profuse perspiration. Pulse fast and thready. Blood pressure 50/0. Adrenalin given and repeated. Intravenous glucose ordered and given. Patient improved markedly toward end of glucose injections. At 11:45 pulse became imperceptible again. Caffeine sodium benzoate given. Heart beating regularly, rales in bases. Exitus.

Therapy: Acetylsalicylic acid, sodium bromide, morphine sulphate, atropine sulphate, codeine sulphate, mineral oil, adrenalin, caffeine sodium benzoate, amyl nitrate, lysol douche, retention enema, tap water and glucose Noble's enema, cocoa butter to lips, douche b. i. d., ice bag to abdomen, retention enema, saline, glucose intravenous.

Temperature rose steadily after admission from 98 to 105 with step-like curve, pulse from 70 to 130, temperature 18 to 40. Had many chills followed by sharp rises of temperature.

DIAGNOSIS:

1. Carcinoma of cervix with extension to body of uterus
2. Acute fibrinopurulent peritonitis
3. Acute pelvic cellulitis and abscesses
4. Acute rheumatic endocarditis (mitral)
5. Cloudy swelling heart, liver, and kidneys
6. Fatty liver
7. Acute splenitis
8. Old operation scar
9. Recent operation wound arm
10. Beginning bronchopneumonia
11. Jaundice
12. Cystic ovary
13. Peritoneal adhesions
14. Suppuration of pelvis nodes

CASE II

1. Past history of ulcer
2. "Acute abdomen"
3. Pain and rub (right chest)
4. Hoarseness, cause of?

The case is that of a man, 22 years old, admitted to the University Hospital 5-27-30, died 5-30-30 (4 days). Came with statement by attending physician, stating that he was suddenly taken ill May 21st with very severe pain in epigastrium and right upper quadrant. Vomited soda water he had taken. Otherwise no emesis. May 22nd, rigidity present, right upper quadrant. Pulse 100. Temperature 101. Has continued about the same with some improvement until morning of May 27th (6 days) when he had a spell of severe pain in lower abdomen in bladder region with rigidity of abdominal muscles. Bowels have moved every day. No definite diagnosis made.

Chief complaints: Pain in abdomen, vomiting, tenderness, feverishness, attack of heart burn many years, relieved by soda, attacks of belching and more frequent gastric distress for past three weeks. Patient apparently has had an ulcer history for many years but has never dieted. Eats at restaurants most of time. Uses soda for relief. More trouble for past three weeks with belching and gastric distress. Sudden onset of colicy pain one week ago. Required morphine sulphate (2 injections for relief). Next morning abdomen stiff as board and pain still present. No vomiting since.

Physical examination: Head, neck and chest negative. Abdomen shows diffuse rigidity. Muscle spasm marked. Some rebound tenderness but not marked. Resonant note over entire right side, through liver dullness which cannot be elicited. Right diaphragm higher than left. Has taken only liquids since onset of present illness - orange juice and oatmeal. Had a chill today. States that he has been constipated for three weeks. Past history good. No previous attacks like present. Blood pressure 122/80.

Laboratory: Urine - occasinnal wbc. Hemoglobin 77, rbc. 4.250, wbc. 13,400, P. 92, L. 8, Pmn show a decided shift to the left and appear very granular and toxic. Group 2. X-ray of abdomen shows perforated gastric ulcer (pneumoperitoneum), subphrenic abscess, secondary pleural effusion. Fluoroscopic and film examination of theabdomen was made in various directions Very large accummulation of gas below right diaphragm and definite fluid level below this which can be clearly made out. The liver is displaced downwards and somewhat anteriorly;. The whole appearance is characteristic of a perforated viscus with a localized subphrenic abscess and a large accummulation of gas and fluid both on the right side. The right diaphragm is pushed up so that there is no movement whatsoever. Considerable thickening of pleurae above the diaphragm and probably a small accummulation of fluid also.

Admitted to hospital 5-27-30 at 6:30 P. M. To operating room 10:20 P. M. Returned from operating room 11:25 P.M. conscious. High left rectus incision was made and the exudate mopped out of the pleural cavity as well as possible. In addition a drain was put in and fluid aspirated. No attempt at locating source of this peritonitis.

Progress notes: 5-28-30, Looks fair, pulse very rapid, prognosis guarded. Walling off of process thought to make condition more favorable than otherwise. 5-29-30, Condition critical. Rectal examination shows abscess as before. Considered advisability of opening. Force fluids. Later rectal examination does not show enough findings to warrant opening for pelvic drainage. Later a mass still felt. Smear from abdominal abscess shows gram positive cocci, single and in pairs, probably streptococci.

Medication: Morphine sulphate, indigo carmine (indicator), codeine sulphate, caffeine sodium benzoate, digalen, hypodermoclysis, semi-Fowler's position, intravenous glucose, hyperventilation, proctoclysis, wrist and ankle restraints, chloral hydrate, continued steam inhalation, oxygen tent, steam discontinued, ice cap to head.

Nurses' notes: Postoperatively, face flushed, perspiring profusely, nothing by mouth, complains of pain in abdomen and legs, has not voided, perspirs profusely, patient voids, face flushed, talks irratinnally, no

definite complaints, very restless and nervous, gurgling in throat, dressing saturated with bloody pus and serum, complains of severe headache, temperature 104, very restless and irrational, tries to get out of bed, face cyanotic, patient very thirsty, scratches body without any signs of skin lesions of any kind, patient very uncooperative, refuses to swallow amytal, chloral hydrate makes sound sleep, dressing saturated, foul smelling drainage from wound, respiration short and labored, condition much weaker, pulse imperceptible, breathing in gasps, exitus.

Temperature 99 to 106, pulse 90 to 150, respirations 20 to 40.

DIAGNOSES:

1. Perforated duodenal ulcer
2. Acute fibrinopurulent peritonitis
3. Operation wounds
4. Puncture wounds

CASE III

1. Past history of rheumatic fever
2. Past history of "influenza"
3. Pain and rub (right chest)
4. Hoarseness, cause of?

The case is that of a white female housewife, age 27, admitted to the University Hospital 5-28-30, died 5-30-30, 6;23 A. M. Referred to hospital with diagnosis of endocarditis. As a child, patient had rheumatic fever. Eleven weeks ago had influenza. Nine weeks ago present trouble started. Sweats, joint involvement, fever. Was confined to bed ten days with chills and fever during influenza attack. Up and about for about three weeks following this, but perspired a great deal at night. Gradual decline since. Fever and chills with joint involvement during past few weeks. Also complained of pain over right ribs in anterior axillary line. Patient has been unable to eat in the last two days.

Physical examination: Marked pallor. Looks very toxic. Drowsy. Hoarseness. Dry mouth and tongue. Slight dyspnea. Eye grounds - marked pallor of retina, no petechea, hemorrhages, or exudate. Sordes onlips. Tongue dry, coated brown. Acetone odor of breath. Mucous rattle in throat. Heart enlarged to left, also right, mitral type. Loud high pitched systolic murmur, loudest over apex, rate 120, regular. Numerous coarse rales, most marked at bases. Small amount of fluid in both cavities. Liver palpable, tender, 6 cm. below costal margin. Spleen was not palpable, lower edge to level of umbilicus. Abdomen slightly distended. Fluid wave present. Pitting edema of ankles and feet. Few suggestive petechea of abdomen and cheek.

Laboratory: Urine - considerable number rbc. and wbc., heavy cloud of albumen. Hemoglobin 60, rbc. 3.080, wbc. 23,4000, P. 86, L. 13, B. 1. X-ray - portable chest shows cardiac enlargement, mitral type; probable beginning lobar pneumonia, right base; pulmonary congestion.

Blood pressure 132 / 94. Addition note: Rub on right side of chest just lateral to breast. No tubular breathing heard. Systolic thrill at apex. 5-29-30, Patient breathes in gaps. Doing better since intravenous homocaffeine. Pulse rapid. Patient seems conscious. Blood pressure 132/82. Pulse 136. Skin warm and moist. Complains of pain over right chest when she coughs. Color is not as pink as last night. Skin feels moist. Edema is going from the feet. No petechiae are to be found.

Medication: Tincture of digitalis, morphine sulphate, chest strapped, glucose intravenous, oxygen tent, homocapheine, luminal, adrenalin, chloral hydrate.

Nurses notes: Very pale, finger tips cyanotic, difficulty in speaking above whisper, seems better after medication, incontinent, marked pain when she coughs, finger tips very cyanotic, coma, exitus.
Temperature 97 to 105. Pulse 106 to 140. Respirations 22 to 32.

DIAGNOSIS:

1. Subacute bacterial endocarditis (mitral valve, left auricular wall)
2. Acute lobar pneumonia
3. Acute bronchopneumonia
4. Cloudy swelling heart, liver, and kidneys
5. Chronic passive congestion, liver, spleen, and kidneys
6. Acute fibrinopurulent pleuritis, right
7. Acute fibrinopurulent peritonitis
8. Hydropericardium
9. Fatty liver
10. Chronic cervicits
11. Puncture wounds

CASE IV

1. Differential diagnosis of mass in right upper quadrant with jaundice.

The case is that of a man, 67 years old, admitted to the University Hospital 5-13-30 and died 5-29-30 (16 days). Chief complaints - epigastric tumor, growing since first noted April 1, 1930; pain in epigastrium following accident in March 1930, persistent and accompanied by fever; swelling of feet, ankles, and thighs since March or April 1930. Late in March 1930, patient was run over by a sled. The runner passed over his abdomen. Folling this accident he had severe pain in epigastrium, sharp and constant andradiating straight through to the spine and up to the right shoulder. Simultaneously patient began to have vomiting spells which seemed to occur when pain most severe. Pain had no relationship to type or time of food. Vomiting has now stopped. While patient was recovering from shock of accident, he noticed a tumor mass in epigastrium because of which he called a physician. It was found that he had a fever and that he had moderate swelling of his ankles as well as the mass and pain previously described. The mass had grown in size since it was discovered, and patient says it has been very rapid. Has lost all desire to eat, and the swelling in his ankles has progressed up his legs. He has become very weak and finds it hard to breathe. Past history - colds up to 4 weeks ago, no other complaints In September, 1929, injured hip in automobile crash; doesn't think there was a fracture. Other complaints - headaches during past 4 weeks. Left eye has been blind for several years (5). Other eye is fair. Gets very dizzy if he goes without his glasses. Left eye was supposed to have been blinded because of cinder. Dyspnea. No precordial pain or palpitation. Has to take mineral oil every night for constipation. Having dark stools which he never had before 4 weeks ago (nearly black). Hemorrhoids which have bled in past but not recently. Stool has been small, hard, and very black. Frequent urination of small amounts. Has desire to urinate about every half hour during day. Trouble starting stream, and also says the urine gets away from him quite often. Is able to pass about one-half cupful at a time which is very dark colored and burns. Patient is jaundiced and has been yellow for some time. Works as farmer. Family history - grandparents died suddenly, father 63 typhoid, mother 63 apoplexy, one daughter 17 tuberculosis.

Physical examination: Emaciated, elderly male, presenting moderate

jaundico. Has appearance of recent weight loss. Left eye blind (cataract). Righteye looks normal. Conjunctiva yellowish tinge. Markeddental caries and gingivitis. Chest thin, sthenic type, symmetrical. Percussion note normal to hyperresonance except at bases where there is impairment. Rales at both bases posteriorly. Heart slightly enlarged. P-2 greater than A-2. No murmurs. Blood pressure 124/82. Pulse 88. Inspection of abdomen revealed that right side is larger than left and is tender to moderately deep pressure. Extending from the costal angle to a point 2 cm. below umbilicus and apparently connected to the liver and running down toward the right lower quadrant there is a frim mass which is somewhat elastic in consistency and is moderately tender to percussion. It is of the same dullness as the liver. There is a large right indirect inguinal hernia. Genitalia normal. Patient has hemorrhoids. Rectal examination reveals moderately diffuse enlargement of prostate, not tender or hard. Edema of ankles and feet extending to middle of tibia. Pitting occurs on pressure. Reflexes negative. Consultation: Very slight enlargement of prostate, apparently not malignant (urology). Old iridocyclitis, left, with cataract and vascularization of iris from long ciliary muscle vessel. Right- media clear, fundus normal.

Urine - sugar, bile pigment. Blood Wassermann negative. Hemoglovin 77, P. 85, L. 15, wbc. 6.650. B. U. N. 19.6. Icterus index 24. van den Bergh - direct positive, indirect positive. Urine, urobilin positive, diazo positive. Stool - no muscle fibers or fat, amylase, no digestion of 1% solution in 3 hours at body temperature. Amylase probably greatly reduced in amount. Stool - urobilin positive, Gastric expression (histamine) free hydrochloric acid present, total acidity 22, 80, 82, 90; total chlorides 290, 479, 501, 503. Bleeding time 3 minutes. X-ray, 5-14-30, prsplacement of stomach, probably by liver mass. Examination somewhat indeterminate. Barium enema unsatisfactory examination because patient was unable to retain same so examination could not be done.

Diagnostic impression - metastatic carcinoma of liver, primary, undetermined. 5-27-30, Seen by surgical staff who advised exploratory operation. Differential diagnosis - metastatic carcinoma of liver and pancreatic cyst. 5-29-30, Patient found dead in bed at 5:10 P. M. No special complaints this afternoon. Duodenal tube was passed without difficulty. Patient had complaints of abdominal pain previous to this but not extreme.

Medication: Luminal, mineral oil, cascara, castor oil, belladonna and opium suppository, codeine sulphate, adrenalin, S. S. enema.

Nurses' notes: Complains of severe hemorrhoids, abdominal pain. backache, very little rest last night, very uncomfortable, seems very weak, feet slightly more edematous, difficulty in breathing, feels weaker, feet and ankles very edematous, epistaxis 3 times during night, sat up because he was too uncomfortable when lying down, does not walk around, drowsy, sleeps while sitting up, says he feels weaker every day. 5-29-30, says he fell on floor during night, has slight pain in head, very restless and uncomfortable, refuses to lie down, sits on edge of bed, very uncomfortable, responds to questions, irrational, found dead.

Temperature 97.6 to 99, pulse 70 to 100, respirations 16 to 20, weight 168.

DIAGNOSIS:

1. Malignant melanoma of left eye (extension to orbit)
2. Metastases to liver, visceral, and parietal pleurae, ribs, skin of right forearm and upper anterior right chest, pancreas, peritoneum, bronchial and retroperitoneal nodes, mediastinum.

3. Edema of lower extremities and back
4. Ascites
5. Hypertrophy of prostate
6. Icterus
7. Cataract of eye
8. Petechiae
9. Right inguinal hernia
10. Emaciation
11. Cardiac hypertrophy and dilation

LEAVING

We regret to announce that Dr. Clarence Webb, fellow in pediatrics, is leaving the University Hospital to accept a similar position in the new University of Chicago institution. Dr. Webb received his degree from Tulane in 1925, served a hospital internship at the Highland Hospital, Shreveport, Louisianna. He practiced for three years at Elysian Fields, Texas. Came to the University of Minnesota Pediatric Department in July 1929. Publications in press - Congenital Intestinal obstruction with Owen H. Wangensteen, M. D., Chief Department of Surgery. Member of Nu Sigma Nu, A. O. A., and stars and Bars. Married, one child, Junior, 15 months old. Native of Shreveport, La., home of famed W. K. Henderson, KWKH "Hello World". Has made an enviable record while at the University and leaves with the regret of everyone who wish him well in his new position. Has been a very loyal and faithful member of our staff, missed very few meetings and has shown splendid ability at all times.

VISITOR

Dr. H. W. Segar, New Zealand, Australia, London. Was a visitor at the University Hospitals last week. Came by mistake looking for Madison, Wisconsin, and learned of our institution. Admired much that he saw. Commented on our many labor saving devices and wondered how it would be possible to do it in England. Marveled at the Health Service. Judged the hospital excellent by the size of kitchen and laundry (rated us very high). Confused Social Service with voluntary prison visitors. Intensely interested in the amount of gas that we were using (father has large holdings). Thought that the staff meetingwould be a jolly affair. Inquired if it snowed here in the winter time. Feared the density of traffic in America. Stated that he was gradually becoming accustomed to the American accent and didn't notice it so much. Intensely interested in our radium section and wondered why we build such temporary appearing structures for hospitals. Missed the stone and marble of his own institution. Thought that full time salaries in England compared favorably with those in America. Stated that in addition to being hospital superintendent he was also chief surgeon, had a residence attahced and also the privilege of outside work. Left for the Mayo Clinic with the remark, now that he had seen the University of Minnesota Hospitals he did not think it worth his while to see others but he could not imagine anything finer.

HONORED

Dr. J. C. Litzenberg, Chief of the Department of Obstetrics and Gynecology, was recently elected a member of a committee of nine - three from the American Gynecological Association, three from the American Medical Association, and three from the American Association of Obstetricians and Gynecologists to work out ways and means of establishing a board similar to the Ophthalmologists. Purpose - to elevate the standards of the specialty and probably to cooperate with the National Board of Medical Examiners. Congratulations from all.

MORE HONORS

Paul H. Fesler, Superintendent of University Hospitals, has been elected President of the Minnesota State Hospital Association. Well and favorably known for the splendid work he is doing and the fine cooperation he is developing between the profession of our state and the hospital. This honor fits him very well. Hopes to establish even more cordial relations and to help physicians who own hospitals (said to be 90% of entire group) to realize their possibilities. Will address Minnesota Medical Association in

Duluth on the Small Hospital Problem. Again more congratulations.

LETTERS

Leslie W. Tasche, M. D., Ph D in Surgery, now located in Sheboygan, Wisconsin, wishes all his friends to know that he is inquiring after their welfare and is sorry that he is not with them. Reports work very interesting and much to his liking.

M. J. Shapiro, M. D., Department of Medicine, now on tour of continent, writes that he is having a very enjoyable and profitable time and has been entertained by many of the notables. Informs us that one of the wives of the ********** to the Kidney Symposium desires to see Indians. Probable date of return July, when we shall probably hear a great deal about his trip.

KIDNEY

Although the entire staff of the hospital will not appear in the Kidney Sumposium as we did the American College of Physicians, it is a splendid opportunity to demonstrate the same spirit that was displayed when the convention was here in February. Every one should appoint himself a committee of one to be sure that every visitor receives courteous treatment and attention while here. This is a wonderful opportunity for the University of Minnesota to become known and should not be overlooked. Notice of the Symposium appeared in the English Lancet last week.

A. M. A.

Did you know how well we are represented at the annual meeting in Detroit June 23 to 27? Exhibit on fractures - Advisory Committee - Wallace H. Cole, M. D., Department of Orthopedics. Committee on Demonstration E. T. Evans, M. D., Department of Orthopedics. Exhibit on varicose veins - Arthur F. Bratrud, M. D., Department of Surgery (Dispensary) Section on Radiology (exhibit) - Leo G. Rigler, M. D., Walter H. Ude, M. D., and Cyrus Hansen, M. D. (Department of Radiology, University Hospital) - Exhibit of Roentgenograms, illustrating various types of pleural effusion. Committee on permanent scientific exhibit - W. A. O'Brien, M. D, Pathologist. Section on the practice of medicine, paper - the classification and treatment of secondary anemia (lantern demonstration* - Hilding Berglund, M. D., Department of Medicine. Section on Obstetrics, Gynecology, and Abdominal Surgery - Adm. committee, J. C. Litzenberg, M. D. , Department of Obstetrics and Gynecology. Paper - Mammary Glands on the Pregnant Albin Rat Deprived of Vitamine E, John A. Urner, M. D. A rare form of suppurating and cicatrizing disease of the scalp - Robert E. Barney Cleveland to be discussed by Henry E. Michelson, M. D. Renal carbuncle - Thomas D. Ward, discussion by Gilbert J. Thomas. Origin and development of rectal polyp - W. A. Fansler, section on gastrology and proctology, Roentgen demonstration of small pleural effustion - Leo G. Rigler, M. D. (paper)

BEST SUGGESTION

Read the charts

NEXT MEETING

Watch the bulletin board, scheduled for two weeks from today, June 19, 1930

MORTALITY REPORT MAY, 1930

	Age	Sex	Post
Anemia, pernicious	54	F	0
Anemia, splenic (Banti's disease)	55	M	X
Appendicitis, acute, gangrenous	16	M	X
Asthma, bronchial (emphysema)	74	M	0
Carcinoma, bladder	46	M	X
Carcinoma, breast	69	F	0
Carcinoma, cervix	35	F	X
Carcinoma, cervix	55	F	X
Carcinoma, ovary	40	F	X
Carcinoma, ovary	66	F	0
Carcinoma, pancreas	58	M	0
Carcinoma, stomach	58	M	X
Carcinoma, stomach	62	M	X
Empyema (septicemia)	60	F	0
Endocarditis, subacute bacterial	27	F	X
Fracture, skull	69	M	X
Hypertension	42	M	X
Hyperthyroidism (X.G. crisis)	17	M	0
Hyperthyroidism (toxic adenoma, heart failure)	58	F	X
Jaundice, obstructive (stone)	22	F	X
Melanoma, malignant, eye	67	M	X
Prematurity,	12 hrs.	M	X
Syphilis (stillborn)	0	M	X
Tuberculosis,(miliary)	7	F	X
Ulcer, Duodenal (perforation)	22	M	X
Ulcer, duodenal (perforation)	67	M	X

Total deaths - - - - - - - - - - 26
Postmortem - - - - - - - - - - 19
Percentage - - - - - - - - - - 73.07%

UNIVERSITY HOSPITAL

April 1930

ADMITTED

SERVICE	COUNTY			PAY			PRIVATE			FREE			HEALTH SERV			TOTAL		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surgery	26	27	53	7	7	14	5	6	11	7	3	10	16	9	25	61	52	113
Ca. Surgery	13	6	19	2	3	5	1	-	1	4	1	5	-	-	-	20	10	30
Surg. Ped.	7	3	10	1	-	1	-	-	-	2	-	2	-	-	-	10	3	13
Urology	3	3	6	1	3	4	1	-	1	-	-	-	-	-	-	5	6	11
Ca. Urol.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Orthoped.	5	1	6	1	-	1	-	-	-	-	-	-	-	-	-	6	1	7
Orthoped.-Ped.	1	1	2	-	-	-	-	-	-	5	2	7	-	-	-	6	3	9
Medical	22	16	40	4	5	9	2	2	4	6	7	13	32	35	67	66	67	133
Neurology	7	9	16	3	4	7	-	-	-	5	3	8	-	-	-	15	16	31
Dermatology	1	1	2	1	1	2	-	-	-	1	-	1	-	-	-	3	2	5
Ophthalmology	7	3	10	2	1	3	-	1	1	1	-	1	-	-	-	10	5	15
Oto.-Lar.	4	1	5	-	3	3	-	2	2	1	1	2	-	-	-	5	7	12
T & A & Sub.	7	14	21	4	7	11	-	2	2	-	2	2	5	6	11	16	31	47
Pediatrics	5	9	14	1	-	1	-	-	-	-	1	1	-	-	-	6	10	16
New-born	8	4	12	-	-	-	-	-	-	10	10	20	-	-	-	18	14	32
Obstetrics	-	17	17	-	13	13	-	1	1	-	8	8	-	-	-	-	39	39
Gynecology	-	16	16	-	8	8	-	-	-	-	3	3	-	-	-	-	27	27
Ca. Gyn.	-	6	6	-	3	3	-	-	-	-	-	-	-	-	-	-	9	9
Still-born	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	2	-	2
	116	139	255	27	58	85	9	14	23	44	41	85	53	50	103	249	302	551

DISCHARGED	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surgery	34	28	62	10	4	14	5	2	7	4	2	6	18	7	25	71	43	114
Ca. Surg.	20	5	25	3	-	3	1	-	1	-	-	-	-	-	-	24	5	29
Surg. Ped.	9	3	12	2	-	2	-	-	-	3	-	3	-	-	-	14	3	17
Urology	8	3	11	1	3	4	2	-	2	-	-	-	-	-	-	11	6	17
Ca. Urol.	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Orthoped.	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-	3	4	7
Orthoped.-Ped.	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Medical	21	25	46	3	4	7	-	1	1	1	6	7	34	36	70	59	72	131
Neurology	13	14	27	1	4	5	-	-	-	3	2	5	-	-	-	17	20	37
Dermatology	3	2	5	1	-	1	-	-	-	1	-	1	-	-	-	5	2	7
Ophthalmology	7	3	10	4	2	6	-	2	2	-	-	-	-	-	-	11	7	18
Otolaryngology	6	4	10	1	1	2	-	-	-	1	-	1	-	-	-	8	5	13
T & A & Sub.	4	16	20	2	7	9	1	1	2	-	-	-	6	8	14	13	32	45
Pediatrics	5	12	17	2	-	2	-	-	-	1	-	1	-	-	-	8	12	20
New-born	9	4	13	-	-	-	-	-	-	8	14	22	-	-	-	17	18	35
Obstetrics	-	20	20	-	12	12	-	-	-	-	9	9	-	-	-	-	41	41
Gynecology	-	25	25	-	9	9	-	-	-	-	3	3	-	-	-	-	37	37
Ca. Gyn.	-	2	2	-	1	1	-	-	-	-	-	-	-	-	-	-	3	3
	144	170	314	30	47	77	9	6	15	22	36	58	58	51	109	263	310	573

DEATHS

SERVICE	COUNTY			PAY			PRIVATE			FREE			TOTAL		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surgery	1	1	2	-	1	1	1	1	2	-	-	-	2	3	5
Ca. Surg.	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2
Surg. Ped.	-	-	-	1	-	1	-	-	-	-	-	-	1	-	1
Orthopedics	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Urology	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Orolaryngology	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Medical	3	3	6	1	-	1	-	-	-	-	-	-	4	3	7
Neurology	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Pediatrics	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
New-born	-	1	1	-	-	-	-	-	-	3	1	4	3	2	5
Gynecology	-	1	1	-	-	-	-	-	-	-	1	1	-	2	2
Still-born	-	-	-	-	-	-	-	-	-	2	-	2	2	-	2
	10	6	16	2	1	3	1	1	2	6	2	8	19	10	29

AVERAGE HOSPITAL STAY PER PATIENT

SERVICE	Aver.# days per patient	COUNTY # pts.	COUNTY # days	PAY # pts.	PAY # days	PRIVATE # pts.	PRIVATE # days	FREE # pts.	FREE # days	TOTAL # pts.	TOTAL # days
Surgery	20	64	1407	15	244	9	155	6	47	94	1853
Ca. Surg.	31	27	927	3	28	1	4	-	-	31	959
Surg. Ped.	25	12	367	3	36	-	-	3	40	18	443
Urology	9	12	114	4	7	2	34	-	-	18	155
Ca. Urology	100	1	100	-	-	-	-	-	-	1	100
Orthopedics	22	8	178	-	-	-	-	-	-	8	178
Orthoped. Ped.	10	1	10	-	-	-	-	-	-	1	10
Medical	27	52	1412	8	102	1	170	7	171	68	1855
Neurology	27	27	946	5	8	-	-	6	61	38	1015
Dermatology	42	5	282	1	6	-	-	1	5	7	293
Ophthalmology	29	10	425	6	75	2	15	-	-	18	515
Otolaryngology	22	11	274	2	23	-	-	1	11	14	308
T & A & Sub.	3	20	64	9	19	2	3	-	-	31	86
Pediatrics	52	18	1046	2	9	-	-	1	39	21	1094
New-born	15	14	195	-	-	-	-	26	413	40	608
Obstetrics	11	20	205	12	143	-	-	9	108	41	456
Gynecology	17	26	471	9	92	-	-	4	79	39	642
Ca. Gyn.	15	2	33	1	12	-	-	-	-	3	45
Still-born	-	-	-	-	-	-	-	2	-	2	-
		330	8456	80	804	17	381	66	974	493	10,615

Deaths	28
Autopsies	20
Clinics	222
Diag.Procedures	1090
Dressings	3295
Treatments	16966
Highest daily census	387
Daily average	362

HEALTH SERVICE

Total days	324	234
Average Stay by Services		
Medical	6.56	5.48
Surgical	5.87	3.11
E.E.N.T.	4.00	4.00