

**HEADQUARTERS TRIPLER GENERAL HOSPITAL** HWJ/oam  
OFFICE OF THE COMMANDING OFFICER

In reply refer to:  
319.1

Honolulu  
February 9th, 1935.

Subject: Annual Report of Tripler General Hospital.

To: The Surgeon General, U. S. Army, Washington, D.C.  
(THRU: The Surgeon, Hawaiian Department, Fort Shafter, T. H.)

1. In compliance with paragraph 3, A. R. 40-1005, the following Annual Report of Tripler General Hospital for the calendar year ending December 31st, 1934, is submitted:

Foreward: During the past year almost every department of Tripler General Hospital has been materially altered. The Utilities Department has handled more than one thousand work orders, some of considerable magnitude. How so much has been accomplished with the small amount of money allotted for such purposes is an increasing source of wonder to me, but it has shown that if you want the worth of your dollar you must oversee the spending of it. The use of enlisted personnel in doing carpentry, welding and concrete work, and the absence of any contracts with the fortunate circumstance of our being able to obtain Federal Emergency Relief Administration labor, has saved a very large amount of money.

The Hospital, and almost every building here, with the exception of the large Detachment Barracks, has been repainted outside, and there has also been considerable inside painting done. Old screening has been replaced and the entire administration building, formerly unprotected from insects, has now been screened. A number of new showers and some new plumbing have been installed, about twenty awnings, some of them more than one hundred feet long, have been put up to protect porches from the sun and rain. A new dining room and kitchen, to cost approximately \$10,000.00 for materials, and valued at least at \$25,000.00 is now under way and is expected to be finished within the next two months. An entirely new Physio-Therapy Department has been installed and an assembly hall to hold sixty persons has been opened. This was made possible by remodeling a disused ward. The Out-Patients' Department has been reorganized and partly done over, a new apartment for non-commissioned officers, accomodating eight, has been made out of the old disused physiotherapy building, the Sergeant Major's office and the Information Office entirely rearranged with the addition of a Post Office and a new and separate Registrar's Office created. A new one-story bungalow type barracks building, accomodating thirty men, of wooden construction, with built-in lockers for each man, has been erected by the F.E.R.A. laborers. The building was put up at a cost, for materials, of approximately \$2000.00, and its value is placed at about \$5000.00. A new recreation hall, with pool-room, reading room and recreation room and with rest room and toilet facilities, has been erected along the same exterior lines as the Barracks Building, and next to it. This building, which will fill a long felt want, and which can be used for dances, for lectures, etc., has been made possible by the utilization of Educational and Recreational Funds and by the employment of F. E. R. A. labor. It will cost appro-

ximately \$1500.00, but, by the use of salvaged material, and the employment of the free labor, a building has been produced which is 78 by 24 feet, and undoubtedly can be valued at at least \$3500.00. A new tennis, basketball and paddle tennis court has been finished since the last report, at a cost to the E & R Fund of about \$2500.00. It is well lighted for night playing and is one of the best courts on the island.

The Motor Transport Department has been completely reorganized, light and heavy trucks have been acquired, the former out of E & R Funds, and garage accommodations for twentyone cars and trucks have been provided by the erection of fire-proof shelters. This has been done by enlisted and post labor.

The steam plant and carpenter shop has been enlarged and power driven woodworking machines, on concrete bases, have been installed, within the last few months. It was necessary to put in additional transformers and to spend in the neighborhood of one hundred dollars for concrete work and, although this machinery represented a large amount of money, it was obtained from the Quartermaster Depot at Fort Armstrong without charge, as surplus machinery. The installation of this machinery, and the acquisition of a concrete mixer by the E & R Fund, makes the hospital almost independent of contractors and outside workmen, except for large construction jobs, as it can now do its own cement and mill and planing work.

A new fire-proof paint and oil house is now partially completed, more than one thousand yards of concrete road and aprons has been added since last July, all done by enlisted labor, at a saving of a large amount of money. A loud speaker system, reaching all parts of the hospital, for summoning personnel and for important announcements, and operated by a microphone in the Headquarters Information Office, has been installed to replace the obsolete buzzer system. For general broadcasting the system can be connected with the radio system already installed at this hospital. The system consists of ten loud speakers located in different parts of the hospital and one large exponential horn placed in a small housing box at the rear of the hospital. A call broadcast therefore, can be heard on every part of the Post, and a person called for will usually ring the Information Office within thirty seconds after being called. This system has worked so well that the representative of a large hotel here was very much impressed by its possibilities.

Those are the more important things that have been done but much remains to improve the comfort and convenience of those here. The idea that it is a proper attitude to assume that the hospital will some day fall down and that one should sit by and submit to this catastrophe has been banned. The hospital is now in a fair way to become something in which we take pride and irrespective of whether or not a new hospital is to be constructed it can soon be said that Tripler General Hospital is satisfactorily organized, even if undermanned, and that its buildings are in a decent state of repair and operation. It goes without saying that the acquisition of a Quartermaster Corps here has been an important factor in the progress that has been made, and certainly there is no reason to feel ashamed of their accomplishments during the past year.

In order that the changes undertaken, accomplished and proposed, may be more readily appreciated, a pictorial history of informal, not to say amateur

character, (for the Commanding Officer himself took the photographs) is included. It is hoped that the pictures may speak for themselves.

## 2. BUILDING AND GROUNDS.

### Buildings.

The Administration Building. This building, which contains the office of the Commanding Officer, the Adjutant, the Information Office, Office of the Registrar and Mess Officer, Office of the Sergeant Major and the Post Office on the lower floor, and the laboratory, with the office of the Chief of the Medical Service and the Medical Library on the second floor, has been considerably altered during the past year. The building has been entirely screened and repainted, the worn out and useless down spouts and gutters removed, and the window sashes and windows, which were never used, and which were unsightly, have been taken down and many of them reinstalled in the new dining room. A new post office and mailing room has been put in, which greatly facilitates the handling and distribution of mail, and the Registrar's Office, which was formerly in the Sergeant Majors Office, has been moved into the old officers' assembly room. This has eliminated a great deal of confusion which resulted from so many clerks working in one office. The Information Office, which was one of the sore spots of the hospital because its informality led to slouchness and careless work, has been entirely changed so that telephone calls and all manner of business are now handled very expeditiously. The general broadcasting system is also situated here.

The Surgical and X-Ray Building has been improved by painting outside and the renewal of some of the old screening. This building, and especially the Operating Pavilion, will need to have some money spent on it soon, due to the appearance of leaks, although no radical change is contemplated, except for the installation of new X-Ray apparatus which has already been approved.

The Nurses Quarters has been repainted where necessary, within, and is in excellent condition. No important changes are in prospect.

The Clinic Building. This building has been considerably rearranged and vastly improved by painting and linoleum as well as by the installation of awnings. It is now in very good condition. The pharmacy has had double glass doors put in, which allows an inspection of the interior at all times.

Wards and corridors. Many of the wards have been repainted inside and some new plumbing and shower baths installed. Practically all wards now have awnings and all have been painted outside. The old Ward No. 8, which was in such bad condition last year that the inside had to be torn out, was converted into an assembly hall for officers and a Physiotherapy Department and Splint Room. It is now in excellent condition and the changes made have been a great improvement. The Prison and Detention Ward is in excellent condition. No changes have been made here except for a complete repainting of the interior.

Red Cross Recreation Hall and Physiotherapy Department. This was an old ward under Ward No. 12, the Prison Ward, and formerly housed the Physiotherapy Department. The Red Cross Hall is unchanged, and the old Physiotherapy Department was converted into an apartment for non-commissioned officers. It pro-

vides each one with a small room and gives five rooms with sleeping porch accommodations.

The Kitchens and Dining Rooms. The new dining room accommodating eighty persons has been added to the west of the old dining room by spanning the disused roadway. This dining room is now temporarily being used as the kitchen. The kitchen is being completely demolished in preparation for the building of a new one on the old site, with an increase of six hundred square feet in floor space. This will enable us to consolidate all the kitchens of the hospital into one. At the last annual report the kitchen was reported as being in very bad condition. No funds were allotted and a survey later in the year indicated the building was actually dangerous. An appeal was made for prompt action, with satisfactory and immediate results. When the building was in the process of being demolished and the concrete floor was being broken up, the workmen were very loath to enter the meat cutting room and vegetable storage room below the building, as they thought it unsafe. How unsafe it was was soon seen for when the concrete floor was broken up it was found that the beams below had completely rotted through in places and the underpinning was sagging badly. It appeared reasonable to suppose that the building would collapse within another year.

During the work on the kitchen and mess hall, there has necessarily been some disorganization in service and cooking. However, the switch was made from the old to the temporary kitchen in a few hours without the necessity of serving a single cold meal to any of the three hundred and fifty persons eating in the hospital, a not unnoticed achievement.

Last year's report estimated \$35,000.00 as the probable amount of money necessary for a satisfactory new kitchen. It is gratifying to realize that a kitchen is now being constructed which will fulfill all requirements, at a cost to the medical Department of less than \$10,000.00.

The Morgue is practically the same condition as it was last year except that it has been repainted and some temporary improvements have been made. Plans for a new morgue, which will be a small single story building and accommodating four bodies in its refrigerator, have been completed and it is expected that the foundations of the building will be started within a few weeks. The cost of this building has been estimated at about \$1000.00, without the labor, and if the F.E.R.A. labor can be retained sufficiently long I do not believe the amount will be exceeded. It is planned to use some of the refrigerating material from the old kitchen in this new building.

Quarters for Enlisted Men. The largest number of enlisted men (eighty approximately), will eventually be quartered in the old barracks building, which was constructed some ten years ago. This building will be remodeled if funds which are expected are received in the near future, and about \$1200.00 will be expended. It is quite probable that this work can be done by F. E. R. A. labor. This building has had practically no repairs in the last ten years and it will be necessary to install new floors, to repaint the building inside and out, to repair or replace many of the toilet fixtures, to remove shutters, and to install awnings. In addition some of the rooms will have to be remodelled. The foundations of this building are in excellent condition.

Twentyeight men are quartered in the new bungalow barracks building which has just been completed. It is one hundred twenty feet long by twentysix feet wide and is very satisfactory as a domicile. About twelve to fourteen men are quartered on the ground floor of the old barracks building, in the room that was formerly the Detachment Mess; from fifteen to eighteen men, mostly cooks, with a few non-commissioned officers, are quartered in separate rooms over the Post Exchange, in what was, at one time, the contagious ward; eight non-commissioned officers are quartered in what was formerly the Physiotherapy Ward; about five men, including the non-commissioned officer in charge of the Motor Transport Section, are quartered at the Garage, and a few individuals on special duty, such as the electrician, etc., are quartered in some available separate rooms. The arrangement just outlined, no doubt, is not the ideal one, but has been made necessary by the continual augmentation of enlisted strength due to enlargement of the hospital. On the whole, after the improvements mentioned have been made, the enlisted men here will be quartered quite satisfactorily.

The Garage and Utilities. Two new shelter garages, consisting of iron pipe supports with galvanized iron tops, have been completed. This allows for the shelter of twelve additional cars and at present the hospital has shelters for twentyone or twentytwo cars. The new garages were put up at a very low cost by using enlisted labor. Most of the back road in the rear of the garages and steam plant has been made of concrete and a large apron has been added at the steam plant during the past year. The road is now being further widened at this point for the addition of a lumber shed. The shop has been enlarged by the addition of a platform and the securing of new machinery. A new paint and oil house, built with enlisted labor, is very nearly finished at the same point. When the concrete road has been laid and the apron at the garage constructed, there will remain but one piece of road which is not in excellent condition. This road is the coral road known as Northington Avenue, running from the Post Exchange to the steam plant. It is about 250 feet in length and is a sharply descending hill. This is a coral road which is very resistant to wear but is now full of holes and should be hard surfaced. Due to its rapid descent it is probable that if concrete is used, it will have to be reinforced throughout. At present no plans have been made looking to the resurfacing of this road.

The tennis and basketball courts. These have been completed since the last report at an approximate cost of \$2700.00, including the electric lights for night playing. They were constructed from E & R Funds and have been an excellent investment.

The Medical Library, the General Library and the Red Cross Recreation Room. There have been no particular changes in these departments during the past year, except that several hundred books have been acquired for the General Library. No new books have been secured for the Medical Library during the past two years, due to lack of funds, but it is expected to add to the library this year.

The Wards. A number of the wards have been repainted, and considerable repair work has been done. The bathroom and toilet facilities in the wards are not entirely adequate and many changes remain to be initiated. The bathrooms are, however, serviceable, and it is not thought advisable to use too much money when there are so many other glaring deficiencies that should be corrected. The addition of steam sterilizers in all the wards, connected with the steam plant, has

been a very considerable asset. The Prison and Insane Ward is in good condition. The old disused Ward 8 was made into an Officers Assembly Hall and Board Room, which was badly needed, and a new Physiotherapy Department, much more central and easily available to patients than the old Physiotherapy department. A trained physiotherapist has been added to the staff and this department of the hospital is now being used to its fullest extent.

The Medical Supply is situated in one half of a storage warehouse at Fort Shafter. No charge beyond the improvement of shelving, installation of some woodworking machinery, lathes, etc., and a carpenter shop, have been made. In the absence of a separate building for the medical supply, this one serves the purpose very well.

Recreation Hall. A new recreation hall for enlisted men has been practically finished next to the new barracks building. This building was constructed by authority of the Commanding General, Hawaiian Department, using some salvaged material, and with E & R Funds. It is seventyeight by twentysix feet, of a bungalow type, with beamed ceiling, and natural wood finish inside. At each end are two rooms separated by corridors, with toilet facilities, etc. This provides a room for reading, cards, table tennis, etc., sixty by twentysix feet. A heavy specially finished floor is provided for dancing, and it is estimated that sixty couples can be accomodated.

#### Grounds.

The general condition of the grounds is much better that at the time of the last report. A little over four acres has been added to the reservation, the lease on the land to the west of the hospital not having been removed. This land has been cleared of rubbish and brush, some trees have been cut out, and thirteen new parking spaces, with concrete runways have been added, just off Kennedy Avenue. Weeds, rubbish and brush have been cleared from the base of the cliff facing the sea and new plants, vines and ornamental trees set out. A new hedge has been planted on King Street, and a flower garden has been put in by clearing the land near the hospital garage. The front of the hospital presents a very good appearance and the Lawns are in much better shape that they were a year ago. The sprinkler system Which was suggested last year for the lawns, has not been installed.

#### Roads.

As has been stated earlier in this report, the roads are in good condition except for one stretch of Northington Avenue, (a coral road) which needs re-surfacing.

#### Sewers.

Some of the sewers became stopped during the year, and it has been necessary to replace a portion of some sewer lines. Many of these sewers are of glazed tile and as fast as possible they should be replaced by iron pipe. During the course of construction of the foundation for the new kitchen a number of disused sewer lines were encountered and these were removed. It is proposed to plot carefully the entire sewer system of the hospital.

#### Water System.

The water system is unchanged since the last report.

#### Fire Protection System.

Most of the fire hazards have been eliminated. Special attention has been given to the protection from fire from the careless use of cigarettes and matches, and there are more than fifty warning signs posted in different parts of the hospital and more than two hundred iron receptacles for cigarettes. If funds are sufficient at least two slide fire escapes will be installed in the near future.

#### Electric Distribution System.

This has been somewhat improved over last year, but is still hardly to be considered good. No doubt some improvement can be made. It was necessary to install additional transformers to operate the woodworking machinery. This installation was made without cost as the transformers were received as surplus from Fort Shafter and Fort Armstrong. It is probable that it will be necessary to replace the wooden light and power poles with steel poles, and it is planned to manufacture these poles at the hospital at a later date, inasmuch as welding can be done in the hospital shop.

#### Steam Distribution System.

This is the same system that was described in last year's report except that it has been amplified so that steam is now carried to all the wards to the recently installed steam sterilizers. A special steam line has been run to both barracks buildings, thereby eliminating the use of coal anywhere on the reservation and resulting in a considerable saving in fuel.

#### Plumbing and Miscellaneous.

Much of the plumbing has been replaced, but a great deal more remains to be replaced during the next year. All gutters and downspouts, which last year were reported as beyond repair, have been removed, except at the Nurse's Quarters and the Hospital Stewards Quarters. It is not necessary to replace these. A large number of awnings have been installed which protect the porches from the weather.

### 3. Sanitation.

The water supply is the same as last year, and the same can be said of the disposal of sewage and garbage. Food supply continues to be good. Milk is pastuerized. At the present time, due to confusion and dirt resulting from the demolition of the kitchen, some inconvenience has been caused in the cooking in the temporary kitchen, and possibly in the sanitation, but this is not considered to be serious and the service of the food continues to be as satisfactory as can be expected under the conditions existing.

#### Disease Bearing and other Insects.

These continue to be found as was noted in last year's report, and infestations of bed bugs have been comparatively infrequent.

4. Movement of the Sick:

|   | To be accounted for        |            |       | Dispositions. |       |        |             |                             |                       |       | Remaining Dec.<br>31st, 1934. |
|---|----------------------------|------------|-------|---------------|-------|--------|-------------|-----------------------------|-----------------------|-------|-------------------------------|
|   | Remaining Dec.<br>31, 1935 | Admissions | Total | Duty          | Died. | C.D.D. | Transferred | Discharged from<br>hospital | Other<br>dispositions | Total |                               |
| ARMY:   |                            |            |       |               |       |        |             |                             |                       |       |                               |
| Officers  | 3                          | 106        | 109   | 88            |       |        | 11          |                             | 1                     | 100   | 9                             |
| Nurses  |                            | 10         | 10    | 5             |       |        | 3           |                             | 1                     | 9     | 1                             |
| Enlisted Men  | 126                        | 2249       | 2375  | 1906          | 8n    | 1      | 306         |                             |                       | 2221  | 154                           |
| NAVY & MARINE CORPS   |                            |            |       |               |       |        |             |                             |                       |       |                               |
| Officers  |                            | 2          | 2     |               |       |        |             | 2                           |                       | 2     |                               |
| Nurses  |                            |            |       |               |       |        |             |                             |                       |       |                               |
| Enlisted Men  |                            | 2          | 2     |               | 1     |        |             | 1                           |                       | 2     |                               |
| OFFICERS (ARMY & NAVY)<br>Retired.                              |                            | 7          | 7     |               | 1     |        | 1           | 4                           |                       | 6     | 1                             |
| ENLISTED MEN (ARMY &<br>NAVY) Retired.                          |                            | 15         | 15    |               | 2     |        | 1           | 10                          |                       | 13    |                               |
| BENEFICIARIES, U.S.<br>Veterans Bureau.                         |                            | 3          | 3     |               |       |        |             | 3                           |                       | 3     |                               |
| DEPENDENTS, OFFICERS<br>& ENLISTED MEN, Ac-<br>tive and retired | 13                         | 323        | 336   |               | 8     |        |             | 316                         |                       | 324   | 12                            |
| OTHERS  | 2                          | 99         | 101   |               | 3     |        | 1           | 94                          |                       | 98    | 3                             |
| TOTALS:   | 144                        | 2814       | 2958  | 1999          | 25    | 1      | 323         | 430                         | 2                     | 2778  | 180                           |

a. Deaths: There were no deaths among officers during the year 1934, as compared to none for 1933.

There were eight deaths among the enlisted personnel during the year 1934, as compared with six for 1933. The causes of death were as follows:

Through Disease:  
Lympho-epithelioma, generalized - - 1  
Leukemia, lymphatic, acute - - - - 1  
Appendicitis, acute, gangrenous - - 1  
Alcoholism, acute - - - - - - - - 1  
Cerebral hemorrhage, with hemiplegia-1  
Total from disease 5

Through injury:  
Fracture, skull, right temporal  
bone, (accidental) - - - - - - 1  
Severance of jugular veins with  
safety razor blade (suicidal)- - 1  
Fracture skull, left temporal  
bone, (cause not known)- - - - - 1  
Total from injuries - - - - - 3

One retired Warrant Officer died during the year 1934, as compared with none for 1933. The cause of death was: Cystadenoma, kidney, congenital, bilateral.

No retired Officers died during the year.

Two retired enlisted men died during 1934, as compared with none for 1935. The causes of death were as follows:

Alcoholism, chronic, with delirium treatment.  
Arteriosclerosis, generalized, with coronary sclerosis.

Eight deaths were recorded among dependents of officers and enlisted personnel during the year, as compared with seven for the preceding year. The causes of death were as follows: (1) Prematurity; (1) Pneumonia, broncho; (1) Meningitis, acute, suppurative; (2) Intestinal obstructions; (1) Hemorrhage, cerebral, severe; (1) Oedema of brain, traumatic, due to dystocia; (1) Valvular Heart Disease.

There were two deaths of civilian employees of the Quartermaster Corps, and one death of a bona fide male servant of an officer during the year 1934, as compared to none for this class of patients during the previous year. The causes of death were as follows: (1). Pneumonia, lobar; (1) Cardiac dilation, acute, (heart failure): (1), Fracture, comminuted, right half of skull, (automobile accident).

There was one death recorded of an enlisted man of the U. S. Navy, during the year. The cause of death was: (1), Gunshot wound of right chest with perforation of right lung, (Homicidal).

## 5. Patients.

Patients are admitted from all stations in the Hawaiian Department. This hospital functions as a Station Hospital for the following stations within the Honolulu Sector, and patients therefrom are admitted by informal transfer: Forts Shafter, Kamehameha, DeRussy, Ruger, Luke Field, Hawaiian Utilities Center and Hawaiian Ordnance Depot. Patients are of all classes including a considerable number of obstetrical and gynecological cases. There were three hundred nineteen (319) patients transferred to Letterman General Hospital during the year, all of which were in the active military service with the exception of one retired officer, one retired enlisted man and one general prisoner. This is a significant decrease of one hundred and six (106) over the year 1933, during which four hundred and twentyfive (425) patients were transferred. Of the 319 cases transferred, one hundred and thirty three (133) or 42% were diseases or injuries existing prior to enlistment.

The numerically important causes of transfer to Letterman General Hospital were: (30) Dementia praecox; (24) Psychoneurosis; (20) Psychosis; (20) Tuberculosis; (18) Ulcer, duodenal; (17) fractures; (14) Constitutional psychopathic state; (12) Myocarditis; (12) Asthma; (10) Otitis media; (8) Epilepsy; (8) Syphilis; (6) Trichophytosis; (6) Arteriosclerosis; (6) Mental deficiency, moron; (5) Valvular heart disease; (5) Alcoholism; (5) Arthritis; (4) Osteomyelitis; (4) Dislocations; (4) Pleurisy; (3) Synovitis; (3) Pes Planus; (3) Enuresis; (3) Conjunctivitis; (3) Pansinusitis; (2) Nephritis; (2) Goiter; (2) Neuritis; (2) Myalgia; 56 other cases were transferred.

## 6. Organization.

The organization consists of two major divisions, i.e., Administrative and Professional.

The Administrative Division is divided into various departments under the charge of officers, designated as follows:

- (1). Adjutant.
- (2). Chaplains. The Post Chaplains, (Protestant and Catholic, of the adjacent post of Fort Shafter not as Chaplains for Tripler General Hospital.
- (3). Chief Nurse.
- (4). Commanding Officer, Detachment of Patients.
- (5). Commanding Officer, Detachment Medical Department.
- (6). Fire Marshal.
- (7). Hospital Inspector.
- (8). Unit Supply Officer.
- (9). Medical Supply Officer.
- (10). Mess Officer.
- (11). Police Officer.
- (12). Post Exchange Officer
- (13). Quartermaster. (Prior to February 14, 1934, the Post Quartermaster, Fort Shafter, acted in that capacity for Tripler General Hospital, one of his assistants being detailed as part time Utilities Officer for Tripler General Hospital. On February 14th, 1934, A Post Quartermaster was designated for Tripler General Hospital).

- (14). Receiving and Evacuation Officer.
- (15). Recreation Officer.
- (16). Recruiting Officer. (The Chief of the Out-Patient Service acts in this capacity for Tripler General Hospital.
- (17). Registrar.
- (18). Summary Court.
- (19). Training Officer.
- (20). Termite Control Officer.
- (21). Salvage Officer.
- (22). Investigating Officer.
- (23). Motor Transport Officer.

All of the above officers are responsible to the Commanding Officer for the proper conduct and administration of their respective departments. The dual functioning of the Quartermaster, Fort Shafter, T. H., as Quartermaster, Tripler General Hospital, as reported in last year's report, has been corrected. A detachment of three enlisted men, and one officer, has been assigned to Tripler General Hospital as the Post Quartermaster unit.

The Professional Division consists of five professional services with sections as follows:

- (1). Medical Service:
  - (a). Officers and Women's Section.
  - (b). Neuro-Psychiatric Section.
  - (c). Cardio-vascular, Renal and Miscellaneous Section.
  - (d). Respiratory and General Medical Section.
  - (e). Tuberculosis Section.
  - (f). Contagious Section.
  - (g). Pharmacy.
- (2). Surgical Service.
  - (a). General Surgical Section.
  - (b). Orthopedic Surgery Section.
  - (c). Genito-Urinary Section.
  - (d). Obstetrics and Gynecological Section.
  - (e). Eye, Ear, Nose and Throat Section.
  - (f). Anesthesia and Operating Section.
  - (g). Physiotherapy Section.
  - (h). Roentgenological Section.
- (3). Laboratory Service.
- (4). Out-Patient Service.
- (5). Dental Service.

Each of the above professional services is under the supervision of an officer who is designated as Chief of Service. Chiefs of Service are responsible to the Commanding Officer for the proper administration of their services.

The following named officers are now assigned to the Administrative Division:

Colonel Harold W. Jones, Medical Corps, Commanding Officer.  
Captain Frederick Thomas, Med. Adm. Corps, Assistant  
Captain Elmer D. Pangburn, Inf., (QMC), Quartermaster.  
First Lieut. Paul E. Zuver, Medical Administrative Corps.  
First Lieutenant Lewis H. Gould, Medical Administrative Corps.

The following named officers have been assigned administrative duties in addition to their professional duties.

Major Charles G. Sinclair, Medical Corps,  
Captain Samuel H. Alexander, Medical Corps,  
Major John DuB. Barnwell, Medical Corps,  
Captain Richard L. Daniel, Medical Corps.

The following officers are now assigned to the services of the professional division as listed:

Medical Service.

Lieut. Col. John G. Ingold, medical Corps, Chief of Service.  
Major William A. Boyle, Medical Corps,  
Major Lucius F. Wright, Medical Corps.

Surgical Service.

Major Basoom L. Wilson, Medical Corps, Chief of Service.  
Major George S. Woodard, Medical Corps.  
Major Roy F. Brown, Medical Corps,  
Major John DuB. Barnwell, Medical Corps,  
Captain Claude L. Neale, Medical Corps,  
Captain Samuel H. Alexander, Medical Corps,  
Captain Richard L. Daniel, Medical Corps.

Laboratory Service.

Major Charles G. Sinclair, Medical Corps, Chief of Service.

Out-Patient Service.

Major John DuB. Barnwell, Medical Corps, Chief of Service.

Dental Service.

Lieut. Colonel Lester C. Ogg, Dental Corps, Chief of Service.  
Major Glover Johns, Dental Corps.  
Major Clarence C. Olson, Dental Corps.

The following named officers joined within the last year.

Lieut. Colonel Lester C. Ogg, Dental Corps.

Major George S. Woodard, Medical Corps.  
Major William A. Boyle, Medical Corps.  
Major JohnDuB. Barnwell, Medical Corps.  
Captain Richard L. Daniel, Medical Corps.  
First Lieutenant Paul E. Zuver, Med. Adm. Corps.

The following named officers returned to the mainland during the year, at the completion of their tour of foreign service:

Colonel Julien R. Bernheim, Dental Corps.  
Major Albert Bowen, Medical Corps.  
Captain Silas B. Hays, Medical Corps.  
Major Martin F. DuFrenne, Medical Corps.

The following officers were separated from the service at this station, for the reasons set opposite their respective names:

Major Montreville A. St. Peter, Medical Corps, resignation.  
Captain George P. Chase, Medical Administrative Corps, Retired. (At his own request, after thirty year's of service).

The reports of the various services and departments are embodied in the following paragraphs.

7. Professional Services:

a. Surgical Service.

The Surgical Service comprises the following sections:

General Surgical Section.  
Orthopedic Surgical Section.  
Genito-Urinary Section.  
Obstetrics and Gynecology Section.  
Eye, Ear, Nose and Throat Section.  
Anesthesia and Operating Section.  
Physio-Therapy Section.  
Roentgenological Section.

However, due to shortage of officer personnel, it was not practicable to assign an officer in charge of each section, therefore several sections have been combined under the General Surgical Section. There are one hundred sixty (160) permanent beds assigned to the Surgical Service, and thus far this number has been adequate.

There has been no outstanding improvement made in the Surgical operating pavilion during the year. Some needed improvements will be made during the present year, if it is possible to do so. An orthopedic shop and splint room has been fitted up in the front part of Ward 8 since the last report. This has proven to be a very great help. It has been an outstanding need for some time.

There were approximately fifteen hundred (1500) admissions to the Surgical Service during the year, and of these sixty (60) were transferred to Letterman General Hospital for further observation, since it is the policy here, except under exceptional circumstances, not to hold cases when it is obvious that hospitalization for a long period will be necessary. There were fifteen (15) deaths on the Surgical Service during the year. There are listed at the end of this report.

Major Bascom L. Wilson, Medical Corps, has been Chief of the Service during the entire year. In addition, the following officers of the Medical Corps have composed the Surgical Staff during the year 1934.

Major George S. Woodard, from June 2nd to December 31st, 1934.  
Major Albert Bowen, M. C., from January 1 to August 17, 1934.  
Major Roy F. Brown, from January 1 to December 31, 1934.  
Major John DuB. Barnwell, From August 17 to December 31, 1934.  
Captain Silas B Hays, from January 1 to August 17, 1934.  
Captain Claude L. Heale, from January 1 to December 31, 1934.  
Captain Samuel H. Alexander, from August 17 to December 31, 1934.  
Captain Richard L. Daniel, from October 23 to December 31, 1934.

General Surgical Section.

Chief of Section: Major Bascom L. Wilson, Medical Corps.

This section includes the General Surgical, Orthopedic, Gynecological and Septic cases. At no time have we had more than three officers in this service, and very often there have been only two. For proper functioning of the Service we should always have three officers and four are desirable.

Orthopedic and Septic cases, as well as other minor surgical cases, are handled in Ward No. 6. From January 1, 1934 to August 17, 1934, this ward was in charge of Captain Hays, Medical Corps, and Captain Neale, Medical Corps, in addition to their other duties as Chiefs of the Genito-Urinary and Obstetrical Section respectively. Since August, when Captain Neale was relieved as Chief of the Obstetrical Section by Major Woodard, the ward has been in charge of Captain Neale alone, who in addition, is assistant to the Operating Surgeon. This is a very active ward and practically at all times required the full time of one officer. There were five hundred seventy (570) admissions to this ward during the year.

The practice begun just before the close of last year, of using Ward 4, the Officers Ward, for both officer patients and post operative clean cases of enlisted patients, has worked out very satisfactorily, though, due to an unusually large number of officer patients during the past year, this Ward has been used to it's full capacity during most of the time.

There has been no particular effort made to develop the Gynecological Service, due to lack of sufficient ward space and shortage of officer personnel. We do not feel that we have neglected any cases needing emergency treatment, however, we have not urged elective surgery. With more ward space and personnel, this service could be expanded to a great extent.

Report of Operations.

AMPUTATION:

Arm, left, at upper third, for severe injury - - - - - 1  
 Hammer toe, 3rd right, painful callus over interphalangeal joint 1  
 Thumb, distal phalanx, for severe injury - - - - - 1  
 Little finger, 1st phalanx, traumatic, for severe injury - - - - 1

ANELLOSIS:

Elbow, left, manipulation of - - - - - 1

APPENDECTOMIES:

Acute, catarrhal - - - - - 52  
 Acute, suppurative - - - - - 11  
 Acute, gangrenous - - - - - 7  
 Acute, gangrenous, with abscess formation, drainage of - - - - 1  
 Chronic, catarrhal - - - - - 10

ASPIRATION OF:

Knee - - - - - 7  
 Bursa, right, popliteal space - - - - - 1  
 Ganglion, wrist, right - - - - - 1

BLOOD TRANSFUSIONS:

Citrate method - - - - - 9

CHOLECYSTECTOMIES:

- - - - - 2

CIRCUMCISIONS:

- - - - - 60

DEBRIDEMENT OF:

Gunshot wound, shoulder, right - - - - - 1  
 Ulceration of legs, left - - - - - 2  
 Wound, lower, 1/3 fibula and internal mallcolus, left - - - - - 1

DISLOCATIONS, OPEN REDUCTION OF:

Semilunar bone, right wrist. (removal of bone) - - - - - 1

DISLOCATIONS, CLOSED REDUCTION OF:

All metatarsal bones at tarso and metatarsal joints, left foot - 1  
 Finger, 4th, at digital phalanx, right - - - - - 1  
 Finger, 5th, at 2nd phalangeal, joint, right - - - - - 1  
 Humerus, head of, left, anterior - - - - - 1  
 Radius and ulna, anterior, at elbow - - - - - 1

|   |    |
|---|----|
| Shoulder, anterior, right - - - - -   | 1  |
| Thumb, left, at carpo-phalangeal articulation - - - - -                           | 1  |
| Wrist, right - - - - -  | 1  |
| DORSAL SLIT: - - - - -  | 1  |
| EMPHYEMA:   |    |
| Left, resection of rib, 8th - - - - -   | 1  |
| EPIDIDYMYOTOMIES: - - - - -   | 1  |
| EXCISION OF: - -  |    |
| Angioma - - - - -   | 1  |
| Bursa, right, popliteal regional space - - - - -                                  | 1  |
| Callus, various locations - - - - -   | 4  |
| Cyst, haemorrhagic, - - - - -   | 1  |
| Cyst, mucous - - - - -  | 1  |
| Cysts, pilonidal - - - - -  | 9  |
| Cysts, subaceous - - - - -  | 30 |
| Cyst, type undetermined - - - - -   | 1  |
| Epithelioma, upper lip - - - - -  | 1  |
| Fibroma - - - - -   | 1  |
| Fistulous tract, fistula in ano - - - - -   | 3  |
| Furuncles, various locations - - - - -  | 4  |
| Ganglion, right hand - - - - -  | 1  |
| Lipomas, various locations - - - - -  | 5  |
| Moles, various locations - - - - -  | 10 |
| Polypi, anal - - - - -  | 1  |
| Scars, various locations - - - - -  | 3  |
| Sinus, left labia - - - - -   | 1  |
| Tumor, back of neck - - - - -   | 1  |
| Tumor, left leg - - - - -   | 1  |
| Warts, various locations - - - - -  | 6  |
| FRACTURES, CLOSED REDUCTION OF:   |    |
| Clavicle, right, incomplete - - - - -   | 1  |
| Colles, left - - - - -  | 2  |
| Colles, right - - - - -   | 3  |
| Humerus, left - - - - -   | 1  |
| Humerus, left, simple, supra condylar - - - - -                                   | 1  |
| Malleclus, right, simple, incomplete - - - - -                                    | 1  |
| Metacarpals, right complete - - - - -   | 3  |
| Olecranon process, left, simple - - - - -   | 1  |
| Radius, right, complete - - - - -   | 2  |
| Radius, right, simple, greenstick - - - - -                                       | 1  |
| Radius and ulna, distal end, simple, complete - - - - -                           | 1  |
| Tibia, lower third, fibula upper third, (Bendixon wire<br>for traction) - - - - - | 1  |

Tibia and fibula, left leg, simple, complete, (Bendixon wire  
for traction) - - - - - 1  
Tibia and fibula, middle third, simple, complete - - - - - 1  
Toe, great, right, proximal, phalanx, - - - - - 1

FRACTURES, OPEN REDUCTIONS OF:

Melleolus, internal, left, compound, complete, - - - - - 1  
Occipital bone, compound, complete, depressed - - - - - 1  
Radius, middle third, simple, complete(application of Lane  
Plate) - - - - - 1  
Shaft and head of humerus, compound, complete - - - - - 1  
Tibia and fibula, right lower end, complete, comminuted,  
(insertion of Steinman pin for traction - - - - - 1  
Tibia, lower third, right, simple, complete, (application of  
Lane Plates) - - - - - 1  
Tibia, lower third, complete, transverse, (application of  
Lane Plates), - - - - - 1

FULGURATION OF:

Chancroids - - - - - 1  
Condyloma - - - - - 1  
Fissure in ano - - - - - 1  
Follicles, anal - - - - - 1  
Polypas, anal - - - - - 1  
Venereal warts - - - - - 6  
Warts, various locations - - - - - 3

GASTRO - jejunostomy, posterior, for chronic obstructive lesion of  
the pylorus - - - - - 1

HEMORRHOIDECTOMIES - - - - - 39

HERNIOPLASTY: - - - - - 15  
Inguinal, left - - - - - 6  
Inguinal, right - - - - - 8  
Ventral - - - - - 1

HYDROCELE: Bottle operation - - - - - 2

ILEOSTORY: Old, following operation, intestinal obstruction, - - - - 1

INCISION AND CURETTMENT OF:

Ulcer, left leg - - - - - 1  
Cyst, sebaceous - - - - - 1

INCISION AND DRAINAGE OF:

Abscesses, various locations - - - - - 42  
Carbuncle, neck - - - - - 1  
Cellulitis, scrotum, right - - - - - 1

Cellulitis, thigh and perineum, right - - - - - 1  
 Cyst, pilonidal, old, infected - - - - - 1  
 Furuncle, left leg - - - - - 1

INGROWN TOE-NAILS:

Keller operation - - - - - 21  
 Removal of and cauterization of matrix - - - - - 16

NEPHRECOMIES:

For hypernephroma, left - - - - - 1  
 For pyole-nephrosis, right - - - - - 1

NEPHROLITHOTOMIES:

Left - - - - - 1  
 Right - - - - - 1

OSTEOMYELITIS:

Curettment and debridement of ulna, upper third - - - - - 1  
 Thumb, left - - - - - 1  
 Tibia, left - - - - - 1

PHRENIC - EXEROSIS, RIGHT. - - - - - 1

PYLORAPLASTY:

For perforated ulcer of duodeum - - - - - 1

REMOVAL OF FOREIGN BODIES, Various locations - - - - - 1

SUTURE OF WOUNDS, Various locations - - - - - 19

SUPRAPUBIC CYSTOTOMY FOR:

Severe perineal injury with rupture of the urethra - - - - - 1

URETEROLITHOTOMY: Left - - - - - 1

VASECTOMY, Bilateral - - - - - 1

VARICOCELECTOMY: - - - - - 1

VASOTOMY: Bilateral - - - - - 1

VARICOSE VEIN INJECTIONS: - - - - - 10

REPORT OF PATIENTS (Out-Patients) TREATED IN THE GENERAL SURGICAL SECTION.

|                                       |         |     |
|---------------------------------------|---------|-----|
| Number of patients treated (Military) | - - - - | 169 |
| Number of patients treated (civilian) | - - - - | 467 |
| Number of treatments given (Military) | - - - - | 254 |
| Number of treatments given (Civilian) | - - - - | 815 |

Orthopedic Section.

DISLOCATIONS:

|                     |           |   |
|---------------------|-----------|---|
| Knees               | - - - - - | 2 |
| Phalanges, fingers  | - - - - - | 5 |
| Semilunar cartilage | - - - - - | 1 |
| Shoulders           | - - - - - | 2 |
| Wrist               | - - - - - | 1 |

FRACTURES, Simple:

|                                   |           |    |
|-----------------------------------|-----------|----|
| Clavicles                         | - - - - - | 4  |
| Colles                            | - - - - - | 1  |
| Fibula                            | - - - - - | 6  |
| Finger                            | - - - - - | 1  |
| Humerus                           | - - - - - | 3  |
| Inferior and superior pubic ramus | - - - - - | 1  |
| Malleolus                         | - - - - - | 2  |
| Mandibles                         | - - - - - | 3  |
| Maxilla                           | - - - - - | 2  |
| Metacarpals                       | - - - - - | 14 |
| Metatarsals                       | - - - - - | 3  |
| Multiple, of pelvis               | - - - - - | 1  |
| Nasal bones                       | - - - - - | 1  |
| Os calcis                         | - - - - - | 1  |
| Patella                           | - - - - - | 2  |
| Radius                            | - - - - - | 11 |
| Rib                               | - - - - - | 1  |
| Scaphoid bones                    | - - - - - | 4  |
| Skulls                            | - - - - - | 8  |
| Sternum                           | - - - - - | 1  |
| Tibia                             | - - - - - | 3  |
| Toes                              | - - - - - | 7  |
| Ulna                              | - - - - - | 5  |
| Vertebra                          | - - - - - | 2  |
| Zygoma                            | - - - - - | 2  |

FRACTURES, Compound.

|           |           |   |
|-----------|-----------|---|
| Mandibles | - - - - - | 2 |
|-----------|-----------|---|

SPRAINS:

|        |           |    |
|--------|-----------|----|
| Ankles | - - - - - | 26 |
|--------|-----------|----|

Back, lumbar muscles - - - - - 7  
 Knees - - - - - -11  
 Neck, posterior, group of muscles - - - - - 1  
 Sacro-iliac - - - - - 3  
 Wrist - - - - - 2

PLASTER CASES APPLIED: Other than those routinely on Ward - - - - -25

Gynecological Sections.

APPENDECTOMIES:

Acute, catarrhal - - - - - 6  
 Acute, suppurative - - - - - 1  
 Chronic catarrhal - - - - - 1  
 During laprortomy - - - - - 4

CAUTERIZATION OF CERVIX: - - - - - 6

CEASARIAN SECTIONS: - - - - - 4

DILATATION AND CURRETTAGE: - - - - - -15

EXCISION OF:

Anal polpy - - - - - 1  
 Cerbuncle - - - - - 1  
 Cyst, mucous - - - - - 1  
 Piece of cervix, (Cauterization) - - - - - 1  
 Tumor of breast (Non-malignant) - - - - - 4  
 Ulcer of cervix - - - - - 1  
 Cyst, Barthelins - - - - - 1

HEMORRHOIDECTOMY: - - - - - 1

INCISION AND DRAINAGE OF:

Cellulitis, acute, suppurative, abdominal wall - - - - - 1

LAPOROTOMIES FOR:

Intestinal obstruction - - - - - 2

OOPHORECTOMIES: - - - - - 3

PARTIAL RESECTION OF LEFT OVARY: - - - - - 1

PERINEORRHAPHY: - - - - - 1

SECTION AND SUTURE OF:

Fallopian tubes (bilateral) - - - - - 2

SUSPENSION OF UTERUS: - - - - - 5  
 TRACHEOPLASTY: - - - - - 1  
 UTERINE HEMORRHAGE:  
     Vaginal packing for - - - - - 1  
 ANESTHETICS ADMINISTERED DURING THE YEAR:  
     Ether - - - - - 23  
     Gas-oxygen - - - - - 214  
     Locals - - - - - 118  
     Spinals - - - - - 181

Genito-Urinary Section.

Chief of Section: Capt. Silas B. Hays, M. C., from January 1 to August 17, 1934.  
                   Capt. Samuel H. Alexander, M.C., from August 17 to October 23, 1934.  
                   Captain Richard L. Daniel, M.C., from October 23 to December 31st, 1934.

The Genito-Urinary section occupied one ward of thirty permanent beds which was capable of expansion to forty beds when required. This ward was used for the hospitalization of active venereal cases, and all other non-venereal urological cases are placed in other component wards of the hospital, but under the supervision of the Urologist.

This Section, aside from hospitalized cases, maintains a very active out-patient clinic.

The personnel of this section consists of one medical officer and two specialized male enlisted assistants.

There were one hundred eighty four patients admitted to this section during the year. They were classified as follows:

|                             |    |
|-----------------------------|----|
| Gonorrhoea, "New" - - - - - | 72 |
| Gonorrhoea, "Old" - - - - - | 25 |
| Syphilis, "New" - - - - -   | 15 |
| Syphilis, "Old" - - - - -   | 0  |
| Chancroids - - - - -        | 5  |
| Non-venereal - - - - -      | 67 |

Summary of special treatments and examinations.

| a. Syphilis         | In-Patient | Out-Patient | Total. |
|---------------------|------------|-------------|--------|
| Neo-salvarsan       | 83         | 1252        | 1335   |
| Sodium thiosulphate | 12         | 1           | 13     |
| Mercury injections  | 42         | - -         | 42     |
| Bismuth             | 65         | 1336        | 1401   |
| Tryparsamide        | 1          | 20          | 21     |
|                     | - 21 -     |             |        |

There were sixteen (16) lumbar punctures performed during the past year.

| <u>b.</u> Gonorrhoea: | In-Patients | Out-Patients | Total. |
|-----------------------|-------------|--------------|--------|
| Two glass test        | 1540        | 17           | 1557   |
| Prostate Massage      | 551         | 76           | 607    |
| Sounds passed         | 89          | 10           | 99     |
| Typhoid vaccine       | 3           | 0            | 3      |
| Endoscopic            | 5           | 0            | 5      |
| Proctoscopic          | 3           | 2            | 5      |
| Cystograms            | 1           | 0            | 1      |

| <u>c.</u> Non-Venereal                  | In-Patients | Out-Patients | Total. |
|---|-------------|--------------|--------|
| Cystoscopic examinations and treatments | 46          | 20           | 66     |
| I. V. Pyelograms                        | 16          | 6            | 22     |
| K. U. B.                                | 2           | 0            | 2      |

Additional complications from gonorrhoea as follows:

|                                 |       |
|---------------------------------|-------|
| Epididymitis - - - - -          | 16.6% |
| Peri-urethral abscess - - - - - | 1.0%  |
| Arthritis - - - - -             | 1.0%  |
| Prostatitis(severe)- - - - -    | 2.0%  |

From the past year's observation it is thought that the following changes and installations on the Genito-Urinary Service would improve the operation of the Service.

To combine the Diet Kitchen and Linen Room into one large kitchen as there is not adequate space in the present kitchen to feed the number of bed patients sometimes present in the ward.

To construct an ample linen room opposite the Kitchen.

To install a Sits bath-tub on the porch of the Genito-Urinary Section, with a proper enclosure thereto.

To install a large waste hopper in the latrine of the Genito-Urinary Section.

To install a new sterilizer in the dressing room of the Genito-Urinary Section.

Eye, Ear, Nose and Throat Section.

Major Roy F. Brown, Medical Corps, has been in charge of this Section during the entire year. The Eye, Ear, Nose and Throat Section is located in the Clinic Building of the Hospital, with a small operating room in the Surgical Operating Pavilion. No new apparatus was added during the year.

Five thousand six military patients and one thousand five hundred fifty civilian patients were treated or examined during the year, classified as follows:

Military patients - - - - - 5006  
 Civilian Patients - - - - - 1550

Tonsillectomy - - - - - 102  
 Adenoidectomy - - - - - 35  
 Submucous resection - - - - - 43  
 Antrum puncture - - - - - 38  
 Antrum irrigation - - - - - 27  
 Eye cases - - - - - 37  
 Pterygium - - - - - 1  
 Foreign body in eye - - - - - 40  
 Chalazion - - - - - 4  
 Refraction - - - - - 353  
 Fundi examination - - - - - 598  
 Broken nasal bones - - - - - 13  
 Peri-Tonsillar abscess - - - - - 6  
 Caldwell Lue Operation - - - - - 2  
 Paracentesis (T. M.) - - - - - 5  
 Direct Laryngoscopy - - - - - 2  
 Indirect Laryngoscopy - - - - - 20  
 Bronchoscopy - - - - - 1  
 Esophagoscopy - - - - - 1  
 Foreign body in nose - - - - - 1  
 Foreign body in throat - - - - - 4  
 Plastic repair of nose - - - - - 1  
 Post auricular gland, excision of - - - - - 1  
 Appointment and promotion examination - - - - 60  
 Reenlistment examination - - - - - 12  
 Appointment to West Point Examination - - - - 1  
 Appointment to West Point Preparatory School  
 Examination - - - - - 21  
 Annual Physical Examination, Reserve list - - 28  
 Application Civil Service Examination - - - - 9  
 Veteran case - - - - - 1  
 Annual physical examination for women - - - - 86  
 Annual physical examination of officers - - - 154

Obstetrical Section.

Chief of Service: Capt. Claude L. Neale, M. C., from January 1  
 to June 2nd, 1934.  
 Major George S. Woodard, M. C., from June 3rd  
 to December 31st, 1934.

All obstetrical cases are cared for in Ward 1. During the latter part of this year the designation of Ward 1 was changed from the "Obstetrical Ward", to the "Obstetrical and Women's Ward. This change was brought about because of the necessity of, at times, admitting other than obstetrical cases to this Ward, when Ward 2, the General Women's Ward, was overcrowded. There are two nurses assigned to these duties during the day and one on the night shift.

A Japanese maid is employed in this Ward. The acquisition of a DeLees internal pelvimeter and an obstetrical stethoscope are the only additions made to the equipment of the Obstetrical Ward during the year.

There were seventy-one deliveries during the year, a smaller number than for any one of the past ten years. Thirty-three of the mothers were primiparae and thirty-eight were multiparae. Sixty-eight of the deliveries were at or near the term and three were premature (six and one half and seven months). Sixty-seven of the deliveries were spontaneous and four were by Caesarian section. Each of the Caesarian sections was for a definite complication which would have made a normal delivery dangerous. One Caesarian was on account of a shoulder presentation, one on account of a contracted pelvis, one on account of the prolapse of the cord, following premature rupture of the membranes, combined with occiput posterior position of the head, and one because of premature separation of the placenta at seven months, with excessive hemorrhage. Of the sixty-seven spontaneous deliveries, sixty-four were vertex presentations and three were breech. Other complications than those noted under Caesarian sections were: premature separation of the placenta with moderate antepartem hemorrhage which delivered normally, labor being induced by packing the vagina; one case of preeclamptic state; one case of marginal placenta praevia which delivered spontaneously at seven months and one of retained adherant placenta which was extracted manually after one hour.

There was no maternal mortality. There were four cases of stillborn, one due to prematurity, (6 1/2 months) and premature separation of the placenta, another for the same cause at 7 1/2 months, for which a Caesarian section was done in an attempt to save the baby, one following prolonged labor due to malpresentation followed by Caesarian section and one due to asphyxiation, resulting from dystocia. There were two infant deaths, occurring after six hours and twenty-four hours respectively; the first due to prematurity (seven months) and the other to cerebral oedema, the result of dystocia in a primipara. There were no forceps deliveries. Gas-oxygen anesthesia was used in fifty-three cases during the latter part of the second stage. Most cases were given sodium amytal or pento-barbital during the last half of the first stage of labor.

The Obstetrical Section not only takes care of the obstetrical cases in hospital but conducts a Prenatal and a Baby Clinic; to which babies and children up to two years of age are brought for observation, examination and advice as to feeding and care. This clinic is conducted in a room on the lower floor of the Surgical Building. In the prenatal clinic one hundred twentyseven different women were registered, twenty-four of whom are still expectant. A number of cases which were registered, returned to the mainland prior to term and a few have gone to other hospitals or had their babies at home. Six hundred seventeen visits were made to the prenatal clinic during the year. One hundred sixty-three babies were registered at the Baby Clinic and a total of sixhundred eighty-five visits were made by these patients.

Spontaneous Deliveries:

|                           |    |
|---------------------------|----|
| At or near term - - - - - | 68 |
| Premature - - - - -       | 5  |

False Labor - - - - - 2  
 Patient admitted immediately  
 after delivery - - - - - 1

Sex:

Male - - - - - 37  
 Female - - - - - 34

Mortality.

Mothers - - - - 0  
 Infants - - - - 3  
 Stillbirths - - 2

Complications.

Anaemia - - - - - 2  
 Contracted pelvis - - - - - 1  
 Cystitis pelvis - - - - - 1  
 Dystocia - - - - - 1  
 Hemorrhage, uterine - - - - - 2  
 Mastitis, acute - - - - - 1  
 Nephritis, acute - - - - - 1  
 Placenta praevia - - - - - 1  
 Pre-eclamptic state - - - - - 2  
 Premature separation of placenta - - - - - 1  
 Retained placenta (manually extracted) - - - 1

Patients treated at Pre-natal Clinic.

Maternal - - - - - 127  
 Infants - - - - - 163

Treatments given Pre-natal Clinic Patients.

Maternal - - - - - 617  
 Infants - - - - - 685

Roentgenological Service.

Chief of Section: Major Albert Bowen, Medical Corps, from January  
 1st to August 17, 1934.  
 Major John DuB. Barnwell, Medical Corps, from  
 August 17 to December 31st, 1934.

The organization and equipment of the X-Ray Department remains about the same as at the time of last report. There has been no new equipment installed although new and more adequate equipment has been requisitioned, both for the exposure room and the dark room. Enlisted personnel on duty are well trained and efficient. The necessity of using old films until very lately has interfered with the quality of the work insofar as nice looking films are concerned, but the new films are now available, and this difficulty no longer exists.

The following is a summary of the activities of the Roentgenological Section for the calendar year 1934.

|  |      |
|--|------|
| Number of patients - - - - -             | 3041 |
| Barium Enamas - - - - -                  | 25   |
| Bones and Joints - - - - -               | 1158 |
| Chests - - - - -                         | 1170 |
| Foreign Bodies - - - - -                 | 17   |
| Gastro-Intestinal Series - - - - -       | 172  |
| Gall-bladder Series, Oral - - - - -      | 54   |
| Genito-Urinary - - - - -                 | 126  |
| Gravid-Uterus - - - - -                  | 41   |
| Hearts - - - - -                         | 122  |
| Lipoidal Injections or similar - - - - - | 17   |
| Mastoids - - - - -                       | 12   |
| Sinuses - - - - -                        | 201  |
| Miscellaneous - - - - -                  | 0    |
| Fluroscopies - - - - -                   | 376  |
| Treatments - - - - -                     | 140  |
| Total exposures - - - - -                | 5100 |

|                                       |                |               |
|---------------------------------------|----------------|---------------|
| Number of out-patients treated        | Military -701  | Civilian 684  |
| Number of treatments to out-patients. | Military -1129 | Civilian 1092 |

Physio-Therapy Department.

During the last year the Physiotherapy Department has been materially improved. In July, 1934, the department was moved to new quarters especially prepared for it, providing better lighting and space for the installation of additional equipment. A Physio-therapy reconstruction Aide was assigned to the Department in October, 1934, which has improved the efficiency of this department, insured the earlier return of patients to duty and decreased the degree of disability remaining in cases that could not be returned to a duty status. New equipment is badly needed and it is hoped to obtain it during the ensuing year.

Chief of Service: Captain Silas B. Hays, Med. Corps, from January 1st to August 17, 1934.  
 Captain Samuel H. Alexander, Med. Corps, from August 17 to December 31st, 1934.

Summary of the activities of the Physio-therapy Department for the calendar year 1934.

| Modality                       | Number of treatments. |
|--------------------------------|-----------------------|
| Thermotherapy - - - - -        | 2031                  |
| Hydrotherapy - - - - -         | 680                   |
| Massage - - - - -              | 1912                  |
| Therapeutic Exercise - - - - - | 252                   |
| Diathermy - - - - -            | 570                   |

|                       |           |      |
|-----------------------|-----------|------|
| Fulguration           | - - - - - | 178  |
| Ultraviolet Radiation | - - - - - | 224  |
| Sine-Wave             | - - - - - | 149  |
| Total                 | - - - - - | 5995 |

|  |          |      |          |     |
|--|----------|------|----------|-----|
| Number of out-patients treated           | Military | 230  | Civilian | 77  |
| Number of treatments given out-patients. | Military | 1912 | Civilian | 774 |

1934. Reports of Death for the Surgical Service for the calendar year

There were fifteen (15) deaths on the Surgical Service during this year, as follows:

- (1). Bailey, Louis E., admitted January 15, 1934, Died January 20th, 1934. Sailor, U. S. Navy. Cause of death: 1. Wound, gunshot, of right chest, (homicidal). (2). Perforation of right lung.
- (2). Fogg, (unnamed infant girl)- Died February 20, 1934. Cause of death: Prematurity (seven months gestation).
- (3). Cunningham, Lata Luella, wife of Sergeant Charles C. Cunningham, AC., Died March 13, 1934. Cause of death: Intestinal obstruction due to paralytic ileus following laparotomy March 7, 1934.
- (4). Attridge, Francis L., Jr., (Stillbirth), March 24th, 1934. Caused by malpresentation, (shoulder presenting).
- (5). Cooper, Joanne Loilani, (Stillbirth), March 24th, 1934. Caused by asphyxiation.
- (6). Wallbank, Francis J., Pvt., Service Battery. 64th C A., Admitted April 22, 1934, Died April 23, 1934. Cause of death: 1-Fracture, skull, left temporal bone. 2-Meningitis, acute, purulent, (streptococcus), secondary to number 1.
- (7). Wong, Chuok; Civilian: cause of death: Fracture, comminuted, right half of skull, Died a few minutes after admission, April 22, 1934.
- (8). Trueman, Anvus, wife of retired soldier; Died June 11, 1934. Cause of death: Brain, abscess of, chronic, severe, right temporal lobe.
- (9). Badilla, Bernardo: Pvt 1cl., Band, 11th Field Artillery, Died June 5th, 1934. Cause of death: Lymphoepithelioma, cervical, with generalised metastasas.
- (10). Klatt, Karl L., Pvt., Battery B, 41st C. A., Admitted Sept. 29, 1934, Died September 30, 1934. Cause of death: 1-Suicide, by cutting neck with safety razor blade and severing right external jugular and left anterior jugular veins. 2-Hemorrhage, severe, external, secondary to No. 1. 3-Shock, severem secondary to No. 2.

- (11). Stone, Nellie., Mother of officer. Admitted August 26, 1934. Died September 30, 1934. Cause of death: Intestinal obstruction, acute, Laparotomy for relief of.
- (12). Dickson, Catherine: Mother-in-law of officer. Admitted September 5th, Died October 5th, 1934. Cause of death: cerebral hemorrhage, with hemiplegia, right, occurring 24 hours after cholecystectomy.
- (13). Duncanson, Ralph E., Pvt., Btry A 15th C. A., Admitted October 3, Died October 7, 1934. cause of death: 1-Fracture, simple, comminuted, petrous portion, right temporal bone; 2-Thrombosis of cavernous and lateral sinuses, right; 3-Cerebral congestion, marked.
- (14). Savage, Erastus E., Jr., Pvt., Btry C, 8th F. A., Admitted November 24th, 1934. Died November 24th, 1934. cause of death: Embolism, cerebral, post-operative, occurring ten days after drainage of appendiceal abscess.
- (15). Britt, Daryl Jean, Daughter of Civilian employee: Died: December 6, 1934, 12 hours after birth: Cause of death: Oedema of brain, traumatic, due to dystocia.

b. The Medical Service.

Chief of Service: Lieut. Colonel John G. Ingold, Med. Corps, has been chief of service during the entire year.

The Medical service is charged with the operation and supervision of the following:

- One general medical ward
- Section for communicable diseases, (3 wards).
- One Neuro-Psychiatric and Prison Ward.
- One Womens Ward,
- One Officers' Ward.
- Hospital Pharmacy.

The Prison Ward, Women's Ward and Officers' Ward are used for both medical and surgical cases.

General Medical Section.

Of a total of four hundred sixty seven admission to the General Medical Wards, (#3, 12, officers and Women's), eighty-three consisted of miscellaneous digestive disorders, of which nineteen were duodenal ulcers and two gastric ulcers. Fifty-five cases of cardio-renal cases comprised the next most frequent cause of admission.

Neuro-Psychiatric Service.

In a majority of the psychosis and functional nervous disorders there was obtainable a history of marked mental and nervous instability prior to enlistment, and, in a number of cases, there was a history of institutional care in civil

life. It could appear that a more careful inquiry into the antecedent history of these cases at the time of enlistment might have eliminated them at that time. There was a total of one hundred fifty-seven Neuro-Psychiatric cases, of which forty-one percent were transferred from Schofield Barracks.

#### Cases of Special Interest.

A case of Endemic Typhus occurred in the month of July in the son of an officer. It was the seventh of that disease reported to the Public Health Service up to that date. The Felix-Weil Test was positive in a dilution of 1-1280, and at this date remains positive in 1-320 dilution. Recovery was complete after a rather severe course of the disease.

Another case in the daughter of an officer now under treatment at this hospital, is Infectious Mononucleosis. It presents a typical history, clinical findings and blood picture, and gives a positive reaction to the Heterophile Antibody Test in titre of 1-1200 (1% sheep cells).

A severe case of acute Leukemia and one of acute Aplastic Anemia, both in soldiers, are worthy of special mention. The former died at this hospital and the latter was transferred to Letterman General Hospital.

#### Communicable Diseases.

An average of fifty-seven cases a month was admitted to this section in contrast to an average of fifty a month admitted in 1933. This is accounted for by the increase of admissions for Influenza, of which one hundred fifty-eight cases were hospitalized. A mild epidemic of this disease occurred in the month of February.

Only fifteen cases of Pneumonia were admitted with one death from this disease, a civilian servant of an officer. There were fifteen cases of Pneumonitis, characterized, as in the Pneumonia, by a rather mild course.

There was a marked decrease in admissions for pulmonary tuberculosis; twentyfive cases, of which eleven came from Schofield Barracks, were admitted during 1934, while forty cases were admitted during the year 1933.

A case of Dysentery Entamoebia, the first of this type of dysentery on record to be admitted to Tripler General Hospital, was treated during the year. From the history it seems that the disease was contracted by the soldier in Panama while enroute to Hawaii. Five cases of mild Bacillary Dysentery occurred in recruits at Fort DeRussy.

Trichophytosis, of which there were forty four admissions, is responsible for the longest stay of patients in this section of the Hospital. In this climate this skin disease is characterized by very slow recovery and a marked tendency to recurrence.

Equipment has been adequate. New drugs of proved value, medical books, magazines, etc., have been supplies.

Training includes monthly Clinics at which important cases are presented and discussed, and the reading of Journals.

Classification of Cases treated.

General Medical Section.

|   |           |     |
|---|-----------|-----|
| Abdominal pathology, observation for, no disease found      | - - - - - | 2   |
| Abdominal pathology   | - - - - - | 7   |
| Albuminuria   | - - - - - | -42 |
| Alcoholism, acute   | - - - - - | 9   |
| Alcoholism, chronic,  | - - - - - | 1   |
| Anemia, acute, aplastic, severe,                            | - - - - - | 1   |
| Anemia, secondary   | - - - - - | 1   |
| Angio-neurotic oedema                                       | - - - - - | 1   |
| Ankylostomiasis   | - - - - - | 2   |
| Appendicitis, sub-acute-                                    | - - - - - | 1   |
| Arteric-sclerosis, generalized, moderate                    | - - - - - | 3   |
| Arteric-sclerosis, generalized, with arterial hypertension  | - - - - - | 6   |
| Arteric-sclerosis, with cerebral involvement.               | - - - - - | 1   |
| Arthritis, acute, infectious type                           | - - - - - | 2   |
| Arthritis, chronic, infectious type                         | - - - - - | 2   |
| Arthritis, G. C. type                                       | - - - - - | 1   |
| Arthritis, traumatic  | - - - - - | 1   |
| Asthma, bronchial catarrhal                                 | - - - - - | -15 |
| Bronchiostasis  | - - - - - | 2   |
| Brain tumor, observation for, not yet determined            | - - - - - | 1   |
| Cardiac disease   | - - - - - | -10 |
| Cardiac arrhythmia  | - - - - - | 4   |
| Cardiac arrhythmia, extra systoles                          | - - - - - | 1   |
| Cardio-spasm, observation for, not yet determined           | - - - - - | 1   |
| Carcinoma, of pancreas, observation form not yet determined | - - - - - | 1   |
| Cholangitis, acute  | - - - - - | 3   |
| Cholecystitis, acute  | - - - - - | 2   |
| Cholecystitis, chronic                                      | - - - - - | 1   |
| Cirrhosis of the liver                                      | - - - - - | 1   |
| Concussion, cerebral, mild                                  | - - - - - | 1   |
| Constipation, acute, spactic                                | - - - - - | -15 |
| Constipation, chronic                                       | - - - - - | 7   |
| Diabetes mellitus   | - - - - - | 4   |
| Diarrhea, chronic; cause undetermined                       | - - - - - | 8   |
| Diarrhea, chronic, cause undetermined                       | - - - - - | 1   |
| Drug reaction   | - - - - - | 1   |
| Duodenal ulcer  | - - - - - | -19 |
| Duodenal ulcer, observation for, not yet determined         | - - - - - | 4   |
| Duodenum, stasis of, chronic                                | - - - - - | 1   |
| Dysentery, amebic   | - - - - - | 1   |
| Edema of the brain  | - - - - - | 2   |
| Enteritis, acute, mild                                      | - - - - - | 1   |
| Enuresis, nocturnal   | - - - - - | 4   |
| Fever, type undetermined                                    | - - - - - | 1   |
| Gastric indigestion, mild                                   | - - - - - | 1   |
| Gastric neurosis  | - - - - - | 1   |
| Gastric ulcer   | - - - - - | 2   |
| Gastritis, acute, alcoholic                                 | - - - - - | 1   |

|  |           |     |
|--|-----------|-----|
| Gastritis, acute, catarrhal                          | - - - - - | 8   |
| Gastro-enteritis, acute, catarrhal                   | - - - - - | -17 |
| Gastro-enteritis, moderate, chronic, mild            | - - - - - | 5   |
| Glycosuria, observation for, not found               | - - - - - | 1   |
| Goiter, exophthalmic,                                | - - - - - | 1   |
| Goiter, toxic, moderate                              | - - - - - | 1   |
| Heart block, complete                                | - - - - - | 2   |
| Heart block, partial                                 | - - - - - | 2   |
| Heat exhaustion, mild                                | - - - - - | 1   |
| Hematuria, cause undetermined                        | - - - - - | 2   |
| Hemorrhage, cerebral                                 | - - - - - | 1   |
| Hernia, inguinal, indirect                           | - - - - - | 1   |
| Hypertension, arterial                               | - - - - - | 4   |
| Hypothyroidism                                       | - - - - - | 1   |
| Indigestion, intestinal, acute                       | - - - - - | -11 |
| Indigestion, intestinal, chronic                     | - - - - - | 1   |
| Insect bites   | - - - - - | 3   |
| Kidney disease, observation for, not yet determined  | - - - - - | 2   |
| Lead poisoning                                       | - - - - - | 1   |
| Leukemia, lymphatic, severe                          | - - - - - | 1   |
| Lumbago, acute                                       | - - - - - | 7   |
| Lumbago, chronic                                     | - - - - - | 1   |
| Lymphadenitis, chronic                               | - - - - - | 2   |
| Lymphoma, recurrent, lymph glands, moderate          | - - - - - | 1   |
| Malaria, tertian, observation for, not found         | - - - - - | 1   |
| Medical Survey                                       | - - - - - | -25 |
| Migraine   | - - - - - | 2   |
| Myalgia, acute                                       | - - - - - | 8   |
| Myelitis, disseminated                               | - - - - - | 1   |
| Myocarditis, chronic                                 | - - - - - | -14 |
| Myositis, lumbar                                     | - - - - - | 1   |
| Myxedema, observation for, not yet determined        | - - - - - | 1   |
| Nephritis, chronic                                   | - - - - - | 5   |
| Neuralgia, trigeminal, left                          | - - - - - | 1   |
| Neuritis, acute, severe                              | - - - - - | 2   |
| Neuritis, peripheral,                                | - - - - - | 2   |
| Obesity, moderate                                    | - - - - - | 1   |
| Organic heart disease                                | - - - - - | 2   |
| Periodontoclasia                                     | - - - - - | 1   |
| Peritonsillar abscess                                | - - - - - | 5   |
| Phlebitis, acute                                     | - - - - - | 1   |
| Pleurisy   | - - - - - | 4   |
| Pyelitis, observation for, not yet determined        | - - - - - | 1   |
| Pylorospasm, acute, mild                             | - - - - - | 1   |
| Residuals of skull fracture                          | - - - - - | 1   |
| Sciatica   | - - - - - | 2   |
| Sea sickness   | - - - - - | 1   |
| Senility   | - - - - - | 1   |
| Serum sickness, following administration of A. T. S. | - - - - - | 2   |
| Sinusitis  | - - - - - | 1   |
| Smallpox vaccination, reaction from                  | - - - - - | 1   |
| Strain, lumbar muscles                               | - - - - - | 1   |
| Sunburn, moderately severe                           | - - - - - | 1   |

|  |          |
|--|----------|
| Tachycardia, paroxysmal - - - - -  | 3        |
| Thrombo-phlebitis, chronic - - - - -   | 1        |
| Thyroid disease, observation for, not found - - - - -                          | 1        |
| Torticollis - - - - -  | 1        |
| Trypanosomiasis, observation for, not found - - - - -                          | 1        |
| Urticaria, acute, moderate - - - - -   | 7        |
| Valvular heart disease, aortic insufficiency, with fair compensation - - - - - | 1        |
| Valvular heart disease, mitral stenosis - - - - -                              | 5        |
| Valvular heart disease, observation for, not yet determined - -                | 1        |
| Vertigo, cause undetermined - - - - -  | <u>1</u> |
| Total admissions to General Medical Section - - - - -                          | 393      |

Communicable Section.

|   |     |
|---|-----|
| Abscess, peritonsillar - - - - -                        | 6   |
| Acne vulgaris - - - - -                                 | 2   |
| Bronchitis, acute, catarrhal - - - - -                  | 220 |
| Bronchitis, with pneumonia - - - - -                    | 3   |
| Chicken Pox - - - - -                                   | 1   |
| Dermatitis, acute, various locations - - - - -          | 2   |
| Dermatitis, medicamentosa, generalized - - - - -        | 1   |
| Dermatitis, venata - - - - -                            | 3   |
| Dysentery, bacillary, mild - - - - -                    | 5   |
| Furunculosis, generalized - - - - -                     | 2   |
| Herpes Zoster - - - - -                                 | 6   |
| Impetigo, contagious - - - - -                          | 9   |
| Influenza - - - - -                                     | 158 |
| Laryngitis, acute, catarrhal - - - - -                  | 1   |
| Malaria fever, tertian - - - - -                        | 1   |
| Malaria observation for, not yet determined. - - - - -  | 1   |
| Measles - - - - -                                       | 2   |
| Mumps - - - - -   | 1   |
| Naso-pharyngitis, acute, catarrhal - - - - -            | 104 |
| Onychomycosis - - - - -                                 | 1   |
| Pleurisy, chronic - - - - -                             | 1   |
| Pleurisy with effusion - - - - -                        | 2   |
| Pleurisy, observation for, not yet determined - - - - - | 1   |
| Pneumonia, broncho - - - - -                            | 3   |
| Pneumonia, broncho, type III, right lung - - - - -      | 1   |
| Pneumonia, lobar - - - - -                              | 8   |
| Pneumonia, secondary to bronchitis - - - - -            | 3   |
| Pneumonitis, acute - - - - -                            | 15  |
| Pneumo-thorax - - - - -                                 | 1   |
| Prickly heat - - - - -                                  | 3   |
| Purpura simplex - - - - -                               | 1   |
| Scabies - - - - -                                       | 31  |
| Scarlet fever - - - - -                                 | 1   |
| Syphilis, cerebro-spinal - - - - -                      | 2   |
| Tinea circinata - - - - -                               | 2   |
| Tinea versicolor - - - - -                              | 1   |
| Tonsillitis, acute, catarrhal - - - - -                 | 16  |
| Tonsillitis, acute, follicular - - - - -                | 39  |

|   |            |
|---|------------|
| Tonsillitis, chronic, follicular                    | 30         |
| Trichophytosis, generalized                         | 44         |
| Tuberculosis, pulmonary                             | 25         |
| Tuberculosis, pulmonary, observation for, not found | 2          |
| Vincent's Angina                                    | 10         |
| Vincent's Stomatitis                                | 2          |
| Total admissions to Communicable Section            | <u>770</u> |

Neuro-Psychiatric Section.

|   |            |
|---|------------|
| Constitutional Psychopathic state - emotional instability       | 2          |
| Constitutional Psychopathic state - inadequate personality      | 18         |
| Dementia praecox, hebephrenic type                              | 18         |
| Dementia praecox, paranoid type                                 | 2          |
| Dementia praecox - simple type                                  | 7          |
| Dementia praecox, type undetermined                             | 2          |
| Epilepsy, idiopathic, grand mal                                 | 11         |
| Mental deficiency - moron - low grade                           | 8          |
| Mental deficiency - moron - high grade                          | 1          |
| Mental disease, observation for, not found                      | 4          |
| Mental disease, observation for, not yet determined             | 10         |
| Mental and physical examination prior to Section VIII Discharge | 8          |
| Neurasthenia  | 2          |
| Neurosis, anxiety type  | 1          |
| Neurosis, gastric   | 1          |
| Neuro-syphilis, new, tertiary                                   | 1          |
| Neuro-syphilis, observation for, not yet found                  | 1          |
| Psychoneurosis, anxiety type                                    | 2          |
| Psychoneurosis, hysteria  | 29         |
| Psychoneurosis, observation for, not yet found                  | 1          |
| Psychoneurosis, neurasthenia, severe                            | 1          |
| Psychosis, alcoholic  | 1          |
| Psychosis, due to marihuana smoking                             | 1          |
| Psychosis, manic depressive, manic type                         | 11         |
| Psychosis, type undetermined                                    | 2          |
| Psychosis, with constitutional psychopathic state               | 5          |
| Psychosis, with mental deficiency                               | 1          |
| Psychosis, with psychopathic inferiority                        | 1          |
| Psychosis, mixed type, neurasthenia and anxiety neurosis        | 1          |
| Syphilis, tertiary, with psychosis                              | 1          |
| Syphilis, tertiary, old, cerebral-spinal                        | 1          |
| Syphilis of central nervous system                              | 1          |
| Traumatic psychosis   | 1          |
| Total admissions to Neuro-Psychiatric Section                   | <u>157</u> |

Non-Military Section.

|   |   |
|---|---|
| Asthma, catarrhal                             | 1 |
| Asthma, chronic, bronchial                    | 1 |
| Alcoholism, acute                             | 2 |
| Arthritis, chronic, low grade, hands and feet | 1 |

|  |           |
|--|-----------|
| Arthritis, chronic, follicular                                   | 1         |
| Bronchitis, acute, catarrhal                                     | 2         |
| Cardiac dilation   | 1         |
| Cardiac disease, observation for not yet determined              | 1         |
| Chicken Pox  | 1         |
| Colitis, chronic   | 1         |
| Cholecystitis, chronic   | 2         |
| Diabetes, mellitus   | 1         |
| Gall stones and mitral stenosis with fibrillation                | 2         |
| Gastritis, acute   | 2         |
| Gastro-enteritis, acute  | 2         |
| Gastro intestinal disorder                                       | 2         |
| Infectious mononucleosis   | 1         |
| Influenza,   | 4         |
| Insomnia   | 1         |
| Lumbar puncture (only)   | 1         |
| Medical Survey   | 9         |
| Mental disease, observation for, not yet found                   | 1         |
| Myocarditis, chronic moderate                                    | 1         |
| Myocarditis, chronic, with fibrillation                          | 2         |
| Naso-pharyngitis, acute, catarrhal                               | 1         |
| Neurasthenia   | 1         |
| Pneumonitis  | 1         |
| Pneumonia, broncho   | 2         |
| Pneumonia, lobar   | 7         |
| Pneumonia, observation for, not yet determined                   | 2         |
| Psychosis, manic depressive, depressed phase                     | 1         |
| Pyclitis, acute  | 1         |
| Sciatica   | 2         |
| Tonsillitis, acute, follicular                                   | 2         |
| Tuberculosis, pulmonary  | 1         |
| Typhus fever   | 1         |
| Urticaria  | 1         |
| Valvular heart disease; mitral stenosis and mitral insufficiency | 2         |
| with auricular fibrillation                                      | -         |
| Valvular heart disease: mitral stenosis and myocarditis, chronic | 1         |
| Valvular heart disease; mitral stenosis and mitral insufficiency | 1         |
| Viceroptosis   | 1         |
| Total admissions of non-military personnel                       | <u>71</u> |

There were 1391 admissions to the medical Service during the year, classified as follows:

|                        |      |
|------------------------|------|
| Military personnel     | 1320 |
| Non-military personnel | 71   |

There were eleven deaths on the Medical Service during the year, as follows:

(1). Fugimoto, Shigiro, House servant of officer. Admitted January 6, Died January 9, 1934. Cause of death: Pneumonia, lobar, left lower lobe.

(2). Smith, Grace D., Widow of Officer., Admitted February 18, Died

February 22, 1934, Cause of death: Pneumonia, broncho, complete.

(3). Martin, Francisco, Pvt., 1cl., Band, 16th C. A., Admitted February 27, 1934, Died March 1, 1934. Cause of death: 1-Cerebral hemorrhage, with complete hemiplegia, right; 2-Oedema of lungs, bilateral, following No. 1.

(4). Boch, Johan N., Civilian Employee, Quartermaster Corps. Admitted March 3, 1934, Died March 3, 1934. Cause of death: cardiac dilation, (heart failure), acute, cause undetermined.

(5). Roddenberry, Wallace H., Pvt., Hq. Battery, 15th C. A., Admitted March 16, Died March 16, 1934. Cause of death: Oedema, of brain, alcoholic, 2-Alcoholism, acute. 3-Psychosis; alcoholis, (delirium tremens).

(5). Hines, Lindley M., Retired Warrant Officer, U. S. Army. Admitted April 8th, 1934, Died April 15th 1934. Cause of death: 1-Cystadenoma, kidney, severe, bilateral, congenital. 2-Uremia, chronic, severe, secondary to No. 1.

(6). Hakkarainen, Edwin W., Pvt., Co. "E", 3rd Engrs. Admitted May 17, Died June 8, 1934. Cause of death: Leukemia, lymphatic, acute, severe.

(8). Trueman, Anvus, Wife of retired soldier. Admitted June 3, Died June 11, 1934. Cause of death: 1-Meningitis, acute, suppurative; 2-Abscess, of brain; 3-Mastioditis, chronic, right.

(9). Sadler, Claud A., Retired soldier. Admitted October 4, 1934. Died October 6, 1934. Cause of death: 1-Arteriosclerosis, generalized; 2-Coronary sclerosis.

(10). Schlitakus, Frederick A., Retired soldier. Admitted November 25th, Died November 27th, 1934. Cause of Death: Delirium tremens.

(11). Gullion, Margaret H., Daughter of Officer. Admitted March 9, Died December 9, 1934. Cause of death: Valvular heart disease; mitral stenosis and mitral insufficiency, with auricular fibrillation.

c. Laboratory Service.

Chief of Service: Major Charles G. Sinclair, Medical Corps, was Chief of the Laboratory Service during the entire year.

During the year the Department Laboratory continued in the same location and with the same personnel as in former years. One Medical Officer and six enlisted technicians have been assigned to this service. The personnel problems anticipated in the annual report for 1933 have occurred by reason of the losses due to the change from a three year to a two year tour of foreign service, causing a 66% loss of men. In view of the long training required to make a man a responsible laboratory technician, the two year foreign service tour forces upon the laboratory personnel difficulties not present in other departments, and it is too brief a time to train technicians locally from raw material. Only by the recruitment or transfer of experienced replacements from the mainland can the required standard of technical skill be maintained. A more average allotment of grades and ratings is therefore required in order to attract men of the requisite education and training. Four of the present force of six

men will require replacement during 1935, one each in February, July, September and November. Replacements trained in chemistry and bacteriology will be required.

Housing has been the same as in the past few years, i.e., a laboratory of eight rooms on the second floor of the Administration Building, a detached animal house, and a morgue in the basement of building No. 15.

The Laboratory is excellently housed and may expand in its present quarters to provide a laboratory service for a triple expansion of the Hospital, in addition to its Department service. The animal house is excellent. It is proposed to add a large screen enclosed rabbit run to promote the breeding of rabbits. The Morgue is inferior and will be replaced by a separate wooden building of attractive appearance. The building now in use is wet, poorly lighted, poorly constructed and has no refrigerated storage, and is but a single room under the Post Exchange Building.

#### Equipment and Supplies.

Animals: Guinea pigs, rabbits and white mice are locally bred. Guinea pigs cannot be purchased locally and therefore must be bred. In former years, the allotments for animal food were insufficient to promote a breeding program. The current allotment has been adequate, and more than the needed number of guinea pigs have been available by local breeding, so that other organizations have been supplied from stock. Rabbits may be purchased locally and with small numbers used, are more economically purchased as required, rather than bred. An enlargement of the animal run would facilitate rabbit breeding, now difficult in the closed pens. A small colony of white mice has been maintained, as they are not available by purchase locally when needed.

Gas and electricity: It has been impossible to report on the adequacy of the allotment, there being no established allotment, the gas and electricity used for medical purposes being bulked with the general hospital allotment. The gas is not separately metered, being taken from the Mess Hall meter. The electricity for power and for refrigerator service are metered separately from the light circuit. Two incubators, two hot air sterilizers and one paraffin oven are heavy users of electric power. The two hot air sterilizers are now old, the doors worn, and are therefore uneconomical. In the interest of economy of electric current, their replacement is indicated.

The Electro-cardiograph, which gave continuous difficulty in 1933, has been restored to serviceability, and during the past few months has produced excellent results.

The laboratory officer, with multiple other duties, averages only about 50% of his time in laboratory duties and at times only 25%. It is therefore difficult to pursue definitive and organized research work beyond the large current requirements of work. Considerable attention has, nevertheless, been given to studies on Allergic conditions in Hawaii, some observations of which are here summarized:

During his two years in Hawaii, the laboratory Officer,

Major Charles C. Sinclair, Medical Corps, studied as closely as possible the factors involved in allergic conditions in Hawaii. For this he made a botanical study of local plants to orient himself, on local conditions, a meteorological study and a statistical study of past records, in addition to a close allergic survey of all patients with an allergic syndrome who appeared.

Some text books on tropical medicine and on clinical allergy state that allergic conditions are not of importance in tropical countries. Records at hand run counter to this view, showing that in all of the United States Army tropical departments allergic conditions have importance at least parallel to that in cosmopolitan mainland communities. In Hawaii allergic conditions assume more importance than in the average mainland community. This, it would appear, is not by reason of any peculiar local allergen, but is due to climatic conditions.

Some individuals who had a former or a family allergic history, but who generally, on the mainland, were below the symptom threshold, have more or less perennial trouble in Hawaii, dependent on the provocative allergen, its abundance and its perennial or seasonal occurrence. For example, a spring grass sufferer who, on the mainland, received a provocative dose of the grass pollen only in the few spring weeks, and in the balance of the year restored the allergic equilibrium, upon arriving in Hawaii, finds Bermuda and other grasses in profusion on roadsides and lawns, pollinating heavily more or less perennially, but especially heavily in the two wet seasons; they will therefore receive remittently large pollen dosage and not gain recovery periods to restore allergic equilibrium.

On the other hand, individuals who have a single sensitiveness to the ragweeds and on the mainland are late summer and fall invalids, upon arrival in Hawaii find a complete absence of any ragweed species, (what is locally known as ragweed is a member of the amaranth group), and complete their local tour of duty entirely free of symptoms. Several such persons have been noted who were happy here in their perennial freedom from ragweed allergy.

Pollen measurements and pollen extracts have been made on most of the predominant local flowering weeds, grasses, shrubs, trees and palms, and the extracts used in the routine testing of allergic patients. While the series is too small to report that there are no local pollens of peculiar local importance, it has become evident that the strictly local pollens are at least of but minor importance.

Algeroba, (Kiewa or Mosquito) trees and shrubs occur in great numbers throughout the populated areas of the islands, pollinate very heavily perennially, especially heavily in April and September, and have a bad local reputation as a "Hay Fever" provoker, some people call any nasal stuffiness and sneezing "Kiowa Fever". While the Algeroba pollen is capable of provoking a reaction, and some individuals have been found to be moderately sensitive to the algeroba extracts, there are reasons for discounting the algeroba as of great importance; the tree is essentially insect pollinated, the pollen is moderately heavy and sticky and it does not carry by the wind in quantity for more than a short distance.

The amaranths occur locally in quantity; Spiny amaranth and Pigweed, and their heavy pollination is brought out shortly after the onset of the wet season. They have, however, not been found to be of more than casual significance, probably in view of their relatively small pollen abundance.

Animal epidermals have contributed the greatest number of allergic cases studied. A number of house dusts extracts have been prepared and used in routine testing, with numerous positive results. It is impossible to estimate what constituent, (animal epidermals from household pets and furnishings, atmospheric pollens, or household molds), provoked the reaction. The impression had been gained that many of these house dust reactions were due to animal epidermals, there being numerous duplications in the two groups.

Extracts have been made from several predominant atmospheric molds with the thought that molds contribute the reacting element of the house dust extracts. No convincing reactions have been obtained. If any of these molds were provocative, they would be an important factor, for with a very high relative humidity, household molds are very abundant, attacking clothing, leather and bedding. Another local investigator has found frequent reactions to "Black Spore" common in the atmosphere and on plants (genus and species not stated).

The atmospheric conditions have, without doubt, a significant influence on the incidence of allergic conditions; the very high relative humidity is notorious as a predisposing factor; the "salubrious" climate, with great uniformity of a comfortable atmospheric temperature, by its very gentleness, probably predisposes to the allergic explosions by promoting low tone of the vaso-motor mechanism form the lack of stimulation by change of season and a lack of wide range between day and night temperature.

Two potential factors are worthy of further investigation; the question of calcium imbalance, and the influence of the great amount of ultra-violet light on the vaso-motor mechanism involved in the allergic syndrome. We have found the general trend of our allergic cases to be somewhat low in blood-calcium level and some favorable influence has been noted in calcium therapy of the mild allergic cases.

The following in a consolidated statistical report of the activities of the Laboratory for the calendar year 1934.

|                               |               |
|-------------------------------|---------------|
| Chemical Pathology - - - - -  | 18,479        |
| Pathological Anatomy - - - -  | 2,158         |
| Bacteriology - - - - - - - -  | 5,846         |
| Serology - - - - - - - - - -  | 5,560         |
| Chemistry - - - - - - - - - - | 1,077         |
| Animal Inoculation - - - - -  | 113           |
| Procedures not listed - - -   | 673           |
| Total - - - - - - - - - - -   | <u>33,906</u> |

d. Medical Library.

The Medical Library has continued as in previous years to be suitably housed in one room on the second floor of the Administration Building.

The following medical journals have been currently received and retained in permanent file at this hospital:

Quarterly magazines.

Annals of Othology, Rhineolgy and Laryngology.  
U. S. Naval Bulletin.

Bimonthly.

Endocrinology.

Monthly Magazines.

Annals of Surgery.  
Archives of Dermatology and Syphilology.  
Archives of Neurology and Psychiatry.  
Archives of Ophthalmology.  
International Medical Digest.  
Journal of Bacteriology.  
Surgery, Gynecology and Obstetrics.  
The American Journal of Cancer.  
The American Journal of the Medical Sciences.  
The American Journal of Roentgenology and Radium Therapy.  
The American Journal of Surgery.  
The Journal of Urology.  
The Modern Hospital.

Weekly Magazines.

Public Health Report, U. S. Treasury Department.  
The Journal of the American Medical Association.

This library is also on the circular list for the following medical journals which after five days are forwarded to the Station Hospital, Schofield Barracks, for permanent file:

The American Journal of Public Health.  
Journal of the Royal Army Medical Corps.

A medical journal binding program was initiated which has resulted in an excellent group of bound volumes of the more important journals. The initial program began with the Journal of the American Medical Association for 1930, and other Journals for 1932, 1933, and all are now completed to June, 1934, as below:

Journal of the American Medical Association.  
American Journal of the Medical Sciences.  
Annals of Surgery.  
American Journal of Surgery.  
Surgery, Gynecology and Obstetrics.  
International Abstract of Surgery.  
Archives of Dermatology and Syphilology.  
American Journal of Roentgenology and Radium Therapy.

The following journals have been bound for the Dental Clinic.

Dental Cosmos.  
American Journal of the Dental Sciences.

By courtesy of the bindery of the Kamehameha Girl's School, this work was done, by excellent hand work, at labor-material cost, averaging \$1.80 per volume. Inasmuch as the local commercial rate would have been from \$5.00 to \$7.00 per volume, the binding program would have been impossible but for the facilities of the Kamehameha Girl's School. It is recommended that this binding program be continued to provide an index and reference for current literature in readily available form.

Old medical journals have, for years past, been stored in the attic of the Administration Building, unclassified, and therefore not available for reference. They have also been badly mutilated by rats. Considerable effort was expended towards sorting and classifying of such journals as were desirable and serviceable. About two tons of mutilated old journals were discarded. The task is not yet completed, but has reached the stage where specific journals can be found when desired. Rats continue to mutilate the journals, but if the binding program is continued the need for this attic file of old journals will pass.

The medical library has deteriorated during the year by reason of not having received any new editions. In some subject the library is totally inadequate for a general hospital, the books on hand obsolete. In the following subjects the reference books are poor:

- Physic-Therapy.
- Electric-cardiography
- Mycology
- Immunology
- Helminthology
- Chemistry.
- Food and Drug analysis.
- Protozoology
- Roentgenology
- Eye, Ear, Nose and Throat.
- Bronchoscopy and Endoscopy.

In the following subjects the medical history is only fair, the books being generally obsolete.

- Urology
- Dermatology
- Physiology
- Histology
- Public Health and Hygiene
- Sanitary Engineering
- Bacteriology
- Pathological technic
- Entomology
- Infectious Diseases
- Epidemiology
- Tropical Medicine.
- Physical Diagnosis.
- General Medicine.
- Medical Diagnosis
- General Surgery, (a system is needed).

A requisition for approximately \$200.00 worth of medical books has just been submitted through the department Surgeon to the Surgeon General, this being the first opportunity to bring the library up to date which has presented, no money having been available for the last two years. If this requisition is filled a considerable step will have been taken toward bringing the Medical library up to date.

c. Out-Patients' Department and Attending Surgeon.

At the rendition of last year's report the Out-Patient Department functioned as the General Dispensary. This was a separate organization over which the Commanding Officer of Tripler General Hospital had only partial control. It was unsatisfactory and cumbersome and why such a unit should ever have been established at this hospital is not clearly understood. Under this system the General Dispensary apparently acted as a clearing house and in most cases simply served to refer patients to the various consultants in the hospital for treatment. The officer in charge made house visits in the Honolulu Sector and his office hours were only from 10:00 A. M., to 1:00 P. M., and he was frequently not able to be there during these hours. This system resulted in every officer of the hospital being held back and hampered by a continuous string of patients with very minor complaints, who should have never been referred to them at all.

Under the change, the Dispensary was changed to the Out-Patients Department. The officer in charge now has office hours from 8:00 to 12:30 A. M., and he does not make house visits. The Attending Surgeon for the Honolulu Sector is combined with the officer doing Eye, Ear, Nose and Throat work. Due to the great shortage of personnel it has been necessary to put all the X-Ray work of the Hospital under the officer in charge of the Out-Patients' Department. During the absences, which are very frequent, his work has to be taken over by an alternate officer from the Surgical Service. The combination of the duties of the Eye, Ear, Nose and Throat Clinician with those of the Attending Surgeon and the Receiving and Evacuation Officer has also caused trouble and confusion, which has been inevitable, because of the necessity of doubling up important positions because of the shortage of personnel. The system outlined above is excellent, and would operate with success if personnel was sufficient.

During the first three months of 1934, the activities of the Out-Patients Department are credited to the General Dispensary, U. S. Army, Honolulu, T. H., which was closed at midnight, March 31st, 1934, by instructions from the Commanding General, Hawaiian Department. Major Martin F. DuFrenne, Medical Corps, was Commanding Officer of the Dispensary from the first of the year until the date of closing.

The following is a report of the activities of the General Dispensary for the period January 1 to March 31st, 1934.

| Patients.               | Treatments.             |
|-------------------------|-------------------------|
| Military - - - - - 191  | Military - - - - - 282  |
| Civilian - - - - - 1240 | Civilian - - - - - 1777 |

Vaccinations and Immunizations.

|                           |    |
|---------------------------|----|
| Smallpox - - - - -        | 55 |
| Typhoid and paratyphoid - | 69 |
| - 41 -                    |    |

|                          |     |
|--------------------------|-----|
| Schick Test - - - - -    | 26  |
| Diphtheria - - - - -     | 114 |
| Pertussis - - - - -      | 8   |
| Anti-Tetanus Serum - - - | 4   |

Examinations.

|  |     |
|--|-----|
| Extension of tour of foreign service - - - - - | 9   |
| Officers Reserve Corps - - - - -               | -21 |
| Civil Service - - - - -                        | 2   |
| Transport sailings - - - - -                   | -23 |
| Discharges - - - - -                           | 3   |
| Re-enlistments - - - - -                       | 2   |
| Food handlers - - - - -                        | -69 |
| Annual Examinations of Women - - - - -         | 9   |
| Barber - - - - -                               | 3   |
| Basal metabolic rate - - - - -                 | 7   |
| Electro-cardiograph - - - - -                  | 7   |

The following is a consolidated report of the activities of the Out-Patients' Department for the nine month period from April 1 to December 31, 1934.

| Patients                | Treatments.             |
|-------------------------|-------------------------|
| Military - - - - - 3578 | Military - - - - - 6902 |
| Civilian - - - - - 4434 | Civilian - - - - - 7219 |

Vaccinations and Immunizations.

|                                   |      |
|-----------------------------------|------|
| Smallpox- - - - -                 | -170 |
| Typhoid and paratyphoid - - - - - | -279 |
| Schick Test - - - - -             | 31   |
| Diphtheria - - - - -              | 33   |
| Autogenous - - - - -              | 88   |
| Antuitrin - - - - -               | 27   |
| Anti-tetanus Serum - - - - -      | 6    |

Examinations.

|  |     |
|--|-----|
| Extension of tour of foreign service - - - - - | 129 |
| Officers reserve corps - - - - -               | 38  |
| Civil Service - - - - -                        | 8   |
| Transport Sailing - - - - -                    | 12  |
| Discharges - - - - -                           | 8   |
| Reenlistments - - - - -                        | 7   |
| Food Handlers - - - - -                        | 269 |
| Barber - - - - -                               | 9   |
| Pensions - - - - -                             | 1   |
| Insurance - - - - -                            | 2   |
| Basal metabolic rate - - - - -                 | 43  |
| Electro-cardiograph - - - - -                  | 43. |

The General Dispensary functioned as an Out-Patient Clinic for Tripler General Hospital for the three months period from January 1, 1934 to March 31st, 1934.

The Out-Patient Clinic has been functioning as the Out-Patient Department for Tripler General Hospital since April 1, 1934. The following officers have been in charge of this activity since that date:

Major Martin F. DuFrenne, Med. Corps, from April 1 to June 2, 1934.  
Major John DuB. Barnwell, Med. Corp, from June 2 to December 31, 1934.  
Major George S. Woodard, med. Corps, (Alternate), August 15 to December 31, 1934.

The Attending Surgeon Major Roy F. Brown, Medical Corps, has made approximately six hundred fifty (650) house calls since April 1, 1934.

In addition to the above mentioned personnel, a nurse has been available to assist in the Out-Patients Department in such examinations that required her services.

f. Dental Service.

Personnel.

The Dental Service has functioned during the year with an allotment of three dental officers and five enlisted assistants. This strength has constantly been maintained throughout the year. Of the five enlisted men on duty, three are assigned as chair assistants, (one for each operator), one as dental laboratory technical and one as record and receiving clerk and dental hygienist. One of the chair assistants is also assigned as dental X-Ray technician. When the record and receiving clerk is serving as hygienist his duty as receiving clerk is performed by one of the chair assistants, all of whom are trained to carry on in this capacity.

There has been only one change in the commissioned personnel during the year and none among the enlisted personnel. There was no time lost in the change of commissioned personnel and as a result there has been no particular stress brought upon the Dental Clinic for the reason that full advantage was taken of all operating time.

There is still urgent need for better ratings to compensate qualified men on duty at this clinic for the work which they are performing.

Professional Service.

The annual dental survey held in January resulted in finding the usual extensive dental diseases in practically all units of the commands dependent upon Tripler General Hospital clinic for dental attendance. With the ready cooperation of all Commanding Officers concerned, a plan was set up whereby all Class I and Class II cases, officers and enlisted men, were treated by way of a pre-arranged weekly schedule. Class III cases were taken during the year according to the urgency of the case and there are at present no large number of cases await-

ing prosthetic replacements, as this phase of dental service has received considerable attention during the past year, by much additional time being spent on these cases by the prothesist for the clinic. A supplementary survey to reach all recruits joining in the interim was held in June and a similar plan for those requiring treatment was carried out.

The following is a table of the activities of the Dental Clinic for the calendar year 1934:

|                                | Military | Others | Total. |
|--------------------------------|----------|--------|--------|
| Admissions                     | 2057     | 1037   | 3094   |
| Sittings                       | 6761     | 2840   | 9601   |
| Operations:                    |          |        |        |
| Permanent fillings             | 2594     | 1024   | 3618   |
| Temporary fillings             | 66       | 33     | 99     |
| Crown and Bridge Work          | 11       | 8      | 19     |
| * Dentures                     | 171      | 61     | 232    |
| Prosthesis repaired            | 95       | 33     | 128    |
| Calculus removed               | 711      | 307    | 1018   |
| Prophylaxis                    | 429      | 296    | 725    |
| Fractures reduced              | 8        | 1      | 9      |
| Teeth extracted                | 848      | 451    | 1299   |
| Cases referred in consultation | 214      | 103    | 317    |
| X-Ray exposures                | 1980     | 1634   | 3614   |
| Other operations               | 2901     | 1411   | 4312   |

\* Dentures rebased are included under the heading above.

Constant effort has been put forth during the year to reduce the large volume of dental disease constantly demanding treatment but it is felt that this effort will, in the future, be somewhat handicapped by the large turnover of personnel due to the change from the three year to the two year tour of foreign service.

This clinic furnishes dental attendance for the following stations: Headquarters, Hawaiian Department; Post of Fort Shafter, Tripler General Hospital, Fort Armstrong, Hawaiian Ordnance depot; also for families of officers and enlisted men stationed at Schofield Barracks and Luke Field who live in Honolulu, retired personnel living in Honolulu, emergency treatment for civilian employees and for personnel and passengers of transports while in port. Also necessary attendants for the personnel of Fort Kamehameha, Luke Field, Fort Ruger and Fort DeRussy during absences of the dental officers assigned to those stations.

Dental service is available at all times, a dental emergency Officer either being present in the clinic or on call after routine clinic hours at his quarters.

Cooperation with the medical personnel in call cases referred to the dental clinic for survey for foci of infection have been indulged in by the dental service as a matter of routine procedure. Such cases are given a thorough dental examination and if chronic dental infection is found to exist, the indicated line of treatment is determined upon after consultation with the service

concerned. A number of hospitalized cases are also referred for emergency treatment.

Colonel Julien R. Bernheim, Dental Corps, was Chief of Service from January 1st to October 23, 1934. Lieut. Colonel Lester C. Ogg, Dental Corps, was Chief of Service from October 23 to December 31, 1934.

#### Supplies and Equipment.

The supplies and equipment in general have been very satisfactory during the past year. This clinic has continued to serve as a testing laboratory for dental items in the Hawaiian Medical Supply Depot concerning which there was question regarding suitability for issue.

A six months test of Neo-synephrin procaine was made at this clinic during the year. During this period the new preparation was used almost exclusively in the place of procaine-epinephrin. Clinically, the only advantage that was found in neo-synephrin over epinephrin was its greater stability. More of the neo-synephrin and a longer time was needed to produce anesthesia. The duration was shorter. It also failed to produce as bloodless a field of operation as resulted when epinephrine-procaine was used.

The five letter dental operating units installed four years ago continue to give excellent service with the exception of some repairing required on the thermo-water syringes, which was accomplished by a local technician.

Substitutions during the past year have been satisfactory with the exception of the continued substitution of the item #59 for sealer #34, (item 55450). The two instruments are so dissimilar in their design that one cannot be used in place of the other.

#### Training of Personnel.

Officers: The training of officers has been conducted by means of informal conferences in which modern professional procedures and improved clinic administration have been discussed.

Enlisted Personnel: Training of enlisted men is carried on largely through personal instruction in clinic duties by officers under whose immediate supervision they are serving.

#### 8. Recreational Activities.

During the past year the recreational facilities have been expanded to a considerable extent, which has contributed greatly to the comfort and morale of patients and of the members of the Medical Department detachment. Two excellent tennis courts have been finished, as has been previously described, two light trucks have been purchased, which allows for beach parties, picnics, attending boxing matches, etc., the small detachment recreation hall has been improved and a new radio purchased. A new recreational hall and club house has been provided, which is referred to elsewhere, under buildings. When this is occupied the old recreational hall will be converted into a non-commissioned officers club.

The general library is fairly well supplied with books, magazines and during the past year approximately three hundred new books were added. This library is freely used by patients and detachment personnel; an enlisted man acts as Librarian during the day time, and he makes daily rounds with a library cart so that bed patients may make selections.

The general radio system is rapidly deteriorating, many of the headsets having become unserviceable. A survey by a radio engineer has been made recently, with a view to the prospects of remodeling the entire system, which indicates that it is likely to cost in excess of one thousand dollars (\$1000.00), and this cannot be undertaken at the present time. Athletics have been encouraged, and a baseball team was maintained during the last season, that was very successful, and several hundred dollars was spent for improvements to the baseball field, and for equipment for the players. It is planned to spend some money on the new baseball field within the next few days. A Field Day is held annually, and considerable money is laid out in prizes. Dances have been held regularly, for which it has been necessary to hire halls, orchestras and busses for the transportation of ladies. It is planned to continue the dances in the future, using the new recreational hall, which is suitable for dancing.

On the whole it is felt that a great deal has been done for the recreation activities and more than five thousand dollars (\$5,000.00) has been expended during the year. This amount of money has been made available by the large profits of the Hospital Post Exchange. I believe that the excellent recreational facilities afforded have contributed very materially to a great reduction in drunkenness. In connection with the repeal of prohibition, it was greatly feared that drunkenness and trial by courts-martial would increase, but the reverse has been the case.

## 9. Training and Personnel.

### a. Training.

Captain Frederick Thomas, Medical Administrative Corps, was Training Officer from January 1, 1934 to August 14th, 1934, and First lieutenant Paul R. Zuver, Medical Administrative Corps, was Training Officer for the remainder of the calendar year.

Training was conducted in accordance with training directives of the Hawaiian Department. The training program included the professional training of officers and members of the Army Nurse Corps, technical training of non-commissioned officers and enlisted specialists and technicians and military training of the Detachment Medical Department as a whole.

Training of commissioned personnel was carried out by instruction during duty hours by the Chiefs of Services, and by routine assemblies. Administrative Conferences were held on the first Thursday of each month for all officers. Clinical conferences were held on the first Thursday of each month for medical officers. Medical Staff Meetings of all medical and dental officers were held on the third Thursday of each month. In addition to the Medical Staff Meetings, the dental officers held informal meetings under the supervision of the Chief of the Dental Service, for the discussion of current dental matters.

Officers of the Medical Administrative Corps, under the supervision of the senior member thereof, held special meetings for the study of various subjects

pertaining to their branch. Members of the Army Nurse Corps were assembled in weekly training conference under the supervision of the Chief Nurse.

The training of the Detachment Medical Department was so conducted as not to interfere with valuable practical ward and bedside training and experience, as well as training in the work performed in the administrative and supply sections and departments of the Hospital. Frequent rotation of duties of enlisted personnel was found to aid in making competent Medical Department soldiers and valuable non-commissioned officers. The usual difficulty was experienced in conducting the training of the enlisted personnel because of the impracticability of relieving a sufficient number of men from duty to attend drills and classes. While this situation is encountered at most general hospitals, it was greatly aggravated at this hospital because of insufficient personnel.

Great difficulty has been encountered in training enlisted technicians to replace those returning to the continental United States at the expiration of their tour of foreign service. This is particularly true of technicians in the laboratory, X-Ray Section and clerks in the Administrative and Supply Departments. Insufficient enlisted personnel has prevented the assignment of additional men to these services for training. An untrained laboratory of X-Ray technician or clerk is more of a liability than an asset for the first six months of their assignment, as they require constant supervision in order to avoid serious blunders from lack of experience. It is believed that some system of qualified replacement of trained men should be inaugurated, and strictly followed.

Personnel.

The full complement of personnel allotted this hospital is:

Commissioned Officers:

|                              |    |
|------------------------------|----|
| Medical Corps - - - - -      | 13 |
| Dental Corps - - - - -       | 3  |
| Medical Administrative Corps | 3  |
| Quartermaster Corps - - - -  | 1  |
| Army Nurse Corps - - - - -   | 20 |

Enlisted Personnel:\*

|                              |    |
|------------------------------|----|
| Master Sergeants - - - - -   | 1  |
| Staff Sergeants - - - - -    | 8  |
| Sergeants - - - - -          | 14 |
| Corporals - - - - -          | 6  |
| Privates First Class - - - - | 36 |
| Privates - - - - -           | 71 |

Civilian Employees:

|                                |   |
|--------------------------------|---|
| Dietitian - - - - -            | 1 |
| Physiotherapy Aide - - - -     | 1 |
| Attendant, Women's Ward - -    | 1 |
| Cook and Attendants, Nurses    |   |
| Quarters - - - - -             | 4 |
| Hospital Seamstress(part time) | 1 |
| Plumbers, (C&R of H) - - -     | 1 |
| Carpenter (C& R of H )- - -    | 1 |
| Fireman, (B&Q) - - - - -       | 1 |

b. Officers.

In spite of many pleas made in all directions, the situation in regard to officer personnel has been entirely unsatisfactory. Even the Table of Organization, which shows a far too small officer personnel for the present expanded condition of the hospital, has not been lived up to. This hospital is dependent for its personnel on the Hawaiian Department, and cannot make representation direct to the War Department in the attempt to correct the situation. It has been necessary to double up officers' duties;- for examples, the Commanding Officer is not only the Commanding Officer, but the Police Officer as well, and was forced to act as Quartermaster for a period of about six weeks, last year. In addition, he has had to practically be his own adjutant, for, while an officer has been assigned to this duty, he has been able to devote only about an hour a day to this work; this is not bad management, but is morely due to the shortage of officers. The Chief of the Surgical Service has, in addition, the duties of Ward Surgeon on two Wards, and the Chief of the Obstetrical Section has had to spend a considerable time off the Surgical Service an alternate in the Out-Patient Service, while the Chief of the Out-Patient Service is also the Roentgenologist and frequently has to be absent from his duties. The Chief of the Eye, Ear, Nose and Throat Section is also a Ward Surgeon, the Receiving and Evacuation Officer, and acts as attending Surgeon for the entire Honolulu Sector. One of the assistants on the Surgical Service is not only assistant to the Chief of the Service, but he is also Adjutant, Chief of the Physiotherapy Department, Orthopedist, Post Exchange Officer, Medical Supply Officer, Unit Supply Officer and Summary Court Officer. Needless to say he can do practically nothing on the Surgical Service. The Commanding Officer himself at times does professional work, and is freely employed as a consultant.

The Medical Service has a Chief and two assistants. One of the assistants has two wards and the other three, besides other duties. The Officers on the Medical Service frequently arrived at the hospital shortly after 7:00 o'clock in the morning, and one of them spends most of the nights working on clinical records at his home.

There are supposedly three officers on the Administrative Service. There has seldom been more than two, and now there is only one. This officer has fourteen duties, as follows: Registrar; Commanding Officer, Detachment of Patients; Mess Officer; Custodian of Patients Funds; Training Officer; Intelligence Officer; Quarterly Inspector of Post Exchange Funds; Officer in Charge of Med. Adm. Corps and Sanitary Corps Correspondence Schools; Commanding Officer, Detachment Medical Department; Custodian of Hospital Fund; Agent Finance Officer and Mail Officer. This is, of course, due to the present shortage of officers. The situation in regard the officers will be very much worse in the near future, as another medical officer will be lost during the coming year without replacement for a considerable time. In all my experience I doubt if I have ever seen a hospital so badly off for commissioned personnel. If personnel, in the past, has been deemed sufficient by everyone, then I must be lacking in all understanding of how a general hospital should be run. I have never felt that I myself could leave for more than twentyfour hours, on account of the shortage. In addition, for months I have not felt than an officer's leave for even a few days, could be approved. True, no serious complaints regarding the care of patients have arisen, but this was largely due to the devotion of personnel here, who paid no regard to the clock.

The Army Nurse Corps.

The Nurse Corps is in a fairly satisfactory condition and I feel that no changes should be made in connection with it. It has greatly improved since the last report.

The status of the Army Nurse Corps for 1934 was:

Number of nurses assigned to the Hospital Jan. 1, 1934 - - 19  
Gains during the year, - - - - - 11  
Losses - - - - - 10  
Number of nurses assigned to the Hospital Dec. 31, 1934 - 20

Of the twenty nurses assigned to the hospital, one is the Chief Nurse, sixteen are on day duty, and three on night duty.

The nursing service is decidedly better than at this time last year. The addition of a physiotherapy aide and a dietitian have relieved nurses from chaperoning women patients for physiotherapy treatments and from duty in the diet kitchen. A nurse has been assigned to the Out-Patients Department, where her services were badly needed.

Enlisted Personnel.

In last year's report the condition of enlisted personnel here was commented upon at length. During most of the past year, due to the changes brought about by the two year foreign service law, and the loss of non-commissioned officers, the situation became serious and it was a difficult matter to properly man the Hospital. At the present time, however, as has been previously stated in this report, the situation is regard to enlisted personnel is excellent. This hospital now has a very competent staff of non-commissioned officers and its full quota of enlisted men, and with the small number of men now returning to the mainland, it is quite probable that it can be kept up to strength, during the coming year.

The following is a report of the standing of the Detachment, Medical Department, Tripler General Hospital.

| Grades.              | Strength<br>12-31-33 | additions | losses | Strength<br>12-31-34 |
|----------------------|----------------------|-----------|--------|----------------------|
| Master Sergeants     | 1                    | 0         | 1      | 0                    |
| Technical Sergeants  | 1                    | 1         | 1      | 1                    |
| Staff Sergeants      | 9                    | 3         | 5      | 7                    |
| Sergeants            | 15                   | 5         | 7      | 13                   |
| Corporals            | 6                    | 5         | 5      | 6                    |
| Privates First Class | 36                   | 37        | 37     | 36                   |
| Privates             | 63                   | 47        | 47     | 71*                  |

In addition thereto, there are fourteen privates attached to the Medical Department.

Specialist Ratings.

| Class | Authorized | Filled<br>12-31-33 | Rated | Disrated | Filled<br>12-31-34 |
|-------|------------|--------------------|-------|----------|--------------------|
| 1st   | 1          | 1                  | 1     | 1        | 1                  |
| 2nd   | 4          | 4                  | 3     | 3        | 4                  |
| 3rd   | 0          | 0                  | 0     | 0        | 0                  |
| 4th   | 6          | 6                  | 6     | 6        | 6                  |
| 5th   | 6          | 6                  | 13    | 13       | 6                  |
| 6th   | 31         | 31                 | 47    | 47       | 31                 |

Convictions by Courtmartial.

General courts-martial - - - 1  
 Special courts-martial - - - 0  
 Summary courts-martial - - -28

Changes in Personnel during the year.

Discharged:  
 Expiration of term of Service - - - 14  
 Re-enlistments, to fill own vacancies - 13  
 Re-enlistment for Quartermaster  
 Corps, Fort Armstrong - - - - - 1  
 Transferred:  
 Expiration tour of foreign service - 71  
 Sick, to Letterman General Hospital- 9  
 In Hawaiian Department - - - - - 12  
 Purchase - - - - - - - - - - - 3

The Quartermaster Corps, Personnel.

The Quartermaster personnel assigned to this station consists of the following:

Quartermaster - One (1) Captain, Quartermaster Corps  
 Assistants - One (1) Sergeant, Quartermaster Corps,  
 One (1) Private First Class, Quartermaster Corps,  
 One (1) Privates Quartermaster Corps.  
 Civilian Em- - One (1) Carpenter  
 ployees - One (1) Plumber  
 One (1) Gardener  
 One (1) Engineer, (Civil Service)

10. Quartermaster Corps Activities.

During the year the sum of \$14,562.08 was expended from the appropriation Construction and Repair of Hospitals, as follows:

Labor, (civilian plumber, carpenter, gardener) - \$ 2922.00  
 Materials - - - - - - - - - - - 11550.08

The materials purchased consisted of galvanized iron, screening, boiler parts, assorted hardware, electrical supplies, plumbing supplies, paints and lumber

The work accomplished was of a very varied character, and ran from small work orders accomplished in a few minutes to construction of roads and buildings. Practically all buildings have been painted, wholly or in part, and more than one hundred signs were painted; two expert painters and one sign painter were busily employed for a year. A very large number of screens were installed, one building being completely screened; approximately twenty cabinets were built, and partitions, stands, tables, shelves, boxes, racks, etc., too numerous to mention, were built. The electric system was overhauled and made as safe as possible, new buxzers, plugs and light sockets were put in, and a complete broadcast system reaching all parts of the hospital, was installed. A considerable amount of new plumbing was put in, and some new shower baths constructed. Extensions of the steam distribution system were also made, reaching all wards, for use in the steam sterilizers, and to both barracks buildings.

During the latter part of the year the Quartermaster and his assistants, with the assistance of the personnel of the Department Quartermasters Office, was busily employed on plans for the new buildings to be put in after the first of the year.

#### 11. Medical Supplies.

a. Suitability, character, quality and sufficiency. During the calendar year 1934, the medical supplies obtained by this station have been of good quality and satisfactory. The allowance of \$17,500.00 for standard expendable supplies is sufficient. The allowance of \$1250.00 for non-standard supplies is not sufficient to cover our needs and constant care must be taken that the most essential items be requisitioned.

b. Excess: None.

c. Storage conditions. The building assigned for the Medical Supply Section is excellent for storage purposes, however, this building is situated in the Post of Fort Shafter opposite Tripler General Hospital with a main public highway between a danger to personnel carrying issues of supplies. There is no suitable building at Tripler General Hospital for the Medical Supply Section.

d. Promptness in filling requisitions. Requisitions are noted upon and filled promptly in accordance with existing regulations with the exception of non-standard supplies, most of which are purchased on the mainland, resulting in a delay of from two to five months for supply.

e. Surveys. Property that has become unserviceable or lost in public service is placed on Survey, Inspection and Inventory Report of Statement of Charges.

#### 12. Laundry.

Laundry of hospital linen is performed by the Quartermaster Laundry, Hawaiian Utilities center, Honolulu, T. H., in a very satisfactory manner and at no charge to the Medical Department.

### 13. The Post Exchange.

One officer of the Hospital Staff, detailed as Post Exchange Officer, with the assistance of a non-commissioned officer and two privates, Medical Department, conducts, under the supervision of the Post Exchange Council, the operations of the Tripler General Hospital Post Exchange. This Exchange is conducted with a view to giving the enlisted men and patients of this hospital, through the Educational and Recreational Fund, and the Hospital Fund, immediate benefits of all the profits, rather than to the accumulation of funds for the benefit of future members of the organization.

During the past year the scope of the Post Exchange has been increased by the installation of a Restaurant, with a beer dispensing unit. The gross sales and income from concessions amounted to \$41,004.12, for the calendar year. A net profit of \$4,435.13 was realized, from which \$3,790.00 was appropriated for the benefit of the Educational and Recreational Fund, and \$232.00 was appropriated for the Hospital Fund.

### 14. Motor transport Section.

The Motor Transport Section consists of the following vehicles:

- One (1) Ford ambulance, field type.
- One (1) GMC ambulance, field type
- One (1) GMC light delivery truck.
- One (1) 3-ton Liberty truck.

This section operates under the supervision of the Quartermaster, Tripler General Hospital, and has the following personnel; one (1) acting non-commissioned officer, as dispatcher; two privates first class, and one private, Medical Department. These men are all quartered at the Garage, Tripler General Hospital.

The allowance of gasoline and oil is barely adequate. However, when gasoline consumption is necessarily exceeded, cooperation of the Quartermaster Department is readily offered, and appropriate adjustment is made. All repairs are made at the Motor Repair Shops at Fort Armstrong, an activity which is ready at all times to render excellent cooperation and service.

### 15. RECOMMENDATIONS.

Before submitting new recommendations let us see what has become of the ones made last year. Have they been followed or have they been consigned to the limbo of forgotten things? Taking them ad serratim from the 1933 report we find:-

a. The recommendation for a separate and full time Quartermaster as last, after years of struggle, has been followed. This was accomplished after the most determined efforts on the part of the Commanding Officer in winning over the Staff of the Hawaiian Department to the idea, and with the most cordial support of the Department Quartermaster. The renaissance of the Hospital may be said to have begun with this step.

b. The recommendation for the full strength of thirteen medical officers was not followed, indeed the hospital was short generally two officers and seldom

had over eleven, due to failure of prompt replacements. Unless and until we have a system of leaves and sick reserve on duty in the Department such shortages are bound to occur, and they interfere very seriously indeed with the work a General Hospital is required to do. This is the system the British have for overseas quotas. Further and renoted recommendations along these lines are continued. It is felt that the officer personnel should be able to take an occasional leave and officers should not be asked to perform duty when ill, but it is a fact that since last August no leaves or detached service for officers could be approved, and on several occasions officers have been asked to remain on duty when their physical condition did not warrant it. Needless to say, Medical Administrative Corps Officers should properly replace those of the Medical Administrative Corps placed on the retired list, or returned to the mainland, but this has not been done. If Medical Administrative officers cannot be supplied, then additional Medical Corps officers should replace them.

c. Last year a Psychiatrist was asked for and he was eventually sent here for duty. His services are of a great value and have convinced me that the hospital should never again be left without a Psychiatrist.

d. The appeals made for increased nursing personnel, dietitian and physiotherapy aide eventually bore fruit. The situation in this respect is now excellent, but losses on account of sickness and injury over considerable periods have borne heavily on our small cadre of nurses.

e. Enlisted personnel has been increased by promptly attaching men, by the Commanding General's encouraging transfers and by making the service here desirable. We are now averaging one hundred fifty men. It has long been recognized that the arbitrary number of enlisted men authorized by Tables of Organization prepared and approved in 1931, of one hundred thirty five men, is entirely inadequate. It is simply impossible to operate this hospital even fairly well for more than two or three weeks at a time with that personnel and eventually efficiency suffers and makes the work of those here all the harder. After I had personally been to the Commanding General, about six or eight months ago, it was agreed, and concurred in by the Department Surgeon, that a minimum of one hundred fifty two men would be assigned and attached to this hospital. This is seventeen attached men in addition to the authorized personnel. This number had largely to be obtained by transfer from line organizations and I was given every support in scouring men by the Commanding General, Hawaiian Department, the Commanding General, Schofield Barracks, and the Commanding General, Hawaiian Separate Coast Artillery Brigade. The losses of personnel incurred by the change in the foreign service law, when we lost as many as thirty men at one time, lowered this figure for a time, but by transfers and assignment of recruits, the personnel now averages around one hundred fifty enlisted men in the Detachment. Only men of excellent character are transferred. The shortage of non-commissioned officers, however, during the past year, has been pitiful. In one year we lost forty four percent of our non-commissioned officers. The Detachment was in charge of a Corporal, when he should have been a staff sergeant, the clothing room was in charge of a Corporal when he should have been a sergeant, the professional services had no non-commissioned officers, the motor transport section was run by a Corporal, the understudy to the Sergeant-Major was a Corporal, and so on. Happily the situation is now quite satisfactory, but disaster was narrowly averted. It is only just to pay tribute to the excellent work done in responsible positions by Corporals and Privates First Class who deserve to be Sergeants.

The subject of personnel seems to be a serious affair and an excellent text for a sermon. No one ever seems to be satisfied with the personnel he has but it seems to be of no use to pound the table and say you cannot do your work for lack of personnel, because you have to do it anyway, personnel or no personnel. The tendency seems to be to ask for more personnel than you really need, so as to get what you must have. At all events a general hospital must have enough personnel to do its work properly, to make patients reasonably comfortable, and to do what is expected by the Army at large, and this cannot be done unless Commanding Officers are credited with knowing what they ought to have.

f. This recommendation of last year's report is repeated. It reads as follows:

"It is recommended that the problem of providing suitable replacements for enlisted technicians for this overseas department be seriously studied. It is believed that a better system of replacements should be provided for overseas general hospitals. The local training of such replacements is made particularly difficult at this station because of personnel shortage."

I have no reason to change my recommendation on this subject.

g. The recommendation that the General Dispensary be changed to the Out-Patient Department of Tripler General Hospital was followed by the Commanding General, Hawaiian Department. The Out-Patient Service has been entirely rearranged with one officer and an alternate doing the office work, and a third officer making the house calls. The scope of the Out-Patient Department has been considerably amplified.

h. It is understood that no metropolitan ambulances can be furnished due to the lack of proper appropriations, and the recommendation is not repeated. A second field ambulance, however, is needed here, and should be furnished.

i. A fairly generous allocation of C and r of H funds should be made for another year, as already requested in a separate report to the Surgeon General concerning Buildings and Grounds. My estimate is that it should be from \$12,000.00 to \$15,000.00 for all purposes. After next year, when the important items of upkeep, such as roofing, replacement of plumbing and bathroom fixtures and repair of a section of road which could not be done this year, with the addition of a few fire escapes, there will not be much left to be done and it is my opinion that the upkeep for years to come will be considerably less.

j. This is undoubtedly the last annual report that I shall make on this hospital. It is gratifying to know that so many of my plans and recommendations have been followed, especially with regard to the replacing of unserviceable buildings and the upkeep in general, of the hospital. At the time of the rendition of this report the Inspector General of the Hawaiian Department had just finished his inspection of the Hospital. The major recommendations made by this officer are concurred in, and, although the report has not yet been forwarded to the War Department, the recommendations contained in paragraph VIII of his report are repeated together with my comment. To avoid any confusion or misconception these recommendations are the only ones I feel should be made at this time:

VIII. Recommendations.

a. That the number of officers of the Medical Corps assigned to duty at the Hospital be kept at the number (13) authorized by the Table of Organization.

b. That the number of officers off the Medical Administrative Corps assigned to duty at the Hospital be kept at the number (3) authorized by the Table of Organization.

c. That the Table of Organization for the hospital be modified so as to provide 152 enlisted men for assignment to the Medical Detachment.

d. That the requirements of the Hospital for motor transportation be provided either by the assignment of such transportation to the Hospital or by making it available from a motor pool.

e. That the Post Quartermaster be charged with accountability for all Quartermaster property and that the office of the Unit Supply Officer be discontinued.

f. That the buildings and facilities now used by the Hospital be replaced by modern fireproof buildings and up-to-date facilities."

With sub-paragraph a, I am heartily in accord, and this is the minimum number and the strictest attention should be paid to seeing that it is provided. If there are any gaps in this quota so that some months may elapse before replacements are received, this number should be increased. With the small cadre, in this case only thirteen, the loss of one officer represents a loss in services of slightly less than 8%, and the loss of two officers, even for a time, which has frequently occurred here, represents a loss of 15%. If this condition is a continual one, and it seems to have been so in the past, it effects a permanent reduction, and simply means that a strength of thirteen is really not at all what it seems to be.

With reference to sub-paragraph b, the same remarks are applicable.

With reference to sub-paragraph c, we have in effect a strength of 152, provided by the Commanding General, Hawaiian Department, but this is a local authority which permits us to attach seventeen additional men. The Hospital is not allowed any privates first class or specialist ratings for these attached men, and they are really secured at the expense of line organizations: in fact, it may almost be called a forced issue of men. Provisions should be made for a permanent allotment of one hundred fifty two men, and the tables of organization should be amended accordingly.

With reference to sub-paragraph d, this proposal has never been able to get any adequate motor transportation for the reason that it has evidently not been available. The hospital did secure two obsolete, unserviceable four-wheel drive trucks, which, within a few weeks, had to be condemned and disposed of. Following this we received one five-ton truck, which, when received, was in fairly good condition, but which has now been declared obsolete and which cannot be used because of the recent restrictions placed by Congress on the use of gasoline in obsolete motor vehicles. No passenger car has ever been available here except the one furnished for the Attending Surgeon from the Motor Pool at Fort Armstrong. All other passenger transportation has to be furnished by the motor pool, and it has been necessary

to place all requests for such transportation hours, and sometimes days, in advance, so, naturally, such transportation has been seldom called for. Had it not been for the two light trucks purchased from, and operated by, the Educational and Recreational Fund, practically all activities requiring transportation would have come to a standstill at this hospital. The use of such transportation, which did good work on E and R money, is, of course, unauthorized and indefensible on the face of it, but when an emergency exists, extra-legal measures frequently have to be taken. As far as motor transportation goes this hospital has always been regarded as an orphan, and nobody seemed to think it needed anything to be done for it in this connection. A request has been made sometime ago to the Commanding General, Hawaiian Department, for one light passenger car, one ambulance, field type, and one heavy truck, platform body, for use at this hospital, but apparently no action has been taken on this request. Until stops are taken the same objectionable methods will have to be continued.

With reference to sub-paragraph e, this change has already been effected.

With reference to sub-paragraph f, this is a matter for the War Department to determine, and it is understood that the renewed recommendation for a new hospital plant has been made by the Chief of Staff of the Army.

k. With reference to the status of the hospital at present it may be said that it is now either in a satisfactory state of operation or that the necessary improvements are underway. When the improvements of the hospital plant are completed, its value will be increased by at least \$50,000.00, and the hospital is assured of remaining in respectable shape for a number of years to come on a modest allocation for upkeep. It is therefore considered advisable that plenty of time be taken to perfect the plans for the new hospital, if the necessary appropriations are secured.

With the closing of this report I wish to record by appreciation for the hard, steady and unselfish work done by many of those on duty here, much of it seemingly unnoticed, and most of it done without any expectation of material reward. I feel that the Medical Department here has acquitted itself in the excellent manner to be expected of a Medical Department organization.

H. W. Jones,  
Colonel, Medical Corps,  
Commanding.